



American Public Health Association

Working for a Healthier World

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May 18, 2007

The Honorable Max Baucus
Chairman
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Baucus:

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, we thank you for your ongoing efforts to cover more children and other vulnerable and at-risk populations in the reauthorization of the State Children's Health Insurance Program (SCHIP).

APHA looks forward to working with you to ensure that your Chairman's mark, and ultimately, final SCHIP reauthorization legislation, cuts the number of uninsured children in this country by two-thirds, thereby improving the health outcomes and the overall health of more children. In particular, we urge you to include the following proposals and statutory language in your Chairman's mark of SCHIP reauthorization legislation:

- **Provide a minimum of \$50 billion in additional funds over five years for children's health coverage.** This would ensure that states have ample dollars to cover most uninsured children who are eligible for Medicaid or SCHIP.
- **Give states financial incentives for covering more uninsured kids in their Medicaid and SCHIP programs.**
 - Sec. 304 of S. 1224, the Children's Health Insurance Program (CHIP) Reauthorization Act of 2007 (Rockefeller/Snowe), would give enhanced assistance with coverage costs to states with increasing or high coverage rates among children.
- **Strengthen the federal standard for benefits packages for SCHIP stand-alone programs.**
 - Sec. 501 of S. 1364, the Healthy Kids Act of 2007 (Durbin), would require that state SCHIP programs cover Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.
 - S. 1337, the Children's Mental Health Parity Act (Kerry/Smith), would assure parity for mental health services in SCHIP.
 - Sec. 404 of S. 1224 would strengthen the state employee health plan benchmark and remove the benchmark that allows the Secretary of Health and Human Services to approve SCHIP benefits packages.
 - Sec. 506 of S. 1364 would establish disease prevention and treatment demonstration projects for racial and ethnic minority children to eliminate disparities in the rate of fully utilizing preventive services, improve clinical outcomes and reduce disparities in the provision of health care services.

- **Give states an easy, direct option to cover pregnant women in their SCHIP programs.**
 - Sec. 401 of S. 1224 can be used as a framework to give states such an option, and receive an enhanced federal match for such coverage.
- **Give states the option to cover legal immigrant pregnant women and children in their SCHIP and Medicaid programs regardless of their length of residence in the United States.**
 - Sec. 403 of S. 1224 would allow states to cover a significant portion of the uninsured population—approximately 400,000 children and 60,000 pregnant women who are perfectly eligible for Medicaid or SCHIP but cannot enroll.
- **Improve outreach and enrollment for SCHIP and Medicaid.**
 - **Allow states to implement “express-lane” enrollment for SCHIP and Medicaid.**
 - Sec. 301 of S. 1224 would accomplish this objective.
 - **Use new and innovative techniques to target outreach activities to racial and ethnic minority and other disadvantaged children who are eligible for these programs but not enrolled.**
 - Sec. 401 of S. 1364 would establish a grant program with funding prioritized to grantees with high rates of racial and ethnic minority and health disparity populations, or eligible but unenrolled children, with a focus on children who reside in rural areas.
 - **Remove barriers to enrollment for those individuals for which English is not their primary language.**
 - Sec. 302 of S. 1364 would increase the federal matching rate for language services provided under Medicaid or SCHIP to 85 percent.
- **Allow states the flexibility to determine the citizenship status of Medicaid and SCHIP applicants.**
 - Sec. 306 of S. 1224 would give states this needed flexibility, without which current efforts to streamline and simplify enrollment in these programs would be undermined.

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 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

cc: Members of Senate Finance Committee, Sen. Durbin