



Forum Session Meeting Announcement

Friday, September 19, 2008
11:45am–12:15pm — Lunch
12:15–2:15pm — Session

Universal Coverage for Children: States Setting the Pace

A Discussion Featuring

Cindy Mann, JD

Executive Director

Center for Children and Families
Georgetown University Health Policy Institute

George L. Hoover

Deputy Insurance Commissioner

CHIP and adultBasic Program
Pennsylvania Insurance Department

Anita Smith

Chief

Bureau of Medical Supports
Iowa Department of Human Services

Jack Hatch

State Senator

Iowa General Assembly

Ruth Kennedy

Medicaid Deputy Director/LaCHIP Director

Louisiana Department of Health and Hospitals

Location

National Guard Association
One Massachusetts Avenue, NW

Registration Required

Space is limited. Please respond as soon as possible.

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Universal Coverage for Children: States Setting the Pace

OVERVIEW

In the midst of a troubled economy, a failed attempt at reauthorizing the State Children's Health Insurance Program (SCHIP), and the lack of federally initiated health reform, states and their governors have continued to push ahead on expanding health insurance coverage for children. Nine states have enacted children's universal coverage laws to date, and many more are in the process of significantly expanding programs for children. This Forum session will highlight several state coverage efforts to provide information and share insights about state activities and to inform the national debate about expanding coverage to the uninsured. A panel of speakers will give an overview of state coverage initiatives for children and offer their perspectives on the political and policy considerations that factor into developing, enacting, and implementing major changes to Medicaid and SCHIP programs.

SESSION

As the national debate about whether and how to cover the uninsured continues, states have taken the lead in expanding coverage for children, both through innovation and expansion of existing Medicaid and SCHIP programs and by enacting additional coverage expansions using state-only funds. The Census Bureau announced on August 26, 2008, that 8.1 million children in the United States were uninsured in 2007.¹ The majority of these children are currently eligible for existing public coverage programs, but a significant portion fall into an affordability gap between subsidized coverage offered by employers and eligibility for SCHIP and Medicaid programs. States are making significant efforts to fill this gap. As a result, hundreds of thousands of children have gained access to affordable, comprehensive health coverage. As of May 2008, eight states—Hawaii, Illinois, Maine, Massachusetts, Pennsylvania, Vermont, Washington, and Wisconsin—have passed and implemented state universal coverage for children. New Jersey also recently passed universal coverage legislation.² These expansions have been largely successful: Hawaii has enrolled an additional 18,000 children; Wisconsin has increased enrollment by more than 50,000; and Illinois' All Kids program boasts an additional 240,000 children enrolled in coverage, 63,000 of whom were previously eligible for but not enrolled in Medicaid or SCHIP.³ Sixteen additional states have enacted slightly less ambitious eligibility expansions for children, but have also increased enrollment.⁴

Despite this progress, questions remain about the long-term viability of state-level expansions given the erosion of state budgets and uncertainty about the future of federal policy and financial support. However, many

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states appear to be committed to moving forward with coverage expansion plans, and several governors have stated publicly that they intend to finance these children's coverage initiatives with state-only funds if necessary.

This Forum session will highlight the efforts of three states—Pennsylvania, Iowa, and Louisiana—at various points in the development and implementation of children's coverage initiatives. **Pennsylvania's** initiative, Cover All Kids, was implemented on March 1, 2007. It expanded coverage through the state's children's health insurance program (CHIP) to children with incomes up to 300 percent of the federal poverty level (FPL). The expansion also includes coverage for children who are legal immigrants not otherwise eligible for coverage, using state-only funds, and a buy-in program so that families with incomes above 300 percent of the FPL can purchase coverage at the state's cost. Since implementing Cover All Kids, Pennsylvania has provided health coverage to more than 51,368 additional children, half of whom were already eligible for the existing Medicaid and CHIP programs.⁵

