HEALTH – CHIP

MEDICAID, THE CHILDREN'S HEALTH INSURANCE PROGRAM AND CHILDREN'S HEALTH INSURANCE OUTREACH

As recent studies have confirmed, children without health insurance are more likely to be sick as newborns, less likely to be immunized as preschoolers, less likely to receive medical treatment when they are injured, and less likely to receive treatment for illnesses such as acute or recurrent ear infections, asthma, and tooth decay (National Academy of Sciences, 1998). Uninsured children are also more likely to be hospitalized for conditions that could have been managed with appropriate outpatient care than insured children. (GAO, 1998). Without treatment, these diseases can have lifelong consequences (IOM, 1998; GAO, 1998). Yet, the number of uninsured children is large. The Agency for Health Care Policy and Research (1998) found that 4.7 million children are eligible but not enrolled in Medicaid. Several million more have income too high for Medicaid but too low to afford private insurance.

To help these children, the President, with bipartisan support from the Congress, signed the **Children's Health Insurance Program (CHIP)** into law. The Balanced Budget Act of 1997 allocated $24 billion over the next five years to extend health care coverage to uninsured children. CHIP enables states to insure children from working families with incomes too high to qualify for Medicaid through non-Medicaid state programs, Medicaid expansions, or a combination of both. Each state with an approved plan gets its expenditures matched with Federal funds up to a fixed state "allotment". As of May, 1999, 47 States, the District of Columbia and four U.S. Territories have implemented CHIP to date. Of these approved plans, 14 create a separate grant program, 26 expand Medicaid and 12 include a combination of a grant program and Medicaid expansions.

CHIP builds on **Medicaid**, a joint Federal-state program that provides health insurance for most poor children. All states extend Medicaid eligibility to children under the age of 6 in families with incomes below 133 percent of the poverty level; children between 6 and 15 in families with incomes below 100 percent of the poverty level; and, by 2002, children between the ages of 16 and 18 in families below 100 percent of the poverty level. Many States have taken advantage of options that allow them to cover children in families with higher incomes. The President's initiative to reduce the number of uninsured children also included policies to increase enrollment of poor children in Medicaid.

IMPORTANCE OF OUTREACH

While Medicaid and CHIP have the potential to cover many of the 11 million uninsured children in America, the programs will not succeed without an aggressive, broad-based outreach effort. Experience with Medicaid has shown that many families do not know about their children's eligibility. A 1998 study by the Southern Institute for Children and Families demonstrated that 55% of families did not understand that even if they are no longer eligible for welfare because they have started working, their children are often still eligible for Medicaid, and that 57% of adults did not understand that even if a child's parents live together, the child can still get

Medicaid. In addition, many families associate Medicaid with a family that cannot provide for itself, and do not want to be labeled as welfare recipients, even if the law entitles their children to benefits. Low-income working families who have never been eligible for traditional public assistance programs – but who are now eligible for CHIP – may not realize that they are currently eligible for benefits. In some states, the application process can be long, arduous, and beyond the ability of many families to complete. Cultural barriers, like difficulties in language comprehension, also pose a barrier for some families.

To reduce these barriers, the President has launched a public-private children's health insurance outreach initiative. The centerpiece of this effort is the Interagency Task Force on Children's Health Insurance Outreach. On February 18, 1998, the President issued an Executive Memorandum to The Departments of Agriculture, Education, Housing and Urban Development, Health and Human Services, Interior, Labor, Treasury, and the Social Security Administration requesting that they develop options to participate in his public-private initiative to enroll uninsured children in Federal-State insurance programs. Federal departments can play a critical role in children's health insurance outreach. A number of these Federal employee directly administers programs that assist low to middle income families; others work through state-based or tribal programs. Virtually all of these employees work with private grantees, contractors, and technical assistance providers.

The Departments responded on June 26, 1998 with a list of over 150 activities that: (1) identify all employees and grantees who work with families; (2) develop an educational strategy to ensure that employees and grantees are educated about the availability of Medicaid and CHIP; (3) develop an Agency-specific plan as part of the Administration-wide outreach plan, and (4) identify any legislative or statutory barriers which affect the identification and enrollment of uninsured children in Federal-State insurance programs. Many children eligible for Medicaid or CHIP are currently in contact with one or more Federal programs, making these programs appropriate places for reaching out to uninsured children. Most children are enrolled in school, child care, or Head Start. Many participate in school breakfast and lunch programs. Others are enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Federal Food Stamp Program. They attend public health clinics for immunizations and school nurses for injuries. Their parents interact with the IRS, job programs, or housing assistance. Some uninsured children are American Indians and benefit from Bureau of Indian Affairs and/or Indian Health Service programs. In addition to this vast workforce, Federal agencies also have a network of private sector counterparts and partners who can get involved in children's health insurance outreach.

As part of these efforts, the President, the First Lady, and Secretary Shalala launched the Insure Kids Now Campaign, designed to enroll eligible but uninsured children in Medicaid and the new Children's Health Insurance Program (CHIP). This campaign engages a broad-based, bipartisan, public-private coalition to use a variety of means to educate and assist families in insuring their children. Initial activities include the launch of a nationwide, toll-free number set up by the National Governors' Association in partnership with the Administration and Bell Atlantic to

provide families with essential information about Medicaid and CHIP; placing the toll-free number on corporate products; airing public service announcements on TV and radio; and enlisting grass-roots organizations to get the word out. The Administration will continue to work through public and private actions to improve children's health coverage.

In addition, the FY 2000 budget includes over $1 billion to give states the funds and flexibility to find and enroll hard-to-reach children. These new funds will enable States to simplify enrollment systems, launch ad campaigns, educate community volunteers, outstation eligibility workers, and conduct outreach campaigns to identify and enroll uninsured children in both Medicaid and CHIP.

