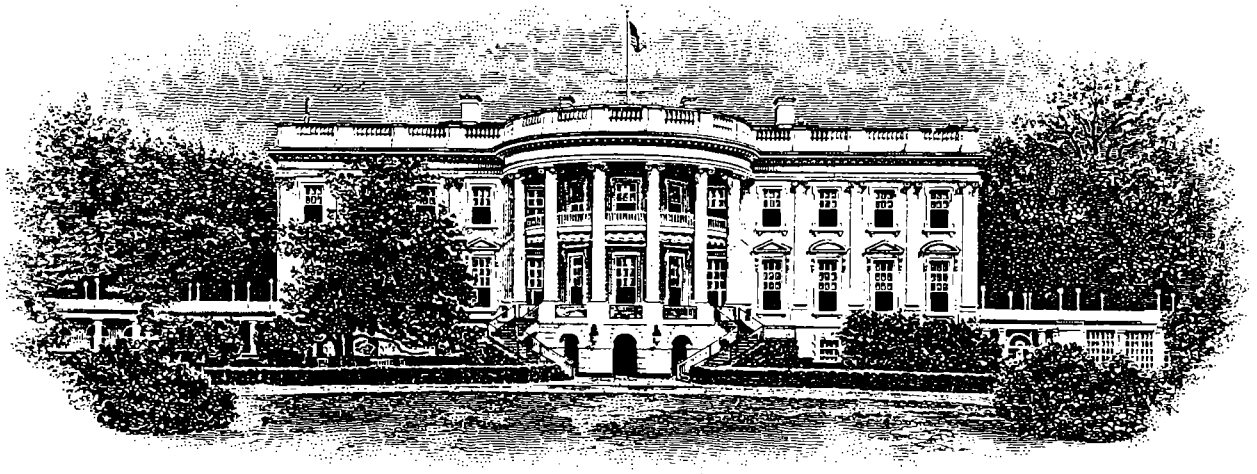
The White House



October 11, 1999

REMARKS TO THE AMERICAN ACADEMY OF PEDIATRICS ANNUAL MEETING

DATE:	Tuesday, October 12, 1999
BRIEFING TIME:	10:45am – 11:10am
EVENT TIME:	11:25 am – 12:15pm
LOCATION:	Washington, D.C. Convention Center
FROM:	Bruce Reed / Chris Jennings
	Mary Beth Cahill / Barbara Woolley

I. PURPOSE:

To address members of the American Academy of Pediatrics (AAP) on the Children's Health Insurance Plan (CHIP), tobacco, and other children's health initiatives.

II. BACKGROUND

The American Academy of Pediatrics and its member pediatricians dedicate their efforts and resources to the health, safety and well being of infants, children, adolescents and young adults. The AAP has approximately 55,000 members in the US, Canada and Latin America. In addition to advocacy programs, the AAP also promotes activities for scientific and educational purposes.

You will speak to over 8,000 children's physicians, medical professionals, and staff from all 50 states that are in Washington for the AAP's Annual Meeting. This meeting began on Saturday and closing activities are scheduled for Wednesday. This meeting has included a variety of seminars on a wide range of topics including children's health, adoption and bioterrorism.

The AAP's has been extremely active on the Administration's Patients' Bill of Rights, CHIP, Medicaid and Tobacco. They also have been supportive on Family Medical Leave; Mrs. Clinton's Prescription for Reading program, childcare and the V-Chip and TV ratings system.

You will be the first President to address the AAP. The First Lady addressed the AAP at their Annual Meeting in 1993.

III. POLICY ANNOUNCEMENTS

Today you will unveil a series of new actions to target and enroll millions of uninsured children who are eligible for Medicaid and CHIP. These new actions include: directing Cabinet Secretaries to develop strategies to institutionalize school-based outreach; sending new guidance to states and schools on funding options for school based outreach; releasing a report of Federal accomplishments and new activities on outreach; and dedicating $9.5 million in research funds to identify effective children's health insurance strategies. You will also announce that over 1,500 schools in 49 states that pledged to join the Insure Kids Now campaign.

During your speech, you will also challenge the Congress to pass a number of critically important health care initiatives for children. You will call for passage of a strong, enforceable Patients' Bill of Rights and of the Jeffords-Kennedy-Roth-Moynihan Work Incentives Improvement Act. You will also criticize the Republican leadership for supporting budget and appropriations bills that reject the Administration's proposals to prevent youth smoking, and to increase funds for childhood immunizations, children's health insurance outreach, graduate medical education at children's hospitals and the nation's safety net providers. Today, you will:

ANNOUNCE NEW FEDERAL EFFORTS TO IDENTIFY AND ENROLL UNINSURED CHILDREN. There are over 10 million uninsured children nationwide. Although aggressive implementation of CHIP has enrolled over 1 million children, with states reporting that enrollment will more than double over the next year, more must be done to ensure the success of this program. Today, you will:

- **Release the first annual Interagency Report on Children's Health Insurance Outreach detailing the hundreds of outreach activities being conducted by 11 Federal Departments and agencies.** Today, the Federal Interagency Task Force on Children's Health Insurance Outreach, created last year, reported on their accomplishments and proposed new activities to identify and enroll eligible children in CHIP. Highlights of new activities include:

  - **Adding AmeriCorps to the Task Force.** Every new AmeriCorps and AmeriCorps*VISTA members working with youth and in health care settings will receive information on CHIP and Medicaid outreach techniques in their new member orientation materials. With this information, thousands of volunteers nationwide will be able to link uninsured children to the new health insurance options available.

  - **Advising grandparents about new health insurance options for kids.** Recognizing the importance of grandparents as caregivers, HHS and SSA are including information on CHIP and Medicaid in this fall's cost-of-living adjustment (COLA) notices and the "Medicare and You" handbook, sent to all 39 million Medicare beneficiaries annually.

  - **Reaching families as they file their taxes.** During the upcoming tax season, the IRS will provide information on CHIP and Medicaid to over 8,000 Voluntary Income Tax Assistance volunteers helping families to complete their income tax returns.

- **Will, at the Vice President's request, direct Cabinet Secretaries to develop strategies to integrate children's health insurance outreach into schools.** Today, you will sign an executive memorandum instructing the Secretaries of HHS, Education, and Agriculture (with its jurisdiction over the school lunch program, which serves over 25 million children daily) to report to you in six months on steps the Federal government can take to institutionalize school-based outreach and enrollment and to highlight successful ongoing programs. Using schools to target enrolled children is a strategy that has been strongly promoted by the Vice President. It builds on innovative programs some states are already implementing. For example, both Indiana and New Jersey are using their Federal authority to conduct on-site enrollment of children in schools.

- **Release new administrative guidance on CHIP funding options for school-based outreach to state health and education officials.** This week, the Secretaries of Health and Human Services and Education will send guidance to every relevant state agency describing the financial, administrative, and technical assistance that CHIP offers for school-based outreach. It clarifies how states and schools can use a portion of the multibillion dollar CHIP allotment to provide outreach in schools, suggests that states allow schools to provide immediate eligibility for Medicaid and CHIP to children who appear to be eligible for those programs; and promotes the upcoming national and regional conferences on school-based outreach.

- **Announce that more than 1,500 schools have already responded to the call to join the Insure Kids Now campaign.** At the National Governors' Association meeting last August, you announced that Secretary of Education Riley was requesting school superintendents and principals to conduct outreach for and enrollment in Medicaid and CHIP as part of their back to school activities. In response, more than 1,500 schools in 49 states committed to new steps to help children, including providing information on CHIP and Medicaid (including the national toll free number for children's health insurance outreach – 1877 KIDS NOW) at parents' nights, registration, and school physicals and in letters sent to parents about immunization.

- **Announce a $9.5 million public-private partnership to identify effective children's health insurance strategies.** Today, you will announce that HHS and The David and Lucille Packard Foundation will join forces to fund over $9.5 million in research on the best practices in outreach techniques, how health insurance programs improve the quality of, and access to, health care for low-income children. These projects will focus on minority children and children with special health care needs. The results will be widely disseminated to Federal and state policy officials and will help refine Medicaid and CHIP to more effectively meet the needs of children.

