

SCHIP: A Social Work Policy

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What is SCHIP?

SCHIP, also known as the State Children's Health Insurance Program, is a part of the American Healthcare System (Karger & Stoesz, 2014). This program was created in 1997 in response to the increase of private health insurance programs being created during the mid-20th century. The increase of these programs brought about concerns for the families whose children could be covered by Medicaid, but not private insurance. SCHIP was put into the Balanced Budget Act of 1997 to help "expand health care coverage to low-income, uninsured children under the age of 19 who were ineligible for Medicaid" (Karger & Stoesz, 2014). This became SCHIP's shining feature, reputation, and most important policy change. SCHIP gave states three options: "expand Medicaid eligibility, create a separate children's health insurance program, or do a combination of both" (Karger & Stoesz, 2014).

Millions of children have been helped by SCHIP since it began in 1997, but that number could have been much less if the age requirement had not been adjusted. In David Zimmer's journal, he talks about the before and after effects of state help for children's health. Before, a "child under the age of six was eligible for coverage if the family income was 133% below the poverty level" (Zimmer, 2011). It was not until after SCHIP was created that children over the age of six were considered eligible and the income amount was changed to "200% below the poverty level". The change to 200% was then "extended to children aged 6-15 who were at first only eligible if they were 100% below the poverty level" (Zimmer, 2011).

SCHIP is a program run by a block grant. A block grant "means that it gets both federal and state funding" (Karger & Stoesz, 2014). When the program officially began in 1998, it "received \$40 billion for funding" (Dubay, Hill, & Kenney, 2002). In 2007, there was the "unborn child ruling" that was passed (Drewry, Sen, Wingate, Bronstein, Foster, & Kotelchuck,

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2014). This allowed SCHIP to “cover prenatal care for low-income women without insurance”, which was not allowed up until then (Dubay et al., 2002). In 2009, during his term as President of the United States, President Barack Obama “reauthorized and expanded SCHIP to getting \$32.8 billion added to the funding, which ended up helping over four million children” (Zimmer, 2011).

SCHIP was very popular with low-income families and even with families that could afford private insurance. SCHIP had to begin to use the tactic called “crowd-out”. Crowd out is when they would have to stop families from switching over from private insurance to public (Shone, Lantz, Dick, Chernew, & Szilagyi, 2008). One of the main requirements brought about because of crowd-out was the requirement that a child would have to be uninsured and show proof of being uninsured for a specific number of months to be eligible. Later research showed that it was five months of being uninsured to be eligible (Zimmer, 2011).

What are the Goals of SCHIP?

The main goal of the children’s health insurance program was to give insurance coverage to children whose families could afford Medicaid but not private health insurance. That’s why this program was created. In creating SCHIP, another goal was to reduce the number of uninsured children. As it is known, Medicare/Medicaid is not available to every family, even if that family can afford it. They have to go through mounds of paperwork only to get to the end of the rainbow and no gold coins in the pot. They do not get accepted, but SCHIP can help with this because it has adjusted the income requirements in order for more children to be insured. Lastly, one of the goals is to improve children’s access to health care and the effectiveness of care that they may not have been able to get. How many people stay away from the hospital when sick or even when they have a terminal illness because they do not have insurance. SCHIP changes this

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so that insured children are able to go to the hospital when they are sick or have been hurt, and know that they are in the best care. This is the point of the state children's health insurance program: to help children. It's that simple, but there are some limitations to making this happen.

What are the Limitations of SCHIP?

The language of the world is not English. It's money. It's what can you give me if I help you and this is prevalent in health services. A problem with Medicaid was shown to be a problem with SCHIP and that was the discussion of reimbursement and how long it would take to get money for services (Dubay et al., 2002.) People were also worried that funds would dry up because of how big the program was and how much money was given to each child, depending on needs. This article written by Dubay et al. was written in 2002 before President Obama reauthorized the program in 2009, so they did not know more money would come in, but Obama knew. Now there's more time to build up money for these children.

One of the limitations of SCHIP is one that can have pros and cons and it's the requirement that a child has to be "uninsured for up to five months to be eligible" (Zimmer, 2011). Pros of this requirement is that there is a way to weed out who really needs this program and who is just taking somebody's place that could need it. That's what the crowd-out tactic is used for. The con is that a child could die from starvation or an untreated illness in the span of five months. The family may live in a place where it is not hard to get sick or a child could touch something dangerous and then not be able to get the care they need because they are not uninsured for five months. Five months is a long time to be sick for children and it could kill them, so maybe the requirement could be lowered or some states could do what Mississippi is doing.

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Mississippi, what are you doing?

Mississippi runs a combination SCHIP program called Mississippi Chip (Health, 2020). This means that Mississippi chose to combine their Medicaid and Children's Health Insurance programs. As of 2019, "88,491 children are enrolled in SCHIP in the state of Mississippi" (Board of Health, 2020). Due to the coronavirus outbreak of 2019 and through 2020, that number will likely increase because of the thousands of families that became unemployed and unable to pay bills.

Some facts about Mississippi Chip. Mississippi is one of the states that does not provide coverage for pregnant women through SCHIP, but they do not require a waiting period for a child to be put on the SCHIP program (Board of Health, 2020). This means that there is no five months wait for a child to be eligible. It also means there is no crowd-out either, so this can be a good and bad decision. One fact that I found interesting and was my "wow" factor is that the Mississippi Division of Medicaid consults with the Mississippi Band of Choctaw Indians every time a proposal to SCHIP may affect the tribe. The tribe has thirty days to approve or disapprove the proposal, but if there is no consensus by thirty days, then the proposal proceeds to submission (Mississippi Amendments, 2020).

It's amazing how our state works with the Native American tribe, especially on the matter of children's health insurance. This information is found in the Mississippi Division of Medicaid State Amendment plans which is open to the public to read and it's kept up to date on issues. I cannot wait to see what else Mississippi does for its children in the coming months after the coronavirus outbreak.

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What are the overall successes of SCHIP?

Flexibility is one of the successes of this program. Studies have shown that states have more flexibility with how their programs are run when paired with SCHIP than with just Medicaid (Dubay et al., 2002). As stated throughout the paper, SCHIP has helped millions of children since it began in 1997, that is 23 years of children getting health coverage and being able to get treatment that they need to survive.

On a final personal note, I am a success of the SCHIP program. While I was researching this program, I found out that I was enrolled in the SCHIP program as a child. I was always a healthy child, but I had my check-ups and doctor visits, which I may not have been able to go to if I was not covered by SCHIP. As I said I was a healthy child, but, in middle school, I developed the whooping cough in the summer. I was sick almost all summer long and it was horrible, but I would not have been treated or gotten the best care that I could have gotten if I was not covered by SCHIP thanks to the age adjustment requirement. I, like many other children that were covered have SCHIP to give our thanks to.

If I ever come into a situation, in my future life, that I need to ask for help with my children, I will apply for SCHIP and we'll see how Mississippi CHIP will be in the future. This program has helped so many children and families, including my own, and I pray that funds never run out of this program. Our country needs its State Children's Health Insurance Program.

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