THE CLINTON ADMINISTRATION'S HISTORIC COMMITTMENT TO PROVIDING HEALTH INSURANCE TO CHILDREN

CREATION OF THE CHILDREN'S HEALTH INSURANCE PROGRAM

The President, with bipartisan support from the Congress, created the Children's Health Insurance Program (CHIP). The Balanced Budget Act of 1997 allocated $24 billion dollars over the next five years to extend health care coverage to uninsured children through State-designed programs. States project that they will ensure 2.5 million children when their new CHIP programs are fully implemented, and because states are currently planning to revise and expand their CHIP programs as well as work with us on Medicaid outreach activities, we are confident that we will be able to reach our goal of providing insurance up to 5 million children through a combination of Medicaid and CHIP.

HIGHLIGHTING THE IMPORTANCE OF CHILDREN'S HEALTH OUTREACH

Over 11 million children in America are uninsured. Nearly 90 percent of these children have parents who work, but do not have access to or cannot afford health insurance. Over 4 million of these uninsured children are already eligible for Medicaid. However, many families are not aware that their children are eligible for Medicaid, and others have difficulty filling out the application. Similar problems could undermine the new Children's Health Insurance Program's goal to enroll millions of uninsured children.

The President, Vice President, First Lady, and Mrs. Gore have all worked to highlight the importance of children's health insurance outreach over the past year.

EVENT ON FEBRUARY 18, 1998

The President announced the first major state coverage expansions under the recently enacted Children's Health Insurance Program (CHIP) and released information showing that many States will soon follow. He also unveiled an unprecedented set of public/private initiatives designed to enroll the millions of uninsured children who are eligible but not enrolled in Medicaid and other state-based children's health programs.

EVENT ON JUNE 22, 1998

The President issued an Executive Memorandum ordering the Departments of Health and Human Services, Treasury, Agriculture, Education, Labor, Housing and Urban Development, Interior, and the Social Security Administration to enact over 150 initiatives designed to help enroll millions of uninsured children in Medicaid or the new Children's Health Insurance Program (CHIP).

EVENT ON SEPTEMBER 1, 1998

The Vice President hosted the National Child Health Caravan on its multi-state tour to promote children's outreach; unveiled major new children's health outreach and enrollment efforts from multiple departments within the Federal government; announced three state children's health insurance program (CHIP) approvals; and highlighted the special challenges that rural states face in targeting and covering uninsured children.

EVENT ON FEBURARY 23, 1999

The President and the First Lady, along with Governors Carper and Leavitt and Secretary Shalala, launched the nationwide Insure Kids Now campaign that aims to enroll every eligible but uninsured child in Medicaid and the new Children's Health Insurance Program (CHIP). To ensure that families know that their children may be eligible, the President has engaged a broad-based, bipartisan, public-private coalition to use every possible means to educate and assist families in insuring their children.

INTENSIVE PUBLIC-PRIVATE OUTREACH EFFORTS TO IDENTIFY AND ENROLL *ELIGIBLE CHILDREN*

In addition to the efforts of the President, Vice President, and First Lady to call national attention to the issue of children's health insurance outreach, the Administration has lauched several public-private initiatives to identify and enroll eligible uninsured children in either Medicaid or CHIP, inluding:

Launching a new nationwide "Insure Kids Now" Outreach Campaign. This campaign will engage a broad-based, bipartisan, public-private coalition to use a variety of means to educate and assist families in insuring their children. Initial activities include:

Unveiling the "1-877-KIDS NOW" Hotline. Together with members of the National Governors Association, the President unveiled 1-877 KIDS NOW, a toll free number developed by the NGA in partnership with Bell Atlantic and the Administration, to provide state-specific information about Medicaid and CHIP to families in all 50 states. Families calling this number will receive information about eligibility criteria, benefits, and how to apply for coverage.

Running public service announcements on national television and radio about Insure Kids Now. NBC, ABC, Univision, Turner Entertainment, the National Association of Broadcasters, and Viacom/Paramount have begun to air public service announcements providing information about the importance of health insurance and promoting the Insure Kids Now number. Radio ads on Insure Kids Now will also be aired nationwide, starting with California, Utah, Colorado, Alabama, Arkansas, Illinois, Ohio, and North Carolina.

Printing the Insure Kids Now toll free number on commonly used products. Building on a series of commitments made in 1998, K-Mart, General Motors, the American Dental Hygienists Association, and American Medical Response have pledged to put the new toll-free number on grocery bags, toothbrushes, diaper boxes, pharmaceutical products, child safety seats, and schoolbuses.

Releasing an Executive Memorandum ordering Federal Agencies to conduct new outreach activities. In an Executive Memorandum, the President ordered the Departments of Health and Human Services, Treasury, Agriculture, Education, Labor, Housing and Urban Development, Interior, and the Social Security Administration to enact over 150 initiatives designed to help enroll millions of uninsured children in Medicaid or the new Children's Health Insurance Program (CHIP). The Task Force has begun new outreach efforts include launching the new "insurekidsnow.gov" website; distributing 145,000 posters to over 20,000 health centers, providers, and other grantees; and providing 92,000 USDA employees with information about outreach, including the new toll-free number, on their wage and earning statements. The American Academy of Pediatrics characterized these initiatives as "representing the best of creative government and absolutely critical to achieving our common goal of providing health insurance for all eligible children."

New actions to assure families access to Medicaid, CHIP, and other benefits. The Administration unveiled new regulations assuring families that enrollment in Medicaid or the new Children's Health Insurance Program (CHIP) and the receipt of other critical benefits, such as school lunch and child care services, will not affect their immigration status. The new regulation, effective immediately, clarifies a widespread misconception that has deterred eligible populations from enrolling in these programs and undermined the public health. In addition, Federal agencies will send guidance to their field offices, program grantees and to work with community organizations to educate the public about this new policy.