URGE CONGRESS TO PASS INSURANCE REFORM INITIATIVES ESSENTIAL TO CHILDREN'S HEALTH. You will call on the Congress to:

- **Pass a strong, enforceable Patients' Bill of Rights.** Last week, a strong bipartisan majority in the House passed the Norwood-Dingell Patients' Bill of Rights, a major victory for every family in every health plan – but there is still more work to be done. You will urge Republican leaders to resist weakening the patient protections guaranteed in the Norwood-Dingell bill or undermine the bill's bipartisan support in conference. Finally, you will urge the Congress to ensure that the Patients' Bill of Rights is paid for without using the Social Security surplus.

- **Build on its success in acting on the Patients' Bill of Rights to pass a bill with even greater bipartisan support: the Work Incentives Improvement Act.** This bill passed the Senate unanimously and has been co-sponsored by a majority of the House of Representatives. You will encourage the House to act now and send you this bill to sign before Congress recesses for the year.

CHASTISE THE REPUBLICAN LEADERSHIP FOR REJECTING PRESIDENTIAL BUDGET PROPOSALS CRITICAL TO CHILDREN'S HEALTH. You will criticize the Republican leadership for:

- **Failing to address the problem of youth smoking.** You will criticize the Republican leadership for rejecting the Administration proposal to increase the price of cigarettes by 55 cents a pack. You will reiterate that of the more than 400,000 Americans who die each year from smoking related diseases, almost 90 percent of them started smoking as teenagers. You will point out that increasing the cost of cigarettes is not only one of the most effective ways to prevent kids from starting to smoke, it is good fiscal policy because revenue raised by this increase will help save the Social Security Trust Fund.

- **Failing to invest in children's health insurance outreach.** Neither the House nor the Senate bills include the Administration proposal to remove the sunset from the $500 million fund on TANF-Medicaid outreach. To date, only $50 million has been spent, yet for most states, the funding ends in the next few months.

- **Jeopardizing childhood immunization rates.** The House bill provides almost $85 million below the your request of $526 million for the CDC's Childhood Immunization program. This low level of funding would result in approximately 170,000 children not receiving the full complement of recommended childhood vaccines.

- **Short-changing graduate medical education at children's hospitals.** The Senate bill does not fund the Administration's $40 million proposal to fund for graduate medical education at children's hospitals, which train one-third of pediatricians and over half of many pediatric sub-specialists.

- **Under-funding care for the uninsured.** The Senate bill does not fund the Administration's initiative supporting the nation's health care safety net. Most of the uninsured are employed, but lack affordable health insurance options, relying on public hospitals and other safety net providers for needed health care.

THE WHITE HOUSE ALSO WELCOMED NEW PRIVATE SECTOR PARTNERS IN THE INSURE KIDS NOW CAMPAIGN. The White House is pleased to announce the addition of Parmalat and Swiza Foods to the Insure Kids Now campaign, joining Safeway, General Motors, Kmart, McDonalds, and other private sector partners.

IV. PARTICIPANTS

Briefing Participants:
Mary Beth Cahill
Bruce Reed
Chris Jennings
Barbara Woolley
Paul Glastris

Greeters:
Joel Alpert, MD; President; Boston, MA
Donald E. Cook, MD; Vice President; Greeley, CO
Steve Berman, MD; Executive Director; Palantine, IL
Jackie Noyes; Associate Executive Director; Washington, DC
Eileen Ouellette, MD, JD; Board of Directors; Salem, MA
Louis Cooper, MD; Board of Directors; New York, NY
Susan Aronson, MD; Board of Directors; Narberth, PA
E. Stephen Edwards, MD; Board of Directors; Raleigh, NC
Stanford Singer, MD; Board of Directors; Bloomfield Hills, MI
Ordean Torstenson, MD; Board of Directors; Madison, WI
L. Leighton Hill, MD; Board of Directors; Houston, TX
Jon Almquist, MD; Board of Directors; Federal Way, VA
Lucy Crain, MD, MPH; Board of Directors, San Francisco, CA

Stage Participants:
YOU
Joel Alpert, M.D., FAAP, President
Donald E. Cook, M.D., FAAP, President-Elect

V. PRESS PLAN

Open Press.

VI. SEQUENCE OF EVENTS

- **YOU** will be greeted upon arrival by 14 members of the Executive Board. [**You** will be presented with a children's tie].
- **YOU** will proceed to off stage announcement with Dr. Joel Alpert, M.D., President, and Donald E. Cook, M.D., President-Elect, and proceed to your seat on the stage.

- Dr. Joel Alpert will make brief remarks and introduce **YOU**.
- **YOU** will deliver remarks, work the rope line, and exit.

VII. REMARKS

Remarks provided by speechwriting.

VIII. ATTACHMENTS

1. Bios of Dr. Joel Alpert, National President, and Dr. Donald E. Cook, President-Elect.
2. AAP Annual Meeting Agenda.

Final 10/12/99 9:15 a.m.
Glastris

PRESIDENT WILLIAM J. CLINTON
REMARKS TO AMERICAN ACADEMY OF PEDIATRICS
DC CONVENTION CENTER
WASHINGTON DC
October 12, 1999

Peds special place, doctor from AR

Acknowledgments: AAP Pres. Dr. Joel Alpert; AAP Pres-elect Dr. Donald Cook.

segue →

When I heard that the AAP would be holding its annual meeting here in our nation's capital, right in the middle of our annual budget debate, I thought, well, the pediatricians should feel right at home. Washington is the only place other than a pediatrician's office where you can hear so much crying and screaming on a daily basis. prescribe med but no one wants to take it.

But of course in politics, as in pediatrics, crying and screaming are just part of the process you deal with if you want to make things better. And no one has done more to make things better for our nation's children than the members of the AAP. Dr. Alpert very generously mentioned in his introduction the gains my administration has been fortunate enough to make for children. Each and every one of those gains we made with the AAP fighting by our side. Passing the Family and Medical Act. Immunizing more than 90 percent of children against major childhood diseases. Passing the Brady Bill and other measures to stem gun violence, especially among children. Starting the First Lady's Prescription for Reading program. Creating the $24 billion Children's Health Insurance Program—a subject I want to talk about in some detail today.

foster care.

Because of what we have accomplished together, America's children today are healthier and safer than they were seven years ago. Infant mortality is down. Drug abuse is down. Teen pregnancy is down. Juvenile crime is down. And America itself is stronger, more prosperous, and more confident. We are enjoying the longest peacetime economic expansion in history; the lowest unemployment rate in 29 years; the lowest welfare rolls in 30 years; the lowest poverty rate in 20 years; the lowest crime rate in 26 years; and the first back to back budget surpluses in 42 years.

our work is always about tomorrow.

Now, our nation faces a great question: are we going use the prosperity we have created to meet the challenges of the 21st Century--the aging of America, the health and education of our children, sustaining our long-term economic growth? The answer to that question will be profoundly affected by the decisions we make here in Washington in the coming days and weeks.

aging of Am — inserted dem. facts.

I have been trying to work with Congress on a budget that accomplishes all these goals, while staying within spending caps agreed to in 1997. In fact, seven months ago, I proposed such a budget. One that uses the surplus to pay down the debt for the first time since 1835. That extends the life of Social Security. That secures Medicare and modernizes it with a voluntary prescription drug benefit. And that meets our obligations in education, national defense, health care, and the environment.

2050 list → global warming?

2027
55-65 buy in
LTC tax credit

ed facts
new markets
comm empowerment prog.
Prog Amort & debt rationale

As you know, the majority party in Congress took a very different approach. Unlike my budget, they refused to make the fiscally tough decisions up front. Now they are having a very difficult time crafting a budget that protects the Social Security surplus, invests in important priorities like education and health care, and that stays within the spending caps. They have tried just about every kind of gimmick to get around this dilemma short of printing more money, but they're stuck. And so to make the math work, they are going after crucial priorities in areas like health care.

