

Why a plan to fix health insurance for thousands of Florida kids has stalled

 [washingtonpost.com/health/2026/04/25/kidcare-florida-health-insurance-chip](https://www.washingtonpost.com/health/2026/04/25/kidcare-florida-health-insurance-chip)

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Like many parents, Tatiana Lafortune wants her children to get a good education, eat nutritious food and see a doctor when they're not feeling well.

Public schools and her church's pantry help Lafortune accomplish the first two goals. But insurance to cover doctor visits has been the most difficult to secure.

As nursing assistants at a traumatic brain injury rehab center near Tampa, Lafortune and her husband cannot afford health insurance through their employer. And they earn too much for subsidized coverage through [Florida KidCare](#), the state's safety net health insurance program for children in low-income families.

Her family also can't afford the \$525 monthly cost to enroll her two daughters in KidCare at full price, so she purchased a family plan for \$500 a month on the Affordable Care Act marketplace with no dental coverage and higher out-of-pocket costs.

"KidCare is better for children," she said. "But at least I have something for them."

In 2023, Florida lawmakers unanimously approved expanding KidCare to close the gaps for families like Lafortune's, raising the eligibility threshold so that coverage would extend to more than 40,000 children. But the expanded coverage has not taken effect — even after it was approved by federal regulators following a federal lawsuit — because the administration of Florida Gov. Ron DeSantis (R) has not implemented the changes.

Instead, Florida's KidsCare expansion has been mired in lawsuits and ongoing negotiations between the state and federal regulators. While the delay continues, Florida could be violating the law.

"I don't know what they're waiting for," Lafortune said. "They should see people in Florida have needs."

Asked to comment on the delay, DeSantis's office referred KFF Health News to a [video of a news conference](#) on March 31, during which the governor directed questions to the state's Agency for Health Care Administration, which oversees KidCare. The state agency did not respond to KFF Health News's repeated requests for an interview or information on the delayed expansion.

Entitlement versus personal responsibility

At issue is a [federal rule](#), adopted under the Biden administration, that requires all states to continue to provide 12 months of coverage for children in Medicaid and in the Children's Health Insurance Program (CHIP), known as KidCare in Florida. That means insurance coverage would not lapse even if parents miss a monthly premium payment.

But only Florida has challenged the rule in court, suing the federal government for the right to disenroll children from KidCare for unpaid premiums and delaying the planned expansion.

"We've had to do a lot of back and forth with CMS on various things," DeSantis said during the March news conference, referring to the federal Centers for Medicare and Medicaid Services, which regulates public health insurance programs.

In December, Texas also said it opposed the rule. Cecile Erwin Young, who was then the executive commissioner of Texas Health and Human Services, wrote to Mehmet Oz, the CMS administrator, asking him to rescind CHIP rules that require states to keep children enrolled for 12 months at a time, prohibit waiting periods for coverage and prevent states from imposing financial benefit limits.

"These policy changes effectively redefine CHIP to be more like an entitlement program — a strategy not supported by law and which conflicts with the core program design adopted by Texas," Young wrote.

Like Texas, Florida views KidCare as a "personal responsibility program" designed to help families by "supporting independence and a ladder towards economic self sufficiency," according to legal filings and [presentations to Florida lawmakers](#).

"It's something that goes back to this mentality of people needing to pull themselves up by their bootstraps," said Melanie Andrade Williams, policy director for the Florida Health Justice Project. The nonprofit legal aid group, together with the National Health Law Program, [sued Florida's Medicaid and KidCare agencies](#) March 9, asking a judge to order the state to implement the approved expansion.

The state agencies had not filed a response to that lawsuit as of Wednesday. The court ordered the state to explain by mid-May why the expansion should not be implemented.

Williams called the state's tactic "largely political theater."

Health policy researchers and advocates also noted that Florida's refusal to implement the KidCare expansion goes against the Trump administration's strategy to "[Make Our Children Healthy Again](#)." Last year, a commission appointed by President Donald Trump recommended a series of policy changes, including a collaboration between CMS and state CHIP programs, to promote "evidence-based prevention and wellness initiatives for children at the local level."