Releasing new guidance to states to encourage them to reach out to children who are no longer eligible for cash assistance but are still eligible for Medicaid or CHIP. The Administration released new guidance reiterating their responsibilities to establish and maintain Medicaid eligibility for families and children affected by welfare reform and providing creative examples of the best way to liberalize eligibility. It also establishes that states must provide Medicaid applications upon request and process them without delay.

Investing in new children's health insurance outreach. The President has included a $1 billion, 5-year initiative to fund outreach to enroll uninsured children in Medicaid and the new Children's Health Insurance Program (CHIP) in his FY 2000 budget. These new funds will enable States to simplify enrollment systems, launch ad campaigns, educate community volunteers, outstation eligibility workers, and conduct outreach campaigns to identify and enroll uninsured children in both Medicaid and CHIP.

PRESIDENT CLINTON AND FIRST LADY HILLARY RODHAM CLINTON LAUNCH THE INSURE KIDS NOW CAMPAIGN PROMOTING CHILDREN'S HEALTH INSURANCE OUTREACH

February 23, 1999

Today, the President and First Lady, along with Governors Carper and Leavitt and Secretary Shalala, launched the nationwide "Insure Kids Now" campaign designed to enroll eligible but uninsured children in Medicaid and the new Children's Health Insurance Program (CHIP). Building on prior efforts, this campaign will engage a broad-based, bipartisan, public-private coalition to use a variety of means to educate and assist families in insuring their children. Initial activities include launching a nationwide, toll-free number set up by the National Governors' Association in partnership with the Administration and Bell Atlantic to provide families with essential information about Medicaid and CHIP; placing the toll-free number on corporate products; airing public service announcements on TV and radio; enlisting grass-roots organizations to get the word out; and stepping up activities by over 10 Federal agencies that interact with working families.

CHILDREN'S HEALTH INSURANCE INITIATIVE

The President and First Lady have made improving children's health a priority. Studies show that children without health insurance are more likely to be sick as newborns, less likely to be immunized as preschoolers, and less likely to receive medical treatment when they are injured.

- **Historic new options for children.** In 1997, the President, with bipartisan Congressional support, created the Children's Health Insurance Program (CHIP), which devotes $24 billion dollars over five years for health coverage for children. Today, 47 states have implemented CHIP; they expect to enroll over 2.5 million children by September 2000.

- **The challenge of enrolling children.** Ensuring that all eligible children get enrolled in health insurance programs is a formidable challenge. Barriers like complicated applications, lack of coordination between programs, and misinformation about eligibility criteria prevent uninsured children from getting the coverage that they need. To remove these barriers, the President has taken numerous actions to encourage states to streamline their application and enrollment processes, accept mail-in applications, and place eligibility workers in convenient locations. He also ordered federal agencies to provide active assistance in enrolling children through their many programs serving working families.

NEW NATIONWIDE "INSURE KIDS NOW" OUTREACH CAMPAIGN

Building on last year's efforts, today the President and First Lady launched the "Insure Kids Now" public-private campaign. For the first time, major TV and radio networks, corporations, health care organizations, religious groups, and other community-based organizations will join federal agencies in disseminating information about children's health insurance.

- **Launching "1-877-KIDS NOW" Hotline.** Today, Governors Carper and Leavitt unveiled 1-877 KIDS NOW, a new toll free number developed by the National Governors Association in partnership with Bell Atlantic and the Administration, to provide state-specific information about Medicaid and CHIP to families in all 50 states. Families calling this number will receive information about eligibility criteria, benefits, and how to apply for coverage. Beginning in October, the Department of Health and Human Services (HHS) plans to assume responsibility for operating this toll-free line.

- **Running public service announcements on national television about Insure Kids Now.** Beginning today, NBC, ABC, Univision, Turner Entertainment, the National Association of Broadcasters, and Viacom/Paramount will air public service announcements providing information about the importance of health insurance and promoting the Insure Kids Now number.

- **Airing radio advertisements about Insure Kids Now.** Today, HHS will begin funding radio ads on Insure Kids Now nationwide, starting with California, Utah, Colorado, Alabama, Arkansas, Illinois, Ohio, North Carolina, New Jersey, Connecticut, and Maine. Later this year, Bonneville radio network will run similar ads nationwide. Radio reaches 77 percent of consumers daily, making radio ads a highly effective way to reach the millions of families with children eligible for Medicaid or CHIP.

- **Publishing information about Insure Kids Now.** This spring, USA Today will publish an editorial and Blue Cross/Blue Shield will publish a full page advertisement in the April issue of Time Magazine on children's health insurance. In addition, Pfizer, the American College of Emergency Physicians, the American Nurses Association, the United Way, the American College of Physicians, the National Collaboration for Youth, the Association of State and Territorial Health Officials, Wyeth Lederle, Kaiser Permanente, Volunteers of America, the March of Dimes, the Points of Light Foundation, Hope for Kids, the Veterans of Foreign Wars, the National Education Association, and religious organizations from across the country have agreed to put information on Insure Kids Now in their product handbooks, circulars, and mass mailings, as well as to distribute posters featuring the Insure Kids Now number to their clients and constituents. Print media is an effective educational tool, especially when used together with other media, because it allows the reader to reread and thoroughly digest the information.

- **Printing the Insure Kids Now toll free number on commonly used products.** Building on a series of commitments made in 1998, K-Mart, General Motors, the American Dental Hygienists Association, and American Medical Response have pledged to put the new toll-free number on grocery bags, toothbrushes, diaper boxes, pharmaceutical products, child safety seats, and schoolbuses.

