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Children's Health Event 2/18 [2]

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Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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Freedom of Information Act - [5 U.S.C. 552(b)]

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b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

LIST OF ACTIVITIES BY FOUNDATIONS, PROVIDERS, CHILDREN'S GROUPS AND OTHER

Active

American Academy of Child & Adolescent Psychiatry (MOVE)
American Hospital Association's Campaign for Coverage : $
American Medical Association
Association of State and Territorial Health Officials
Catholic Health Association ✓
Center on Budget and Policy Priorities : $
Children's Defense Fund
Children's Health Fund
David and Lucile Packard Foundation
Families USA [✓]
March of Dimes
National Education Association
National Association of Children's Hospitals

Not so active

American Cancers Society
American Dental Hygienists Association
Council of Women's and Infants' Specialty Hospitals
Family Voices
National Association of Psychiatric Treatment Centers for Children
National Association of County and City Health Officials
National Coalition of Hispanic Health and Human Services Organizations
Washington Business Group on Health [ ]

NACCHO

440 First Street, NW, Suite 450
Washington, DC 20001
(202) 783-5550 (202) 783-1583 (Fax)

National Association of County & City Health Officials

The National Association of County and City Health Officials (NACCHO) is greatly interested in the successful implementation of state children's health insurance programs (S-CHIP). NACCHO has provided local health officials with information about the different state plans and encouraged them to work with states to address the implications for children who currently receive their care in local public health departments. NACCHO is strongly supportive of outreach efforts and the importance of expanding this aspect of S-CHIP in order to assure that eligible children are enrolled.

NACCHO is the principal national organization representing the nation's 3000 local public health departments - in cities, counties and townships. Local health officials work on the front lines in protecting and promoting the health of their communities.

February 10, 1998

Contact: Donna B. Grossman
Director of Government Affairs
202-463-2983

T ilc fens continues its longtime leadership rol. secur g lth coverage for m s c n ed c n.

T ld F fens has staff experts in community affairs heal p y, media relations, re s hild publications, and intergovernmental affairs ving substantial e nd e t implementation, all orchestrated by a full i P implementation c nat .

C n's e Fu vities include:

- d n or dozen nationwide conference calls reaching th ands of advocates p ers ing a number of calls co-sponsored with nationa l national an or ;
- Preparing and disseminating to well over 10,000 individuals and organizations a broad range materials r ad s, policy makers, Stand for Children community activists, and media, uc eh detailed analyses, thumbnail descriptions of ac state's proposals, rts da l 50 states, and brief, hard-hitting fact sheet o ey issues arising in sta a:
- ic co meetings, briefings, legislative hearings, media interviews, and vi nsiv cal assistance in states that include more th t e-fourths of all ns ren rapid and effective CHIP implementation.

CENTER ON BUDGET AND POLICY PRIORITIES

NEERA - MORE STUFF. Chris now has the 2-pager file. I told him to email it to you when I'm done. Hope you had a good weekend!

How Child Care Resource and Referral Agencies Have Helped Link Children With Medicaid

Child Care Resource and Referral agencies (CCRRs) across the country are incorporating Medicaid income eligibility screening techniques into their intake procedures. CCRRs help families find appropriate, affordable child care and also help connect families to other resources and services they may need. Most CCRRs refer families to state agencies to determine whether they are eligible to receive subsidized child care; some CCRRs are authorized to make such eligibility determinations themselves. In either case, the CCRR staff is routinely requesting income information from families. The same income information also can be used to identify children who are likely to be eligible for Medicaid. Thus, conducting Medicaid outreach and referral activities can be viewed as a natural extension of the services already being offered by CCRRs.

Here are four ways Child Care Resource and Referral agencies have incorporated Medicaid outreach and referral activities into their procedures:

1. CCRRs identify children who appear to be eligible for Medicaid and refer them to the local Medicaid office:

LOCATE: Child Care, a statewide child care resource and referral agency based in Baltimore at the Maryland Committee for Children, routinely asks callers who contact the program's "community line" about their family income and whether they participate in a variety of public benefit programs. In 1994, a review of the agency's computer records revealed that more than 3,000 children whose families had called to request child care had been eligible for Medicaid, but had not been participating. To seize on this tremendous outreach opportunity, LOCATE revised its intake questionnaire to accurately screen for Medicaid eligibility. Now, when children of community line callers appear to be eligible for Medicaid, they are mailed a brochure prepared by the Maryland Department of Health and Mental Hygiene (DHMH) that describes Medicaid services, along with information on where and how to apply for benefits. In addition, LOCATE worked with DHMH and the state's child care agency to provide Medicaid information to all licensed child care programs.

2. CCRRs identify children who appear to be eligible for Medicaid and provide their families with information and a simple Medicaid application.

Members of Washington State's Child Care Resource and Referral Network were trained on how to screen callers for Medicaid income eligibility. These CCRRs now

820 First Street, NE, Suite 510, Washington, DC 20002
Tel: 202-408-1080 Fax: 202-408-1056 center@center.cbpp.org http://www.cbpp.org HN0026

identify children likely to be eligible for Medicaid and arrange for the state's Medical Assistance Administration to send families Washington's one-page Medicaid application form and basic information about the program. This form is available in seven languages and the completed form can be mailed directly to the state Medicaid agency in a pre-addressed, postage-paid envelope.

3. CCRRs target families on waiting lists for subsidized child care and provide them information and assistance in applying for Medicaid.

While CCRRs help many thousands of families obtain child care services or help in paying for child care, they cannot always assist every family right away. In October 1995, although the Children's Council of San Francisco had a waiting list for subsidized child care, the staff was determined to help families get other benefits for their children without delay. The Council sent a letter to all families with children on the waiting list advising them that their children appeared to be eligible for health insurance through Medicaid. Families were invited to meet with Medicaid enrollment workers from the Department of Social Services at the Children's Council satellite office on a Saturday morning. This arrangement meant that parents could enroll their children in Medicaid in a familiar, comfortable setting at a time that did not require them to take off from their jobs. Children's Council staff knew in advance that bilingual enrollment workers would be needed to assist families in Spanish and Cantonese. They also provided child care so that parents could give full attention to their interview with the enrollment worker.

4. CCRRs identify children likely to be eligible for Medicaid and assist their families in completing the Medicaid application process.

The Child Care Resource Center in Opelika, Alabama is one of twelve management agencies under contract with the state Department of Human Resources to determine eligibility for subsidized child care. Child Care Resource Center staff counselors routinely ask parents about their family size and income to determine whether families can receive subsidized child care. Since the eligibility guidelines for subsidized child care are similar to Alabama's Medicaid eligibility guidelines for children under age six, it is easy for counselors to identify children likely to qualify for Medicaid. If the child is not enrolled in Medicaid already, the counselor helps the parent complete Alabama's short Medicaid application at the same time the application for subsidized child care is completed. The counselors ensure that the completed applications are delivered to the Medicaid office. (In Alabama, Medicaid applications can be mailed in and applicants do not need to have a face-to-face interview.) If a parent reports that the child already is enrolled in Medicaid, the counselor takes the time to discuss the importance of EPSDT benefits and how families can utilize them.

March of Dimes 1901 L Street, NW, Suite 260 Washington, D.C. 20036

FAX

Date: 2/10/98

Number of pages including cover sheet: 2

To:
Barbara Woolley

Phone:

Fax: 456-6218

CC:

From:
Jo Merrill
Marina L. Weiss

Phone: 202-659-1800

Fax phone: 202-296-2964

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment

As promised, attached is information on March of Dimes outreach efforts.

THE COUNCIL OF
Women's and Infants'
SPECIALTY HOSPITALS

One State Street, Suite 102
Providence, Rhode Island 02908
(401) 274-0758

February 13, 1998

The Council of Women's and Infants' Specialty Hospital (CWISH) applauds the Administration's leadership in insisting on inclusion of the State Children's Health Insurance Initiative (SCHIP) in the Balanced Budget Act. This initiative is an important step toward our shared goal of meaningful health insurance for all pregnant women and infants. CWISH represents eight of the nation's largest hospitals dedicated to the delivery of quality high risk obstetrical and neonatal services.

As advocates for pregnant women and infants, CWISH hospitals across the country are seeking to influence the development and implementation of state plans. Beyond the threshold objective of urging states to make full use of their SCHIP allotments, our primary objectives are:

1) assure access to neonatal specialty services, i.e., by providing for prompt enrollment of high risk infants including pre-enrollment during the prenatal period and
2) use the flexibility afforded by SCHIP so that all babies benefit from prenatal care i.e., extend coverage of pregnant women to those over the age of eighteen.

Representatives from our hospitals are attending the SCHIP regional meetings conducted by HCFA and HRSA and they are working within their states to promote and shape implementation of SCHIP plans. Attached, for example, is a letter sent from Woman's Hospital in Baton Rouge, Louisiana to members of the Louisiana Children's Health Insurance Program (LaCHIP) Task Force Members. Indications are that LaCHIP will propose Medicaid expansion up to 150% of poverty and subsidized private insurance for families between 150% and 200% of poverty at its final meeting on March 6.

TERI G. FONTENOT
President/Chief Executive Officer

POST OFFICE BOX 95009
BATON ROUGE, LOUISIANA 70895-9009
(504) 924-8600

Woman's Health
FOUNDATION

January 29, 1998

Senator Donald Hines, M.D., Task Force Chair
Louisiana Children's Health Insurance Program
P.O. Box 262
Bunkie, LA 71322

Dear Dr. Hines:

I write on behalf of both Woman's Hospital in Baton Rouge and The Council of Women's and Infants' Specialty Hospitals (CWISH), to which Woman's Hospital belongs. As you may already know, Woman's Hospital is a subspecialty perinatal hospital that provides high risk obstetrical and neonatal services to women and infants throughout the Baton Rouge metropolitan area. Last year, 6,800 babies were delivered at Woman's Hospital. Enclosed is additional information with regard to the range of services provided by Woman's Hospital, including some of Woman's Hospital's many community outreach programs.

Woman's Hospital is proud to be a member of CWISH, a national organization of subspecialty perinatal hospitals. CWISH worked hard at the federal level on the State Children's Health Insurance Program (SCHIP) recently signed into law. SCHIP is an important step toward CWISH's goal of meaningful health insurance for all pregnant women and infants.

As Louisiana undertakes to explore its options with regard to the federal matching monies available under SCHIP, Woman's Hospital wishes to offer its assistance as a resource on perinatal issues. As advocates for pregnant women and infants, we at Woman's Hospital are hopeful that the SCHIP program will bolster efforts to decrease Louisiana's infant mortality rate, which ranks 47th nationally. We would be pleased and honored to serve on an advisory committee or participate in any other appropriate way.

We also wish to draw your attention to the SCHIP Conference Report, which expressly recognizes the importance of access to high risk neonatal specialty services. This language is set forth below:

> *The Conferees urge the states to provide for prompt placement of high risk infants into neonatal specialty services facilities because of the critical connection between appropriate and timely care and healthy childhoods, lower infant mortality, and reduced long-term care needs.*

Accordingly, we urge that specific steps be outlined in any SCHIP plan developed to ensure that infants eligible for the SCHIP program are able to readily access risk-appropriate neonatal services. This could be achieved, for example, by setting forth a process in our state plan by which low birthweight babies receive risk-appropriate care, including neonatal specialty services. Woman's Hospital would be pleased to provide any technical assistance that might be needed to ensure prompt enrollment of high risk infants - which, for example, could be facilitated by permitting pre-enrollment during the prenatal period.

Access to high risk neonatal services is critical because studies show that premature and low-birthweight infants born in large Level III subspecialty hospitals - such as Woman's Hospital - fare better than high risk deliveries in other settings without increased cost.

We additionally urge that you explore the pursuit of state flexibility under SCHIP to ensure that all babies benefit from prenatal care. Although the children's health initiative now provides for prenatal care and labor and delivery services, these services are limited to pregnant women under nineteen years of age. So that all babies benefit from prenatal care and labor and delivery services, we urge that Louisiana take advantage of the waivers and other flexibility provided under SCHIP to cover this care (including the family coverage option cited in section 2105 (c)3), regardless of the pregnant woman's age. Louisiana can also increase eligibility for pregnant women in the regular Medicaid program to 185% of poverty in order to assure prenatal care is provided to additional women.

Maternal coverage is important because studies show that risk-appropriate prenatal care is a major determinant of good pregnancy outcome. In fact, prenatal care, especially among poor, minority and other high-risk women, reduces the risk of low-birthweight threefold and results in lower infant mortality rates and healthier infants. Women who receive no prenatal care are far more likely to have babies with health problems that could have been prevented or reduced had they received appropriate prenatal care. Accordingly, we urge that any coverage program developed be structured so that the proven benefits of risk-appropriate prenatal care and labor and delivery services are available to all babies, regardless of the pregnant woman's age.