Iowa is in the midst of a debate about the best path to universal coverage for children. Governor Chet Culver has repeatedly stated that a major goal of his administration is to ensure that all children have health insurance coverage, and the state legislature has enacted an expansion to 300 percent of the FPL, effective in July 2009. To work through the remaining elements of a universal coverage plan, the state has established the Iowa Choice Advisory Board—a workgroup comprised of state legislators, former Iowa governors, and members of the health policy community. Funding was included in the 2007–2008 budget to enroll an additional 10,500 children in Medicaid and SCHIP, which currently provides coverage to children with gross incomes up to 250 percent of the FPL. Governor Culver has put forth a four-year plan to cover 42,200 more children by the end of his first administration.⁶

The state of **Louisiana** had planned an expansion of children's coverage up to 300 percent of the FPL. However, the state was forced to limit its expansion to 250 percent of the FPL, due to the August 17, 2007, directive from the Centers for Medicare & Medicaid Services (CMS)⁷ that placed limitations on states' ability to expand SCHIP coverage. Ten years of consistent high-level political support and successful troubleshooting has sustained program improvements in the Louisiana Children's Health Insurance Program (LaCHIP), ultimately reducing the state's uninsurance rate among children from over 30 percent to 5.4 percent in 2007.⁸ The state has focused on improving program retention and has made significant changes to the renewal process to require as little information as possible from the family. Recently elected Governor Bobby Jindal has also signaled his support for continued coverage expansions through the program.

To bolster these state efforts, several foundations, including the David and Lucile Packard Foundation, the Robert Wood Johnson Foundation, and the W.K. Kellogg Foundation, are supporting technical assistance and other efforts to help states achieve universal coverage. Several discrete projects are under way with a focus on providing guidance regarding outreach

strategies targeted at children who are eligible for public programs but not enrolled and supporting broader state-based advocacy efforts. For example, in 2008 the Packard Foundation launched the Finish Line Project, a \$15 million initiative that provides financial and technical support to advocacy organizations in states positioned to make significant advances in children's coverage. These efforts might be led by grass roots organizations, child advocacy groups, or alliances or coalitions focused on expanding children's coverage. The Center for Children and Families, based at Georgetown University's Health Policy Institute provides research, policy, and communications support to each of the eight Finish Line grantees (Arkansas, California, Colorado, Iowa, Ohio, Rhode Island, Texas, and Washington).⁹

A significant portion of this Forum session will include facilitated discussion among the panelists and with the audience. The panelists will be asked to consider the following questions, among others.

KEY QUESTIONS

- What are the key elements of a successful children's coverage initiative? What are the most difficult barriers to overcome? Can universal coverage be achieved in a state where all of the stakeholders (including state legislatures, providers, advocates and state administrators) are not necessarily in agreement?
- What are the budgetary tensions that must be addressed when developing a universal coverage plan? What trade-offs are required?
- How critical is federal financial and administrative support to the success of a coverage initiative? Are state-level universal coverage efforts for children achievable and sustainable without the commitment of funding from the federal government?
- How has the August 17, 2007 SCHIP directive (which lays out several new conditions states must meet in order to provide coverage to children with incomes above 250 percent of the FPL) affected states' perception of the feasibility of state-level universal coverage for children?
- How has the role of philanthropic organizations changed or enhanced state efforts to improve and expand children's coverage? What are the risks of relying on foundations as a funding source in the longer term?
- Concerns have been raised that enrollment in coverage is meaningless without access to providers. What are the main barriers to access, and how have states addressed these challenges?
- What is the potential role of state-based coverage initiatives as a foundation for broader health system reform and coverage expansion? What are the most important lessons that can be learned from states' experiences?

SPEAKERS

Cindy Mann, JD, will provide a national overview of state coverage initiatives for children and discuss some of the key elements of success in implementing these programs. She will also offer a description of the goals of the Finish Line Project and discuss its current status. Ms. Mann is executive director of the Center for Children and Families at the Georgetown University Health Policy Institute. Ms. Mann has extensive experience in the design, implementation, and analysis of federal and state policies affecting children and families. She has administered the SCHIP program and aspects of Medicaid at the federal level and has worked on the design and implementation of health programs in several states.