- **Expanding federal efforts to promote children's health insurance outreach.** The President's FY 2000 budget includes over $1.2 billion to assist states to engage in children's health outreach activities. In addition, the Federal Interagency Task Force on children's health outreach has begun new outreach efforts include launching the new "insurekidsnow.gov" website; distributing 145,000 posters to over 20,000 health centers, providers, and other grantees; providing 92,000 USDA employees with information about outreach, including the new toll-free number, on their wage and earning statements; and sending a letter and posters with the Insure Kids Now number to all 170 sites in the Department of Justice's Operation Weed and Seed program, a crime prevention and community revitalization initiative.

VICE PRESIDENT GORE UNVEILS NEW EFFORTS TO TARGET AND ENROLL UNINSURED CHILDREN, ANNOUNCES THREE STATE CHILDREN'S HEALTH INSURANCE PROGRAM APPROVALS AND HIGHLIGHTS THE UNIQUE CHALLENGES RURAL COMMUNITIES FACE IN INSURING CHILDREN

September 1, 1998

Today, the Vice President joins the Children's Health Fund in kicking off a new public/private effort to reach out and enroll uninsured children across the nation. At this event, the Vice President hosted the National Child Health Caravan on its multi-state tour to promote children's outreach; unveiled major new children's health outreach and enrollment efforts from multiple departments within the Federal government; announced three state children's health insurance program (CHIP) approvals; and highlighted the special challenges that rural states face in targeting and covering uninsured children.

There are over four million children who are currently eligible but not enrolled in Medicaid and there could be hundreds of thousands more children eligible and not signed up as states implement CHIP. Recent studies have shown that uninsured children are more likely to be sick as newborns; less likely to be immunized; and less likely to receive treatment for recurring illnesses, like ear infections or asthma. The Vice President also highlighted the particular challenges in enrolling children in rural areas, where 2.5 million of the nation's uninsured children live. Today, the Vice President:

Highlighted National Child Health Caravan. The Vice President hosted the National Child Health Caravan, on a multi-state journey to reach out to and enroll uninsured children and to call attention to the needs of medically underserved children. The Caravan will deliver new mobile units that provide a range of health services for children in medically underserved areas.

Announced New Initiatives to Identify and Enroll Uninsured Children. In response to the public-private outreach initiative the President and First Lady announced earlier this year, pharmacies, grocery stores, and other private companies are launching efforts to reach out to families with uninsured children. In June, at the Vice President's Family Conference, the President signed an Executive Memorandum directing eight Federal agencies to help sign up millions of uninsured children. Today, the Vice President announced new steps that agencies are taking in response to that directive. They will:

- **Launch a new campaign to encourage states to partner with school lunch programs that serve 15 million children.** Today, the Secretary of Agriculture is launching a campaign to encourage states to use the 94,000 school lunch programs to sign up uninsured children. The Department will distribute several model free and reduced price lunch application forms that states and schools may use to link families to state health insurance programs. About 15 million children, many of whom are uninsured, receive free or reduced-price lunches.

- **Kick off efforts to educate the 6 million families in low-income housing programs about health insurance.** About 6 million low-income households receive assistance through public housing or multi-family properties. Later this week, the Secretary of Housing and Urban Development will send information about the new CHIP program and how to identify and enroll families eligible for CHIP or Medicaid to: 3,400 Public Housing Authorities; 25,000 owners and managers of multi-family properties; 72 directors of the Urban Empowerment Zones and Enterprise Communities; Grantees providing assistance to homeless families; beneficiaries of Native American Mortgage Loan Program; and parents and community groups working on lead

hazards.

- **Utilize over 150,000 Treasury employees who work with the Earned Income Tax Credit (EITC) and other low-income programs to educate families about CHIP and Medicaid.** Today, the Secretary of Treasury is sending 158,000 employees a memorandum encouraging their participation in efforts to target and enroll children in CHIP and Medicaid. These employees encounter low-income families, many of whom have uninsured children, in a number of ways. About 15 million families receive EITC.

Announced the Approval of Three New States Children's Health Insurance Programs and That Nearly Two-Thirds of States Have Now Been Approved. The Vice President announced that today the Secretary of the Department of Health and Human Services approved three new states -- Delaware, Iowa, and Kansas -- for CHIP. All of these states have disproportionate numbers of uninsured children in rural areas. These state programs alone will provide health care coverage for tens of thousands of uninsured children. With these new approvals, 33 new states and Puerto Rico will have approved plans that expect to cover over 2 million children when fully implemented.

- **Delaware**: The Delaware Healthy Children Program will cover children with family income up to 200 percent of poverty.

- **Iowa**: The "Healthy And Well Kids in Iowa" program (HAWK-I) expands Medicaid to all children with family income belows 133 percent of poverty.

- **Kansas**: The HealthWave program will ensure that all children with family incomes below 200 percent of poverty are eligible for coverage.

Highlighted the Importance of Medicaid and CHIP Outreach for Children in Rural Areas. The Vice President praised the Children's Health Fund for its effort to reach children in underserved areas. In particular, he highlighted the need to improve efforts to reach out to children in rural areas who have difficulties accessing health care coverage and services. The Vice President:

- **Underscored that about 2.5 million uninsured children in America live in rural areas.** Children in rural areas have particularly difficult time accessing health care coverage: their families tend to work in small businesses and agriculture jobs, that usually do not offer health care coverage, and it is harder for rural families to apply for health insurance programs in person.

- **Praised State and Federal governments efforts to reach out to uninsured children.** Recognizing the particular challenges for children in rural communities, states that have two-thirds of these rural uninsured children have already attempted to target many of these children through already approved CHIP plans. These states plans include outreach initiatives that are targeted to rural areas, such as enlisting community organizations that come into direct contact with parents of uninsured children. In addition, in response to the President's directive, the HHS Office of Rural Health Policy has already sent materials to grantees and many state rural health offices informing them about how best to target and enroll uninsured children.