Once again, we offer our assistance as a resource on issues affecting pregnant women and infants with regard to implementation of SCHIP. We would be pleased to arrange a hospital tour at your convenience, so that you may see firsthand our extensive obstetrical and neonatal services, including our neonatal intensive care unit (NICU).

Please do not hesitate to contact me with questions or for further information. My direct dial telephone number is 504-924-8104.

Sincerely,

Teri G. Fontenot
President/CEO

ATTACHMENT 1

LOUISIANA CHILDREN'S HEALTH INSURANCE PROGRAM (LaCHIP) TASK FORCE MEMBERS

TASK FORCE CHAIR
Senator Donald Hines, M.D., Chairman
Senate Health & Welfare Committee
P.O. Box 262
Bunkie, LA 71322

TASK FORCE VICE-CHAIR
Representative Rodney A. Alexander, Chairman
House Health & Welfare Committee
P.O. Box 665
Jonesboro, LA 71251

Designee for DHH Secretary Bobby Jindal
Ms. Carolyn O. Maggio, P.D., Director
LA Department of Health & Hospitals
P.O. Box 2870
Baton Rouge, LA 70821-2870

Designee for Senator John Hainkel
Senator Paulette Irons
3308 Tulane Avenue, Ste. 300
New Orleans, LA 70119

Designee for Commissioner Mark Drennen
Mr. Billy Gunter
Division of Administration
Office of the Governor
P.O. Box 94005
Baton Rouge, LA 70804-9095

Representative Jerry Luke LeBlanc
Chairman, House Appropriations Committee
P.O. Box 5459
Baton Rouge, LA 705025459

Designee for Commissioner Jim Brown
Mr. Richard O'Shee
LA Department of Insurance
P.O. Box 94214
Baton Rouge, LA 70804-9214

Senator Gregory Tarver, Sr., Chairman
Senate Committee on Insurance
1104 Pierre Avenue
Shreveport, LA 71103

Representative James J. Donelon, Chairman
House Committee on Insurance
P.O. Box 6993
Metairie, LA 70009

Dr. Mervin Trail, Chancellor
LSU Medical Center
433 Bolivar Street, Ste. 815
New Orleans, LA 70112

Dr. Larry Hebert
Medical Director
LA Department of Health & Hospitals
P.O. Box 629
Baton Rouge, LA 70821

Designee for Representative Hunt Downer
Representative Melvin "Kip" Holden
2015 Central Road
Baton Rouge, LA 70807

Designee for Stephen Perry
Mr. Andy Kopplin, Special Assistant
Governor's Office of Policy Affairs
Office of the Governor
P.O. Box 94004
Baton Rouge, LA 70804

Senator Randy Ewing
President of the Senate
206 East Reynolds Drive, Ste. 111
Ruston, LA 71270

Designee for Commissioner Mark Drennen
Gwen Hamilton
Executive Director of the Children's Cabinet
Office of the Governor
P.O. Box 94004
Baton Rouge, LA 70804

NATIONAL ASSOCIATION OF
PSYCHIATRIC TREATMENT CENTERS
FOR CHILDREN

TELEFAX MEMORANDUM

To: Barbara Wooley

From: Joy Midman, Executive Director

Fax No: 456 - 6218

Date: 2/13/98

Subject: Outreach

Number of pages including this page:

(If there are any problems with this transmission please call 202-416-1669).

Thank you for contacting us regarding our outreach efforts. As health care providers we do not now qualify as "qualified entities" for determining eligibility. Hopefully, after the President's 1999 budget is approved and passed, health care providers will be able to qualify.

In the interim, we have long encouraged our membership to serve as EPSDT screeners and assessors. This is one way to identify children's needs and assure that appropriate care and services be recommended, regardless of whether they are in the state's health plan. Secondly, we have, since the passage of the Balanced Budget Act, encouraged our members to contact community agencies and assist in outreach efforts. Our programs operate on-campus and off-campus schools which provide an ideal locus to identify and contact parents and children. Furthermore, our members' services cross multi-system lines which allow them to come into contact with children, families - natural or otherwise, guardians, foster care parents and systems of care, to assist in the identification, and hopeful enrollment of Medicaid eligible children.

NAPTCC represents programs which exclusively serve the under-21 population. Our mission is to promote the availability and delivery of appropriate and relevant services to children, youth, and adolescents with, or at risk of, serious emotional or behavioral disturbances, and their families.

The National Association of Homes and Services for Children (NAHSC) advocates at the national level for child and families at risk and the private, nonprofit agencies that serve them. Family Service America (FSA) is dedicated to strengthening families and communities through services and advocacy. FSA and NAHSC are currently involved in a merger that will result in a combined membership of nearly 500 private nonprofit child- and family-serving agencies providing services in all 50 states.

During the first session of the 105th Congress, NAHSC, FSA and their member agencies advocated for a major children's health initiative to help low-income families provide health insurance for their children. On March 23-25, 1998, FSA and NAHSC will hold a joint public policy conference and legislative summit that will focus in part on implementation of the State Children's Health Insurance Program (SCHIP). Many of our members are involved in advocacy efforts at the state level to implement the SCHIP. The briefing will focus on those activities and what advocates can do to ensure that states develop programs that provide as many children with the best health coverage possible. NAHSC and FSA members also will be involved in outreach efforts in their states to enroll children in both the SCHIP and Medicaid programs.

National Coalition of Hispanic Health and Human Services Organizations

1501 Sixteenth Street, NW • Washington, DC 20036 • (202) 387-5000

February 12, 1997

President William J. Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Clinton:

The National Coalition of Hispanic Health and Human Services Organizations (COSSMHO) is looking forward to the implementation of your proposal to invest $900 million dollars over the next five years in outreach campaigns to enroll eligible uninsured children in the new State Children's Health Insurance Program (SCHIP).

Outreach efforts are particularly crucial to our communities as Hispanic children are the largest group of kids after non-Hispanic white children and are the group least likely to be insured. Approximately one in three Hispanic children are without health insurance. Furthermore, while Hispanic children are more likely to live in poverty, they are not as likely as non-Hispanic black children to participate in the Medicaid program.

COSSMHO is monitoring these key issues as well as tracking state developments in the SCHIP program through its Growing Up Hispanic Policy centers. The goal of these policy centers is to empower Hispanic communities and families with the information, services, and access to public policy they need to improve the health and well-being of their children.

We appreciate your administration's commitment to insure that all children have access to care.

Sincerely,

Jane L. Delgado, Ph.D.

Fax

To: Barba ey

Of: White

Fax: (202) 2 ✓

Phone: (202) 0

Pages: 1 inclu s cover heet.

Date: Februa 998

Set a better copy

Barbara s what v cing:

"The 's Health n colla ration with Montefi e Medical Center in the Bronx is org major out. mpaign designed to enroll ev y eligible child in Medicaid or the new program. nitiative which could reach as many as 50,000 uninsured children, will de comp e medi care in a new netw k of children's health services."

Irw , M.D.

Pres Childre h Fund

Dir munity P & Pro ssor of Pediatrics

Mo dical Ce bert Ein ein College of Med ne

(212)

From the desk of...

GFG YUFY
Y

COURTLAND MILLOY

The Washington Post ... ARY 11, 199

Seeing More Than Saddam In Iraq

Anas "A... ...al, an Iraqi Amer... ...wns a restau... ...shington, received what ... ...ve been good news from Bag... ...months ago: His wife's cou... ...n birth to quadruplets. ... threat of another U.S. a... ...iq growing every day, the ... ...e become the source of ... ...less night.

"When I hea... ...n leaders vow that the n... ...on Iraq will not be a 'pinpr... ...t about those babies," Shall... ...any people in my family live ... ...es and military insta... ...they are at great risk."

Shallal, 43, ... Cafe Lu... a near Dupont C... ...ring the seven years since th... Pers... Gulf War, he has worked to ... ...ense of community am... ...of the nearly 5,000 Iraqi Am... ...ving in the Washington a... ...her, they have been rea... ...to other Americans in ... ...to put a human face o... Iraq— ...ne quite different from ... ...tator Saddam Hussein.

"The milita... ...n 1991 caught us off guard," Shallal said. "The anti-Iraqi sentiment ... Washington was so great that we ...nt into retreat and became invisible. This time, I'm out of the closet."

On Sunday, Shalla... gathered with others in front of the White House to demonstrate against military intervention in Iraq. His mother joined, too, express... concern that milk for babies in Iraq is already in short supply and that any military action would only m... the matters worse.

Later that day, Sh...al drove to Leesburg to speak u... for the construction of an Is...mic school there. In recent day... several residents, including ... minister, have been "fanning the flames of hate," as Shallal put it, by claiming that the school would become a magnet for Middle Eastern terrorists.

As a member of an advisory committee to the Fairfax County School Board, Shallal persuaded school officials to begin distributing to students this week a fact sheet on Iraq that highlights its rich heritage. And, as a Democratic committee precinct captain, he helped to persuade Rep. James P. Moran (D-Va.) to host a "Mesopotami... Art Show," featuring Iraqi arti... at the Cannon House Office Building.

All told, Shallal is much mo... than a restaurateur; he has become something of a one-m... diplomatic corps.

BY COURTLAND MILLOY—THE WASHIN...

Anas Shallal fears for his family i...

"How can we spend so mu... effort trying to teach our children peer mediation, co... resolution, even going so far ... suspend them from school i... hit somebody, and then turn around and say those princi... don't apply to adults and nations?" Shallal said. "Iraq ... just Saddam Hussein. It is t... land walked by Abraham, t... father of nations, and by Muhammad and Jesus. You ... tell me that there is no bette... to deal with this situation th... bomb Iraq from the face of ... Earth."

Although opposed to economic sanctions and mi... actions against Iraq, Shalla... fan of Saddam. He agonize... how much Iraq has deterio... under the dictator's rule. S... his relatives in Baghdad ha... been forced to sell their household goods to make ... meet. Many must boil their drinking water because wa... supplies and sewage treatm... facilities destroyed during ... Gulf War have not been rep...

... ...s become ... ...ible for ... ...a honest ... ...ecause the ... ...d off to the ... ...qi people ... ...is mad at ... ...ren't doing ... ...ed to do, ...the ... ...with a ...

... ...ose in the U... ...re reluctant to ... ...sanctions ... ...es that any ... ...t hurts ... ...ople is ... ...ss ... ...he'd like to ... ...itors do ... ...r chemical ... ...ome effort ... ...p rebuild ... ...raq.

Iraq ... ...me a more ... ...people need ... ...ut what is ... ...country," he ... ...ealize that th... wor... ...st them, ju... Sad...

Beca... ...so hard in Iraq, Sh... ...ne Iraqis—a few of ... ...nong them— ...oping for a w...

The ... ...during a war, th... ...portunities for an ... ...aid. "My a... ...ntly that when t... ...arted, there was a s... ...hat things were a... ...e. It was kind of perv... ...earing talk of people ... ...d while they were b... ... Now there is a fee... ...ong some that bo... ...hange things."

Shal... ...ink so.

His ... ...spective on wars in the ... East leads him to ... ...here must be a bette... ...Muhammad, Jesus and Al... ...id, all knew it, too.

"Pe... ...untry have been l... ...hat we have this ar... ...weapons' so precis... ...would be few, if any, ci... ...ies," Shallal said. "... ...ember the time, ...rcent of the smart ... ...ir targets, and I don't ... ...up one morni... ...my family memb... ...written off as some ... ...mage.'"

FAX TRANSMITT L

O:	Bar ara V
N:	White House)ffice ic aison
Telephc N r)e 456-215	Fax Number: 456-6218	# f Pages d g cover sheet) 2
M:	Gregg H fle CHILDREI S DE ND HEAI TH D N
Telephc N)e (202) 6 5 FAX N e (202) 6 5	t 1 98 r AM PM

Comme b ttached is the CDF CHIP ir leme a ity sheet you requeste t ier about your thinking on Whit IP event. Congrat or tcher confirmation. We as ed ne y 0 advocates to make ca t senators on the Satcher no nina with you soon. Gregg

Please c 6 354 u did not receive all of thi fax t n ss n.

amily Voices

FAX

Date: 2/11
Total pages incl

TO: Barbar
White Hors

Phone:
Fax Phone:
C.C:

REMARKS: ☐

Comments:

FROM: ☒ Polly Arango
☐ Trish Thomas
☐ Cindy White
☐ Veronica Rosales

Phone: (505) 867-2368
Fax Phone: (505) 867-6517

☐ For your review ☐ Reply ASAP ☐ Please Comment

FAMILY VOICES

Wednesday, February 11, 1998
Barbara Wooley
Polly Arango

As per your request

the country hundreds of our volunteer families with children with
h care needs provide practical information about health resources
ther families; train families in Managed Care and other complicated
ry and finance systems; and work with state and local policy makers
roviders to assure that quality health care is accessible and affordable
n, including children with special health care needs.

facsimile
TRANSMITTAL

to: Jackie Shannon for Barbara Wooley
fax #: 456 6218
re: outreach for SCHIP
date: February 12, 1998
pages: 3, including this cover sheet.