(EMR)

The House majority, for instance, wants to cut $85 million from my request for our Childhood Immunization program. That means 170,000 children won't receive the vaccines they need to ward off major childhood diseases, like measles and mumps. ~~That is wrong.~~

The majority's budget contains not a penny for my proposal—strongly promoted by the First Lady—to support graduate medical education at children's hospitals, where many of our pediatricians receive their training. ~~That is wrong, too.~~

Oversolutions

And the majority's budget doesn't even offer a modest downpayment on my $1 billion effort to support our nation's healthcare safety net of public hospitals and clinics. ~~That is also wrong.~~

uninsured going up we were right 39.0% 6% cuts do

Instead of shortchanging the health of the American people, I suggest that Congress go back and take another look at the budget I sent them seven months ago. My budget makes these vital investments and stays within the spending caps by providing offsets, including a 55-cent-a-pack excise tax on tobacco. That's good fiscal policy—and as everyone in this room knows, it's good health policy. We know that more than 400,000 Americans die each year from smoking related diseases. We know that almost 90 percent of them started smoking as teenagers. And we know that one of the most effective ways to keep teens from starting to smoke is to raise the price of cigarettes.

opp

for them dvts

So the majority in Congress faces a simple choice: they can cut investments in areas like health care; they can spend from the Social Security trust fund; or they can maintain our fiscal discipline and save children's lives by raising the price of smoking. We all know what the right choice is, and I believe that if Congress puts politics aside, they'll make the right choice.

1996 Personal Resp. welf.

Congress is clearly capable of putting partisanship aside and doing what's right. We saw that last week when a bipartisan majority in the House passed a strong, enforceable patients' bill of rights. The House declared that patients must have fundamental rights--the right to the nearest emergency room care--the right to see a specialist--the right to know you can't be forced to switch doctors in the middle of a cancer treatment or a period of pregnancy--the right to hold your health care plan accountable if it causes you or a loved one grave harm. Nobody has fought harder for the patients' bill of rights than you have. This was an important victory and you should be proud.

1997 BBA

opp

There's still a lot of work to be done before this bill becomes the law of the land. And I call on Republican leaders not to water-down the bill or load it with special interest poison pill

teaching hospitals being handicapped by MC cutbacks caps are too tough.

provisions. But the fact that we have come this far shows that Congress can put progress ahead of partisanship.

I call on Congress to do the same for the millions of Americans with disabilities who want to work but fear doing would mean losing their Medicare or Medicaid coverage. The Senate has already passed, by an overwhelming 99 to zero vote, the Work Incentives Improvement Act, a measure to ensure that Americans with disabilities can gain the dignity of a job without fear of losing their health insurance. A bipartisan majority in the House has cosponsored the same measure. Now, Congress must finish the job, send me the bill, and I'll sign it. Americans with disabilities who want to work shouldn't have to wait one more day.

And neither should our children. In 1997, I signed the bipartisan balanced budget act that created the $24 billion Children's Health Insurance Program, the largest expansion of children's health coverage since the enactment of Medicaid. Since this new CHIP program went into effect, it has provided health coverage to over a million children, whose families cannot afford health coverage but who make too much to be eligible for Medicaid.

I am grateful to the pediatricians for helping us create the CHIP program, and for helping us put it into action. But the truth is CHIP has not yet lived up to its potential. Over 10 million children in America—one out of every six—still lack health insurance. The majority of those children could be covered under either CHIP or Medicaid—if we can get the word out to their families and get them to sign their children up.

We know that children who lack health insurance have higher rates of treatable conditions, such as asthma, ear infections, and vision problems. We know that when these children cannot see the blackboard clearly, or hear the teacher precisely, or pay attention to anything other than their own pained breathing, that these children are not going to get the quality education they need to live out the full potential of their God-given talents. CHIP and Medicaid have the potential to change all that for millions of children

That's why last year I ordered the establishment of an inter-agency task force to come up with innovative strategies to get the word out to parents about CHIP and Medicaid. Today, I am releasing the task force's first annual report. The report details many promising new outreach efforts. For instance, the Department of Agriculture, which administers the school lunch program, has added information on CHIP and Medicaid to the applications that it sends to every school district in America. Millions of parents who fill out their school lunch forms will now have a chance to learn about these valuable health benefits for their children.

Other promising innovations are also in the works. Thousands of AmeriCorps and Vista members, who deal directly with low-income families every day, will soon have information in their training manuals on how to enroll children in CHIP and Medicaid. Tens of millions of elderly Americans, who may have grandchildren eligible for CHIP and Medicaid, will soon be able to read about these programs in the annual letters they receive from Social Security and Medicare.

But as the Vice President has been telling me, and everyone else, for months, if we want to bring health coverage to more children, we must go to where the children are: the schools. That is why today I am issuing an executive order to the secretaries of Education, Agriculture, and Health and Human Services. I am directing them to search out the most innovative school-based outreach strategies now being pursued at the state and local level, and to report back to me in six months on how we can replicate these efforts across the country. I am also sending a letter to states clarifying that they can use federal CHIP funds for school-based outreach efforts. And I am announcing ~~$95~~ million in new research grants to find out what outreach methods, in schools or elsewhere, work best.

app

I believe these and other actions I am taking today will go a long way towards bringing health coverage to millions of children. But even if every child eligible for CHIP and Medicaid were enrolled in these programs, there would still be millions more who aren't eligible and who would lack health coverage. As you know, I have always felt that it is wrong for any American, much less any child, not to have affordable, quality health care. I know the Vice President believes that. I know the First Lady believes that. I know the American ~~Academy~~ of Pediatrics believes that. And it is something I will work to change as long I am President.

(app)

back to 55 - 65 proposal

In my six-and-a-half years in the White House, I have tried my best to focus the attention of our nation on the long-term challenges that we will face, and our children will face, in the 21st Century. In that effort I have often been inspired by work of pediatricians. The future of America, our children, is quite literally in your hands. No one knows better than you do the value of preventative medicine—of taking small actions now to prevent grave problems in the future. Of course, even small actions can cause some pain, and inspire some screaming and crying. That's as true in medicine as it is in politics. But in both our professions, there is great satisfaction in knowing that you've done the right thing, fulfilled your obligation, and perhaps made somebody's future a little brighter.

theme of tomorrow

Thank you and God bless you.

reins big burden (app)
system by Wmca
we finance care (app)
need to address ignorance (app)
unexcusable that We're been sitting here for 2 yrs & only 20% insured — effective pros → more than that.
no stigma ass people → wall to get their kids he coverage
need to deal w this prob today.

THE CLINTON-GORE ADMINISTRATION TAKES NEW STEPS TO INCREASE ENROLLMENT OF UNINSURED CHILDREN
October 12, 1999

Today, in an address to 8,000 pediatricians at the annual meeting of the American Academy of Pediatrics, the President will unveil a series of new actions to target and enroll millions of uninsured children who are eligible for Medicaid and CHIP. These new actions include: directing Cabinet Secretaries to develop strategies to institutionalize school-based outreach; sending new guidance to states and schools on funding options for school based outreach; releasing a report of Federal accomplishments and new activities on outreach; and dedicating $9.5 million in research funds to identify effective children's health insurance strategies. The President will also announce that over 1,500 schools in 49 states that pledged to join the Insure Kids Now campaign.