Announced Over $1.6 million, to Renew Successful Rural Health Projects in Underserved Communities. The Vice President announced that this month that HHS will renew projects that reach out to children in underserved rural areas. These grants, which total over $1.6 million include:

-- A project to improve health services and health education to nearly 30,000 children in an isolated five county area in northern Idaho.

-- A mobile medical clinic that rotates between four elementary schools in Marshalltown Iowa. The project is working to create a health status "report card" for each student designed to track and improve their health status, and a comprehensive primary care and prevention program that serves over 1,000 children.

-- A project in Nebraska that provides in-home preventive services for children under five.

-- A North Carolina project to reduce infant mortality, increase childhood immunization, reduce teem pregnancy, and increase awareness of child abuse and neglect through four Student Health Centers.

Urged Congress to pass Rural Outreach Initiative in the President's FY 1999 Budget. This initiative would provide a total of $2 million granted to up to ten rural communities. These communities will use the money to train local citizens to provide outreach services to residents in hard-to-reach populations bringing them into the health care system for primary care, preventive services, and acute care.

PRESIDENT'S CHILDREN'S HEALTH INSURANCE OUTREACH EXECUTIVE MEMORANDUM AND INTERAGENCY REPORT

June 22, 1998

Today, in an Executive Memorandum, the President ordered eight Federal agencies to enact over 150 initiatives designed to help enroll millions of uninsured children in Medicaid or the new Children's Health Insurance Program (CHIP). These initiatives are included in a report to the President that is also being released today. This report and the recommendations were produced by the Departments of Health and Human Services, Treasury, Agriculture, Education, Labor, Housing and Urban Development, Interior, and the Social Security Administration.

Taken together, these actions represent an unprecedented, cross-government commitment to provide affordable insurance to children. The American Academy of Pediatrics characterized these initiatives as "representing the best of creative government and absolutely critical to achieving our common goal of providing health insurance for all eligible children."

HIGHLIGHTS OF THE REPORT. As the first step in his public-private children's health outreach campaign, the President directed his own workforce to initiate an historic commitment to enrolling uninsured children in State health insurance programs. In response, eight Federal agencies developed plans in three areas: how to educate their workforce; how this workforce can help educate families about State health insurance programs; and how to coordinate cross-agency and public-private efforts to identify and enroll children in these programs.

Educating Federal Workers, State Workers, and Grantees about Children's Health

Many Federal and State workers, contractors or grantees have direct contact with families with uninsured children. For example, the majority of uninsured children probably have participated in a school lunch program, subsidized child care, or Head Start. Recognizing this fact, the President ordered the Federal agencies to, among other actions:

- **Send letters from the Cabinet Secretaries to about 350,000 Federal workers,** describing this children's health outreach initiative and strongly encouraging them to help enroll uninsured children.

- **Train the staff of Federal / State information clearinghouses, technical assistance centers, providers, and eligibility workers about children's health.** Targets include:
  - National Health Service Corps and Area Health Education Centers that train about 21,000 students and 50,000 providers;
  - The Education Department's 40 parent assistance programs and 312 community learning centers serving over 50,000 students and community residents; and
  - Regional and State coordinators for 1,800 State Employment Security Agencies that provide job placement, counseling, and labor market information to job seekers.

Educating Families. Many Federal workers and grantees determine eligibility, counsel families, and provide services in non-health programs. This gives them an opportunity to educate families and assist them in enrolling children in Medicaid or CHIP. The agencies have proposed to:

- **Distribute information on options and/or applications to families at:**
  - 700 community health centers;
  - 1,400 Head Start, State Child Support and TANF sites;
  - 400 IRS Walk-In Centers and 8,600 Voluntary Income Tax Assistance sites;
  - 1,300 Social Security Administration field offices;
  - 3,000 employers, schools, education organizations, and community and religious groups that comprise the Education Department's Partnership for Family Involvement program;
  - 185 Federally operated and Tribally contracted schools, 24 reservation-based community colleges, and over 500 Indian Child Welfare programs;
  - 15,000 public housing projects and 81 field offices and information sites; and
  - 113 Job Corps Centers and 700 One-Stop Career Centers.

Coordinating Efforts Across Agencies and with the Private Sector. Efforts to enroll uninsured children will be more effective if coordinated. To facilitate coordination, agencies will:

- **Link Internet sites,** to provide both Federal workers and families using various sites, with links to children's health insurance outreach site. (e.g., America's Job Bank site, used by millions)
- **Coordinate outreach campaign with major national associations, advocacy groups, and other private organizations.** Each Department has a set of outside organizations that could be partners in this outreach initiative. These include:
  - Elderly groups, to assist in enrolling uninsured grandchildren;
  - Historically Black Colleges and Universities, to develop strategies for minority children;
  - Earned Income Tax Credit outreach organizations, which target similar families; and
  - National Education Association, to focus on school-based approaches.

Cross-Cutting Issues. Two topics were special focuses of the task force.

- **Vulnerable children**. Many children eligible for Medicaid or CHIP are difficult to reach because of sociocultural and linguistic differences, low literacy levels, geographic isolation, homelessness, or transient living situations that make it difficult for them to enroll in health insurance. A number of activities are proposed to address these unique problems, including:
  - Use of mapping to identify all service delivery sites on reservations that could be used for children's health outreach to Indian families;
  - Media campaign for Hispanic children to identify barriers to enrollment and Spanish language material; and
  - Use of "distance learning," such as new telemedicine communication capabilities, to educate rural providers about children's health insurance.
- **Coordinating program enrollment.** Integration of health and non-health program enrollment can increase the number of children with insurance. Models identified include:
  - Single application for multiple programs: Most States (e.g., Illinois, Iowa, Maryland, Michigan, Ohio) use joint applications for their social services programs.
  - "Adjunctive" eligibility (allowing eligibility for one program to fulfil some or all of the eligibility requirements for another): for example, children are automatically eligible for Florida's Healthy Start program if eligible for the school lunch program.