The accompanying memorandum outlines the requested bullet points on outreach efforts for the American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association.

Please call 966-7300, extension 127 if this fax is not clear.

Mary Crosby

From the desk of...

Mary Crosby
Deputy Executive Director
American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016

202-966-7300
Fax: 202 966-2891

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

MEMORANDUM

To: **Barbara Wooley**
White House Office of Health Policy

Fax: **456-6218**

Date: February 13, 1998

From: **Mary Crosby, American Academy of Child and Adolescent Psychiatry, 966-7300**

Julie Shroyer, American Psychiatric Association, 682-6049

Regarding: **Requested bullet points regarding outreach efforts for the State Children's Health Insurance Program (SCHIP)**

The **American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association** have been active in informing the membership and their patients about the new titles and provisions included in the Balanced Budget Act of 1997.

Outreach to general and child and adolescent psychiatrists

- General and child and adolescent psychiatrists receive technical assistance on provisions of the State Child Health Insurance Program (SCHIP) and the current status of the implementation process in each state so they can do outreach to patients and their families who are uninsured. To encourage continued outreach efforts, the associations provide the following:

  - regular updates to our members, in all fifty states, on the current status of the implementation of the SCHIP in each state and the status of the mental illness benefits, and

  - contact points, including telephone numbers and addresses, for communicating with state and local officials who are key decision makers in the implementation of the SCHIP program.

615 Wisconsin Avenue, NW
Washington, DC 20016-3007
202.966.7300 Fax 202.966.2891
http://www.aacap.org

- Association members also receive information on the new provisions in the Medicaid program and the outreach effort needed to find and cover eligible children with mental illnesses.

As a result of this information, general and child and adolescent psychiatrists who treat youngsters with serious mental illnesses can inform patients' families about the new SCHIP program and the expanded provisions in the Medicaid program.

Outreach to other physicians

- The APA and AACAP co-sponsored a resolution for consideration by the AMA House of Delegates. The unanimously approved resolution on "Children's Health Insurance," requested the American Medical Association in collaboration with national specialty societies to provide informational support and assistance to individual state medical associations and state specialty societies to help assure that under the SCHIP, uninsured children are provided comprehensive, non-discriminatory health benefits for physical and mental illnesses including substance abuse disorders. This directive is now being carried out by the AMA at the national level.

Outreach to AACAP and APA members and their patients

- Both associations use their Internet web pages to explain the new federal/state program to insure children who do not have coverage. The web sites provide both the technical explanation of the states' coverage options and updates on the states' decisions regarding coverage, specifically for treating children and adolescents with mental illnesses. Web addresses are: www.aacap.org (AACAP), and www.psych.org (APA).

If you have questions about any issues in this memorandum, please call Mary Crosby at the AACAP, 202-966-7300, or Julie Shroyer at the APA, 202-682-6049.

###

ASTHO
The Association of State and Territorial Health Officials
1275 K Street, NW., Suite #800
Washington, DC 20005
Phone (202) 371-9090 ✣ Fax (202) 371-9797

fax cover sheet

to: Barbara Wolley

fax #: 456-6218

from: Brent Ewig

date: 2.10.98

pages: page(s) total, including this cover sheet

Barbara -

Hope this is helpful!

Please let me know if you want it shorter or if you have any questions.

Brent

ASTHO
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS
1275 K Street, N.W., Suite 800, Washington, D.C. 20005-4006
(202) 371-9090 FAX (202) 371-9797

State Children's Health Insurance Programs (CHIP): Summary of Activities

Outreach: The Association of State and Territorial Health Officials (ASTHO) recognizes that a fundamental challenge to successfully implementing new State Children's Health Insurance Programs (CHIP) will be identifying and enrolling newly eligible children. State health agencies will play a pivotal role in leading the partnerships necessary to make sure that eligible children are identified, enrolled, and receive appropriate services.

To support states' efforts, ASTHO has produced and distributed a **CHIP Outreach Resource Packet** that will assist states plan and implement the outreach components of expanded children's health programs. Resources include:

- An ASTHO *Access Brief* outlining the general outreach provisions of Title XXI, along with a conceptual model for thinking about outreach and links to existing programs and technical assistance resources.
- An ASTHO *Access Brief* on eligibility worker out-stationing programs and outreach innovations building upon the existing safety-net providers familiar with the targeted population.
- An ASTHO *Access Brief* with suggestions on how to facilitate enrollment and address the "welfare stigma" issue.
- A previously published ASTHO *Access Brief* on innovative school-linked programs.
- An Association of Maternal and Child Health Programs (AMCHP) *Issue Brief* profiling successful Title V outreach programs and model collaborations between Title V and Medicaid programs.
- A National Governors' Association (NGA) issue brief on innovative outreach programs. NGA is also producing a new brief on outreach that will be available soon.
- A series of outreach-related briefs published by the Center on Budget and Policy Priorities.
- A Monograph published by the National Center for Education on Maternal and Child Health, which includes a particularly good introduction to some of the political, ethical, and economic issues states may confront in addressing outreach.

Other Activities: ASTHO has also instituted a multi-pronged strategy to meet the health policy information needs of state health agency leaders and staff on broader CHIP implementation issues.

These activities include:

- maintaining a bi-weekly electronic mail newsletter updating state health officers, staff, and others on breaking developments and new resources, and
- launching a series of additional *Access Briefs* for state health officials and staff on other issues relating to Title XXI implementation.

To date, these *Briefs* contain thoughtful discussion of and resources related to:

- State Plans and Resources on Innovative State Programs
- Resources on Innovative School-Related Programs
- Benefit Package Design – Assuring a Prevention Focus

All of these materials (including the Outreach Resource Packet) are available on the ASTHO web-site at: www.astho.org/html/primary_care_MCH_projects.html. The ASTHO staff contacts for CHIP issues are Brent Ewig, Associate Director for Access Policy (bewig@astho.org), Heather Pierce, MPH, Primary Care Project Coordinator (hpierce@astho.org), and Christa-Marie Singleton, MD, MPH, Senior MCH Project Coordinator (csinglcton@astho.org), or 202-371-9090.

American Medical Association
Physicians dedicated to the health of America

FAX TRANSMISSION SHEET

Date: Feb 11th

From: Margaret Garikes
Division of Federal Affairs

To: Barbara Wadley

Phone number: (202) 789-7409

cc:

Message: Probably more than you wanted. The underlined portions might be all you need.

Total Pages including cover sheet: 2

Reply Fax Number: 202-789-4581

150 Years of Caring for the Country
1847 • 1997

The American Medical Association (AMA) is tremendously excited about the State Children's Health Insurance Program (SCHIP). The AMA's President, Dr. Wootton, has written to the physician leaders of our state medical societies urging them to make SCHIP implementation one of their priority issues. We also recently hosted a meeting for the staff and physician leaders of our state medical societies and national specialty organizations where the SCHIP program was one of our top agenda items. All of our activities have been designed to ensure that physicians, who are out there actually providing the medical care, have a voice in the development of the state SCHIP plans in order to maximize the program's benefits for children.

Regardless of which SCHIP option states choose, one of our goals is to ensure that they incorporate mechanims designed to make the care delivered and financed through Medicaid and the SCHIP as seamless as possible. Our physician members have seen first hand that individuals can get lost as they attempt to navigate the complex health care system. And some individuals never even make it into the system. In order to address this problem, the AMA supports efforts to streamline the enrollment process under both programs, such as allowing a single application for Medicaid and SCHIP, using mail-in applications, and outstationing eligibility workers. The AMA also is working with our state medical societies to ensure that states implement mechanisms designed to allow traditional Medicaid providers and providers of care to the uninsured to participate in state SCHIP programs. Perhaps most importantly, we are strongly urging states to undertake, and encouraging state medial associations and individual physicians to take part in, educational and outreach activities to inform potential beneficiaries about the SCHIP and to provide understandable descriptions of the benefits available through the program. The AMA believes that such efforts must be designed to ensure that families do not go without needed and available services due to administrative barriers or lack of understanding of the program.

Washington Business Group on Health February 11, 1998

Involvement with the Child Health Insurance Program: Winter-Spring, 1998

- The Washington Business Group on Health is working with the Coalition for Healthier Cities and Communities to support Health and Human Services Secretary Shalala's Children's Health Initiative to support the development of integrated health services delivery systems for children through the implementation of the Child Health Insurance Program as well as the coordinated efforts of the administrative divisions of HHS: HRSA, SAMHSA, CDC, ACYF, HCFA.

- Dr. Mary Jane England, MD, President of the Washington Business Group on Health, has recently been invited to testify before a joint session of the New Mexico State Legislature on the merits of the State's proposed plan for expansion of health coverage through their medicaid program and the elaboration of flexible, intensive care services for children with serious disabilities and early intervention services. She will speak as well to the Missouri state Legislature supporting that state's plans.

- Through its National Resource Network for Child and Family Mental Health, a technical assistance center supported by the federal Center for Mental Health Services, the Washington Business Group on Health is supporting multi-agency consortia in states and localities to develop strategic plans to enhance intensive care services for children with severe mental, emotional, and behavioral disturbances in the states' implementation of the Child Health Insurance Program.

THE
CATHOLIC HEALTH
ASSOCIATION
OF THE UNITED STATES

FAX TRANSMITTAL FORM

CHA

DATE: February 12, 1998

TO: Barbara Wooley

FAX NUMBER: 456-6218

FROM: Fish Brown
Director of Public Policy
PHONE: 202-296-3993

NUMBER OF PAGES (INCLUDING COVER SHEET): 2

COMMENTS:

Here is the paragraph on CHA and Medicaid outreach. I hope it is useful. Good luck...and give me a call if you have any questions.

1875 Eye St, NW #1000
Washington, DC 20006-5409

Phone 202-296-3993
Fax 202-296-3997

Medicaid Outreach and Catholic Healthcare

The Catholic Health Association of the United States (CHA) is the national leadership organization of more than 1,200 Catholic healthcare systems, facilities, and related organizations. CHA members across the country are involved in efforts to identify low-income children eligible for Medicaid and assist them in enrolling in the program. For the last several years, Catholic disproportionate share (DSH) hospitals have employed eligibility workers inside the hospital to assist in Medicaid enrollment. The "Children's Health Matters" initiative launched last year by the Daughters of Charity National Health System, Carondolet Health System, and Catholic Charities USA provides support to local hospitals and social service agencies in 23 states in their efforts to enroll Medicaid-eligible children. In Chicago, Catholic hospitals are working with the Archdiocese and Catholic Charities to identify Medicaid-eligible children in parochial schools and social service centers. Hospital employees, for example, are encouraged to volunteer their time in these efforts.

old

National Coalition of Hispanic Health and Human Services Organizations

1501 Sixteenth Street, NW • Washington, DC 20036 • (202) 387-5000

February 12, 1997

President William J. Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Clinton:

The National Coalition of Hispanic Health and Human Services Organizations (COSSMHO) is looking forward to the implementation of your proposal to invest $900 million dollars over the next five years in outreach campaigns to enroll eligible uninsured children in the new State Children's Health Insurance Program (SCHIP).

Outreach efforts are particularly crucial to our communities as Hispanic children are the largest group of kids after non-Hispanic white children and are the group least likely to be insured. Approximately one in three Hispanic children are without health insurance. Furthermore, while Hispanic children are more likely to live in poverty, they are not as likely as non-Hispanic black children to participate in the Medicaid program.

COSSMHO is monitoring these key issues as well as tracking state developments in the SCHIP program through its Growing Up Hispanic Policy centers. The goal of these policy centers is to empower Hispanic communities and families with the information, services, and access to public policy they need to improve the health and well-being of their children.

We appreciate your administration's commitment to insure that all children have access to care.

Sincerely,

Jane L. Delgado, Ph.D.

