



American Public Health Association

Working for a Healthier World

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April 24, 2007

Dear Member of Senate Finance/House Energy and Commerce Committee:

On behalf of the American Public Health Association (APHA), the oldest, largest and most diverse organization of public health professionals in the world, dedicated to protecting all Americans and their communities from preventable, serious health threats and assuring community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States, I urge you to make children's health a priority and support and fully fund the reauthorization of the State Children's Health Insurance Program (SCHIP). The Senate Finance/House Energy and Commerce Committee has an unprecedented opportunity to make a major step in reducing the number of uninsured children in this country by ensuring all kids eligible for SCHIP or Medicaid—including 75% of the nation's uninsured children—can actually enroll in and be covered by these programs.

During the process of SCHIP reauthorization, APHA looks forward to working with you to ensure that a minimum of \$50 billion in additional funds is provided over five years for children's health coverage.

Ultimately, SCHIP reauthorization should address the following policy and legislative recommendations:

- **Ensure that states have ample dollars to cover most children eligible for Medicaid or SCHIP.** In past years, federal funding shortfalls have kept perfectly eligible children out of SCHIP programs.
- **Give states financial incentives for covering more uninsured kids in their Medicaid and SCHIP programs.** States should receive more federal funds, not less, if they are successful in providing health coverage to kids in their Medicaid and SCHIP programs.
- **Strengthen the federal standard for benefits packages for SCHIP stand-alone programs.** Children in SCHIP programs that are Medicaid expansions have a comprehensive benefits package that includes coverage of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services and treatments that are medically necessary. However, in stand-alone programs, for programs that do not cover EPSDT services, children with chronic conditions, mental health problems and disabilities oftentimes are left with incomplete and insufficient coverage, especially in the arenas of mental health, dental, vision, speech and physical therapy, and other treatments deemed medically necessary. While flexibility in this arena is important, Congress should consider adding a benchmark that is actuarially equivalent to the Medicaid benefits package, which includes coverage of EPSDT services, and give states a financial incentive, perhaps through a bump in their SCHIP and Medicaid matches, if they choose this option. Regarding the current benchmarks for SCHIP benefits packages, APHA is in favor of Congress clarifying that if a state chooses its state employee health plan as a benchmark, that the coverage afforded to kids cannot be catastrophic in nature, as many states are moving in this direction. Also, APHA would like for Congress to discuss removing the benchmark that allows the Secretary of Health and Human Services to approve SCHIP benefits packages.
- **Provide adequate funding and give states the option to cover pregnant women in their SCHIP programs.** Ultimately, states should be given the flexibility and funding necessary to provide SCHIP coverage to pregnant women without the need for a waiver or reliance on the coverage of the unborn child. This coverage should be comprehensive and cover medically necessary services administered before, during and after delivery.

- **Give states the option to cover legal immigrant pregnant women and children in their SCHIP and Medicaid programs.** Legal, tax-paying immigrants are currently barred from enrolling in Medicaid and SCHIP during their first five years in the United States. Without this coverage, approximately 400,000 children and 60,000 pregnant women are left behind, who are perfectly eligible for Medicaid or SCHIP but cannot enroll. Taking this action will greatly close the gap in health insurance coverage and health status and outcomes that exists between the citizen and non-citizen populations.
- **Allow states to implement “express-lane” enrollment for SCHIP and Medicaid.** Congress needs to make revisions to federal law to give states the flexibility to deem children eligible for and enroll them in SCHIP or Medicaid based on information from other means-tested programs, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the National School Lunch Program. Outside of reducing administrative costs, this would make the application process much easier for parents, as they would only have to fill out one application to receive a multitude of social services and health benefits.
- **Allow states the flexibility to determine the citizenship status of Medicaid and SCHIP applicants.** Data from the states has shown that the citizenship documentation requirement included in the Deficit Reduction Act of 2005 is serving as a major obstacle to perfectly eligible citizen children enrolling in Medicaid and SCHIP programs that are Medicaid expansions. Ultimately, this new requirement has made the process of enrolling in these programs more complicated and has undermined state efforts to streamline enrollment in the programs.

Thank you for your attention to and leadership on this important public health issue. We look forward to working with you as the SCHIP reauthorization process moves forward. We respectfully urge you to proceed on SCHIP reauthorization as quickly as possible so states have ample time to implement changes to the program in advance of the September 30, 2007, deadline. If you have questions, or for additional information, please contact me or have your staff contact Courtney Perlino, at (202) 777-2436 or courtney.perlino@apha.org.

Sincerely,



Georges C. Benjamin, MD, FACP, FACEP (Emeritus)
Executive Director