PRESIDENT CLINTON ANNOUNCES A SERIES OF NEW EFFORTS TO ENROLL UNINSURED CHILDREN IN HEALTH INSURANCE PROGRAMS

February 18, 1998

Today, the President is announcing the first major state coverage expansions under the recently enacted Children's Health Insurance Program (CHIP) and released information showing that many States will soon follow. He also unveiled an unprecedented set of public/private initiatives designed to enroll the millions of uninsured children who are eligible but not enrolled in Medicaid and other state-based children's health programs. These initiatives have been designed in partnership with Governors, health care providers, children's health advocates, foundations, businesses and many others who are committed to providing health care coverage for the nation's uninsured children.

Over 10 million children in America are uninsured. Nearly 90 percent of these children have parents who work, but do not have access to or cannot afford health insurance. Over 3 million of these uninsured children are already eligible for Medicaid. However, many families are not aware that their children are eligible for Medicaid, and others have difficulty filling out the application. Similar problems could undermine the new Children's Health Insurance Program's goal to enroll millions of uninsured children. With these challenges in mind, the President:

- **ANNOUNCED THAT COLORADO AND SOUTH CAROLINA HAVE JOINED ALABAMA AS THE FIRST COVERAGE EXPANSIONS UNDER THE NEW CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP).** Today, the President is announcing that Colorado and South Carolina join Alabama as the first states to come into the children's health program. In late January, Alabama received approval to expand its Medicaid program to children ages 14 to 18 up to 100 percent of poverty. South Carolina will expand its Medicaid program to provide coverage to all children up to 150 percent of poverty. And, Colorado builds upon its current non-Medicaid program to cover children up to 185 percent of poverty. The President is also announcing that many more States are well on their way to expanding coverage to more uninsured children. Currently, 14 additional states have submitted plans to HHS for approval, and nearly 30 States are actively planning new ways to address the needs of uninsured children.

- **RELEASED A NEW PRESIDENTIAL DIRECTIVE TO LAUNCH A GOVERNMENT-WIDE EFFORT TO ENROLL UNINSURED CHILDREN.** In an executive memorandum to eight Federal agencies with jurisdiction over children's programs — the Departments of Agriculture, Interior, Education, HHS, HUD, Interior, Labor, and Treasury and the Social Security Administration -- the President is directing the establishment of a multi-agency effort to enroll uninsured children. These agencies run programs such as WIC, Food Stamps, Head Start, and public housing that cover many of the same children who are uninsured and eligible for Medicaid or other health insurance. The memorandum instructs these agencies: (1) to identify all their employees and grantees who might come into contact with these children and ensure that these individuals are aware of the health insurance programs available to children; (2) to develop an intensive children's outreach initiative, such as distributing information, coordinating toll-free numbers, and simplifying and coordinating application forms; and (3) to report back in 90 days on their plan to help enroll uninsured children.

HIGHLIGHTED BUDGET PROPOSALS THAT PROVIDE MEDICAID ENROLLMENT INCENTIVES TO STATES. The President's FY 1999 budget invests $900 million over 5 years in children's health outreach policies, including the use of schools and child care centers to enroll children in Medicaid. The budget provides states with the option of automatically enrolling children in Medicaid even before having received all of the complicated eligibility and enrollment forms (a provision known as "presumptive eligibility"). It also expands the use of a Federally-financed administrative fund so that it can underwrite the costs for all uninsured children — not just the limited population allowed under current law.

ANNOUNCED A HISTORIC PRIVATE SECTOR COMMITMENT TO PROVIDE OUTREACH. To complement the public outreach effort, the President is announcing unprecedented new contributions from the private sector to help ensure that all children who are eligible for health insurance receive it, including:

- **A new toll-free number that directs families around the nation to their state enrollment centers.** The President is announcing that Bell Atlantic will establish and operate a toll-free number to help states enroll uninsured children. The number, which will be put in place during the upcoming months, will be developed in cooperation with the nation's Governors. This will help millions of families around the nation by directing them automatically to their local state Medicaid enrollment agency.

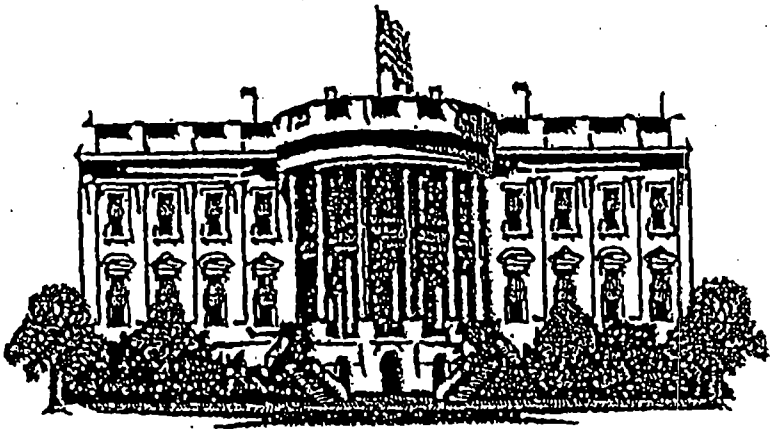
- **Over $23 million in commitments from private foundations across the country.** The Robert Wood Johnson Foundation will spend $13 million over the next 3 years to fund innovative state-local coalitions to design and conduct outreach initiatives, simplify enrollment processes, and coordinate existing coverage programs. The Kaiser Family Foundation will spend up to $10 million over the next 5 years on studies to help understand why eligible children do not enroll in existing programs and how best to provide insurance coverage for these children. America's Promise, with support from the Robert Wood Johnson Foundation and in collaboration with the American Academy of Pediatrics, will mobilize corporations such as SmithKline Beecham and Schering Plough and local communities nationwide in children's health outreach efforts.

