

February 12, 2007

Dear Member of Congress:

With reauthorization of the State Children's Health Insurance Program (SCHIP) scheduled to occur this year, Congress has a singular opportunity to move the country closer to the widely-shared goal of ensuring that all of America's children have health care coverage.

Since SCHIP was enacted in 1997, the country has made notable progress in covering children. Despite swimming upstream against rising health care costs and declines in employer-based coverage, SCHIP and its larger companion program, Medicaid, have reduced the uninsured rate of low-income children by a third. But, clearly more needs to be done. The nation still has nine million uninsured children, the vast majority of whom are in working families and yet still lack access to affordable coverage.

The reauthorization of SCHIP comes at just the right moment. The public strongly supports efforts to cover children, and many states across the nation are pursuing initiatives to build on the success of public programs. Some are working to enroll more of the uninsured children already eligible for SCHIP or Medicaid, while others are seeking to expand coverage to more children.

As Congress undertakes reauthorization of SCHIP, we urge you, at a minimum, to address the priorities listed below. Although many of our organizations would like to see even more expansive changes in the way that health care is provided to children in this country, we believe that addressing these priorities would represent a critical step forward in covering America's children.

- **Provide \$60 billion in new funds for children's health.** Congress should strengthen its commitment to the federal-state partnership that has led to SCHIP and Medicaid's success over the past decade. With \$60 billion in new SCHIP and Medicaid funding over five years, states will be able to maintain their existing SCHIP programs and avoid the tragedy of children losing health care coverage because the federal government did not maintain the commitment made in 1997 when SCHIP was created. As importantly, this level of funding also will allow the country to move forward by enrolling most of the uninsured children already eligible for Medicaid and SCHIP and providing support to those states seeking to further expand coverage for children.
- **Offer states new options to expand coverage.** States should have additional flexibility and financial support to expand coverage to more children. This flexibility should include a state 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.

- **Extend new tools and financial support to states seeking to enroll more eligible children in coverage.** With close to seven in ten uninsured children now eligible to enroll in Medicaid or SCHIP, the single most important step the country could take in covering children is to eliminate the remaining barriers that keep eligible children from gaining or retaining public coverage. Some new options to simplify and automate enrollment will help, but Congress also should provide states with performance-based assistance with the additional coverage costs states incur if successful in enrolling and retaining eligible children.
- **Promote care that fosters children’s healthy development.** Simply providing children with a card that says they have coverage is not sufficient; it is vital that the coverage can be used to gain access to the range of services needed for healthy development, including mental health and dental care. Since efforts to improve health care quality tend to focus on adults, Congress should establish a new child health quality initiative that reflects children’s unique health care needs.
- **Keep existing coverage strong.** Since SCHIP stands on the shoulders of Medicaid, Medicaid must not be weakened in order to finance SCHIP. Congress also should not force states to shut down successful family-based coverage programs or other, existing coverage initiatives adopted during an earlier era when SCHIP funds were in surplus and states were actively encouraged to pursue such initiatives.

In conclusion, SCHIP reauthorization offers the opportunity for the federal government to play a critical role in moving the country forward in covering America’s children. We look forward to working with you in the months ahead. If you would like further information, please contact Bob Hall at 202/347-8600 (Rhall@aap.org).

Sincerely,

AIDS Alliance for Children, Youth & Families
 Alliance for Children and Families
 Ambulatory Pediatric Association
 American Academy of Audiology
 American Academy of Child & Adolescent Psychiatry
 American Academy of Family Physicians
 American Academy of Pediatrics
 American Academy of Physician Assistants
 American College of Nurse-Midwives
 American College of Obstetricians and Gynecologists
 American College of Physicians
 American Dental Association
 American Dental Education Association
 American Dental Hygienists’ Association
 American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)
 American Federation of State County and Municipal Employees (AFSCME)
 American Federation of Teachers

American Medical Students Association
American Orthopsychiatric Association
American Pediatric Society
American Psychological Association
American Public Health Association
American Society of Pediatric Nephrology
Association of Community Organizations for Reform Now (ACORN)
Association of Maternal and Child Health Programs
Association of Medical School Pediatric Department Chairs
Association of Women's Health, Obstetric and Neonatal Nurses
Catholic Health Association
Child Neurology Society
Child Welfare League of America
Children's Dental Health Project
Children's Health Fund
Coalition for Human Needs
Community Catalyst
Council of Women's and Infants' Specialty Hospitals
Easter Seals
FamiliesUSA
First Candle/SIDS Alliance
First Focus
Generations United
Incenter Strategies
March of Dimes
Maternal and Child Health Policy Research Center
Mental Health America
National Assembly on School-Based Health Care
National Association for Children's Behavioral Health
National Association of Children's Hospitals and Related Institutions
National Association of Community Health Centers
National Association of Pediatric Nurse Practitioners
National Association of Public Hospitals and Health Systems
National Council for Community Behavioral Healthcare
National Council of La Raza
National Health Law Program
National Immigration Law Center
National Partnership for Women & Families
PICO National Network
RESULTS
Society for Adolescent Medicine
Society for Pediatric Research
United Neighborhood Centers of America
Voices for America's Children