



Family Concerns

"Bridging the Information Gap"

A Publication of Concerned Women for America of Kansas

2007-21 July 26, 2007

CHILDREN WITHOUT HEALTH INSURANCE

Differences exist in dealing with those who don't qualify for Medicaid but fall below the federal poverty level

One of the next clashes in Congress is beginning to heat up as Congress prepares to reauthorize SCHIP (State Children's Health Insurance Program) established during the Clinton administration to address the problem of children without health insurance. Although this program was authorized by Congress, it is essentially a state issue because each state administers its own program within the federal guidelines. Congress provided a block grant of \$40 billion to the states to be used in providing health insurance for children who fell between Medicaid care and private health insurance. States are allowed to administer this program in one of three ways: 1) a state may use SCHIP as an extension of its Medicaid program; 2) a state may create a separate program for SCHIP, or 3) a state may do some type of combination program. In Kansas, the program is known as "HealthWave" which is a separate state health plan using the grant money. HealthWave 21 was created for uninsured children ages 0-19 living in households with income levels at or below 200 percent of the federal poverty level. Within the first year, 15,500 children and teens were found eligible. In addition 17,000 previously uninsured children were found to be eligible for Kansas Medicaid (HealthWave 19). At the end of 2005, over 37,000 children were eligible for HealthWave 21 benefits.

Congress created guidelines to determine the children most in need of help, limiting those eligible to those families who fall between 100 percent of the federal poverty level and 200 percent of the federal poverty level. The 200 percent point is approximately \$41,000 for a family of four. However, in spite of these guidelines, many states are overreaching the regulations and ensuring children whose families make up to 350 percent of the poverty level (\$72,000). In some states adults are being insured under this program. In Wisconsin and Arizona, the number of adults exceeds the number of children. In addition, another issue with SCHIP is that some states may be using their grant money to provide contraception, abortion or sterilization services to children without requiring parental consent or notification. Attempts to expand the program within the states have also occurred; an attempt to increase Kansas coverage to

include all children five and younger failed in the Kansas House this year.

The Wall Street Journal recently published an article on its editorial page (June 29, 2007) in which Kimberley Strassel outlined some of the differences in philosophy concerning this expansion of government-provided healthcare to children. Democrats want to expand SCHIP. Many see this expansion as a first step toward socialized medicine, an idea that was rejected by Congress during the Clinton administration. Republicans tend to favor market-based, consumer-driven reform so the battle lines are firmly drawn. Those who favor expansion would like to add \$60 billion, increasing those covered by three million. Eligibility, according to Strassel, would be expanded so much that many would drop their private health insurance to be eligible. At the same time, Strassel explains that they would like to drop eligibility for Medicare to 55 rather than 65 while at the same time gutting Medicare Advantage and other similar free market reforms.

Everyone wants to see that the under-privileged, particularly children, get the benefits they need. However, the inadequacy of the administration of the program leaves cause for concern. Increasing funding of a program almost always results in more and more bureaucracy and potential for abuse.

This was a CWA Project 535 issue in June. Project 535 (435 representatives + 100 senators) is a project in which CWA representatives who live in the Washington D.C. area or who travel in from across the U.S. go to the offices of Congress and lobby for or against designated issues. Our 535 representatives in D.C. lobbied Sen. Roberts on June 27, speaking with Jennifer Swenson, his Deputy Legislative Director. The senator agreed that the percentage guidelines should remain in place at 200 percent, that only children should be enrolled, and he understands that government should not be funding sterilizations or abortions on children.

Call Sens. Roberts and Brownback and ask them to make sure the inherent problems that exist in the SCHIP program be rectified during the reauthorization process. Your call will reinforce what the 535 representatives have done and will give our senators the reinforcement they need to stand firm on a delicate issue. Senate Switchboard: 202-224-3121