- **New initiatives from corporate and advocacy organizations to reach out to uninsured children.** Pampers has volunteered to include a letter in its child birth education packages, given to 90 percent of first-time mothers, providing families information about available health insurance options. Grocery stores and chain drug stores across the country will provide information about the new Bell Atlantic toll-free number to their customers. The National Education Association is launching an unprecedented effort to educate teachers on how they can inform children and their families about health insurance, through national newsletters, conferences, and special training sessions. The American Hospital Association's Campaign for Coverage will increase its nationwide initiative to engage hospitals in helping uninsured Americans, including children.

ISSUED A CHALLENGE ACROSS AMERICA TO FIND NEW WAYS TO REACH OUT TO UNINSURED CHILDREN. The President is challenging every physician, nurse, health care provider, business, school, parent, grandparent, and community across the nation, to find new ways to ensure that uninsured children eligible for health insurance are enrolled in Medicaid or CHIP. This national commitment should not stop until every eligible child across the country is enrolled in one of the existing health care programs.

THE WHITE HOUSE

HEALTH CARE – CHIP



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EDWARD M. KENNEDY
MASSACHUSETTS

United States Senate

WASHINGTON, DC 20510-2101

August 5, 1999

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President:

I have spoken to you several times about a cause that is close to both of our hearts–guaranteeing health insurance coverage for all children. As you know, the vast majority of uninsured children today are eligible for either Medicaid or CHIP, but too many are not participating.

A recent report by the Kaiser Family Foundation found that CHIP enrollment has increased dramatically in the last six months--to 1.3 million--but is still only a fraction of those eligible. This school year will be the first full year in which the program is fully operational in all states. The back-to-school period offers a unique opportunity for a new initiative on enrollment in both CHIP and Medicaid, and can be the launching pad for a major effort for the entire upcoming year.

Under your leadership, the Executive Departments and Agencies have made significant efforts to enroll more children, and your staff have been working effectively on this issue. Here are some suggestions for the next few months:

- Appoint a high level White House coordinator, whose responsibility is to work with the Executive Branch, the states, the Congress, and voluntary agencies and organizations to enroll children in CHIP and Medicaid and to assure that enrolled children receive needed health services. This coordinator should have the same stature as the Director of the White House Office of National AIDS policy or the Y2K coordinator.

- Use the occasion of your address to the National Governor's Association on Sunday to urge greater efforts by states to enroll uninsured children. Many states are making worthwhile efforts, but the gap between what has been done and what could be done is still too wide. The practices that would have the greatest potential impact to encourage enrollment of children include presumptive eligibility for both programs, and assigning eligibility workers to schools, health centers, churches, day care centers, pre-schools, and other organizations.

- Use a Saturday radio address to encourage parents to enroll their children in CHIP and Medicaid as they prepare to go back to school.

- Encourage coordination of enrollment for school lunch programs and CHIP and Medicaid. Participation in school lunch programs is high, and the eligibility largely overlaps.

- Launch a campaign, working with the INS and voluntary organizations with ties to the immigrant community, to assure immigrant populations that enrolling their children in CHIP will not affect their immigration status. The INS agrees that this is the case, but a greater effort must be made to publicize this point and reassure parents, since a substantial proportion of uninsured children come from this community.

- Direct the Departments of HHS and Education and other appropriate agencies to hold joint regional conferences around the country this month, to bring together state officials, school systems and groups, advocates and others to launch an enrollment effort tied to back to school events. Governors and other local leaders should be asked to address these conferences as a way of strengthening their commitment to this goal. For school systems, the objective should be a system in which determining children's insurance status and enrolling them if they are uninsured is as routine as verifying that they have required vaccinations.

- HHS needs to insist that states provide better and more timely data on the progress of enrollments. Only with better data will it be possible to identify the trouble spots that need special attention.

I hope these suggestions are helpful. I was delighted with the focus you put on uninsured children in your recent press conference. The coming weeks offer an unparalleled opportunity to bring the goal of universal health insurance for children closer to reality.

Warmest regards -

Respectfully,

Edward M. Kennedy

Examples of Creative and Successful School-based Outreach Strategies That Governors Could Replicate

District of Columbia: A poster/poetry contest helped to raise awareness about need for and availability of health insurance. Application boxes are provided in principals' offices, and training is provided for selected school staff. Enrollment at events such as report care parent/teacher conferences is an effective strategy -- one such event resulting in 400 approved applications.

Idaho: The Hospital Consortium of North Idaho partners with 12 school districts in five counties as part of a federally funded demonstration project. As part of the project, the shared school nurse provides information about health coverage to families, and works with local Medicaid staff to ensure that families' applications are processed appropriately.

Illinois: Chicago Public Schools identified more than 200,000 children without health insurance, of whom more than 100,000 should be eligible for KidCare. The KidCare Enrollment Campaign has evolved into an innovative and aggressive school-based outreach campaign at over 600 public schools. Enrollment for health insurance at the time of report-card pick up was the focus of the successful campaign. Chicago Public Schools' experience provides important lessons on the need for public-private partnerships, and for cooperation across state agencies.

Nevada: Experience in Nevada shows that 70% of CHIP applicants learn about the program through the school system. Coordination with school lunch programs, athletic programs and parent-teacher conferences helps to spread the word about CHIP. School principals became effective leaders to coordinate school outreach efforts.

Massachusetts: Teenagers and their families, working with Health Care for All, helped to organize the Coaches' Campaign to focus on enrolling children who want to participate in school sports. Coaches learn about opportunities for health coverage for students during Red Cross CPR training for coaches and other school athletic staff.