Numerous studies have found that CHIP coverage can improve children's health by [increasing access to care](#), [improving long-term health](#) and [reducing poverty](#).

"This should go without saying, but you can't make children healthy again by taking away their health coverage," said Holly Bullard, chief strategy and development officer for the Florida Policy Institute, a nonprofit that has advocated for the state to implement the KidCare expansion.

The White House did not respond to a request for comment on Florida's and Texas's opposition to the rule requiring continuous enrollment in CHIP.

Those two states have among the [highest numbers and rates of uninsured children](#). In Texas, more than 1 million children, or 13.5 percent, have no health insurance, while in Florida more than 400,000 children, or 8.5 percent, are uninsured.

Texas has followed the federal rule on continuous coverage despite its opposition, but Florida has ignored the requirement and continues to disenroll children for unpaid premiums.

Choosing between school supplies and health insurance

According to the Florida Healthy Kids Corp., the nonprofit contracted by the state to determine eligibility for and administer KidCare, about 250,000 children received subsidized coverage from Dec. 1, 2024, to Nov. 30, 2025. Of those, 43,000 children were disenrolled after their parents failed to pay the premium.

Joan Alker, director of the Center for Children and Families at Georgetown University, said the Trump administration should act on the evidence that Florida is the only state defying the rule.

"Thousands and thousands of children are routinely losing their coverage in violation of federal law," she said, "and the Trump administration has done nothing about that. At the same time, they're pulling money from states like Minnesota for [alleged fraud violations](#) that haven't even been proven yet."

Families tend to miss premium payments in July and August, when it's time to buy back-to-school supplies, and again in December and January, around the holidays, Alker said.

"That is very, very sad," Alker said. "You have working parents here who are struggling and they have to choose between their child's school supplies and their health insurance."

This year, enrollment in KidCare has fallen below the state's projections, leading to a \$32 million surplus in the program. On April 17, legislators [voted to remove that amount](#) from the program and redirect it to the general fund, with [some lawmakers expressing disappointment](#) that the expansion had not been implemented.

Lawmakers voted to expand KidCare eligibility to families earning up to 300 percent of the federal poverty level. The change would raise the income threshold for a family of four from about \$5,500 a month to about \$8,250 a month. Monthly premiums for subsidized coverage would also rise, from the current \$15 to \$20 a month to a maximum of \$195 a month, regardless of the number of children a family enrolls.

The program provides [more comprehensive and affordable](#) coverage than ACA marketplace plans. KidCare has no deductible or coinsurance, and maximum copayments of \$15. It also includes dental and vision coverage.

With her ACA plan, Lafortune must pay a \$35 copayment for doctor visits. Her family deductible is \$1,600, and the coinsurance — or the share of covered services she must pay after meeting the deductible — is 20 percent. The plan's maximum out-of-pocket cost is \$7,250.

"I tried to get something cheaper, but it's not like I cannot have it," Lafortune said of the need for health insurance. "I have to do something."

The state's initial lawsuit challenging the continuous eligibility rule was dismissed in May 2024, and a second lawsuit was withdrawn this February. The state and CMS told the judge they were "working to determine the most expeditious way to resolve the dispute" and have yet to update the court on their discussions.

But three days after withdrawing the lawsuit, Florida sued CMS for a third time, accusing the federal agency of ignoring the state's public records request related to the federal agency's approval of the KidCare expansion.

As the legal wrangling continues, the cost of health insurance has skyrocketed.

For those with ACA marketplace coverage, the [expiration of enhanced subsidies](#) has hit hard. About half of those who re-enrolled in ACA marketplace coverage for 2026 said their health care costs are "a lot higher" this year, according to [a recent KFF survey](#).

For Lafortune, Florida's KidCare expansion can't come soon enough.

"Children are the ones who are going to replace everyone here," she said. "When you give them opportunities — for their health, for school, to eat — you make your country healthy and better."

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