

State Health Insurance Coverage for Families and Children

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- Provide tailored technical assistance
- Identify and Share Best Practices
- Serve as Information Clearing House
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Statistics of Uninsured Children

- According to U.S. Census data, there remain 8.31 million uninsured children under 18 in the United States.
- Based on a three-year average of 2003 through 2005 Current Population Survey (CPS) data, the percentage of uninsured children varied considerably by state, with a national average of 11.7 percent.
- According to the Kaiser Family Foundation, most uninsured children come from families in which a parent works full time
- Seventy-four percent of uninsured children are eligible for health insurance coverage under Medicaid or SCHIP.

Uninsured Children Suffer the Following Consequences

- Uninsured women receive fewer prenatal services.
- Uninsured newborns are more likely to be low birth weight or die.
- Children who are uninsured for all or part of the year are less likely to receive any medical care than children who are insured. Rates vary by state from 38.1 percent in Arizona to 13.5 percent in New York.
- Children who are uninsured are less likely to visit a doctor's office than insured children. Thirty-two percent of uninsured children did not visit a doctor's office in 2006.
- Children who are uninsured are less likely to receive a "Well-Child" check-up than children who are insured. Fifty-three percent of uninsured children did not receive a "Well-Child" check-up in 2006.



Health Insurance for Children in Working Families

Health insurance is an important support for children in working families who would otherwise lack access to employer-based insurance, not be found eligible for public programs, or who simply cannot afford coverage on their own.

Though SCHIP and Medicaid coverage varies from state to state, all states cover immunizations and healthy baby care. In addition, most states cover: doctor visits, prescription medicines, hospitalizations, dental care, eye care and medical equipment.

Why Invest in Children?

Early Intervention = Return on Investment



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How Risk Reduction and Health Promotion Strategies influence Health Development

