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A National Network for Healthcare Reform

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March 2007

RE: HCR 31—Reauthorization of the State Children's Health Insurance Program

The National Patient Advocate Foundation (NPAF) commends House Concurrent Resolution 31, which urges the Missouri Congressional Delegation to ensure that Congress reauthorizes the State Children's Health Insurance Program (SCHIP) in 2007.

Reauthorization of SCHIP will preserve the gains made in children's health since its inception in 1997 and can help provide the health security needed by the nation's children.

The number of uninsured adults in the United States grew from 30.2 to 36.5 million between 2000 and 2004 while the number of uninsured children declined from 9.4 to 9 million during the same period, demonstrating successful approaches to covering children even as employer-sponsored health insurance declined for families. Unfortunately, nine million children were still uninsured in 2005.[1]

To preserve and strengthen SCHIP, many states have simplified income eligibility and renewal procedures and no state in 2006 cut income eligibility.[2]

According to the Government Accountability Office (GAO), as of fiscal year 2005, SCHIP covered approximately 6 million enrollees including about 639,000 adults, with about 4 million enrollees in June of that year. In the beginning of fiscal year 2007, Congress acted to redistribute unused SCHIP allotments from fiscal year 2004 to states projected to face shortfalls in fiscal year 2007. Funding issues continue to burden the maximization of SCHIP as states seek to maintain coverage of enrolled children and look forward to continuing to enroll newly eligible children.[3] The GAO's report can be found at http://www.gao.gov/new.items/d07501t.pdf.

Addressing SCHIP's current federal funding formula challenges, such as determining state allotments to include the numbers of children already enrolled in SCHIP as well as the number currently uninsured, will improve the fiscal power and impact of the program to help the most children in need. Reauthorization must go forward with these challenges addressed.

For specific detail about issues and changes necessary for SCHIP Reauthorization, please see the excellent information provided by the University of Minnesota's State Health Access Data Assistance Center: http://www.shadac.umn.edu/img/assets/18528/SCHIPPolicy_ExecSumm_Feb07.pdf.

National Patient Advocate Foundation is dedicated to improving access to care through legislative and policy reform at both the state and federal levels. NPAF advocacy activities are influenced by the experience of the patients served through our companion organization, Patient Advocate Foundation (PAF). PAF provides case management services directly to patients at no charge to help resolve insurance, job retention, and/or debt crisis matters relative to a serious diagnosis. In 2006, over 6 million Americans contacted Patient Advocate Foundation with a request for assistance. We invite you to review the NPAF and PAF websites to learn more about both organizations: www.npaf.org and www.patientadvocate.org.

On behalf of NPAF's Missouri State Policy Liaisons, Kim Carlos, JD, Maryann R. Coletti, RN, MPA, and Gervean Williams, the NPAF Advocates Network volunteers in Missouri, and NPAF State Government Affairs, thank you for your efforts to expand access to healthcare for children. If we can be of assistance, please don't hesitate to contact your Missouri State Policy Liaisons or NPAF State Government Affairs at 866-706-4977.

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[1] Kaiser Commission on Medicaid and the Uninsured and Urban Institute: Estimates, based on the March Current Population Surveys, 2001–2005.

[2] Ross, Cox, and Marks. *Resuming the Path to Health Coverage for Children and Parents: A 50 State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2006.* Kaiser Commission on Medicaid and the Uninsured, 2007.

[3] GAO-07-501T, Children's Health Insurance: States' SCHIP Enrollment and Spending Experiences and Considerations for Reauthorization; a testimony before the Subcommittee on Health, Committee on Energy and Commerce. House of Representatives, February 15, 2007.

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