Families USA FOUNDATION
The Voice for Health Care Consumers

1334 G Street, NW
Washington, DC 20005
Voice: (202) 628-3030
Fax: (202) 347-2417
e-mail: info@familiesusa.org

Fax Transmission

Date: 2/12

Time: _____

Dept. / Activity Code: _____ Project: _____

Number of Pages: ____ (including this cover sheet)

Please deliver this fax to:

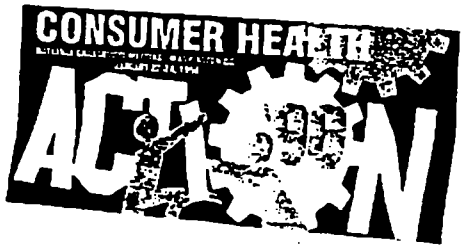
Name: Barbara Wooley Org.: _____

Fax #: 456 6218 Phone: _____

Comments: As requested

From: Judy Waxman Ext.: _____

Join us in January at ***Consumer Health Action '98,*** National Consumer Grassroots Meeting, *Washington DC, January 22-24, 1998. Call to inquire.*



March of Dimes
Birth Defects Foundation
National Government Affairs Office
1901 L Street, N.W., Suite 200
Washington, DC 20036
Telephone 202 659 1800
Fax 202 296 2964

MEMORANDUM

February 10, 1998

TO: Barbara Woolley
FR: Jo Merrill
Marina L. Weiss
RE: Outreach Efforts by March of Dimes

The March of Dimes is working to ensure enrollment in and access to quality health services and health education for children and all pregnant women. To guarantee that our initiatives are state-of-the-art, the Foundation is reviewing the literature and identifying successful programs, including those developed by March of Dimes chapters, to determine "best practices." These will be incorporated into a "best practices" inventory and disseminated widely.

Many March of Dimes chapters have long standing experience in prenatal care enrollment, media blitzes, immunization drives, teen pregnancy education, and prenatal care incentives. We have also committed funds to support demonstration projects to help states plan or implement creative outreach initiatives. Two outreach programs funded by the March of Dimes have been identified as successful models by the Department of Health and Human Services. The following is a short description of one of them.

"Growing Into Life Task Force" Aiken, South Carolina

An infant mortality reduction program targeted to low-income pregnant women funded collaboratively by the March of Dimes and the SC Department of Health and Human Services.

Outreach strategy: The community built a 120 member coalition that includes representatives from health care providers, social service agencies. law enforcement, clergy, local government , schools, etc. The coalition established a toll-free pregnancy care line, developed a portable medical record for pregnant women, conducted cross-training of community-oriented police officers as prenatal outreach workers, established review board investigation of every child death in the county, and identified accountability measures to monitor and strengthen linkages among systems.
Results: infant mortality dropped by 50%, from 12.1 to 4.9 per thousand.

For further information call us.

March of Dimes 1901 L Street, NW, Suite 260 Washington, D.C. 20036

FAX

Date: 2/11/98

Number of pages including cover sheet: 2

To:
Barbara Woolley

Phone:

Fax: 456-6218

CC:

From:
Jo Merrill
Marina L. Weiss

Phone: 202-659-1800

Fax phone: 202-296-2964

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment

As promised, attached is information on March of Dimes outreach efforts.

National Association of
Children's Hospitals

401 Wythe Street
Alexandria, VA 22314
(703)684-1355 Fax (703)684-1589

N • A • C • H • FAX

DATE: 2/9/98

PAGES (including cover page): ______

TO: Barbara Woolley
Public Liaison – The White House

FAX: (202) 456-6682 or 6218

PHONE: (202) 456-2155

FROM: Peters D. Willson
Vice President for Public Policy
Phone: 703-684-1355
Fax: 703-684-1589
E-mail: pwillson@nachri.org

SUBJECT: ______

If there are any transmission problems with this fax, please call me at 703-684-1355.

National Association of
Children's Hospitals

MEMO

N · A · C · H

TO: Barbara Woolley, Office of Public Liaison

FROM: Pete Willson, N.A.C.H.

DATE: February 9, 1998

SUBJECT: **Statement on Medicaid Outreach and Enrollment**

Barbara, the following is the statement I promised to send over.

> Building on children's hospitals' significant service to children of low income families and strong commitment to fulfilling Congress' 1990 on-site Medicaid enrollment policy, the National Association of Children's Hospitals is collaborating with the American Hospital Association, the Center for Budget and Policy Priorities, and others to identify and promote innovative models of outreach and enrollment to uninsured children within hospital facilities and throughout the community

If you would like any additional information or material, please call either Suzanne Hansen, our Medicaid policy director, or me for assistance. We both can be reached at (703)684-1355. Best wishes.

401 Wythe Street, Alexandria VA 22314
(703) 684-1355 Fax (703) 684-1589

FAX

Date 02/10/98

Number of pages including cover sheet 2

TO: *Barbara Woolley*
White House Office of Public Liaison

Phone
Fax Phone *456-6218/456-6682*

CC:

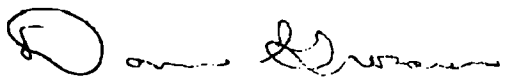
FROM: *Donna B. Grossman, JD,MPH, Director of Government Affairs*
National Association of County and City Health Officials
440 First Street, NW
Suite 450
Washington, DC 20001

Phone *202-463-2983*
Fax Phone *202-463-2985*

REMARKS: ☐ *Urgent* ☐ *For your review* ☐ *Reply ASAP* ☐ *Please Comment*

Barbara, I hope the attached responds to your request for a few lines about NACCHO's work in outreach/enrollment for the child health insurance program. Let me know if something more or different is needed.

Best wishes,



NACCHO

440 First Street, NW, Suite 450
Washington, DC 20001
(202) 783-5550 (202) 783-1583 (Fax)

National Association of County & City Health Officials

The National Association of County and City Health Officials (NACCHO) is greatly interested in the successful implementation of state children's health insurance programs (S-CHIP). NACCHO has provided local health officials with information about the different state plans and encouraged them to work with states to address the implications for children who currently receive their care in local public health departments. NACCHO is strongly supportive of outreach efforts and the importance of expanding this aspect of S-CHIP in order to assure that eligible children are enrolled.

NACCHO is the principal national organization representing the nation's 3000 local public health departments - in cities, counties and townships. Local health officials work on the front lines in protecting and promoting the health of their communities.

February 10, 1998

Contact: Donna B. Grossman
Director of Government Affairs
202-463-2983

Fax

To: Barbara Woolley

Of: White House Public Affairs

Fax: 202/456-6218

Phone: 202/456-2930

Pages: 2, including this cover sheet.

Date: February 10, 1998

Hi Barbara. Thanks for the call last night, sorry we kept missing each other. I hope the following information suits your needs. While I know you wanted it brief, I included some specific examples of creative Medicaid outreach by hospitals/health systems. You can use the top two paragraphs if space is a concern. Please call me at 202/626-2291 with questions.

The *Campaign for Coverage ... A Community Health Challenge* is a joint initiative of the American Hospital Association (AHA) and state and metropolitan associations to expand health care coverage to 4 million more Americans. The heart of the campaign is local action, hospitals and health systems across the country accepting the challenge to expand health care coverage and access in their communities.

More than 500 hospitals/health systems have joined the campaign to date, helping to extend coverage to more than 1 million people. Many of the campaign participants are engaged in outreach or education efforts designed to bolster participation in the Medicaid program or other state programs. AHA encourages these practices in various forums including the publication of our quarterly report, in our weekly newspaper AHA News, that goes to every hospital, our daily Fax Update for hospital/health system CEOs, and other public forums. In fact, at our recent Annual Meeting (more than 2,000 people attended) we distributed Medicaid Outreach best practices at the Campaign for Coverage booth. We also conducted a panel discussion last November with state hospital association executives on how to maximize enrollment in the new SCHIP program.

The kinds of examples that are highlighed include:

From the desk of...

Stephanie Nelson
National Director
American Hospital Association
325 7th Street, N.W.

Washington, DC 20004

✔ **St. Francis Hospital, Tulsa, Oklahoma.** St. Francis was awarded a local grant this past July to launch their own local "Campaign for Coverage" focusing solely on Medicaid Outreach. Specifically, St. Francis plans to focus on: 1) educating the community and high risk populations about various insurance programs; 2) reaching out to community members at nontraditional sites and enrolling them in the program; and, 3) purchasing coverage for 150 children through the BC/BS Caring Program. The outreach will include stationing workers at local grocery and discount stores to provide technical assistance for enrolling children. If applicants take the form home, it is returned with a self-stamped envelope to the hospital's social workers to review and amend before sent to the state Medicaid office for processing. As a result of these efforts, more than 129 children have been enrolled in the program.

✔ **Mohawk Valley Network, Utica, New York.** Launched in October last year, the hospital has teamed with the local AmeriCorps office and assigned a full-time AmeriCorps worker to seek out those without insurance and help them complete the paperwork and the steps required for health insurance, food stamps, and housing assistance. The worker is stationed at one of the network's clinics in an underserved area of Oneida County.

✔ **Daughters of Charity National Health System, St. Louis, Missouri.** On a system-wide basis, DCNHS has embraced a new initiative to enroll eligible children in Medicaid. In addition to providing information, resources, and technical assistance, DCNHS corporate offices will urge that this initiative be a consistent local board agenda item with each of their hospitals.

✔ **Children's Mercy Hospital, Kansas City, Missouri.** Alice Kitchen, Director of Social Work and Community Service, has taken an aggressive lead in trying to streamline and simplify enrollment forms between Missouri and Kansas. She has worked for the past year educating the community about Medicaid while she is now focusing on securing funding for a full-time enrollment person.

456-6218

CENTER ON BUDGET AND POLICY PRIORITIES

MEMO

To: Barbara Wooley
From: Donna Cohen Ross
Subject: Medicaid Outreach Activities
Date: ~~February 9, 1998~~ Feb. 12

Barbara:

I hope this is what you are looking for. The Center has been conducting outreach activities to facilitate the enrollment of children in Medicaid since 1993. We work with state Medicaid agencies and advocates on simplifying and streamlining the application process, as well as with community organizations, schools, child care programs, health clinics, hospitals, and others on ways to identify eligible children and get them enrolled.

Please let me know if you need any additional information. I can be reached at 202-408-1080.

Donna

820 First Street, NE, Suite 510, Washington, DC 20002
Tel: 202-408-1080 Fax: 202-408-1056 centpr@centerbpp.org http://www.cbpp.org

The Start Healthy, Stay Healthy campaign, a national outreach effort conducted by the Center on Budget and Policy Priorities, enlists a wide array of community-based organizations to identify children from low-income working families who may be eligible for Medicaid but are not enrolled and to help families enroll their children in the program. With the recent creation of the federal child health block grant, the campaign is expanding to help enroll children in enlarged or newly created separate state child health insurance programs and to make sure that eligible children are not left without health insurance due to poor coordination between Medicaid and these separate state programs. The program provides training and technical assistance on how to simplify and coordinate application and enrollment procedures for Medicaid and other child health insurance programs and on ways to make the process more accessible to families. Training on incorporating Medicaid income eligibility screening into existing programs and implementing effective outreach strategies is also offered.

The Center has provided materials and technical assistance to government agencies and community groups in at least 15 states and has been working cooperatively with other national organizations involved in reducing the number of uninsured children. A complete outreach kit will be available soon.

For more information about the Start Healthy, Stay Healthy effort, contact Donna Cohen Ross at the Center on Budget and Policy Priorities, (202) 408-1080.

The Association of Maternal and Child Health Programs
1220 19TH Street, NW, Suite 801
Washington, DC 20036
Phone: (202) 775-0436
Fax: (202) 775-0061

TO: Barbara Wolley

FROM: Karen Vanlandeghem

FAX NUMBER: 456-6218

DATE: 2/13/98

PAGES TO FOLLOW: 1

COMMENTS: Per your request, Please call me if you need additional information or have questions.

G:\USERS\HELEN\FORMS\FAX.WPD

Street, NW, Washington, DC 20005, Telephone 202 393 1650 or 800 633 9400

American College of Physicians

ACP Urges Congress to Fund Children's Health Coverage Outreach

The American College of Physicians (ACP), representing 100,000 internal medicine physicians and medical students, urges Congress to provide adequate funding for states to substantially increase their health coverage outreach efforts. We applaud President Clinton for including funding for outreach in the 1999 budget. It is critical to let parents know whether their children are eligible for coverage under the new Children's Health Insurance Program (CHIP) or Medicaid.

Educational strategies are needed to inform parents about these programs that can help keep their children healthy or provide treatment when needed. The reasons for under enrollment are multi-factorial, and include poverty and illiteracy. New efforts are needed to get the word out to parents through daycare centers, schools, and other places where parents receive information. The American College of Physicians believes that effective approaches for enrollment outreach must be pursued as a core strategy to expand health care coverage.

###

February 13, 1998

The Philadelphia-based American College of Physicians is the nation's largest medical-specialty society, composed of more than 100,000 internists -- specialists in internal medicine who provide comprehensive care to adults. More than half the nation's adults consider an internist their primary care physician.