Minnesota: Assistance with completion of Medicaid applications is available to families of new students at the Welcome Center operated by the Minneapolis Public Schools. During peak registration months of August and September, a Medicaid eligibility worker is outstationed at the Welcome Center.

Nebraska: In Nebraska, community health centers are permitted to enroll children who are presumed to be Medicaid eligible. Staff of Panhandle Community Services health center attended a parent information night at a Scotts Bluff elementary school and was able to directly enroll children by assisting parents to fill out Medicaid applications on site.

South Carolina: About two thirds of all CHIP applications originate in schools. School employees involved in the outreach effort included school nurses, athletic directors and guidance counselors. An incentive program encouraged applications with five dollars paid to each child with a completed application, and pizza parties for the schools with the most applications.

A: **This argument is nothing but a red herring used by those who are opposed to a prescription drug option for the millions of middle-class seniors who need it.** People making this argument are seeking to cut off prescription drug assistance at only $12,750 for a single, $17,000 for a couple – leaving the millions in the middle class with no coverage or weak coverage out in the cold. This is the real issue: a debate between those who want to provide an option to all beneficiaries so that middle-class seniors have access to affordable prescription drug coverage and those who believe that seniors making over $17,000 are like Ross Perot and don't need any help.

Moreover, many beneficiaries who are sick -- regardless of income -- cannot access affordable insurance. Premiums in the private Medigap market increase with age and, except when beneficiaries initially turn age 65, are usually medically underwritten. As such, seriously ill patients without coverage today cannot get coverage at virtually any price. In the absence of a new Medicare prescription drug benefit option, we are sentencing too many seniors who have worked hard and played by the rules to a Medigap market that will not provide the coverage that they need.

Q5: **How will beneficiaries who already have very good retiree health coverage be affected by this new proposal?**

A: **Since the new Medicare drug benefit is optional, the less than one-fourth of Medicare beneficiaries who are fortunate enough to have good retiree health coverage can -- and likely will -- keep their current coverage.** The prescription drug benefit is simply another choice, but it is an important alternative to even those beneficiaries with retiree coverage. This is because, over the last 4 years, the numbers of firms offering retiree health coverage has declined by 25 percent. Under the President's plan, if a beneficiary chooses to stay in his or her current plan and the firm subsequently drops the coverage, he or she will have the ability to opt for the Medicare option.

Most importantly, the plan provides new financial incentives to firms to keep and increase their commitment to private retiree health coverage. The plan provides firms that are offering prescription drug benefits, which are at least as good as the Medicare option, an estimated $11 billion over 10 years in assistance if they continue or start to offer private health coverage. This policy is designed to slow down the trend of firms dropping their retiree health coverage and to provide incentives for employers not now offering to do so.

Q6: Will a prescription drug benefit eventually lead to some form of price control?

A: No. The prescription drug benefit will be administered by contracting with private sector benefit managers just like virtually all private health insurers and employers do. There are no price controls. Pharmacy benefit managers (PBMs) and other entities have developed and successfully employed innovative management tools to offer affordable, high quality, prescription drug coverage. Recognizing that drug therapy holds great promise, the plan does not include price controls that would discourage research and development.

Q7: Will this new prescription drug benefit cover Viagra?

A: In general, the private sector contractors who will manage the Medicare drug benefit will be required to cover prescriptions that are determined to be medically necessary, including Viagra. However, as is the case in the Medicaid program and with other private insurers, the private contractors who manage the Medicare benefit could require doctors to get prior authorization before prescribing drugs for which there are documented abuses.

Q8: How do you reconcile a brand new entitlement with the need to constrain the growth of the Medicare program?

A: The prescription drug benefit is not a stand-alone initiative; it is part of a broader reform package that modernizes Medicare, makes it more competitive and efficient, and dedicates part of the surplus to Medicare to keep it solvent until 2027. It is simply not credible to suggest that the Medicare program can be modernized without adding the option for prescription drug coverage. Prescription drugs today are as important as hospital care was when Medicare was created. Having said this, the drug benefit is designed in a way that is affordable to both the program and the beneficiaries it serves.

Q9: Does the prescription drug benefit impose an unfunded mandate on states?

A: The prescription drug benefit both relieves states from their current coverage of very low-income elderly and asks states to share in paying for the premiums and cost sharing for poor elderly, as they do for Medicare Part B premiums and cost sharing. All states currently provide prescription drug coverage to Medicare beneficiaries who also qualify for Medicaid (known as "dual eligibles"). Some states cover prescription drugs for all poor elderly. Since Medicare will take over primary responsibility for drug coverage, the states will receive a windfall that will be used to pay for the prescription drug benefits' premiums and copayments for all poor beneficiaries. The Federal government would pay 100 percent of the cost of drug premiums and copayments for those beneficiaries with income between 100 and 150 percent of poverty.

Utah: Families can apply for Medicaid at Edison Elementary School in Salt Lake City. After the Utah Department of Health discovered at an Edison school health fair that many students were suffering from untreated health conditions, a Medicaid eligibility worker was outstationed at the school five days a week. The worker also provides information in six other schools on parent teacher nights and to school counselors.

Washington: Seattle schools are organizing multiple approaches to increase enrollment of eligible children in Medicaid. School nurses and family support workers trained by the Washington Health Foundations's Child Health Access Program assist families with Medicaid applications. Families learn about the program from school-based promotional materials including letters, posters and activity at school events. Linkage with school-lunch program and other strategies for making insurance application a part of school routine are being explored.

West Virginia: Teaming up with community health centers provides additional resources for enrollment. New River Health Association operates four school-based health clinics and provides assistance to other school-based clinics in West Virginia. Health center staff provides families with application forms and offers assistance with the application process.