During his speech, the President will also challenge the Congress to pass a number of critically important health care initiatives for children. He will call for passage of a strong, enforceable Patients' Bill of Rights and of the Jeffords-Kennedy-Roth-Moynihan Work Incentives Improvement Act. He will also criticize the Republican leadership for supporting budget and appropriations bills that reject the Administration's proposals to prevent youth smoking, and to increase funds for childhood immunizations, children's health insurance outreach, graduate medical education at children's hospitals and the nation's safety net providers. Today, the President will:

ANNOUNCE NEW FEDERAL EFFORTS TO IDENTIFY AND ENROLL UNINSURED CHILDREN. There are over 10 million uninsured children nationwide. Although aggressive implementation of CHIP has enrolled over 1 million children, with states reporting that enrollment will more than double over the next year, more must be done to ensure the success of this program. Today, the President will:

- **Release the first annual Interagency Report on Children's Health Insurance Outreach detailing the hundreds of outreach activities being conducted by 11 Federal Departments and agencies.** Today, the Federal Interagency Task Force on Children's Health Insurance Outreach, created by the President last year, reported on their accomplishments and proposed new activities to identify and enroll eligible children in CHIP. Highlights of new activities include:

    - **Adding AmeriCorps to the Task Force.** Every new AmeriCorps and AmeriCorps*VISTA members working with youth and in health care settings will receive information on CHIP and Medicaid outreach techniques in their new member orientation materials. With this information, thousands of volunteers nationwide will be able to link uninsured children to the new health insurance options available.

    - **Advising grandparents about new health insurance options for kids.** Recognizing the importance of grandparents as caregivers, HHS and SSA are including information on CHIP and Medicaid in this fall's cost-of-living adjustment (COLA) notices and the "Medicare and You" handbook, sent to all 39 million Medicare beneficiaries annually.

    - **Reaching families as they file their taxes.** During the upcoming tax season, the IRS will provide information on CHIP and Medicaid to over 8,000 Voluntary Income Tax Assistance volunteers helping families to complete their income tax returns.

- **Will, at the Vice President's request, direct Cabinet Secretaries to develop strategies to integrate children's health insurance outreach into schools.** Today, the President will sign an executive memorandum instructing the Secretaries of HHS, Education, and Agriculture (with its jurisdiction over the school lunch program, which serves over 25 million children daily) to report to him in six months on steps the Federal government can take to institutionalize school-based outreach and enrollment and to highlight successful ongoing programs. Using schools to target enrolled children is a strategy that has been strongly promoted by the Vice President. It builds on innovative programs some states are already implementing. For example, both Indiana and New Jersey are using their Federal authority to conduct on-site enrollment of children in schools.

- **Release new administrative guidance on CHIP funding options for school-based outreach to state health and education officials.** This week, the Secretaries of Health and Human Services and Education will send guidance to every relevant state agency describing the financial, administrative, and technical assistance that CHIP offers for school-based outreach. It clarifies how states and schools can use a portion of the multibillion dollar CHIP allotment to provide outreach in schools, suggests that states allow schools to provide immediate eligibility for Medicaid and CHIP to children who appear to be eligible for those programs; and promotes the upcoming national and regional conferences on school-based outreach.

- **Announce that more than 1,500 schools have already responded to the call to join the Insure Kids Now campaign.** At the National Governors' Association meeting last August, the President announced that Secretary of Education Riley was requesting school superintendents and principals to conduct outreach for and enrollment in Medicaid and CHIP as part of their back to school activities. In response, more than 1,500 schools in 49 states committed to new steps to help children, including providing information on CHIP and Medicaid (including the national toll free number for children's health insurance outreach – 1877 KIDS NOW) at parents' nights, registration, and school physicals and in letters sent to parents about immunization.

- **Announce a $9.5 million public-private partnership to identify effective children's health insurance strategies.** Today, the President will announce that HHS and The David and Lucille Packard Foundation will join forces to fund over $9.5 million in research on best practices in outreach techniques, how health insurance programs improve the quality of, and access to, health care for low-income children. These projects will focus on minority children and children with special health care needs. The results will be widely disseminated to Federal and state policy officials and will help refine Medicaid and CHIP to more effectively meet the needs of children.

URGE CONGRESS TO PASS INSURANCE REFORM INITIATIVES ESSENTIAL TO CHILDREN'S HEALTH. The President will call on the Congress to:

- **Pass a strong, enforceable Patients' Bill of Rights.** Last week, a strong bipartisan majority in the House passed the Norwood-Dingell Patients' Bill of Rights, a major victory for every family in every health plan – but there is still more work to be done. The President will urge Republican leaders to resist weakening the patient protections guaranteed in the Norwood-Dingell bill or undermine the bill's bipartisan support in conference. Finally, he will urge the Congress to ensure that the Patients' Bill of Rights is paid for without using the Social Security surplus.

- **Build on its success in acting on the Patients' Bill of Rights to pass a bill with even greater bipartisan support: the Work Incentives Improvement Act.** This bill passed the Senate unanimously and has been co-sponsored by a majority of the House of Representatives. The President will encourage the House to act now and send him this bill to sign before Congress recesses for the year.

CHASTISE THE REPUBLICAN LEADERSHIP FOR REJECTING PRESIDENTIAL BUDGET PROPOSALS CRITICAL TO CHILDREN'S HEALTH. The President will criticize the Republican leadership for:

- **Failing to address the problem of youth smoking.** The President will criticize the Republican leadership for rejecting the Administration proposal to increase the price of cigarettes by 55 cents a pack. He will reiterate that of the more than 400,000 Americans who die each year from smoking related diseases, almost 90 percent of them started smoking as teenagers. The President will point out that increasing the cost of cigarettes is not only one of the most effective ways to prevent kids from starting to smoke, it is good fiscal policy because revenue raised by this increase will help save the Social Security Trust Fund.

- **Failing to invest in children's health insurance outreach.** Neither the House nor the Senate bills include the Administration proposal to remove the sunset from the $500 million fund on TANF-Medicaid outreach. To date, only $50 million has been spent, yet for most states, the funding ends in the next few months.

- **Jeopardizing childhood immunization rates.** The House bill provides almost $85 million below the President's request of $526 million for the CDC's Childhood Immunization program. This low level of funding would result in approximately 170,000 children not receiving the full complement of recommended childhood vaccines.

- **Short-changing graduate medical education at children's hospitals.** The Senate bill does not fund the Administration's $40 million proposal to fund for graduate medical education at children's hospitals, which train one-third of pediatricians and over half of many pediatric sub-specialists.

- **Under-funding care for the uninsured.** The Senate bill does not fund the Administration's initiative supporting the nation's health care safety net. Most of the uninsured are employed, but lack affordable health insurance options, relying on public hospitals and other safety net providers for needed health care.

THE WHITE HOUSE ALSO WELCOMED NEW PRIVATE SECTOR PARTNERS IN THE INSURE KIDS NOW CAMPAIGN. The White House is pleased to announce the addition of Parmalat and Swiza Foods to Insure Kids Now campaign, joining Safeway, General Motors, Kmart, McDonalds, and other private sector partners.

THE CLINTON-GORE ADMINISTRATION TAKES NEW STEPS TO INCREASE ENROLLMENT OF UNINSURED CHILDREN
October 12, 1999

Today, in an address to 8,000 pediatricians at the annual meeting of the American Academy of Pediatrics, the President will unveil a series of new actions to target and enroll millions of uninsured children who are eligible for Medicaid and CHIP. These new actions include: directing Cabinet Secretaries to develop strategies to institutionalize school-based outreach; sending new guidance to states and schools on funding options for school based outreach; releasing a report of Federal accomplishments and new activities on outreach; and dedicating $9.5 million in research funds to identify effective children's health insurance strategies. The President will also announce that over 1,500 schools in 49 states that pledged to join the Insure Kids Now campaign.