To: Neera

nea
NATIONAL EDUCATION ASSOCIATION

Robert F. Chase, President
Reg Weaver, Vice President
Dennis Van Roekel, Secretary-Treasurer
Don Cameron, Executive Director

1201 16th Street, N.W.
Washington, D.C. 20036-3290

February 13, 1998

Memorandum

TO: Jeanne Lambrew, White House Office of Health Policy
Barbara Wooley, White House Public Liaison

FROM: Jerald Newberry, Executive Director, Health Information Network
Diane Shust, Senior Professional Associate

RE: Child Health Initiative

As you can well imagine, our members are confronted daily with the serious problems stemming from children's inadequate or nonexistent health care.

As requested, a bullet about our Child Health Initiative:

- NEA will launch an awareness campaign in July 1998 at our Representative Assembly, our annual meeting of 9,000 elected state and local association leaders, in New Orleans, Louisiana. The goal of this campaign is to better position educators and education support personnel as a communication vehicle between the parents of uninsured children and the agencies charged with enrolling families in CHIP. NEA's Commission on Urban Children, comprised of over 20 national organizations, including the Child Welfare League and the Academy of Pediatrics, will co-sponsor this launch.

Please call Diane Shust (202/822-7325) or Jerald Newberry (202/822-7776) if you need additional information. Thank you.

cc: Bob Chase
Denise Rockwell (Woods)
LaMar Haynes
Jerald Newberry
Mary Elizabeth Teasley

FACSIMILE

Date:	2/13/98

To:	Barbara Wooley
Fax:	456-6218
From:	Diane Shust

National Education Association
Government Relations
1201 - 16th St. NW #510
Washington, DC 20036-3290
202-822-7325
Fax: 202-822-7309

Number of pages including this page:

nea
NATIONAL EDUCATION ASSOCIATION

TO Neera Tanden
WW - 2nd Fl
Do old stuff?
Do only new stuff Q? } work on announcement stuff
3rd door on right

Fr: B Woolley
Child care commitments

Comments:

NGA

If you did not receive all pages, please call the sender as soon as possible. If this facsimile was sent to the wrong number, we would appreciate a call so we can send the fax to the correct number.

nea
NATIONAL EDUCATION ASSOCIATION

Robert F. Chase, President
Reg Weaver, Vice President
Dennis Van Roekel, Secretary-treasurer

Don Cameron, Executive Director

1201 16th Street, N.W.
Washington, D.C. 20036-3290

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cc: Bob Chase
Denise Rockwell (Woods)
LaMar Haynes
Jerald Newberry
Mary Elizabeth Teasley

AADS

American Association
of Dental Schools
1625 Massachusetts Avenue, NW
Washington, DC 20036-2212
(202) 667-9433

FAX FACSIMILE

DATE: 2/12

TIME: _____

ATTENTION: Barbara Woolly

INSTITUTION: _____

FAX: 202-456-6218

FROM: Sara Milo

NUMBER OF PAGES INCLUDING COVER: 2

COMMENTS

Per the voice mail received regarding children's health + outreach activities

FAX: 202-667-0642
INTERNET: AADS@AADS.JHU.EDU

AADS
American Association of Dental Schools

1625 Massachusetts Avenue, NW
Washington, DC 20036-2212

202.667.9433

February 12, 1998

Mrs. Hillary Rodham Clinton
Office of The First Lady
The White House
Washington, DC 20500

Dear Mrs. Clinton:

Thank you for the opportunity to provide information about the American Association of Dental Schools (AADS) involvement in children's health and outreach activities. The AADS is proud to have been a partner with the President, as a member of the Maternal and Child Health Coalition, in the successful effort to establish the Children's Health Insurance Program (CHIP).

While dentistry has made significant progress in preventing oral disease and developing primary care treatments, tooth decay remains the single most common chronic disease of children; and, several studies reveal that decay occurrence is inversely related to income. Among low-income children, up to 80 percent of tooth decay remains untreated, resulting in pain, dysfunction, and poor appearance – problems that greatly reduce a child's capacity to succeed in school and beyond.

Accordingly, the American Association of Dental Schools is working in the states with the governor's office, the legislature, oral health advocates, and children advocacy groups to develop health insurance plans, as part of the new CHIP initiative, that address the important oral health needs of uninsured children.

The AADS membership also continues to work in several states to ensure that dental coverage is adequately funded under the State Medicaid program. Despite the inclusion of dental benefits under Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefits package, less than 1-in-5 EPSDT children receive a dental service, according to the HHS Inspector General. Current Medicaid expenditures for dental care account for only 2.3% of program expenditures for children.

And finally, the AADS is a participant in the *Healthy People 2010* initiative. As a member of the oral health workgroup, the AADS is involved in reviewing the progress made towards the oral health objectives contained in the *Healthy People 2000* document, and improving the oral health of our population through the development of national oral health objectives for the coming decade.

Oral disease is the single most preventable condition through access to cost-effective primary and preventive dental benefits. The AADS looks forward to continuing to work with the Administration to improve the health of all American children, allowing millions of children across the country to see dentists and physicians for the first time, as the President suggested at the Balanced Budget Act signing ceremony on August 5, 1997.

Please contact me if the AADS can be of any assistance at 202-667-9433 ext. 150, or Sara Cintron Milo, Senior Legislative Associate, AADS Division of Government and Institutional Relations, at ext. 127.

Leadership for the Future 75th ANNIVERSARY AADS • 1923-1998

Sincerely,

Richard W. Valachovic, DMD
Executive Director

Fax: 202.667.0642
Internet:

1111 14th Street, NW #1200 Washington, DC 20005 202-898-2400

AMERICAN DENTAL ASSOCIATION

Date: _____

# of pages including cover sheet: ____

TO: Sophie Shen

Phone: _____

Fax #: _____

FROM: Tom Spangler

Phone: 202-898-2400

Fax #: 202-789-2258

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

Role of Dentistry in Children's Health Issues
American Dental Association

dent do

The State Children's Health Insurance Program (CHIP)

The American Dental Association (ADA) believes very strongly that oral health is an integral part of overall primary health care with the dentist as the primary oral health care provider. President Clinton acknowledged the importance of dental services as a component of CHIP in a July 28, 1997 National Governors Association meeting, and stated that dental services should be covered under CHIP in the August 5, 1997 signing ceremony. To help assure that these needed services are available to children under CHIP, and because it is not specifically designated as a mandatory service in the legislation, we urge the Administration to make reference to the need for oral health care coverage for this population in all statements on the CHIP program.

Tooth decay remains the most common chronic disease among children, and dental disease is disproportionately concentrated in lower-income children. Roughly 75 % of dental disease occurs in 25% of American children. Participation in a dental plan could help remedy this problem as patients with dental coverage receive more care than those without coverage. Dental care could reach a significant number of children who may not have previously sought care by establishing adequately funded CHIP dental programs in each state.

At the national level, the ADA:

- lobbied for inclusion of dentistry as a mandated service under CHIP as the legislation was moving through Congress;

- assembled a special task force to facilitate implementation of CHIP by assisting our state dental societies as they help craft programs in their respective states; and urged state dental societies to work with their state health departments (or other appropriate agencies) and other groups to assure adequate dental coverage;

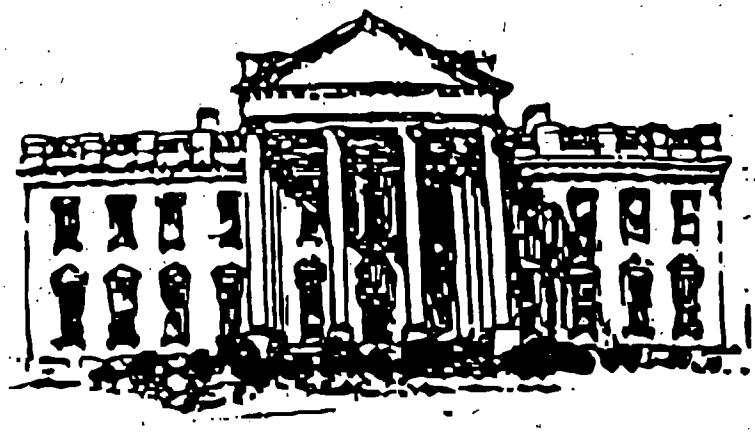
- developed a computer model which would help states determine how much dental care (benefits) the state could get for a specific budgeted amount, or conversely, what it would cost to provide a specific set of benefits for a defined number of beneficiaries; (The ADA will run the simulations for any state health department and dental association that requests it)

- sent representatives to the Health Care Financing Administration's (HCFA) regional meetings to inform state legislators and regulators of the need for an effective, well-funded dental program within CHIP;

- continues to work with the Children's Health Group to coordinate our efforts to enhance health care coverage for children in low income families.

Community Water Fluoridation

Assuring that a community water system is fluoridated is one of the most cost-effective strategies for helping to reduce tooth decay in children, and the Association has actively supported funding for the expansion and maintenance of state and local fluoridation efforts. As noted above, among school age children, 25 percent suffer 75 percent of the tooth decay. That 25 percent typically represent children who are from low income or socially disadvantaged families, or who live in non-fluoridated states. For example, 80 percent of Hawaii's children under the age of 6 suffer from tooth decay, while the state has a fluoridation rate of only 13 percent. A surprising statistic is that only 62.1% of Americans live in communities with fluoridated water. The ADA continues to work to improve the availability of fluoridated water through working with Congress to provide funds to help states improve their fluoridation rates, speaking at local and state meetings on the subject, and assisting state dental societies as they work within their states to assure that water fluoridation facilities remain in good working order.



THE WHITE HOUSE
OFFICE OF PUBLIC LIAISON

Barbara Woolley
Associate Director

Phone (202) 456-2930
Fax (202) 456-6218

Number of Pages (including cover) 2

Date: 2/17

To: Neera

Fax Number: 62878

Office Number:

*******COMMENTS*******

Neera – for 1 page-grou

PUBLIC HOSPITALS GEAR UP FOR CHIP IMPLEMENTATION

NATIONAL ASSOCIATION OF PUBLIC HOSPITALS & HEALTH SYSTEMS

NAPH
212 NEW YORK AVENUE, NW
SUITE 800
WASHINGTON, DC 20005
202-408-0228
FAX 202-408-0239
naph@naph.org
http://www.naph.org

- Our nation's public and safety net hospitals, including members of the National Association of Public Hospitals & Health Systems (NAPH), have long been major providers of care to low income, uninsured children in their communities. With an extensive system of outpatient clinics, typically located in the neighborhoods where these children live, and full complement of inpatient and specialty care services, safety net hospitals and health systems are poised to play major roles in delivering care to newly covered children under CHIP.

- Through their longstanding relationships with the targeted uninsured children, these providers have developed both the capacity and the experience to meet the full range of health care needs and to enable the children to take advantage of the care offered.

- Safety net hospitals have developed outreach programs to identify and draw in hard-to-reach children, including children of immigrants, children of non-English speaking parents, homeless children and other at-risk children and their families.

- As Medicaid Disproportionate Share Hospitals, these facilities house outstationed Medicaid eligibility workers, and have long performed presumptive eligibility determinations for pregnant women. They are used to working closely with states to enhance Medicaid enrollment, and are set to play an equally integral role in finding and enrolling CHIP children.

- Many NAPH members have been working closely with their states to design CHIP programs that make sense in their localities. Several have offered their own CHIP proposals to the state, some of which have been incorporated into the design of their states' Title XXI programs. Virtually every NAPH member intends to participate in their state's CHIP program as major providers of outpatient and inpatient care to newly covered children.

- Safety net hospitals and health systems have made it their mission to provide access to quality health care for those individuals traditionally without health care options. We support any and every effort to expand coverage for all Americans – including this major initiative to ensure that our children are covered. We are pleased to continue serving these children – and their families – as they enroll in CHIP.

'.ODMA\PCDOCS\WSH\74575\1

American Public Health Association
1015 Fifteenth Street, NW – Suite 300
Washington, DC 20005
Telephone: (202) 789-5600
TDD: (202) 789-5673
Fax: (202) 789-5661
OR -5681

FAX COVER SHEET

DATE: 2.5.98

TIME: 4:30 pm

NO. OF PAGES FOLLOWING:

TO :

NAME: Jackie Shen
ORGANIZATION: White House
FAX NUMBER: 456.6218

FROM :

NAME: Jennifer Wierwille, Grassroots Advocacy
UNIT: Government Relations/Affiliate Affairs
PHONE: 202.789.5627
E-MAIL: jen.wierwille@apha.org

Jackie:

Find attached bullets on APHA and SCHIP implementation. Thanks for reaching us on this, let me know if we can be of any further assistance. Congratulations to Barbara on all the hard work re: Dr. Satcher's successful confirmation – a major victory for public health in this nation. Please call with any questions/ comments. Thanks, Jen Wierwille

The American Public Health Association (APHA) has worked with its state and local affiliated public health associations across the country to:

- inform all public health professionals about the structure of the new state children's health insurance expansion program and opportunities for expanding health coverage and improving children's health outcomes;
- gather input and success strategies regarding how public health associations are working with the states to develop the new state programs to address important public health issues including access, comprehensiveness of benefits, use of community-based services and resources, outreach and meaningful quality assessment. APHA plans to compile this information and share it with members and Affiliates as models; and
- help state and local public health associations to be a resource for their state legislators, Departments of Health, and policy-makers at all levels on issues of access, preventative benefits, and assessment to achieve a comprehensive children's health agenda.

