Comparative Matrix of Children's Health Insurance Bills

Provisions	President's Initiative	Daschle "Children's Health Coverage Act" S. 13	Stark "Healthy Start Act of 1997" H.R. 560	Stark "Children's Health Insurance Act of 1997" H.R. 561	Specter "Health Care Assurance Act of 1997" (Title I) S. 24	Kennedy / Kerry (Has not yet been introduced.)
Cost	$3.8 billion over 5 years (OMB and CBO)	Has not yet been scored.	Has not yet been scored.	Has not yet been scored.	Has not yet been scored.	$24 billion over 5 years. Not scored
Funding Mechanism	Voluntary matching grants to States capped at $750 million per year.	Tax credits: For family income <250% of poverty, tax credits are given to insurers. For family income >250% of poverty, personal tax credits are given.	Premium tax collected and put into Treasury's general fund for transference to the Children's Health Insurance Trust Fund. Tax exemption for low-income individuals and nonresident aliens.	Tax credit for up to 95% of the amount paid for medical insurance for a "qualifying child." 100% Federal funding for medical cost-sharing assistance.	Vouchers to "eligible children" for the purpose of enrolling in a health plan.	Federal grants to States for fully federal subsidies.
Age Eligibility	Child less than 21 y.o.	Child less than 19 y.o.	Child less than 18 y.o.	Child less than 21 y.o.	Child less than 18 y.o.	Child less than 19 y.o.
Income Eligibility	State flexibility	Up to an adjusted gross income of $75,000 for a family of four.	N/A	Tax credit: N/A Medicaid cost-sharing assistance: family income < 150% of poverty.	Adjusted gross income less than 235% of the poverty line.	Up to 300% of poverty.

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Other Eligibility	Child is not insured or not under-insured; has no access to affordable coverage; is not Medicaid-eligible	Child is not Medicaid-eligible; has not been covered for the previous 12-month period; born after 12/31/84; is a citizen or qualified alien. If family income is <200% of poverty, child has no access to coverage w/ employer contribution of 80% or greater. If family income is >200% of poverty, child has no access to coverage w/ employer contribution of 50% or greater.	Child is a citizen, U.S. national or permanent resident alien; whose principal abode is the U.S.; is uninsured; is a dependant.	"Qualifying young dependent": child is a dependent child; a citizen, U.S. national or PRUCOL immigrant. "Qualifying child": not eligible for Medicaid; not residing in a State which plan has reduced eligibility requirements for Medicaid.	Child is a citizens or lawful permanent resident of the U.S.; not eligible for Medicaid	Child is not insured.

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Benefits	State flexibility	Subsidy to be used to pay the premium associated with child's enrollment in a "certified" non-group family policy or "certified" children-only policy or employer-sponsored health plan. Carriers who sell non-group policies and do business with the federal government would be required to offer children-only policies. Plan must provide comprehensive coverage, including preventive, basic and catastrophic benefits that meet the health care needs of children	Health insurance program for children providing coverage for the same benefits provided under title XVIII, prescription drugs, and well-child services.	Requires group health plans to make available "qualifying coverage" for "qualifying young dependents" of individuals enrolled in such plans. Requires insurers in the individual market to offer "qualifying coverage" for eligible children. "Qualifying coverage" includes coverage for the following or similar benefits: Medicare-comparable benefits; newborn, well-baby, and well-child care; EPSDT; and prescription drugs. Medicaid cost-sharing assistance: a 20% reduction in copayment for "qualifying children."	Vouchers to be used for enrollment in health plans that provide coverage for preventive, primary and acute health care.	Medicaid-comparable. Subsidies can be applied to employer-sponsored family coverage or children-only policies.

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Subsidy Schedule	N/A	90% up to 200% of poverty. Sliding fee scale from 200% to 300% of poverty. 10% up to $75,000 for a family of four.	N/A	N/A	100% up to 185% of poverty. Sliding fee scale from 185% to 235% of poverty.	100% up to 100% of poverty. Sliding fee scale from 100% to 300% of poverty.
Estimated Covered	1 million children.	Not yet determined.	Not yet determined.	Not yet determined.	Not yet determined.	7 million, declining slightly as adolescents are phased into Medicaid.
Federal Responsibilities	Work with States to design effective initiatives; review state applications to ensure federal goals are reflected.	Establish coverage guidelines. Work with state insurance commissioners to establish certification and rate approval procedures.	Establish children's health insurance program and an associated trust fund. Determine premium amount. Establish process for the registration of children residing in the U.S.	Tax credit: Establish "qualifying coverage" guidelines and prescribe tax credit tables. Cost-sharing assistance: promulgate regulations on state plan requirements.	Work with States to develop state voucher programs. Submit annual report to Congress.	Establish programs in States that do not meet the requirements of participating states.

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State Responsibilities	States have flexibility to build on existing or develop new insurance programs.	For those under 250% of poverty, states verify income eligibility; provide info on insurance options; serve as intermediary for enrollment, subsidies, and premium contributions. State insurance commissioners certify kids only policies and policies in the individual market to ensure compliance with the Secretary's guidelines.	N/A	Cost-sharing assistance: develop State plans pursuant to Federal reg's.	Develop and administer children's health voucher program. Conduct income eligibility determination. Submit annual report to Secretary.	Participating States must develop insurance purchasing mechanism (e.g., competitive bidding) ensuring cost efficiency and beneficiary choice.
Administrative Costs	Up 10% for administrative costs and outreach.	State pays administrative costs.	Federal pays administrative costs.	Federal pays administrative costs.	Federal pays 5% of administrative costs.	Federal pays 75%; State pays 25%.
Other Funds In Proposal	N/A	Grant program (authorization) for coverage or direct service provision to low income uninsured pregnant women; grant money for Medicaid outreach.	Trust fund and health insurance program includes coverage for uninsured pregnant women.	Grants to States for outreach and information programs.	Authorization of appropriations for Health Start program. Establish school health education program.	Grant includes coverage for low-income pregnant women.