During his speech, the President will also challenge the Congress to pass a number of critically important health care initiatives for children. He will call for passage of a strong, enforceable Patients' Bill of Rights and of the Jeffords-Kennedy-Roth-Moynihan Work Incentives Improvement Act. He will also criticize the Republican leadership for supporting budget and appropriations bills that reject the Administration's proposals to prevent youth smoking, and to increase funds for childhood immunizations, children's health insurance outreach, graduate medical education at children's hospitals and the nation's safety net providers. Today, the President will:

ANNOUNCE NEW FEDERAL EFFORTS TO IDENTIFY AND ENROLL UNINSURED CHILDREN. There are over 10 million uninsured children nationwide. Although aggressive implementation of CHIP has enrolled over 1 million children, with states reporting that enrollment will more than double over the next year, more must be done to ensure the success of this program. Today, the President will:

- **Release the first annual Interagency Report on Children's Health Insurance Outreach detailing the hundreds of outreach activities being conducted by 11 Federal Departments and agencies.** Today, the Federal Interagency Task Force on Children's Health Insurance Outreach, created by the President last year, reported on their accomplishments and proposed new activities to identify and enroll eligible children in CHIP. Highlights of new activities include:

  - **Adding AmeriCorps to the Task Force.** Every new AmeriCorps and AmeriCorps*VISTA members working with youth and in health care settings will receive information on CHIP and Medicaid outreach techniques in their new member orientation materials. With this information, thousands of volunteers nationwide will be able to link uninsured children to the new health insurance options available.

  - **Advising grandparents about new health insurance options for kids.** Recognizing the importance of grandparents as caregivers, HHS and SSA are including information on CHIP and Medicaid in this fall's cost-of-living adjustment (COLA) notices and the "Medicare and You" handbook, sent to all 39 million Medicare beneficiaries annually.

  - **Reaching families as they file their taxes.** During the upcoming tax season, the IRS will provide information on CHIP and Medicaid to over 8,000 Voluntary Income Tax Assistance volunteers helping families to complete their income tax returns.

- **Will, at the Vice President's request, direct Cabinet Secretaries to develop strategies to integrate children's health insurance outreach into schools.** Today, the President will sign an executive memorandum instructing the Secretaries of HHS, Education, and Agriculture (with its jurisdiction over the school lunch program, which serves over 25 million children daily) to report to him in six months on steps the Federal government can take to institutionalize school-based outreach and enrollment and to highlight successful ongoing programs. Using schools to target enrolled children is a strategy that has been strongly promoted by the Vice President. It builds on innovative programs some states are already implementing. For example, both Indiana and New Jersey are using their Federal authority to conduct on-site enrollment of children in schools.

- **Release new administrative guidance on CHIP funding options for school-based outreach to state health and education officials.** This week, the Secretaries of Health and Human Services and Education will send guidance to every relevant state agency describing the financial, administrative, and technical assistance that CHIP offers for school-based outreach. It clarifies how states and schools can use a portion of the multibillion dollar CHIP allotment to provide outreach in schools, suggests that states allow schools to provide immediate eligibility for Medicaid and CHIP to children who appear to be eligible for those programs; and promotes the upcoming national and regional conferences on school-based outreach.

- **Announce that more than 1,500 schools have already responded to the call to join the Insure Kids Now campaign.** At the National Governors' Association meeting last August, the President announced that Secretary of Education Riley was requesting school superintendents and principals to conduct outreach for and enrollment in Medicaid and CHIP as part of their back to school activities. In response, more than 1,500 schools in 49 states committed to new steps to help children, including providing information on CHIP and Medicaid (including the national toll free number for children's health insurance outreach – 1877 KIDS NOW) at parents' nights, registration, and school physicals and in letters sent to parents about immunization.

- **Announce a $9.5 million public-private partnership to identify effective children's health insurance strategies.** Today, the President will announce that HHS and The David and Lucille Packard Foundation will join forces to fund over $9.5 million in research on best practices in outreach techniques, how health insurance programs improve the quality of, and access to, health care for low-income children. These projects will focus on minority children and children with special health care needs. The results will be widely disseminated to Federal and state policy officials and will help refine Medicaid and CHIP to more effectively meet the needs of children.

URGE CONGRESS TO PASS INSURANCE REFORM INITIATIVES ESSENTIAL TO CHILDREN'S HEALTH. The President will call on the Congress to:

- **Pass a strong, enforceable Patients' Bill of Rights.** Last week, a strong bipartisan majority in the House passed the Norwood-Dingell Patients' Bill of Rights, a major victory for every family in every health plan – but there is still more work to be done. The President will urge Republican leaders to resist weakening the patient protections guaranteed in the Norwood-Dingell bill or undermine the bill's bipartisan support in conference. Finally, he will urge the Congress to ensure that the Patients' Bill of Rights is paid for without using the Social Security surplus.

- **Build on its success in acting on the Patients' Bill of Rights to pass a bill with even greater bipartisan support: the Work Incentives Improvement Act.** This bill passed the Senate unanimously and has been co-sponsored by a majority of the House of Representatives. The President will encourage the House to act now and send him this bill to sign before Congress recesses for the year.

CHASTISE THE REPUBLICAN LEADERSHIP FOR REJECTING PRESIDENTIAL BUDGET PROPOSALS CRITICAL TO CHILDREN'S HEALTH. The President will criticize the Republican leadership for:

- **Failing to address the problem of youth smoking.** The President will criticize the Republican leadership for rejecting the Administration proposal to increase the price of cigarettes by 55 cents a pack. He will reiterate that of the more than 400,000 Americans who die each year from smoking related diseases, almost 90 percent of them started smoking as teenagers. The President will point out that increasing the cost of cigarettes is not only one of the most effective ways to prevent kids from starting to smoke, it is good fiscal policy because revenue raised by this increase will help save the Social Security Trust Fund.

- **Failing to invest in children's health insurance outreach.** Neither the House nor the Senate bills include the Administration proposal to remove the sunset from the $500 million fund on TANF-Medicaid outreach. To date, only $50 million has been spent, yet for most states, the funding ends in the next few months.

- **Jeopardizing childhood immunization rates.** The House bill provides almost $85 million below the President's request of $526 million for the CDC's Childhood Immunization program. This low level of funding would result in approximately 170,000 children not receiving the full complement of recommended childhood vaccines.

- **Short-changing graduate medical education at children's hospitals.** The Senate bill does not fund the Administration's $40 million proposal to fund for graduate medical education at children's hospitals, which train one-third of pediatricians and over half of many pediatric sub-specialists.

- **Under-funding care for the uninsured.** The Senate bill does not fund the Administration's initiative supporting the nation's health care safety net. Most of the uninsured are employed, but lack affordable health insurance options, relying on public hospitals and other safety net providers for needed health care.

THE WHITE HOUSE ALSO WELCOMED NEW PRIVATE SECTOR PARTNERS IN THE INSURE KIDS NOW CAMPAIGN. The White House is pleased to announce the addition of Parmalat and Swiza Foods to Insure Kids Now campaign, joining Safeway, General Motors, Kmart, McDonalds, and other private sector partners.

THE CLINTON-GORE ADMINISTRATION TAKES NEW STEPS TO INCREASE ENROLLMENT OF UNINSURED CHILDREN
October 12, 1999

Today, in an address to 8,000 pediatricians at the annual meeting of the American Academy of Pediatrics, the President will unveil a series of new actions to target and enroll millions of uninsured children who are eligible for Medicaid and CHIP. These new actions include: directing Cabinet Secretaries to develop strategies to institutionalize school-based outreach; sending new guidance to states and schools on funding options for school based outreach; releasing a report of Federal accomplishments and new activities on outreach; and dedicating $9.5 million in research funds to identify effective children's health insurance strategies. The President will also announce that over 1,500 schools in 49 states that pledged to join the Insure Kids Now campaign.

During his speech, the President will also challenge the Congress to pass a number of critically important health care initiatives for children. He will call for passage of a strong, enforceable Patients' Bill of Rights and of the Jeffords-Kennedy-Roth-Moynihan Work Incentives Improvement Act. He will also criticize the Republican leadership for supporting budget and appropriations bills that reject the Administration's proposals to prevent youth smoking, and to increase funds for childhood immunizations, children's health insurance outreach, graduate medical education at children's hospitals and the nation's safety net providers. Today, the President will:

ANNOUNCE NEW FEDERAL EFFORTS TO IDENTIFY AND ENROLL UNINSURED CHILDREN. There are over 10 million uninsured children nationwide. Although aggressive implementation of CHIP has enrolled over 1 million children, with states reporting that enrollment will more than double over the next year, more must be done to ensure the success of this program. Today, the President will:

- **Release the first annual Interagency Report on Children's Health Insurance Outreach detailing the hundreds of outreach activities being conducted by 11 Federal Departments and agencies.** Today, the Federal Interagency Task Force on Children's Health Insurance Outreach, created by the President last year, reported on their accomplishments and proposed new activities to identify and enroll eligible children in CHIP. Highlights of new activities include:

    - **Adding AmeriCorps to the Task Force.** Every new AmeriCorps and AmeriCorps*VISTA members working with youth and in health care settings will receive information on CHIP and Medicaid outreach techniques in their new member orientation materials. With this information, thousands of volunteers nationwide will be able to link uninsured children to the new health insurance options available.

