THE CHILDREN’S HEALTH INSURANCE PROGRAM – ESSENTIAL TO AA&NHPI KIDS
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Agenda

I. What is CHIP and why is it Unique?

II. How does CHIP help AA&NHPI Kids and CHCs?

III. Current CHIP Efforts + Action Steps

IV. Q + A
AAPCHO Webinars
Organizer: AAPCHO Meetings | Presenter: AAPCHO Meetings
Health Center Revenue

Sources of Health Center Revenue, 2013 and 2015

<table>
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<tr>
<th>Total Revenue:</th>
<th>2013</th>
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<td>$15.9 B</td>
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| $21.0 B                 |       |       |
| 4%                      |       |       |
| 11%                     |       |       |
| 2%                      |       |       |
| 18%                     |       |       |
| 4%                      |       |       |
| 9%                      |       |       |
| 7%                      |       |       |
| 44%                     |       |       |

- Other
- State/local/private grants/contracts
- Other federal grants
- §330 grants
- Self-Pay
- Private
- Other public
- Medicare
- Medicaid

Note: Percentages may not sum to 100% due to rounding.
Source: GWU analysis of 2013 and 2015 national UDS reports.
Proportion of Medicaid/CHIP enrollees receiving care at a CHC

WHAT IS CHIP AND WHY IS IT UNIQUE?

Carrie Fitzgerald
Vice President, Children’s Health Programs
First Focus
Children’s Health Insurance Program - CHIP
CHIP

• CHIP was enacted in 1997 in a bipartisan Congress and signed into law by President Clinton

• All states have a CHIP program

• CHIP covers kids who are not income-eligible for Medicaid

• Each state’s CHIP program is a little different
CHIP

• Since 1997 the uninsured rate for kids the uninsured rate for children dropped from 14.9% to less than 5% due to Medicaid and CHIP.

• CHIP was reauthorized in 2009, extended under the ACA and then by MACRA in 2015

• CHIP covers almost nine million children and pregnant women
CHIP and Medicaid Cover Children

CHIP is funded as a block grant with a state funding formula.

Medicaid is over 55 years old and is an entitlement program.

States cover some or all of their CHIP kids under their Medicaid program and give them EPSDT benefits.
ICHIA

The Immigrant Children’s Health Improvement Act (ICHIA) was added to CHIP as a state option in 2009 in CHIPRA.

It became law after years of advocacy at the state and federal level.
CHIP ELIGIBILITY

• Many states charge premiums for CHIP but their limited out-of-pocket cost sharing for kids. The total cannot be more than 5% of family income.

• Children cannot be denied for having a pre-existing condition.

• CHIP eligibility is determined by income, up to 400% FPL in NJ and NY
Figure 1

Income Eligibility Levels for Children in Medicaid/CHIP, January 2017

NOTE: Eligibility levels are based on 2017 federal poverty levels (FPLs) for a family of three. The FPL for a family of three in 2017 was $20,420. Thresholds include the standard five percentage point of the FPL disregard.

SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.
Current Political Landscape

The agreed to policy in the House and Senate extends CHIP for five years.

ICHIA remains as current law.

Express Lane Eligibility continues for five years.

Continues 23% federal bump in the matching rate through FY2019, decreases it to 11.5% in FY2020, and removes it in FY2021 and FY2022.

Extends MOE through 2019, and then through FY2022 lowers the FPL covered to 300%.
Thank You!

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HOW DOES CHIP HELP AA&NHPI KIDS?

Lena O’Rourke
O’Rourke Health Policy Strategies
CHIP and AA&NHPI Kids

CHIP is an important source of health insurance for AAPI kids! As of 2015:

- 95% of AA&NHPI kids have health insurance
- 28% of AA children and 40% of NHPI children rely on CHIP and Medicaid for their coverage
Connecting AA&NHPI Kids to Coverage

CHIP is a critical support for AA&NHPI kids because it:
✓ Is designed for low-income families and working families
✓ Lowers average spending for kids compared to employer-sponsored coverage
Benefits AA&NHPI Kids Need

✓ Includes a broad kid-specific benefit package that AA&NHPI kids need including:
  ✓ Prevention
  ✓ Treatment for chronic conditions
  ✓ Enabling services like translation/interpretation
Coverage of Lawfully Residing Children

Health Coverage for Immigrant Children | August 2017

KEY
- Medicaid/CHIP for lawfully residing children, regardless of date of entry
- Medical coverage for children, regardless of immigration status
CURRENT CHIP EFFORTS AND ACTION STEPS

Isha Weerasinghe
Director of Policy and Advocacy
AAPCHO
House passed CHIP reauthorization bill on November 3rd

The bill includes funding for the Children's Health Insurance Plan (CHIP) for five years and community health centers, National Health Service Corps, and Teaching Health Centers Graduate Medical Education program for two years.

The bill passed in the House by a vote of 242-174

Democrat

Yea    Nay

Republican

Yea    Nay

CHIP and community health centers typically have bipartisan support, but Democrats and Republicans cannot agree on how to pay for the funding.

The House bill would:

- Cut $6.35 billion over 10 years from the Prevention and Public Health Fund, which pays for key public health initiatives that help AA&NHPI communities like the Racial and Ethnic Approaches to Community Health (REACH), and programs to reduce health disparities like heart disease, cancer, diabetes, and hepatitis B.

- Take away health insurance coverage for individuals who do not pay their share of premiums for insurance plans purchased under the ACA

- Reduce the grace period for individuals to pay their premiums from three months to one month

The Congressional Budget Office (CBO) estimates this will save the government $5 billion over the next 10 years.
Senate is working on a bipartisan agreement to fund CHIP

The Senate Finance Committee is working on bipartisan legislation, led by Senators Orrin Hatch (R-UT) and Ron Wyden (D-OR).

In the Senate, CHIP funding is likely to be allocated through a larger piece of legislation such as a broad spending bill. Like the House bill, the Senate bill will likely:

- Take away health insurance coverage for individuals who do not pay their share of premiums for insurance plans purchased under the ACA.
- Reduce the grace period for individuals to pay their premiums from three months to one month.
What can you do?

Ask your Senators to find a bipartisan solution to extend CHIP and health center funding that does **NOT** take money away from programs that help underserved communities of color.

Ask your Senators to make sure that their bill:

- **Does not** take money from the Prevention and Public Health Fund
- Does not create more restrictions to how patients access health care (through restricting their access to ACA subsidies).

If you have any questions/want more information, email **isha@aapcho.org**.

- **Click here** for information on how to call your Senators!
- **Click here** to send an email to and/or tag your Senators on social media.
- **Click here** for other ways to take action, including sending **multilingual postcards** for limited English proficient patients and advocates who may not feel comfortable to make calls (currently available in Chinese, Khmer, Korean, and Vietnamese).