Best practices
work w/ groups

National Association of Homes and Services for Children
1701 K St., NW #200, Washington, DC 20006 Tel:202-223-3447 Fax:202-331-7476

Facsimile Coversheet

To: **Jackie Shen**

Agency: **White House Office of Public Liaison**

Fax: **456-6218**

From: **Dan Drolet, NAHSC Legislative Representative**

Date: **February 13, 1998**

Total Pages: **2**

Dear Jackie,

Attached is the information you requested. Please let me know if there is any other information you need. Thanks for your interest.

Dan Drolet

The National Association of Homes and Services for Children (NAHSC) advocates at the national level for children and families at risk and the private, nonprofit agencies that serve them. Family Service America (FSA) is dedicated to strengthening families and communities through services and advocacy. FSA and NAHSC are currently involved in a merger that will result in a combined membership of nearly 500 private nonprofit child- and family-serving agencies providing services in all 50 states.

During the first session of the 105th Congress, NAHSC, FSA and their member agencies advocated for a major children's health initiative to help low-income families provide health insurance for their children. On March 23-25, 1998, FSA and NAHSC will hold a joint public policy conference and legislative summit that will focus in part on implementation of the State Children's Health Insurance Program (SCHIP). Many of our members are involved in advocacy efforts at the state level to implement the SCHIP. The briefing will focus on those activities and what advocates can do to ensure that states develop programs that provide as many children with the best health coverage possible. NAHSC and FSA members also will be involved in outreach efforts in their states to enroll children in both the SCHIP and Medicaid programs.

THE WHITE HOUSE
OFFICE OF PUBLIC LIAISON

Barbara Woolley
Associate Director

Phone (202) 456-2930
Fax (202) 456-6218

Number of Pages (including cover) 2

Date: 2/17

To: Neera

Fax Number: 62878

Office Number:

*******COMMENTS*******

Barbara:

Below is what you could say Wednesday about what we are developing re: Child's health enrollment activities:

Through the members of the National Association of Chain Drug Stores, more than 88,000 pharmacists in nearly 30,000 chain company community pharmacies will be given information to refer parents with eligible children to enroll their children in children's health insurance programs. In addition to distributing the 800 information number, NACDS will develop in conjunction with the Administration a fact sheet about the expanded children's health insurance coverage, make it available through chain pharmacies as well place it on the NACDS Internet web site www.nacds.org. for access by pharmacists, other health care providers, social workers and other interested parties.

Neena 6287B

NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

Memo

To: Barbara Woolley
From: Yasmina S. Vinci
Date: February 18, 1998
Re: Health Event on February 18, 1998

Barbara,

I hope this is what you had in mind. If not, please call me or feel free to edit - no pride of authorship here.

NACCRRA's 530 community-based member organizations help over 1.5 million parents a year to find child care and to identify programs and subsidies that help families to afford it. They also connect families to other services they may need. In many states, child care resource and referral (CCR&R) programs, working with TANF and other agencies, actually administer child care subsidy. They also communicate regularly with all legally operating child care programs and providers in their communities.

Next week, building on the already successful experiences of many CCR&R programs in Medicaid outreach and referral, NACCRRA will launch a campaign to tap the enormous potential reach and creativity of the local CCR&R programs in order to enroll eligible uninsured children.

I am delighted to attend the First Lady's event tomorrow. The phone number here is 202 393-5501.

Post-it™ brand fax transmittal memo 7671	# of pages ▸
To Barbara Woolley	From Yasmina
Co.	Co.
Dept.	Phone #
Fax # 456-6682	Fax # 456-6218

TOTAL P.01

NACHC FAX

National Association of Community Health Centers, Inc.
1330 New Hampshire Avenue, NW - Suite 122
Washington, DC 20036

Phone: 202/659-8008 Fax: 202/659-8519

To: Barbara Woolley

Fax Number: 456-6682

From: Dan Hawkins

Date: Feb. 13, 1998

Number of pages including this cover sheet: 1 3

Message:

Here's my idea for a bullet regarding Health Centers:

2nd one

"The National Association of Community Health Centers (NACHC) has strongly encouraged its 700 member Health Centers to significantly increase their efforts to identify and enroll low income uninsured children -- including the 1.3 million such children they now serve -- in state Medicaid and CHIP programs. In particular, NACHC conceived and promoted a joint demonstration project now being implemented by the HHS agencies that administer the Community Health Centers program (HRSA) and the Medicaid and CHIP programs (HCFA), together with NACHC and state Medicaid Directors, to develop innovative outreach activities and fully establish outstationed Medicaid/CHIP enrollment services at every Community Health Center in at least 12 states."

See attached for details

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

BUREAU OF PRIMARY HEALTH CARE

Health Resources and Services Administration
Bethesda MD 20814

December 23, 1997

Dear Primary Care Association Executive Director:

As we discussed at the recent Bureau of Primary Health Care (BPHC) State Primary Care Symposium in October, the Health Resources and Services Administration (HRSA) and the Health Care Financing Administration (HCFA) are co-sponsoring a Medicaid pilot demonstration project. This project will seek to expand Medicaid enrollment, particularly among eligible pregnant women and children, by improving the utilization of outstationed eligibility workers in Federally Qualified Health Centers (FQHCS).

Background

The Medicaid outstationed enrollment provisions related to FQHCS were added to the Medicaid statute as part of the Omnibus Budget Reconciliation Act of 1990 in 1902(a)(55) of the Social Security Act. The outstationing provisions were designed to make the Medicaid application process more accessible for Medicaid eligible pregnant women and children. The provisions, as stated in the law and HCFA's State Medicaid Manual, are:

- States are required to provide outstationed eligibility services for pregnant women and children and, at State option, for additional Medicaid eligibles.
- Outstationed eligibility workers must be available at FQHCs and disproportionate share hospitals, at a minimum.

HCFA guidance allows States flexibility in implementing these requirements. While outstationed workers are required to be at all locations of multi-site FQHCs and disproportionate share hospitals, part-time staff may be used at low volume sites. In addition, eligibility workers can be either State employees or trained provider employees or volunteers. Federal financial participation for Medicaid is available at the Federal administrative matching rate of 50 percent.

The outstationed enrollment provisions will take on even greater importance as States begin to implement the child health insurance provisions of the 1997 Balanced Budget Act. Outstationed eligibility workers may be used to enroll additional eligible children in Medicaid and/or the State Child Health Insurance Program as appropriate.

HRSA/HCFA Pilot Demonstration Project

This letter describes the process to apply for one-time funding to expand Medicaid enrollment through FQHCs.

The objectives of the pilot demonstration are to:

- encourage comprehensive and innovative approaches to Medicaid enrollment through FQHCs;
- implement programs in up to 12 States to have outstationed eligibility services available for an adequate amount of time in all FQHCs in the State; and
- document the impact of eligibility services provided through an FQHC on improving Medicaid enrollment.

Based upon a review of the **Letters of Intent** received, HRSA and HCFA will select up to12 States for participation. Key review criteria includes: 1) estimates of the number and proportion of children who are eligible for Medicaid but are not enrolled; 2) the extent to which the FQHCs within the State have been involved with outstationing; 3) the capacity of the State Primary Care Association (PCA) to conduct the pilot demonstration project; 4) a letter of support from the State Medicaid agency and/or the State Welfare Agency and 5) the quality of the outstationing proposal.

Supplemental funding will be provided to Primary Care Associations in the States selected to implement this project. To participate in this demonstration, PCAs must submit a **Letter of Intent** not to exceed five pages. The letters are due by February 15, 1998, and should be sent to:

Larry Poole, Director
Attention: Lynn Spector
Office of Grants Management
Bureau of Primary Health Care, HRSA
4350 East West Highway, Rm. 111-C3
Bethesda, Maryland 20814

HRSA and HCFA will also be working with the National Association of State Medicaid Directors (NASMD) and the National Association of Community Health Centers (NACHC) to facilitate the successful implementation of the pilot demonstration in the States selected. You are encouraged to contact and work with both of these organizations as you develop and implement your proposed pilot demonstration.

Memorandum of Agreement

If selected for the pilot demonstration, the PCA will be required to enter into a Memorandum of Agreement with the State Medicaid Agency. Agreements should also include other State agencies that have a role in the Medicaid eligibility or enrollment processes as appropriate (e.g. State Welfare Agencies). The agreement should describe how the PCA, State Medicaid agency, FQHCs and any other identified parties in the State, will work together to establish a plan for the

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

FAX

Date: February 13, 1998

Sent To: Barbara Wooley

c/o Jackie Shen

Of: Office of Public Liaison, The White House

Phone: 202.456-5184

FAX: 202.456-6218

Sent By: Jerry Steffl

Please Deliver.

Total number of pages (Including cover page)

3
If all pages are not received in satisfactory condition, please call Jerry Steffl at (202)336-5884. Return FAX is (202)336-5797.
Thank you

750 First Street, NE
Washington, DC 20002-4242
(202)336-5837

Current Initiatives and Areas of Interest
with Regard to Child Health and Welfare

wnd out

SCHIP (State Children's Health Insurance Program) - Monitoring implementation of SCHIP, particularly as it relates to the mental health provision. Assisting in state advocacy for strong mental health benefit. Coordinating with state affiliates to increase flow of information regarding the Program. Disseminating information about other organizations for potential coordination and collaboration.

State Mental Health Parity Initiatives - Working with other national organizations involved in the area of children's mental health to share information about and support state mental health parity initiatives.

SAMHSA (Substance Abuse and Mental Health Services Act) - Monitoring appropriations for, and potential reauthorization of, SAMHSA programs including Children's Mental Health Services and Knowledge Development and Applications Grants. Working in collaboration with other national mental health organizations and coalitions on the reauthorization of the Act.

Child Care - Working in collaboration with other national organizations to promote affordable, quality child care and to increase the availability of child care for special populations including school-age children and children with physical, emotional, and mental disabilities.

Head Start - Working on the reauthorization of Head Start, with special attention to the areas of quality and Early Head Start.

Individuals With Disability Education Act (IDEA) - Monitoring the implementation of the new IDEA amendments by the Department of Education and by the individual states. Working in conjunction with other pupil-serving organizations and with state affiliates.

Education Initiatives - Monitoring legislative and federal efforts aimed at improving national educational achievement. This includes NAPE, NAGBE, and other testing initiatives, as well as research opportunities for studying ways to improve student performance.

Indian Child Welfare Act (ICWA) - Monitoring the proposed legislation introduced in the 105th Congress, with special attention to the provisions in the current law which respect tribal sovereignty.

Child Abuse Prevention and Treatment Act (CAPTA) - Monitoring funding for, and implementation of, the recently reauthorized program.

Other Child Welfare - Monitoring funding for Titles IV-E and IV-B. Monitoring the implementation of the Adoption and Safe Families Act of 1997.

Food Stamps and Other Benefits for Legal Immigrants - Working with other national organizations to support the provision of certain means-tested public benefits for legal immigrants.

Medicaid Outreach Fund - Working with child-focused coalitions to support increased outreach efforts aimed at enrolling more eligible children in the Medicaid program.

High Risk Youth Grant Program - Monitoring appropriations for this Program as well as several other youth programs in OJJDP and other offices.

UN Convention on the Rights of the Child - Monitoring the legislative efforts to have the United States participate in this effort.

Suite 250, 700 Thirteenth Street, NW, Washington, DC 20005, Telephone 202 393 1650 or 800 633 9400
FAX: 202 783 1347

American College of Physicians

OUTGOING FAX

TO: Jackie c/o Barbara Woolley

DATE: Feb 13

AT FAX #: 456-6218

Number of Pages: 2 (INCLUDING THIS PAGE)

FROM:

- ___ **Howard Shapiro** — Vice-President, Public Policy
- X **Elizabeth Prewitt** — Director, Public Policy
- ___ **Jack Ginsburg** — Senior Associate for Policy Analysis
- ___ **Rebecca Gold** — Associate for Public Policy
- ___ **Kathleen Haddad** — Senior Associate for Policy & Communications
- ___ **Toni Harris** — Secretary
- ___ **Thom Kuhn** — Research & Development Associate
- ___ **Sharon Mikolanis** — Senior Associate for Payment Policy
- ___ **Shuan Tomlinson** — Committee/Legislative Coordinator
- ___ **Chad Underkoffler** — Administrative Assistant
- ___ **Michael Werner** — Counsel for Health Policy

Comments:

Association of Maternal and Child Health Programs (AMCHP)

The Association of Maternal and Child Health Programs (AMCHP) is a national non-profit organization that represents nearly 500 members including state officials in 59 states and territories who administer public health programs aimed at improving the health of *all* women, children and adolescents, including children with special health needs, and their families. The Title V Maternal and Child Health (MCH) Services Block Grant supports the core public health services of these state MCH programs, including for children with special health care needs.

