

Children's Defense Fund

Health Coverage for *All* Children Campaign

September 2008

The Facts

- Nearly 9 million children in America—1 in 9—are uninsured.
- Almost 6 million of these uninsured children are eligible for health coverage under Medicaid or the State Children's Health Insurance Program (SCHIP) but are not enrolled; excessive enrollment barriers are often the cause.
- Children are subjected to the "lottery of geography"—whether and what kind of coverage and benefits they receive depends upon the state in which they live.
- Every year, roughly 750,000 pregnant women are uninsured.
- Approximately 28,000 children die each year in America before their first birthday—ranking the U.S. 25th among 30 industrialized countries.
- Almost a quarter of two-year-olds are not fully immunized.
- The majority of uninsured children live in two-parent families:
 - Almost 90 percent have one parent who works.
 - Almost 90 percent are U.S. citizens.
- Health insurance premiums have risen four times faster than wages at the same time that fewer employers are providing coverage for employees.

Reversing the Facts

Guarantee Every Child and Pregnant Woman Comprehensive Health and Mental Health Coverage

Coverage Must Be *Affordable*: Establish a *national eligibility floor* for child health coverage of 300 percent of the federal poverty level, with graduated cost-sharing based on a family's income.

Benefits Must Be *Comprehensive*: Guarantee every child access to *all medically necessary* services now covered under Medicaid, known as Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT), which include hearing, mental health, dental and vision services, when needed. Children must have the testing and screening necessary for early identification and preventive treatment.

The System Must Be *Simple and Seamless*: To ensure children get enrolled and stay enrolled:

- Short, simple application forms must be uniformly used and barriers such as asset and resource tests must be eliminated.
- Automatic enrollment – Unless the parent declines enrollment, children identified as income eligible in other programs, such as the National School Lunch Program or food stamps, should be automatically enrolled in health coverage. Children's health coverage status must be checked at critical junctures: birth, school enrollment, health visits.
- Presumptive eligibility – An uninsured child should be presumed eligible for coverage when he or she sees a provider, rather than waiting until an application for enrollment is processed.
- 12-month continuous enrollment with automatic renewal – Children's coverage should be guaranteed for a full year regardless of family income changes.
- Self-declaration of income – States should verify a family's income electronically when possible rather than requiring the family to provide proof of income.
- Prohibit waiting lists, enrollment caps and other barriers that delay or limit enrollment.
- Ensure culturally sensitive outreach to inform families of benefits for which they are eligible.

***Pregnant Women Must Have Coverage*:** Pregnant women need health coverage throughout their pregnancy to ensure a healthy birth for the mother and the child and reduce the number of preterm and low-birthweight deliveries.

Real Access to *Services* Must be Ensured: Ensure that children with health coverage actually get medical services where and when they are needed by setting provider reimbursement rates at reasonable levels—at least 80 percent of commercial rates.