    - **Advising grandparents about new health insurance options for kids.** Recognizing the importance of grandparents as caregivers, HHS and SSA are including information on CHIP and Medicaid in this fall's cost-of-living adjustment (COLA) notices and the "Medicare and You" handbook, sent to all 39 million Medicare beneficiaries annually.

    - **Reaching families as they file their taxes.** During the upcoming tax season, the IRS will provide information on CHIP and Medicaid to over 8,000 Voluntary Income Tax Assistance volunteers helping families to complete their income tax returns.

- **Will, at the Vice President's request, direct Cabinet Secretaries to develop strategies to integrate children's health insurance outreach into schools.** Today, the President will sign an executive memorandum instructing the Secretaries of HHS, Education, and Agriculture (with its jurisdiction over the school lunch program, which serves over 25 million children daily) to report to him in six months on steps the Federal government can take to institutionalize school-based outreach and enrollment and to highlight successful ongoing programs. Using schools to target enrolled children is a strategy that has been strongly promoted by the Vice President. It builds on innovative programs some states are already implementing. For example, both Indiana and New Jersey are using their Federal authority to conduct on-site enrollment of children in schools.

- **Release new administrative guidance on CHIP funding options for school-based outreach to state health and education officials.** This week, the Secretaries of Health and Human Services and Education will send guidance to every relevant state agency describing the financial, administrative, and technical assistance that CHIP offers for school-based outreach. It clarifies how states and schools can use a portion of the multibillion dollar CHIP allotment to provide outreach in schools, suggests that states allow schools to provide immediate eligibility for Medicaid and CHIP to children who appear to be eligible for those programs; and promotes the upcoming national and regional conferences on school-based outreach.

- **Announce that more than 1,500 schools have already responded to the call to join the Insure Kids Now campaign.** At the National Governors' Association meeting last August, the President announced that Secretary of Education Riley was requesting school superintendents and principals to conduct outreach for and enrollment in Medicaid and CHIP as part of their back to school activities. In response, more than 1,500 schools in 49 states committed to new steps to help children, including providing information on CHIP and Medicaid (including the national toll free number for children's health insurance outreach – 1877 KIDS NOW) at parents' nights, registration, and school physicals and in letters sent to parents about immunization.

- **Announce a $9.5 million public-private partnership to identify effective children's health insurance strategies.** Today, the President will announce that HHS and The David and Lucille Packard Foundation will join forces to fund over $9.5 million in research on best practices in outreach techniques, how health insurance programs improve the quality of, and access to, health care for low-income children. These projects will focus on minority children and children with special health care needs. The results will be widely disseminated to Federal and state policy officials and will help refine Medicaid and CHIP to more effectively meet the needs of children.

URGE CONGRESS TO PASS INSURANCE REFORM INITIATIVES ESSENTIAL TO CHILDREN'S HEALTH. The President will call on the Congress to:

- **Pass a strong, enforceable Patients' Bill of Rights.** Last week, a strong bipartisan majority in the House passed the Norwood-Dingell Patients' Bill of Rights, a major victory for every family in every health plan – but there is still more work to be done. The President will urge Republican leaders to resist weakening the patient protections guaranteed in the Norwood-Dingell bill or undermine the bill's bipartisan support in conference. Finally, he will urge the Congress to ensure that the Patients' Bill of Rights is paid for without using the Social Security surplus.

- **Build on its success in acting on the Patients' Bill of Rights to pass a bill with even greater bipartisan support: the Work Incentives Improvement Act.** This bill passed the Senate unanimously and has been co-sponsored by a majority of the House of Representatives. The President will encourage the House to act now and send him this bill to sign before Congress recesses for the year.

CHASTISE THE REPUBLICAN LEADERSHIP FOR REJECTING PRESIDENTIAL BUDGET PROPOSALS CRITICAL TO CHILDREN'S HEALTH. The President will criticize the Republican leadership for:

- **Failing to address the problem of youth smoking.** The President will criticize the Republican leadership for rejecting the Administration proposal to increase the price of cigarettes by 55 cents a pack. He will reiterate that of the more than 400,000 Americans who die each year from smoking related diseases, almost 90 percent of them started smoking as teenagers. The President will point out that increasing the cost of cigarettes is not only one of the most effective ways to prevent kids from starting to smoke, it is good fiscal policy because revenue raised by this increase will help save the Social Security Trust Fund.

- **Failing to invest in children's health insurance outreach.** Neither the House nor the Senate bills include the Administration proposal to remove the sunset from the $500 million fund on TANF-Medicaid outreach. To date, only $50 million has been spent, yet for most states, the funding ends in the next few months.

- **Jeopardizing childhood immunization rates.** The House bill provides almost $85 million below the President's request of $526 million for the CDC's Childhood Immunization program. This low level of funding would result in approximately 170,000 children not receiving the full complement of recommended childhood vaccines.

- **Short-changing graduate medical education at children's hospitals.** The Senate bill does not fund the Administration's $40 million proposal to fund for graduate medical education at children's hospitals, which train one-third of pediatricians and over half of many pediatric sub-specialists.

- **Under-funding care for the uninsured.** The Senate bill does not fund the Administration's initiative supporting the nation's health care safety net. Most of the uninsured are employed, but lack affordable health insurance options, relying on public hospitals and other safety net providers for needed health care.

THE WHITE HOUSE ALSO WELCOMED NEW PRIVATE SECTOR PARTNERS IN THE INSURE KIDS NOW CAMPAIGN. The White House is pleased to announce the addition of Parmalat and Swiza Foods to Insure Kids Now campaign, joining Safeway, General Motors, Kmart, McDonalds, and other private sector partners.

CHILDREN'S HEALTH INSURANCE OUTREACH ACTIVITIES CONDUCTED BY PRIVATE SECTOR PARTNERS
October 12, 1999

In February of 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). About half of the over 10 million uninsured children qualify for these programs but remain unenrolled. 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. At the launch of the Insure Kids Now campaign, over over 40 private sector corporations and non-profit agencies nationwide pledged to contribute to this new effort. Accomplishments include:

- **Promoting Insure Kids Now in grocery stores nationwide.** In 1999 and 2000, Safeway will include information on Insure Kids Now on over 9.1 million grocery bags.

- **Holding health fairs and airing public service announcements in New York, New Jersey, and Connecticut.** In September, the Children's Defense Fund, together with Martha Stewart Living and the K-Mart corporation, launched a three month Child Health Now! Campaign, which features in-store displays and a public service media campaign.

- **Distribution of 11,000 toothbrushes imprinted with 1877 KIDS NOW.** The American Dental Hygienists Association has distributed 11,000 toothbrushes imprinted with 1877 KIDS NOW to school children in targeted areas throughout the country.

- **Hosting an Insure Kids Now sign-up day at McDonalds' restaurants in Washington D.C.** The American Hospital Association, together with WJLA-TV, the March of Dimes, and McDonalds', hosted Medicaid and CHIP outreach activities at 330 restaurants on September 25, 1999. In one day, they reached over 2,000 families.

- **Sending Insure Kids Now posters to every American Hospital Association member.** The American Hospital Association is sending Insure Kids Now posters featuring the 1877 KIDS NOW toll free number to over 5,000 hospitals to celebrate national Child Health month.