State Title V programs have a long history of conducting outreach and enrollment activities, both to Medicaid as well as to other preventive and primary care programs for women and children. With regards to Medicaid, state Title V programs have provided and supported essential outreach activities in states and communities including: 1) working collaboratively with state Medicaid agencies to enhance and simplify enrollment in Medicaid or Medicaid managed care; 2) assuming a leadership role in Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) outreach activities to children; 3) helping to increase Medicaid enrollment in prenatal, preventive and primary care programs; and 4) assuring children with special health care needs are enrolled in Medicaid and Supplemental Security Income (SSI), and receive specialty care.

State Title V programs all must have toll-free hot lines for parents to get information on health care, and must work with Medicaid to enroll eligibles. State Medicaid/Title V partnerships have demonstrated results in increasing enrollment and utilization, and improving health outcomes. State Title V programs have experience in developing and conducting presumptive eligibility. And, Title V programs can help certify and train providers to conduct children's eligibility screenings, drawing on existing linkages with WIC, child care and Head Start.

Among the many activities AMCHP is conducting to support state Title V programs in outreach and enrollment activities, and other efforts under CHIP are:

- prior to the passage of CHIP, AMCHP joined with other national organizations early in 1997 in forming a Child Health Group to build awareness among policymakers and the public about the problem of uninsured children and to advise on and advocate for solutions;
- convening audio conference calls, in partnership with the Maternal and Child Health Bureau/HRSA to highlight key issues, best practices, and effective state and local strategies in conducting outreach and enrollment;
- developing case studies describing current and enhanced state outreach and enrollment efforts, and highlighting state partnerships between state Title V programs, Medicaid and other key agencies and groups; and
- developing issue briefs, such as *Focusing on Results*, which outlined key decisions for state policy makers about CHIP and gave suggestions on outreach and enrollment activities.

Coaches Campaign: Youths reach out to youth, in this innovative program run by **Allison Stanton at HealthCare for All in Mass** (617.350.7279). Loyal teenagers design and promote outreach materials informing teens and their families about a wide variety about health coverage options available in the state. With corporate and community support, the teens have created bold posters and flyers that draw on popular sport images of healthy athleticism. Through the Coaches Campaign, you reach out to youth on their own terms about the important issue s of health coverage.

Right From the Start Medicaid: Working in the community, this highly successful 4 year old project, run by **Becky Shoas of the State of Georgia Medicaid Program,** grew out of a special governor's initiative . Statewide approximately 20 teens of medicaid eligibility workers spread the word about children's medicaid coverage and process applications in a sweeping variety of public forums. These include churches, chicken processing plants, fast food restaurants, barbers and nail salons, schools, parades, and local military basis. Each eligibilty worker must work at least 12 hours a week outside normal business hours (i.e., before 9 am and after 5 pm) and make several community presentations a month.

KidsCare Outreach: Family Centered program builds Consumer strength
In Wisconsin, **the ABC for Health Incorporated Program led by Bob Peterson, Jr.,** (608.261.6739) trains local health departments and community organizations to provide face to face counseling to families in need of health coverage. FHBC helps families sort out complicated eligibility, requirements, fill out forms, and follow-through when administrative errors cause wrongful denials. Recently, 3 WI counties published figures showing the significant success of this program in increasing coverage for kids.

Community Health Workers: Outreach through trust
Erna Koch at the Harrison Institute of Georgetown University Law Center (202.662.9605) has a wealth of information about the community health worker concept an important and growing form of outreach that shows marked success nationwide. Community health workers conduct outreach in the communities where they live bringing low income families and children into health coverage programs that they avoided previously because of fear of discrimination due to race or social economic status.

Ecu-Healthcare: The strength of the multimedia led by Chip Jaffe-Halpern in Massachusetts (413.663.8711) is its multimedia approach. Ecu Healthcare publicizes health coverage options and town programs to help families apply through large eye-catching billboards radio broadcasts, and flyers sent home with public school students twice a year. One parent recently described the impact of a steady multimedia effort saying. "I heard the radio spot, I saw the ad and then when my child brought home the flyer, I finally decided to apply for health coverage".

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Clinton Presidential Records
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Eric Morse (Events)
OA/Box Number: 21192

FOLDER TITLE:
Children's Health Event 2/18 [2]

2011-0619-S
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P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

for Leanne

FAX TRANSMISSION

U.S. Department of Health and Human Services
Office of the Secretary

DATE: 2/17/98

TO: Neera Tanden

FAX: 456-2878 PHONE: _____

FROM: Michele Patrick

MICHELE PATRICK
Phone: (202) 690-7470
Fax: (202) 690-7318

TOTAL NUMBER OF PAGES TRANSMITTED: 4

COMMENTS:

Attached, Secretary's remarks for tomorrow's event.

Thank you, Director Zuckerman.

I can think of no better place to have this event that the National Children's Hospital—a place that's given countless children the gifts of health and hope.

So there are many more people here.

And I can think of no better people to share this with than those from The March of Dimes; the Children's Health Fund; the Children's Defense Fund; the National Association of Children's Hospital; the American Academy of Pediatrics; and families USA ~~who would have been active in~~

Today, whenever I visit a day care center, a school—or a children's hospital—I see more than a new generation.

I see children of the millennium.

Children are counting on us to give them the nurturing they need to grow and to fulfill their God-given potential in the next century.

This administration has fought to improve the health of every child during every stage of development.

From before they're born, by ensuring women have greater access to prenatal care.

To right after birth, by working to ensure that mother and child can stay in the hospital longer to recuperate.

To the toddler years, by ensuring more children receive their immunization vaccines.

To the wonder years, by prohibiting tobacco companies from advertising to our kids and eliminating easy access to tobacco products.

And, of course, no child can have a healthy start in life without access to quality health insurance.

But today, 10 million children have no coverage.

That's why the President launched the Children's Health Insurance Program.

It provides 24 billion dollars to help states cover children without coverage either by expanding their current Medicaid programs, or creating new health insurance plans.

All of these measures are helping to give the children of the millennium a healthy foundation on which to build their hopes and dreams.

No one has done more to help build this foundation than our First Lady.

Just over five years ago, when President-elect Bill Clinton nominated me for Secretary of Health and Human Services, I talked about how Mrs. Clinton and I had spent most of our adult lives -- often together -- to make sure that no child is left behind.

To this day, I remain proud and excited to have the opportunity to continue our work.

And today's achievement is another example of the First Lady's commitment to leave no child behind.

It's now my pleasure to introduce the First Lady.

NATIONAL GOVERNORS' ASSOCIATION

DRAFT

Contacts: Becky Fleischauer, 202/624-5364
Joan Henneberry, 202/624-3644
February 18, 1998

Nation's Governors are Proud Partners in Effort to Expand Health Insurance to All Children —

"States Act Quickly to Seek Out and Enroll Uninsured Children"

Washington, D.C.— The nation's governors are proud partners in achieving the goal of extending health insurance to America's children. Governors applaud President Bill Clinton's aggressive efforts to achieve legislation to help meet that goal. Under the new Children's Health Insurance Program included in the Balanced Budget Act of 1997, states are making it a top priority to locate uninsured children, educate families about taking advantage of the new program, and make enrollment easy.

The new Children's Health Insurance Program (Title XXI) gives states access to $24 billion in federal grants over the next five years to create meaningful and comprehensive health insurance programs for previously uninsured children. One of the criteria that will be used to judge if Title XXI is successful at decreasing the numbers of uninsured children will be the techniques states and communities use to find, reach and enroll children into their health insurance programs. In the first year alone, states are projecting they will enroll more than 2 and a half million currently uninsured children. More than one quarter of the states have or plan to have programs up and running by the end of March.

Reaching the population of children living in working, low-income families presents a new challenge. The administration, states, and communities will need to work together to develop outreach techniques and messages that inform and educate working families, but maintain their sense of pride and self-respect. The Governors believe that a constructive solution to the difficult problem of locating and signing up millions of uninsured children lies in a joint federal-state-local partnership.

On March 15, the Center for Best Practices at the National Governors' Association will release an *Issue Brief* discussing outreach and enrollment of children into the new State Children's Health Insurance Program (Title XXI) and Medicaid. This paper will outline the requirements of the Title XXI legislation for conducting outreach efforts, coordinating and facilitating enrollment with Medicaid, and identifying state and national options for funding. This *Issue Brief* describes successful state efforts to streamline enrollment and reduce administrative barriers for parents and families, describes statewide media and awareness campaigns for health assistance and health promotion, and highlight best practices for outreach activities.

Seeking Out and Enrolling Every Eligible Child

An impressive array of outreach activities is already at work across the nation. The new program in the budget law provides an opportunity to coordinate these outreach strategies to find and enroll every child. States are making it a top priority to locate uninsured families, educate people about taking advantage of the new program, and make enrollment easy. Sometimes this process is as simple as giving the program a name that attracts low-income working

families whose children are uninsured. Successful outreach programs have found that health insurance programs are more attractive to low-income working families if they are not associated with welfare programs. Marketing names like Arkansas' Arkids, California's Healthy Families, Florida's Healthy Kids, New Jersey KidCare, South Carolina's Partners for Healthy Children, and Vermont's Dr. Dynasaur, provide the opportunity to educate the public about the availability of health insurance for children and at the same time send a message promoting healthy behaviors and prevention. Many states are working with schools and sending letters that have been signed by the Governor home with every school child.

Acting Quickly to Insure Children

The first day new funding for states was available—October 1, 1997—several states began enrolling children in the new program. This action was initiated *before* the first Title XXI children's health insurance program plan was even approved by the federal government's oversight agency, the Health Care Financing Administration (HCFA). Several states took these bold steps to enroll children immediately, banking on negotiating approval of their plans with HCFA and receiving the new enhanced federal matching funds.

- **Florida** has increased enrollment in the Florida Healthy Kids program by 25 percent since October 1997 because of an increased state appropriation. Florida plans to build on this increase when their Title XXI plan is approved by the Health Care Financing Administration. In anticipation of its approval, Florida has put all the systems in place to fully utilize their Title XXI funds to launch an aggressive outreach and marketing campaign.

- **Idaho** will mail more than 5,000 postcards to families who are no longer eligible for cash assistance under the new welfare program, Temporary Assistance to Needy Families (TANF), to advise them of expanded Medicaid eligibility. Since October 1, Idaho enrolled 755 new children into Medicaid.

- **South Carolina** initiated aggressive outreach and enrollment. Since an expansion in August 1997, 30,000 additional children have enrolled in Medicaid, **27 percent of the state's targeted population.** By comparison, in the previous six months, 9,000 children were enrolled in Medicaid.

- **New York** made remarkable progress in expanding the Child Health Plus program through aggressive marketing and outreach. Since June of 1997, New York experienced a four-fold increase in the number of new children enrolled per month, increasing from about 1200 children in June to 5,000 in December.

Developing State Plans - Best Practices Underway in the States

California Gov. Pete Wilson proposed a multipronged outreach strategy in the state's children's health plan. California is positioned to conduct a multimedia campaign and a primer for the business and provider community, as well as to forge contracts with community-based organizations to identify and help families enroll their children into Medi-Cal and the new Healthy Families insurance program. California is considering offering a $25 one-time bonus to organizations and individuals that successfully enroll children into the insurance program.

Colorado Gov. Roy Romer is using technology to extend the reach of his state's program. Colorado will market information about the new Child Health Plan Plus on the Internet, where the public can access information about the program and complete applications on line. Most public libraries have computers with access to the Internet that can be used by families without home personal computers.

Connecticut Gov. John G. Rowland has proposed an ambitious approach to enroll children eligible for Medicaid and for the new HUSKY Plan (Healthcare for UninSured Kids and Youth). The state is using radio and television ads, a direct mail campaign to all households with incomes below 300 percent of the federal poverty level, brochures and flyers, videos, web sites, and presentations by state staff.