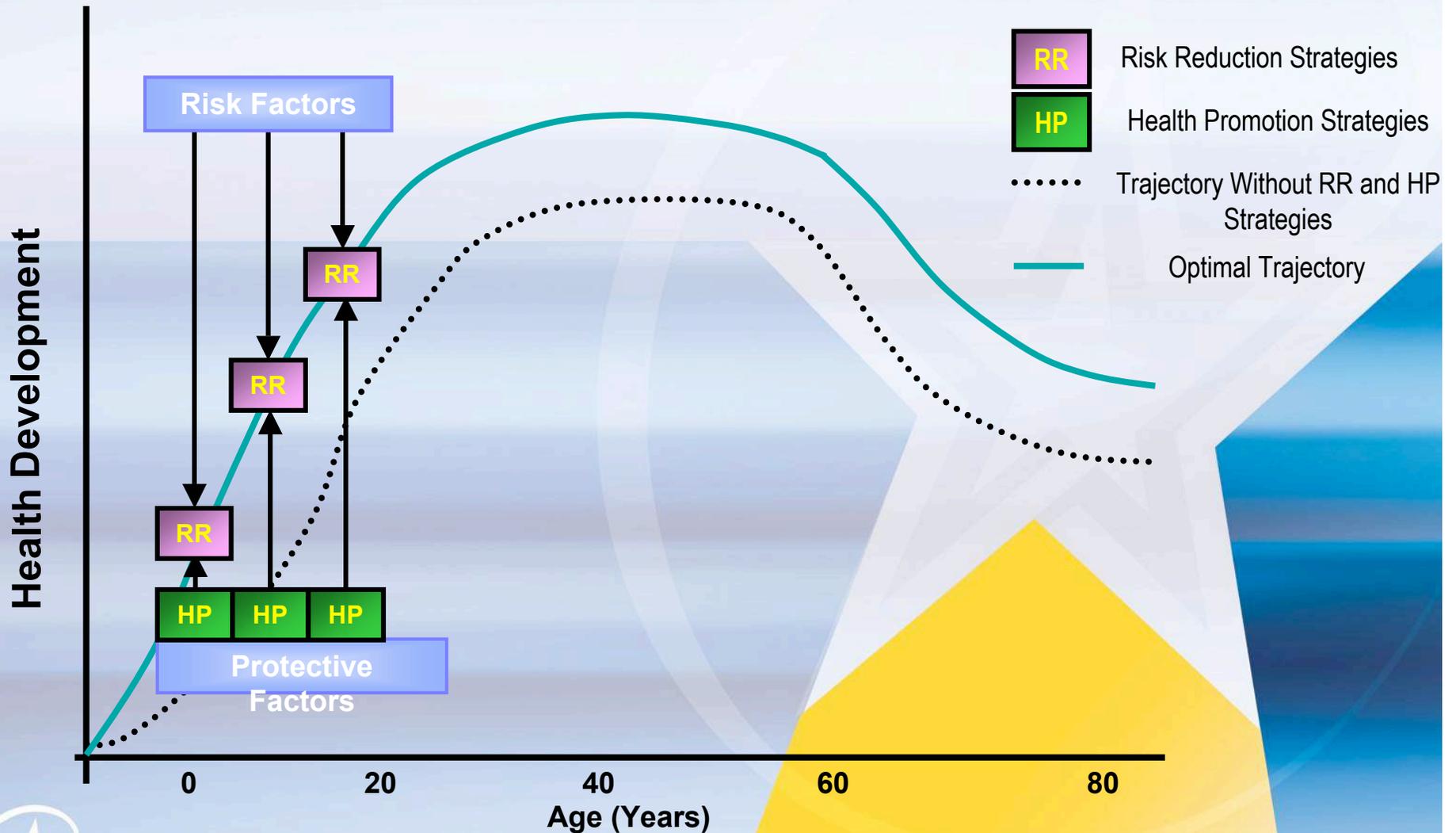


FIGURE 4: This figure illustrates how risk reduction strategies can mitigate the influence of risk factors on the developmental trajectory, and how health promotion strategies can simultaneously support and optimize the developmental trajectory. In the absence of effective risk reduction and health promotion, the developmental trajectory will be sub-optimal (dotted curve). From: Halfon, N., M. Inkelas, and M. Hochstein. 2000. The Health Development Organization: An Organizational Approach to Achieving Child Health Development. *The Milbank Quarterly* 78(3):447-497.

Overview: Gubernatorial State Health Reform

- **Fiscal environment for states**
- **State as largest- employer in many states is the largest purchaser of health care benefits in the state**
- **Impact of the uninsured and increasing cost of health care unsustainable**
- **Low-income families, women and children are disproportionately represented in uninsured populations**
- **States are exploring many options:**
 - **Coverage expansion mechanisms in public programs, including Medicaid, SCHIP, Title V programs**
 - **Health care system improvements and better population health**

Public Program Expansions

- **Expanding Medicaid or SCHIP coverage as part of the overall coverage initiative:**
 - 1) expansion of eligibility, 2) expansion of benefits to certain populations, 3) coordination of state policies, 4) retention strategies and 5) expansion of enrollment and outreach efforts
- **Limited expansions available for federal matching funds**
- **Limited in what state can afford for public programs expansions**
- **States proposing to expand public programs as part of a broader coverage initiative**



Prevention and School Wellness

- **Focus on Prevention and Child Wellness Initiatives**
 - Health assessments
 - Healthy Eating and Improved Nutrition
 - Increased Physical Activity
 - Healthy Students and Academic Achievement
- **Implemented Through:**
 - Schools: BMI Measurement (Arkansas, ACHI)
 - Project Diabetes Initiative (Tennessee)
 - CDC School Health Index Tool (Massachusetts BCBS and AFHK)
 - Fun 5 (Hawaii Dept of Education, Hawaii Medical Service Association, University of Hawaii)



State Examples: Pennsylvania

- Governor Rendell's first Executive order established the Office of Healthcare Reform
- Began to cover kids in 1993 state-only funded program; Today 96 percent of PA Kids have coverage
- Separate SCHIP Program
- Cover All Kids Initiative, expansion of PA CHIP program
- Managed care population for SCHIP recipients



State Examples: Illinois

- Governor Blagojevich: Coverage for All Children Initiative (Effective July 1, 2006)
- Combination Program and highly integrated with Medicaid
- Expansions for Children Covered under Medicaid and SCHIP
- Coverage without regard to income
- Single Application, Premiums and Co-Pays
- Outreach using TV Spots and Radio

State Examples: Wisconsin

- Governor Jim Doyle
- BadgerCare Plus (SCHIP Program)
- Medicaid Expansion Program
- Offer Health Insurance to entire family
- Wisconsin has 3 programs for low income families; Medicaid, Head Start (Medicaid Add-on Package) and BadgerCare.
- Seeking to use DRA flexibility to streamline and simplify the program (currently there are 20 doors through which to enter the 3 programs)
- Cigarette Tax Funding Proposal (\$1.25 increase)



Future State Considerations

- **Continue to use innovative coverage initiatives as long as health care costs continue to increase**
- **Those interested in reform will be watching other states on successes and failures**
- **Continued focus on getting more low-income families and children into coverage**
- **Children considered to be a financially cost effective coverage population**
- **Emphasis on consumer engagement**
- **Focus on quality and health IT to maximize value of health care dollars**



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