

# 2024 Medicaid & CHIP Beneficiaries at a Glance: Attention-Deficit/Hyperactivity Disorder



## INTRODUCTION AND BACKGROUND

Approximately 13 percent of children ages 3 to 17 with public insurance have attention-deficit/hyperactivity disorder (ADHD), as reported by parents. The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit requires that all eligible children enrolled in Medicaid, and at state option children enrolled in the Children’s Health Insurance Program (CHIP), receive screenings designed to identify health and developmental issues, including ADHD, as early as possible. EPSDT also requires that Medicaid programs provide medically necessary diagnostic and treatment services to eligible children. Medicaid policies to manage the use of ADHD medications differ by state. For more information see: <https://www.cdc.gov/adhd/media/pdfs/fact-sheet-adhd-medicaid-policies.pdf>.



**ADHD** is one of the most common neurodevelopmental disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD may have trouble paying attention, controlling impulsive behaviors, or be overly active.

All data presented in this infographic are based on parent responses to the 2021–2022 National Survey on Children’s Health. The survey identifies children ages 3 to 17 with ADHD by asking parents whether a doctor or other health care provider has told them that their child has “attention deficit disorder or attention-deficit/hyperactivity disorder, that is ADD or ADHD.” Attention deficit disorder (ADD) is an older term that is no longer included in diagnostic manuals but may still be used informally by parents and providers.

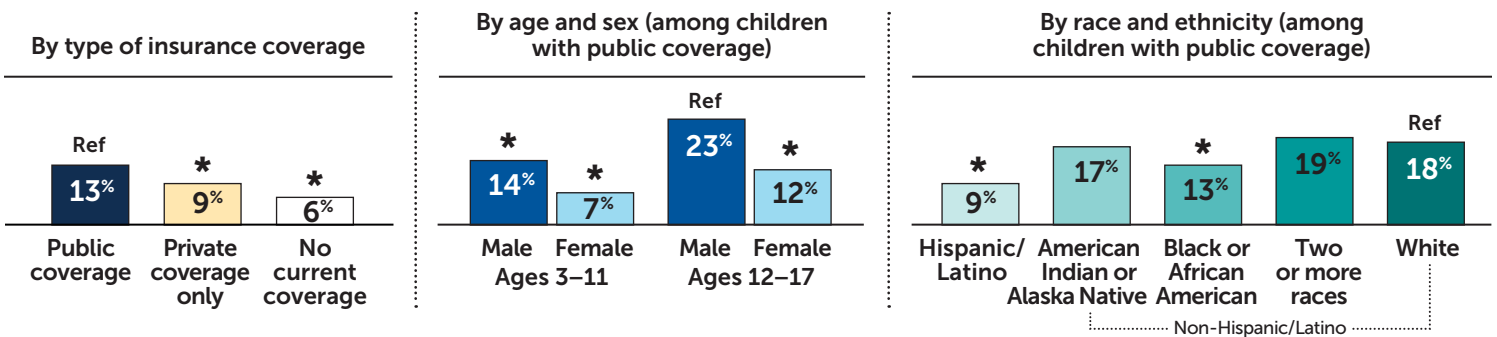
## PARENT-REPORTED PREVALENCE OF ADHD AMONG CHILDREN



### Key Findings

- Children with public coverage were reported to have significantly higher rates of ADHD than children with private or no current coverage.<sup>1</sup>
- Among children with public coverage, males ages 12–17 were reported to have significantly higher rates of ADHD than males ages 3–11, females ages 3–11, and females ages 12–17.<sup>1</sup>

## Percentage of Children in the U.S. Reported to Currently Have ADHD, 2021–2022.<sup>1</sup>



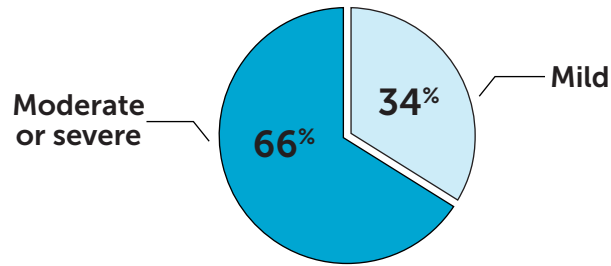
### Methods Notes


- Statistical significance testing of stratified analyses was conducted using a two-sided t-test (p < 0.05). Significance for each measure is affected by survey design, sample size, and other factors. For each exhibit, a reference group was identified (indicated by “Ref” in the exhibit). The rate for each additional subgroup shown in the exhibit was compared to the rate for the reference group. \* indicates that the subgroup rate was significantly different from the rate for the reference group. If the subgroup rate was not significantly different from the rate for the reference group, no symbol is included.
- Public insurance is defined in this infographic as coverage through “Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability” at the time of the survey.

