

Laurie Glaze, Chair
Adoptation
Avondale House
Bering Omega Community Services
Care for Elders
Career and Recovery Resources, Inc.
Catholic Charities of the Archdiocese of Galveston-Houston
ChildBuilders
CHILDREN AT RISK
Christ the Good Shepherd Catholic Church
Coalition for Behavioral Health Services
Collaborative for Children
Communities In Schools
DePelchin Children's Center
Family Services of Greater Houston
Fort Bend Regional Council on Substance Abuse, Inc.
Gateway to Care
Good Neighbor Healthcare Center
Gulf Coast CHIP Coalition
Harris County Healthcare Alliance
Healthcare for the Homeless-Houston
Houston Area Association for the Education of Young Children
Houston Food Bank
IntraCare Hospitals
Jewish Family Service
Justice for Children
Legacy Community Health Services, Inc.
Memorial Hermann Healthcare System
Mental Health Association of Greater Houston
NAMI Metropolitan Houston
Neighborhood Centers, Inc.
Northwest Assistance Ministries
San Jose Clinic
SEARCH
South County Community Clinic, DBA The Community Clinic
Spaulding for Children
Target Hunger
Texas Children's Hospital
The Arc of Greater Houston
The Center for Success and Independence
The Arrow Project
The Network of Behavioral Health Providers
United Way of Greater Houston
Wesley Community Center
YMCA of Greater Houston

Health Care: Children's Health Insurance Program

Position Statement approved by One Voice: August 11, 2006

Issue/Concern: Children's Health Insurance Program (CHIP) enrollment has declined by more than 200,000 children since state budget cuts first took effect on September 1, 2003; this is more than 37,000 children in Harris County. Children without health insurance coverage are more likely to delay or not get necessary care, or to use emergency rooms for routine care. Children in Texas should have healthcare insurance that will allow them to receive the quality of care needed in the appropriate setting. Accessing healthcare in a primary care setting encourages families to seek care sooner, preventing further complications and the use of emergency rooms for non-emergent conditions. Additionally, having a healthcare provider who serves the physical, behavioral and developmental healthcare needs of a growing child through a continuous and on-going relationship, improves the quality of services children receive.

Specific Policy Recommendation(s):

- ★ **Restore CHIP to pre-September 1, 2003 levels**
 - Implement 12 months of continuous eligibility for children on CHIP (and Medicaid).
 - Eliminate or reform the asset test for eligibility for CHIP.
 - Eliminate the 90-day waiting period for enrollment in CHIP.
 - Restore income deductions for critical expenses such as childcare and child support.
- ★ **Implement quality monitoring of the new integrated eligibility system, to ensure that eligible children are not wrongfully removed from coverage.**

How does this issue/recommendation relate to prevention and early intervention or maximizing federal funds for health and human services? For every \$1 of state funds invested in CHIP, Texas receives \$2.63 in federal matching funds. CHIP benefits include regular check-ups, doctor's office visits, vision, dental, mental health, hospice, immunizations, prescriptions, medical supplies, hospitalizations, tests, x-rays and also coverage for pre-existing conditions. Providing this type of coverage allows children to receive care early and identify conditions earlier. Remaining healthy allows children to excel in school and aids in their overall development.

Supporting Facts/Research/Resources*: Texas has the highest rate of uninsured children in the nation, with 21.6% of children – 1.4 million – lacking healthcare coverage.

- ★ Nearly 90% of uninsured children have at least one parent working full-time.
- ★ More than 700,000 Texas children are eligible but not enrolled in CHIP or Children's Medicaid.
- ★ The average cost of private health insurance in Texas is \$933 per month for family coverage.
- ★ Children who are not healthy do not come to school ready to learn.

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Position Statement approved by One Voice: August 11, 2006 (cont.)

Legislative Outcome: HB 109 passed in to law. The bill eliminates, in most cases, the 90 day wait for coverage, raises the asset limitations, allows modest deductions from income for child care expenses, and provides one year eligibility for persons with income of less than 185% of the federal poverty level. Between 185% and 200% of federal poverty, families will have a six month review. Families will not lose coverage while review occurs. If HHSC determines that family's income has risen above allowable levels, it must notify the family and allow the family to appeal. Ineligible families must be given a thirty day notice of ineligibility.

* Children's Defense Fund of Texas

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