Florida Gov. Lawton Chiles' Healthy Kids program relies heavily on partnerships with schools to identify and enroll eligible children. Marketing materials are written at a fifth-grade reading level and are available in several languages. Florida took advantage of an eligibility database to identify more than 80,000 children who receive food stamps but are not eligible for Medicaid. The Florida Healthy Kids Corporation plans to reach out to those families with information and application forms.

Illinois Gov. Jim Edgar continues to guide planning efforts for expansion of the Illinois Child Health Initiative but in phase one the state will make special efforts to identify eligible migrant children, and homeless children through community-based organizations who provide food and shelter services to homeless families. Children with special health care needs and children living in rural areas will also be the focus of targeted outreach efforts.

Massachusetts Gov. Argeo Paul Celluci proposes to offer mini-grants to community-based organizations to find and enroll traditionally hard-to-reach populations, including adolescents, seasonal workers, and young parents. Provider outreach and education is being coordinated with the Massachusetts Medical Society and Hospital Association. MassHealth is a combined Medicaid and state-designed health insurance program.

Michigan Gov. John Engler plans to award funds to counties for outreach and marketing of the new MIChild health insurance program for children. The state will require the counties to involve key stakeholders including public health agencies, schools, hospitals, temporary employment agencies, Head Start, food banks, churches, the business community, and neighborhood associations.

Oklahoma Gov. Frank Keating 's SoonerCare Plus and SoonerCare Choice programs are now expanded to cover approximately 100,000 children and 4,000 pregnant women. Major changes have been made to the application form that is now one page front and back with processing time reduced to less than three weeks.

South Carolina Governor David M. Beasley spearheaded a comprehensive outreach effort that included contacting every school district, working with providers and pharmacies, and streamlining enrollment forms and procedures. The Governor held four news conferences to kick off the new health insurance program for children—Partners for Healthy Children. The program uses a one-page, bright yellow form that is easy to complete and can be mailed in with copies of pay stubs or tax forms to meet income eligibility requirements. South Carolina is also using existing databases with income and age information to match up potentially eligible children.

Table 1 summarizes seven proven effective strategies the states have employed to simplify and ease the enrollment process which has subsequently increased enrollment of pregnant women and children into Medicaid. For those states that will be creating a new state-designed insurance program with their Title XXI funds, these proven strategies can easily be implemented and applied.

Table 2 outlines the campaigns and the effective efforts that states employ to make pregnant women and families aware of medial assistance programs.

Table 2:
Medicaid Outreach Campaigns

State								
Alabama	Healthy Beginnings	✔						
Alaska	Healthy Alaskans	✔[a]						✔
Arizona	Baby Arizona[b]	✔	✔	✔			✔[c]	✔
Arkansas	Campaign for Healthier Babies/ Connectcare	✔	✔	✔	✔	✔	✔	
California	BabyCal	✔	✔	✔	✔		✔	✔
Colorado	Family Healthline/Baby Care Kids Care	✔		✔	✔		✔	
Connecticut	Healthy Start	✔	✔	✔				
Delaware	Resource Mothers	✔						
Florida	Help them thrive birth to five/ Healthy Baby Helpline	✔						
Georgia	Right from the Start	✔	✔		✔	✔		✔
Hawaii	Mothers Care for Tomorrow's Children	✔	✔	✔	✔	✔	✔	
Idaho	Careline	✔					✔	
Illinois	Help Me Grow Campaign	✔		✔				✔
Indiana	Prenatal & Family Care Coordination	✔		✔	✔	✔	✔	
Iowa								
Kansas		✔			✔			
Kentucky		✔	✔	✔	✔		✔	✔
Louisiana	Partner's for Healthy Babies		✔	✔	✔		✔	
Maine	Maine Children's Alliance							
Maryland	Maternal and Child Health Hotline	✔	✔	✔	✔			✔
Massachusetts		✔						✔
Michigan				✔	✔			
Minnesota	Child & Teen Checkups Program	✔	✔		✔	✔		✔
Mississippi	Take Care / Delta Futures[d]	✔		✔				
Missouri	Temporary Medicaid Pregnancy Program	✔						
Montana	Healthy Mothers Healthy Babies	✔	✔	✔	✔	✔	✔	
Nebraska	Healthy Mothers Healthy Babies Helpline	✔	✔	✔	✔		✔	✔
Nevada	Baby Your Baby	✔		✔	✔	✔	✔	
New Hampshire	Lets Be Health Smart	✔		✔				
New Jersey								
New Mexico	New Mexico Outreach/ From Day One	✔	✔	✔	✔		✔	✔

Table 1:
Streamlining the Medicaid Application Process

State							
Alabama	✔	✔[a]	✔	✔	✔		
Alaska	✔	✔	✔	✔	✔		
Arizona	✔			✔	✔	✔	
Arkansas		✔	✔[c]	✔	✔		✔
California	✔	✔[b]		✔	✔		✔
Colorado	✔[a]	✔	✔	✔	✔		✔
Connecticut	✔	✔[c]	✔	✔	✔		✔
Delaware	✔	✔[b]	✔	✔		✔	✔[a]
Florida	✔	✔		✔			✔
Georgia	✔	✔	✔	✔	✔		✔
Hawaii	✔	✔	✔[c]	✔			
Idaho				✔			✔
Illinois	✔	✔	✔	✔			✔
Indiana	✔[f]		✔	✔		✔	
Iowa		✔		✔	✔		✔
Kansas	✔	✔[a]					
Kentucky	✔	✔[a]		✔		✔	
Louisiana	✔	✔[a]		✔	✔		✔
Maine	✔		✔	✔		✔	✔
Maryland	✔	✔		✔	✔	✔	
Massachusetts	✔	✔[b]	✔	✔			✔
Michigan	✔	✔	✔	✔	✔	✔[b]	
Minnesota		✔	✔	✔			
Mississippi	✔	✔	✔	✔	✔		
Missouri	✔	✔		✔		✔	✔
Montana				✔			
Nebraska	✔	✔	✔	✔			✔
Nevada		✔		✔			
New Hampshire	✔	✔	✔	✔			✔
New Jersey	✔	✔	✔	✔	✔		✔

Table 1:
Streamlining the Medicaid Application Process

State							
New Mexico	✔	✔	✔	✔			✔
New York	✔[2]	✔		✔	✔	✔	✔
North Carolina	✔	✔	✔				✔
North Dakota	✔		✔	✔			
Ohio	✔	✔	✔	✔	✔	✔	
Oklahoma		✔	✔[a]	✔	✔		✔
Oregon	✔	✔	✔	✔	✔		
Pennsylvania	✔	✔[a]	✔[a]	✔		✔	✔
Rhode Island		✔		✔	✔	✔	
South Carolina	✔	✔	✔[5]	✔	✔		✔
South Dakota	✔	✔				✔	
Tennessee	✔	✔[6]		✔			✔
Texas	✔[3]	✔		✔	✔	✔[7]	
Utah		✔	✔	✔	✔	✔[7]	✔
Vermont	✔	✔	✔	✔	✔	✔	
Virginia	✔	✔	✔	✔	✔	✔	
Washington	✔	✔[c]	✔	✔			
West Virginia	✔	✔	✔	✔	✔		
Wisconsin	✔	✔	✔	✔	✔		✔
Wyoming		✔[b]	✔	✔	✔	✔	✔

Notes
[a] For women only
[b] Applies to entire Medicaid population
[c] For children only

[1] Indiana is reinstating the assets test for pregnant women.
[2] New York has dropped the assets test for children born after August 30, 1983.
[3] Texas has dropped the Assets test for pregnant women only.
[4] Kansas is in the process of redesigning their application form.
[5] South Carolina's mail-in application forms are for the new Title XXI program only.
[6] Michigan uses a joint income calculation form for WIC and MICH-Care (Medicaid program for pregnant women)
[7] Texas and Utah have combined the Medicaid application with TANF and Food Stamps.
[8] Delaware began presumptive eligibility in 1997.

National Governors' Association
Center for Best Practices
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Table 2:
Medicaid Outreach Campaigns

State								
New York	Child Health Plus	✔	✔	✔	✔		✔	✔
North Carolina	First Step/Healthcheck	✔	✔	✔	✔	✔	✔	
North Dakota	North Dakota Health Tracks	✔		✔				✔
Ohio	Help Me Grow	✔				✔	✔	✔
Oklahoma		✔	✔		✔		✔	✔
Oregon		✔						
Pennsylvania	Healthy Beginnings Plus					✔		✔
Rhode Island	Rite Care	✔						✔
South Carolina	Careline	✔				✔	✔	
South Dakota								
Tennessee	TennCare/ Campaign for Healthier Babies	✔	✔	✔	✔	✔	✔	✔
Texas		✔						
Utah	Baby Your Baby Program	✔	✔	✔	✔	✔	✔	✔
Vermont	Healthy Babies	✔		✔			✔	✔
Virginia		✔						
Washington		✔				✔	✔	✔
West Virginia		✔	✔	✔	✔			✔
Wisconsin	Healthy Start Pregnancy Outreach	✔		✔	✔			
Wyoming	Help Me Grow/ Safe Kids/ Best Beginnings	✔		✔	✔		✔	

[a] Includes a web site
[b] Baby Arizona is a public/private partnership
[c] Managed Care plans have a variety of outreach activities
[d] Operating in eight counties in Delta region of the state

REMARKS BY HILLARY RODHAM CLINTON

CHILDREN'S HEALTH OUTREACH ANNOUNCEMENT

CHILDREN'S NATIONAL MEDICAL CENTER

FEBRUARY 18, 1998

Thank you. I am so honored to join the President and all of you today as we take another important step forward in putting quality health care within the reach of every child in America. None of this would have been possible without the leaders and advocates and parents in this room...and I especially want to thank Secretary Shalala; Congresswoman Diana DeGette; Congresswoman Norton; Mayor and Mrs. Barry; Charlene Drew Jarvis; Sandy Allen; Ned Zechman and the entire Children's National Medical Center; Linda Havemann and her family; and all the children here, who are counting on us not only to improve their health tomorrow, but to keep our remarks brief today.

De Get hard g

As we drove over here, I thought about one of my favorite children's folktales, where a group of travelers arrive in a village hungry. So, they go to the center of town and boil a pot of water with nothing but a stone in it. Soon, curious villagers come by to ask what they're cooking. And one by one, they each add something useful to the pot -- the butcher brings salt beef, someone else brings carrots, another cabbage -- ultimately transforming a mere stone into a wonderful "stone soup," created by all and benefiting all.

Like this fable, the success story that we celebrate today is really the timeless story of what works in meeting our biggest challenges. Last August, with the support of a bipartisan Congress, the President signed into law the largest expansion of health care in 30 years. On that day, our nation not only made a commitment of $24 billion dollars, we created a federal-state partnership to fulfill an historic promise to millions of uninsured children and their parents. We make it clear: Whether your children need check-ups or immunizations, broken bones healed or deadly diseases treated, you shouldn't have to choose between paying for your children's doctors' bills and your family's grocery bills.

As I said when the bill was enacted, fulfilling its promise would depend on what we did in the months ahead. We knew that finding these children scattered across the country, and then insuring them, would not be easy. Three million are eligible for Medicaid, but not enrolled. Some lose coverage when their parents lose jobs. And the majority have parents who work hard, but make too much to qualify for Medicaid, and not enough to afford private insurance.

So, we knew that while states would devise their own plans, we'd also need a national outreach effort to help all parents learn what's at stake and enroll their children if they're eligible, either through Medicaid or the new Children's Health Insurance Program (CHIP). And, like the travelers making stone soup, we knew that doing this would take an entire village...that when everyone contributes, the product is always richer than any single ingredient.

As the President will announce today, that's exactly what's happening. While, the Federal government is doing its part with new resources and new ways to reach kids...States are answering the call with plans that devise local solutions to fit their local needs. Businesses and Foundations are finding innovative approaches to get information to parents and get kids insured. Doctors and teachers are learning how to be front-line soldiers in the battle to enroll our children. And the National Governor's Association is issuing a best practices report on state efforts to insure children that shines a spotlight on what's working around the country.

As I've traveled the nation, talking to parents and other citizens who are trying to do right by our children, I've often been struck by the fact that there isn't a problem in America that isn't being solved by someone somewhere. Just think about how much we could accomplish if we took those models that work and helped every community apply them to address their own problems. Well, that's what we're doing today.

I still remember how scared we were when Chelsea had her tonsils out...and I can only imagine how we'd have felt if she didn't have health insurance. Whenever children are hurt, whenever children are sick, parents shouldn't have to worry that there's no where to take them to heal their wounds or ease their pain. Our next speaker is the best expert around on this subject -- she's a parent. And, as her family has learned from personal experience, these new efforts will help parents who work hard and play by the rules get what all parents want -- more peace of mind for themselves, and more health and hope for their children.

It is my great honor to introduce Linda Havemann.