If you would like more information about the Medicaid and CHIP programs and their beneficiaries, please see the following additional resources:

- The **Medicaid and CHIP Beneficiary Profile and Infographic** provides an overview of the characteristics, health status, access, utilization, expenditures, and experience of the beneficiaries served by Medicaid and CHIP. It is available at: <https://www.medicaid.gov/medicaid/quality-of-care/index.html>.
- CMS developed the **Medicaid and CHIP Scorecard** to increase public transparency and accountability about the programs’ administration and outcomes. It is available at: <https://www.medicaid.gov/state-overviews/scorecard/index.html>.
- The **Child and Adolescent Behavioral Health Infographic** provides information regarding the behavioral health status, access to care, and service utilization of child and adolescent Medicaid and CHIP beneficiaries. It is available at: <https://www.medicaid.gov/sites/default/files/2023-10/child-and-adolescent-behavioral-health-infographic.pdf>.
- The **EPSDT State Health Official Letter** provides information on Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. It is available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>.

Parent-Rated Severity of Condition, Among Children with ADHD and Public Coverage, 2021–2022.<sup>1</sup>

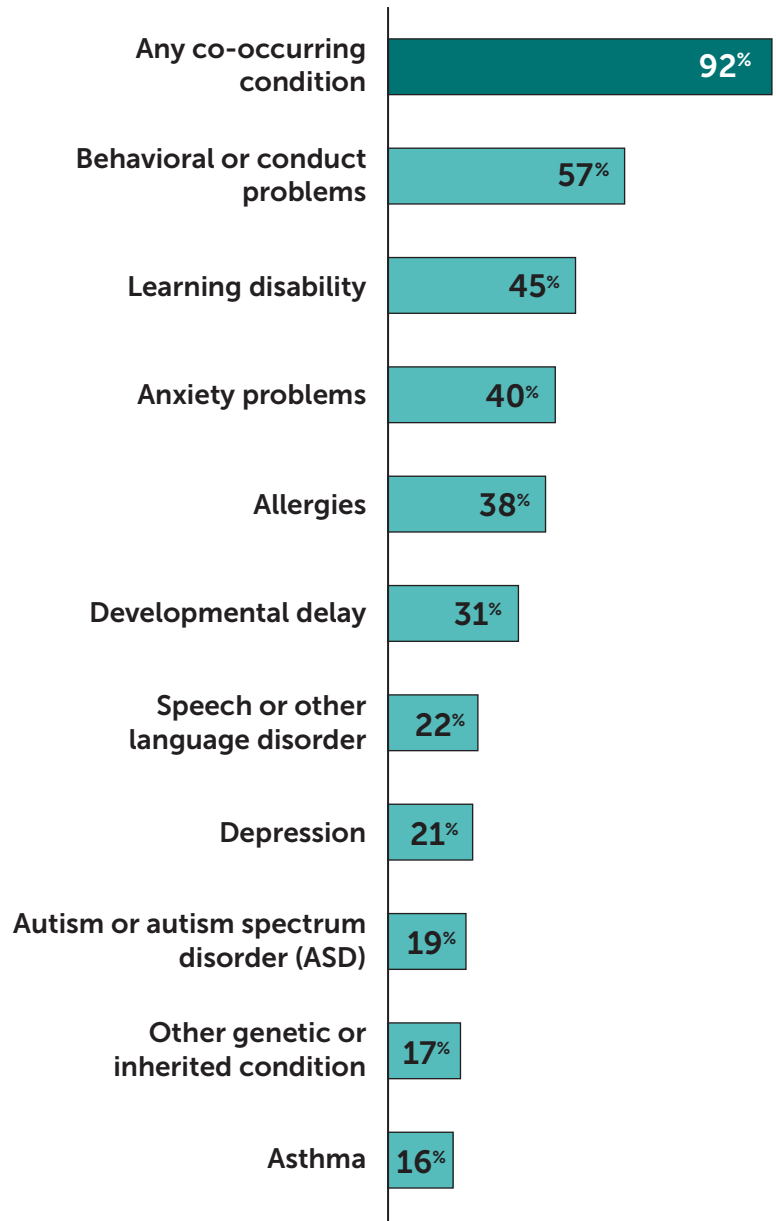




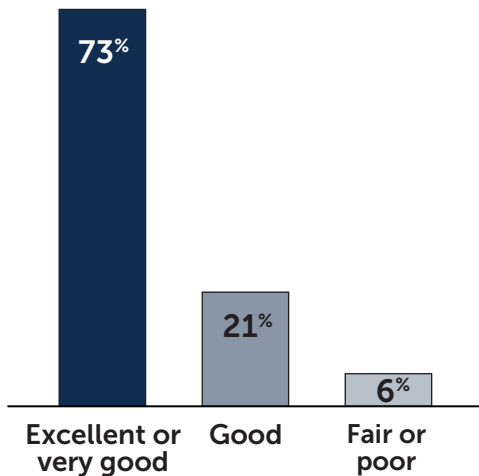
**Key Finding**

92% of children with public insurance and ADHD were reported to have at least one co-occurring health condition. Behavioral or conduct problems, learning disability, anxiety problems, and allergies were the most commonly reported co-occurring conditions.<sup>1</sup>

Percentage of Children with ADHD and Public Coverage with at Least One Co-Occurring Condition, 2021–2022.<sup>1</sup>



Parent-Rated General Health Status for Children with ADHD and Public Coverage, 2021–2022.<sup>1</sup>



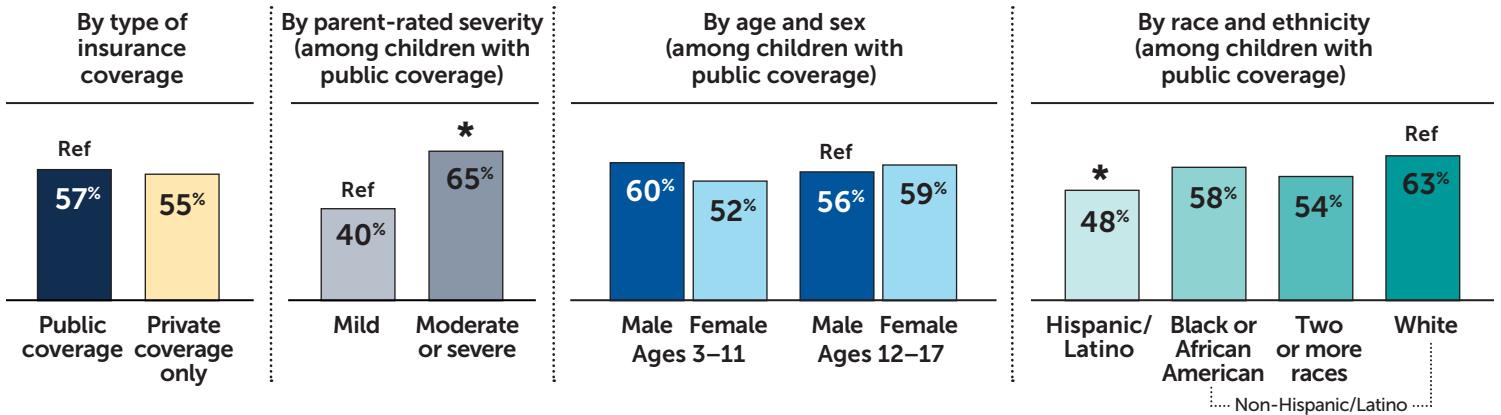
Notes: This exhibit shows the most common co-occurring conditions among children with ADHD and public coverage. Children can have more than one co-occurring condition.