George L. Hoover has been the deputy insurance commissioner in the Pennsylvania Insurance Department since 2005. Mr. Hoover was heavily involved in the 2007 expansion of Pennsylvania's CHIP program through the Cover All Kids initiative, which allows uninsured children of any income to access CHIP coverage. Mr. Hoover will offer a brief explanation of the Cover All Kids program and provide a status report on the program's progress to date.

Anita Smith will offer a description of recent developments in Iowa's Medicaid and SCHIP programs and provide her perspective on the challenges involved in administering coverage programs at the ground level. Ms. Smith is chief of the Bureau of Medical Supports in the Iowa Department of Human Services. She administers Iowa's SCHIP program and also oversees the Medicaid eligibility process.

Jack Hatch is a state senator and a member of the Iowa General Assembly. Senator Hatch is chair of the Health and Human Services Appropriations Subcommittee, which has jurisdiction over the state's Medicaid and SCHIP programs. He will offer his insights and perspective on the importance of leadership and the balance that must be achieved between the legislative and executive branches in order to reach consensus on the structure and scope of major programmatic changes.

Ruth Kennedy is the director of the Louisiana Children's Health Insurance Program (LaCHIP) and the director of Louisiana's LaCHIP/Medicaid Eligibility Division. Her responsibilities include all aspects of Medicaid and SCHIP eligibility and enrollment. Ms. Kennedy will discuss Louisiana's plans for continued expansion of children's coverage and highlight the state's innovative efforts at improving program retention.

ENDNOTES

1. U.S. Census Bureau, "Health Insurance Coverage: 2007," released August 26, 2008; available at www.census.gov/hhes/www/hlthins/hlthin07/hlth07asc.html.

Endnotes / continued ►

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2. Kaiser Commission on Medicaid and the Uninsured (KCMU), "State Coverage Initiatives for Children," August 20, 2008; available at www.kff.org/uninsured/kcmu051607oth.cfm. Universal coverage is generally defined to include an expansion through SCHIP and/or Medicaid (for example, to 300 percent of the FPL), as well as some type of subsidized or unsubsidized buy-in for children and families who do not qualify for Medicaid or SCHIP. Many states also offer state-funded coverage for children, regardless of income or immigration status.
3. National Academy for State Health Policy, "Covering All Kids, All the Time: States Aiming for All Kids," updated June 2008, available at www.nashp.org/_docdisp_page.cfm?LID=193EAEDB-48B0-4246-845E87CF4926A078; Hawaii Covering Kids representative, e-mail correspondence with author, July 14, 2008; and "Covering Kids and Families: Wisconsin," Issue XIX, February 2008, available at www.ckfwi.org/documents/February2008.pdf.
4. KCMU, "State Coverage Initiatives for Children."
5. For more information see "Pennsylvania: Streamlined Enrollment & Renewal through Technology," State Close-Ups section of the Center For Children and Families (CCF) Web site; available at <http://ccf.georgetown.edu/index/pennsylvania-summary>. Enrollment numbers provided through e-mail correspondence with George Hoover, Pennsylvania Insurance Department, August 28, 2008.
6. CCF, "A Snapshot of Children's Coverage in the Finish Line States," updated February 16, 2008, downloadable Word document available at http://ccf.georgetown.edu/index/cms-filesystem-action?file=issue%20areas/a%20snapshot%20of%20children_s%20coverage%20in%20the%20finishlinestates.doc.
7. Center for Medicaid and State Operations, Centers for Medicare & Medicaid Services, letter to state health officials, SHO#07-001, August 17, 2007; available at www.cms.hhs.gov/smdl/downloads/SHO081707.pdf.
8. For more information see "Louisiana: Expansions, Simplifications and Outreach," State Close-Ups section of the CCF Web site; available at <http://ccf.georgetown.edu/index/louisiana-summary>.
9. The David and Lucile Packard Foundation, "Insuring America's Children: States Leading the Way Including the Finish Line Project"; available at www.packard.org/genericDetails.aspx?RootCatID=3&CategoryID=160&ItemID=3831. For more information about the Finish Line Project, see the CCF Web site at <http://ccf.georgetown.edu/index/finish-line>.



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