- **Distribution of Insure Kids Now posters to over 35,000 pharmacies nationwide.** The National Association of Chain Drug Stores, together with Johnson&Johnson, have distributed over 35,000 Insure Kids Now posters to pharmacies nationwide.

- **Including the 1877 KIDS NOW toll free number on reference materials for pediatricians.** Pfizer Pediatric Health included the 1877 KIDS NOW toll free number on the back cover of the 1999 edition of the Pediatric Resource Guide, which is distributed to 25,000 pediatricians and every Kmart pharmacy nationwide.

- **Promoting the Insure Kids Now campaign at the March of Dimes annual fundraiser.** The March of Dimes promoted the Insure Kids Now Campaign during their annual Walk America fundraiser, which placed banners advertising the 1877 KIDS NOW number in over 1000 cities, reaching 1 million volunteers, 20,000 corporate donors, and radio and television audiences in every major media market. In addition, the toll free number was featured in a letter sent to over 2 million donors, volunteers, and corporate supporters.

EXAMPLES OF BEST PRACTICES IN SCHOOL BASED CHILDREN'S HEALTH INSURANCE OUTREACH
OCTOBER 12, 1999

Alabama ALLKids. The state distributes applications through the public school systems and launching a new Teenage Initiative in Birmingham County to conduct school based outreach activities such as informing student athletes about ALLKids at sports physicals.

Georgia PeachCare. Georgia has undertaken several creative outreach efforts, including implementing a comprehensive back to school outreach campaign for the 1999-2000 school year. Activities include: distributing 1.4 million flyers to students in Georgia's public schools and placing outstationed eligibility workers in K-Marts across the state the weekend before school begins.

Indiana Hoosier Healthwise. Indiana implemented the Hoosier Healthwise Program in July of 1998 and estimated that they would enroll 40,000 children in 6 months. The state not only met that goal, but exceeded it, enrolling 42,400 children by December of 1998. The state has created over 450 enrollment sites – several of them in schools – that provide application and enrollment assistance.

Florida's Healthy Kids. The Healthy Kids program in Florida credits its ability to design and expand its outreach program to accessing TANF outreach dollars. The state distributed it's one page mail-in application form for both CHIP and Medicaid (which included a return addressed envelope) to over 600,000 school children and enrolls children on-site.

Illinois' CHIP. The state worked with the Chicago Public Schools to launch an aggressive, school-based outreach campaign where enrollment assistance was provided to eligible families at over 600 public schools as part of their Report Card Pick-up Days in November 1998 and April 1999. Plans are underway to conduct similar efforts with other Illinois public schools as well as parochial/private schools.

New Jersey KidCare. The state – which is the first state to use AmeriCorps*VISTA volunteers to identify and enroll eligible children – provides information to interested parents whose children qualify for free and reduced price lunch. School districts across the state provide NJ KidCare materials for distribution to parents through their children, hold enrollment events at schools during registration for Kindergarten and Pre-K and at other times, and trained school nurses and child study team members about eligibility criteria and application completion.

Dear State Health/Education Official:

As the Children's Health Insurance Program (CHIP) enters its third year, we continue to strive, in partnership with States, to find new and effective ways to reach out to eligible children and ensure that they have information about CHIP and access to the services that are available. As of September 8, 1999, every State and Territory has an approved CHIP plan. Nearly every one of those plans includes CHIP or Medicaid coverage for children and adolescents up to age 18, so the vast majority of children eligible for CHIP are school-aged. There may be no better way to reach these children than to share information with those who come into contact with children and families every day -- school principals, nurses, teachers, guidance counselors and school lunch staff.

We are seeking your support for additional activities that will utilize school settings for Medicaid and CHIP outreach. This letter highlights possible school-based outreach strategies; the availability of presumptive eligibility for children; current and upcoming national school-based outreach initiatives; and a new outreach web site for your use.

CHIP and Medicaid Outreach in Schools

Schools are trusted places for families and offer a unique opportunity to provide needed information about CHIP and Medicaid to families throughout the course of the year. Federal funding, under both CHIP and Medicaid, is available for outreach activities conducted in schools. Together, States and schools can provide outreach services such as:

- Linking CHIP and Medicaid enrollment with school enrollment by including a question about health insurance on school registration forms and following up with application information and assistance;

- Providing information about CHIP at Back-to-School nights, parent-teacher conferences, Parent Teacher Association (PTA) meetings and other extracurricular activities;

- Sending application information home with school registration and school lunch information and other regular mailings;

- Enlisting teachers, guidance counselors, school nurses, athletic coaches, school lunch administrators and other school staff to work with parent volunteers and local community-based organizations to help share information about CHIP and Medicaid and answer basic questions about the programs;

- Providing financial incentives for on-site eligibility workers to identify and successfully enroll uninsured children; and

- Sponsoring Child Health Insurance Enrollment days where authorized outreach and eligibility workers are available at schools to help families enroll on the spot.

Many States have already had success in using schools as a central point for disseminating information about CHIP and Medicaid. States have distributed millions of applications to schools, targeted potentially eligible children by creating linkages with the school lunch program, and sent direct mailing to families identified as currently receiving food stamps.

We strongly encourage State Medicaid and CHIP Directors to work with State Education Agencies in order to develop effective partnerships to identify and enroll uninsured children in these important new health insurance options.

States may claim federal matching funds through CHIP and Medicaid when financing outreach activities at schools. However, the CHIP statute requires that expenditures for outreach activities count toward the 10 percent limit on administrative (or non-health benefits coverage) expenditures. Questions about the 10 percent limit or about the CHIP program in general can be directed to your Health Care Financing Administration (HCFA) Regional Office. The Medicaid statute does not limit expenditures for outreach and other administrative activities. Please note that the Medicaid program has specific requirements regarding the types of activities that are considered administrative. You may also wish to contact your HCFA Regional Office for clarification of Medicaid administrative claiming policies. In addition, in the near future HCFA will be releasing additional guidance specifically addressing administrative claiming under the Medicaid program for school-based activities.

Presumptive Eligibility for Children

States that have created a separate CHIP (S-CHIP) program can ensure that health care is immediately available to children who appear to be eligible by allowing schools to grant "presumptive eligibility." Schools can use basic information that might be available regarding family size and income to help determine that a child is likely to be eligible for

CHIP. Along with the information and applications discussed above, the school could provide proof of presumptive eligibility so the child can access services immediately. If a CHIP application is filed within the time frame established by the State, the child would remain eligible until the State acts on the application. If the child is found eligible for CHIP, the services provided during the presumptive period may be claimed at the enhanced matching rate for CHIP expenditures.

If the State determines that the child is eligible for Medicaid, the services provided during the presumptive period, for up to three months prior to the date of the application for Medicaid, will be covered under the appropriate Medicaid matching rate, if the child would have been eligible for Medicaid if he/she had applied. If an application is not filed within the time period established by the State, the child's presumptive eligibility would discontinue at the end of that period. It should also be noted that if the family does not file an application on behalf of the child, or if the child is determined to be ineligible for CHIP, the services provided during the presumptive eligibility period may be claimed at the enhanced matching rate but will count against the 10 percent limit.

National School-Based Outreach Initiatives

The Administration is committed to building on existing and potential relationships in order to further the effort to find and enroll children in health insurance. For example, the Department of Education (DoED) recently launched a Back-to-School campaign, entitled "Insure Kids NOW! Through Schools." On August 9, 1999, the DoED sent letters to all 15,725 school superintendents inviting them to join a national coalition to encourage schools and communities to work together to identify uninsured children for enrollment in State health insurance programs. This letter was accompanied by a packet of information, including an activity sheet on how schools can target and enroll eligible children, a list of State specific contacts, and a pledge form soliciting schools' commitment to outreach (see enclosure). In addition, the DoED, in partnership with the National Association of Elementary School Principals, sent a similar letter to 27,000 schools.