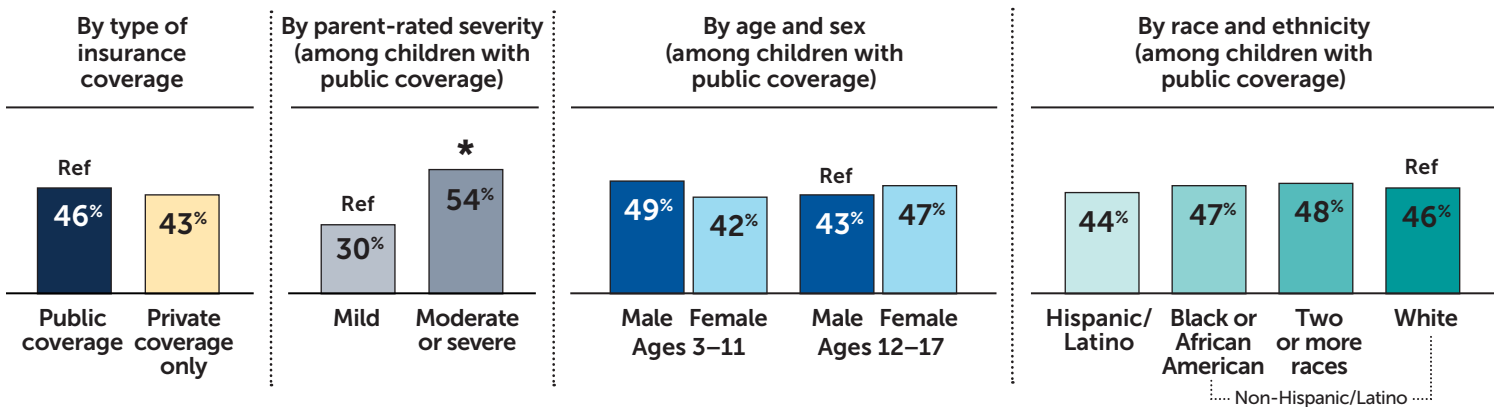
**Key Findings**

- There are no significant differences in the parent-reported receipt of medication or behavioral treatment for ADHD between children with public coverage and children with private coverage only.<sup>1</sup>
- Among children with public coverage, a significantly higher percentage of children with moderate or severe ADHD were reported to take medication and/or receive behavioral treatment compared to children with mild ADHD.<sup>1</sup>

Percentage of Children with ADHD in the U.S. Reported to Currently Take Medication for ADHD, 2021–2022.<sup>1</sup>



Percentage of Children with ADHD in the U.S. Reported to Have Received Behavioral Treatment for ADHD During the Past 12 Months, 2021–2022.<sup>1</sup>



Note: Behavioral treatment for ADHD is defined in this exhibit as "training or an intervention that the parent or child received to help with their behavior."

Recommended treatment for children with ADHD includes medication and behavior therapy, including training for parents in behavioral management of ADHD. The Food and Drug Administration has approved medications to help reduce the symptoms of ADHD and improve functioning in children as young as age 6.<sup>2</sup> For children with ADHD younger than 6 years of age, the American Academy of Pediatrics (AAP) recommends parent training in behavior management as the first line of treatment, and advises physicians to consider ADHD medication if a child continues to have significant problems after behavior therapy is tried. For children age 6 and older, the AAP recommends medication and behavior therapy together, including parent training in behavior management for children up to age 12 and other types of behavior therapy and training for adolescents. The AAP also recommends adding behavioral classroom intervention and school supports for school-age children with ADHD.<sup>3</sup>

1. Data are based on parent responses to the 2021–2022 National Survey on Children’s Health (NSCH). NSCH is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration. It is a nationally representative survey of all noninstitutionalized children ages 0 to 17 years in the U.S. (50 states and DC) who live in housing units. All exhibits in this infographic include children and adolescents ages 3 to 17. Questions are answered by an adult familiar with the child’s health. Private insurance is defined in the survey as coverage through a current or former employer or union, insurance purchased directly from an insurance company, TRICARE or other military health care, or coverage through the Affordable Care Act at the time of the survey. Respondents can report more than one type of current insurance coverage. Where the term “public coverage” is used in this infographic, this refers to children with public insurance coverage alone or in combination with private insurance.

In the survey, parents were asked if a doctor or other health care provider had ever told them that their child had “attention deficit disorder or attention-deficit/hyperactivity disorder, that is, ADD or ADHD.” Parents who responded “Yes” were subsequently asked if their child currently has the condition. For this analysis, children identified as having ADHD were those with a parent report of (1) ever told by a doctor and/or other health care provider that their child had ADD or ADHD and (2) child currently has ADD or ADHD.

All data presented in the infographic come from Mathematica’s primary analysis of the 2021 and 2022 NSCH Topical Data public use files, which are available at: <https://www.census.gov/programs-surveys/nsch/data.html>. For additional information on NSCH, including an interactive data query tool, visit the Data Resource Center for Child & Adolescent Health website at <https://www.childhealthdata.org/learn-about-the-nsch/NSCH>.

- Exhibit note for *Percentage of Children with ADHD and Public Coverage with at Least One Co-Occurring Condition*: Only conditions that were included in the survey in both 2021 and 2022 were included. Arthritis, diabetes, and cerebral palsy were excluded due to changes in the survey questions between 2021 and 2022. Other genetic or inherited condition refers to any genetic or inherited condition besides the 21 specific conditions listed in the survey.
2. Food and Drug Administration. Treating and Dealing with ADHD. Available at: <https://www.fda.gov/consumers/consumer-updates/treating-and-dealing-adhd>.
  3. Wolraich ML, Hagan JF, Allan C, et al. American Academy of Pediatrics, Subcommittee on Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. *Pediatrics*, vol. 144, no. 4, 2019: e20192528.

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