



SCHIP REAUTHORIZATION

The reauthorization of the State Children's Health Insurance Program (SCHIP) represents a singular opportunity to move closer to the widely-shared goal of ensuring that all of America's children have health care coverage. With close to seven in ten uninsured children now eligible to enroll in Medicaid or SCHIP, states should be provided with the help needed to reach these children. As Congress continues its work to reauthorize SCHIP, a broad array of provider, faith-based, and child advocacy organizations agree it should, at a minimum:

- **Fully Fund.** It is vital that Congress deliver on its pledge to children's health coverage by providing the full \$50 billion in new funds for SCHIP and Medicaid allowed for in the congressional budget resolutions. This level of funding is the minimum amount that will suffice to allow states to sustain their existing SCHIP programs, and reach a significant share of the uninsured children already eligible for SCHIP and Medicaid.
- **Act Now.** If SCHIP is not reauthorized before October 1, it will be extraordinarily disruptive to states, children and their families.
- **Improve Payment.** AAP surveys report that Medicaid pays 58% of private pay. As a result, pediatricians in private practice find they must limit the number of Medicaid patients they care for and patients find it difficult to access care from specialists. Congress should establish a Medicaid and (S)CHIP Payment Advisory Commission (MACPAC). MACPAC would advise Congress on physician payment policies related to state Medicaid programs to determine the adequacy of payment, similar to MEDPAC – the Medicare Payment Advisory Commission.
- **Reach Eligible Children.** Congress should provide states with new tools, options, and financial support to cover more children.
 - **Eligibility options.** States should have the option to cover pregnant women through SCHIP without relying on waivers, as well as to provide SCHIP and Medicaid coverage to those legal immigrant children and pregnant women who currently cannot be covered until they have been in the country for five years.
 - **Enrollment tools and financial support.** These tools should include an "Express Lane" option that allows states to use financial information from other programs (e.g., school lunch, WIC) to enroll children and relief from the paperwork-intensive federal mandate to document citizenship status in Medicaid.
- **Promote Quality.** Simply providing children with an insurance card – through SCHIP or Medicaid – is not sufficient; health insurance must assure access to the services needed for healthy development, including mental health and dental care. Congress should establish a new child health quality initiative that reflects children's unique needs and provide new data on the country's success in meeting those needs.

Department of Federal Affairs

The Homer Building
601 Thirteenth Street, N.W.
Suite 400 North
Washington, D.C. 20005
202/347-8600 • 800/336-5475 • FAX: 202/393-6137