To complement DoED's efforts, the Department of Health and Human Services (DHHS) is co-sponsoring a National Summit on School-based Outreach for Children's Health Insurance which will highlight both short term and long term activities in this area. The summit is planned for November 17-18, 1999 in Washington, D.C. This partnership between DHHS, DoED, and a broad based coalition of educational associations and advocates is intended to make school-based outreach a meaningful and continuous process. Institutionalizing school-based outreach will serve to identify uninsured children

on a regular basis and provide access to the CHIP and Medicaid programs. In addition, we hope to learn about promising practices that encourage schools and early education providers to incorporate health insurance promotion activities into their overall plans.

In preparation for this event, the primary sponsor of the National Summit, the Health Resources and Services Administration (HRSA), will be hosting a series of Regional conference calls, as well as several face-to-face meetings in the month of October. These calls and meetings will give HRSA, HCFA and DoED an opportunity togather State outreach examples for the National Summit and to identify and discuss regional topics.

Outreach Information Clearinghouse Web Site

Finally, we would like to announce a new addition to HCFA's CHIP web site called the Outreach Information Clearinghouse. This new web page can be found at *(http://www.hcfa.gov/init/outreach/outhome.htm)*. This page is designed to provide outreach information and a forum for information exchange among States, community-based organizations, children's groups and other interested parties regarding outreach for CHIP. The following is a description of the current links you will find at this new site.

- **Outreach Strategy Corner** - This web site will allow States and community-based organizations and others engaged in outreach to provide a capsule description of their efforts, as well as contact information for further details.

- **Effective Outreach Strategies** - This page provides descriptions of successful State practices that may be adapted and utilized to reach uninsured children in other State programs. Successful tools and guides to assist in outreach are also included.

- **Outreach Conference Reports** - This page includes summaries and complete reports, where available, of various outreach conferences that have been held around the country.

- **Official HCFA CHIP Outreach Guidance** - This page includes items such as Dear State Health Official letters, HCFA guides, manual issuances, official reports, surveys, studies, and related policy issuances.

- **Upcoming Outreach Events** - This page allows interested parties to submit information about upcoming activities (e.g., conferences, training, campaign kick-off events). Information can be submitted to *CHIPOutreach@hcfa.gov*.

- **HCFA Outreach Contacts** - This page includes a list of regional office and central office outreach contacts, including phone numbers and e-mail addresses.

- **Helpful Links to Other Sites** - This page facilitates easy access to selected web sites which contain relevant CHIP outreach information.

In addition, we encourage you to visit the Department of Education's web site (***www.ed.gov/chip***) which provides detailed information on the recently launched Back-to-School campaign -- ***Insure Kids NOW! Through Schools***.

As we receive input and feedback, we plan to add items and sections to fulfill your needs. For example, we intend to add an eligibility simplification category in the near future, which will include examples of simplified applications, as well as other related information.

Again, we encourage all States, DHHS partners and other interested parties to share information on evolving and emerging outreach practices, successes as well as struggles, by utilizing the "Outreach Strategy Corner." In addition, we will continue to facilitate the exchange of information on State outreach programs in a timely manner, by publishing highlights on the "Effective Outreach Strategies" section. This medium will provide all of us the opportunity to learn from each other how to further pursue effective ways of reaching challenging segments of the population, to resolve outreach problems, and to test successful strategies.

Thank you for your commitment to utilizing all of the available means of reaching the nation's uninsured children and helping to ensure they receive essential health care coverage.

Sincerely,

Donna E. Shalala
Secretary
Department of Health and Human Services

Richard W. Riley
Secretary
Department of Education

Enclosures

cc:

HHS Regional Directors

HCFA Regional Administrators

HCFA Associate Regional Administrators
for Medicaid and State Operations

PHS Regional Offices

Cindy Brown
Council of Chief State School Officers

Brent Ewig
Association of State and Territorial Health Officials

Brenda Greene
National School Boards Association

Catherine Hess
Association of Maternal and Child Health Providers

Lee Partridge
American Public Human Services Association

Matt Salo
National Governors' Association

Carlos Vega
National Association of State Boards of Education

Joy Wilson
National Conference of State Legislatures

Susan Wooley
American School Health Association

October 12, 1999

MEMORANDUM FOR THE SECRETARIES OF HEALTH AND HUMAN SERVICES, EDUCATION AND AGRICULTURE

SUBJECT: SCHOOL-BASED HEALTH INSURANCE OUTREACH FOR CHILDREN

The lack of health insurance for millions of Americans remains one of the great challenges facing this nation. To help address it, I worked with the bipartisan Congress to create the Children's Health Insurance Program (CHIP), the single largest expansion of children's health insurance in 30 years. The 1997 Balanced Budget Act allocated $24 billion over five years to extend health care coverage to millions of uninsured children in working families. It builds on the Medicaid program, which currently provides health coverage to most poor children. Together, these programs could cover most uninsured children.

Yet, too few uninsured children eligible for CHIP or Medicaid participate. Barriers to enrollment include parents' lack of knowledge about the options; cultural and language barriers; complicated application and enrollment processes; and the "stigma" associated with so-called welfare programs. The Clinton-Gore Administration has made removing these barriers to enrollment a high priority. In 1997, I launched a major public-private outreach campaign, called "Insure Kids Now." Foundations, corporations, health care providers, consumer advocates and others have participated through activities such setting up enrollment booths at supermarkets and promoting the national toll-free number (1-877-KIDS NOW) on shopping bags, TV and radio ads, and posters. In addition, I created a Federal Interagency Task Force on Children's Health Insurance Outreach in February 1998, which has implemented over 150 new activities to educate and train Federal workers and families nationwide about the availability of Medicaid and CHIP.

Today, I am directing the Secretaries of Health and Human Services, Education and Agriculture to focus children's health insurance outreach on a place where we clearly can find uninsured children: schools. State experience indicates that school systems are an ideal place to identify and enroll uninsured children in Medicaid or CHIP because schools are accepted by parents as a conduit for important information. In addition, health insurance promotes access to needed health care, which experts confirm contributes to academic success. Children without health insurance suffer more from asthma, ear infections, and vision problems – treatable conditions that frequently interfere with classroom participation. And children without health insurance are absent more frequently than their peers. As we strive for high standards in every school and classroom, it is essential we help families ensure their children come to school ready to learn.

Therefore, I hereby direct you, in consultation with state and local agencies, to report to me a set of recommendations on specific actions to encourage and integrate health insurance enrollment and outreach for children into schools, consistent with the mission of your agency. This report shall include:

- Specific short- and long-term recommendations on administrative and legislative actions for making school-based outreach to enroll children in Medicaid and CHIP an integral part of school business. These may include:

    - Technical assistance and other support to school districts and schools engaged in outreach;

    - Suggestions on how to effectively use the school lunch program application process to promote enrollment in health insurance programs;

    - Lists of practices that have proven effective, such as integration of outreach and enrollment activities into school events such as registration, sports physicals, and vision and hearing testing;

    - Model state CHIP and Medicaid policies and plans for school-based outreach.

- A summary of key findings from the national and regional conferences scheduled for this fall on the topic of school-based outreach. These conferences will bring together national and state education officials, Medicaid and CHIP directors, public policy experts, and community-based organizations to examine the use of schools to facilitate the enrollment of children in Medicaid and CHIP; evaluation tools to monitor the effectiveness of current school based-outreach efforts; and best practices in school-based outreach and enrollment for children's health insurance.

- Recommendations on methods to evaluate CHIP and Medicaid outreach strategies in schools. Performance measures should be an integral part of school-based CHIP and Medicaid outreach strategies, as they can inform policymakers on the effectiveness of these strategies, as well as help to identify areas of improvement.

I direct the Department of Health and Human Services to serve as the coordinating agency to assist in the development and integration of recommendations and to report back to me in six months. The recommended actions should be consistent with Medicaid and CHIP rules for coverage of appropriate health- and outreach-related activities. They should be developed in collaboration with state and local officials as well as community leaders and also include recommendations on fostering effective partnerships between education and health agencies. These recommended activities should be complementary, aggressive, and consistent with the Administration's overall initiative to cover uninsured children.