

## Fund the CHIP Children's Health Insurance Program

ACTION: Contact Senators Markey & Warren and your Representative and ASK them to vote NO on any Continuing Resolution [CR] that does not provide adequate and long-term funding for CHIP. It is not acceptable that healthcare for children be sacrificed in order to give tax cuts to the already-rich. And thank them for voting NO last week on the CR that did not include funding for CHIP.

### CHIP Funding Crisis

Nine million children and 370,000 pregnant women stand to lose coverage if CHIP is not funded. States are quickly running out of funds: The District of Columbia, Arizona, Minnesota and North Carolina will run out of money by the close of 2017. Twenty-seven other states – including Massachusetts – will have no funding by March 2018.

Congress allowed CHIP to expire September 30 over debates concerning the funding of the program. On November 3, the House voted 242-174 to fund CHIP for 5 years and Community Health Centers for 2 more years. The vote included a delay in federal cuts to hospitals that treat a disproportionate share of Medicaid patients. The source of funding is currently in dispute.

The GOP proposes to take money from Affordable Care Act [ACA] programs that currently pay for public health efforts such as preventing diabetes, offering vaccinations, tobacco reduction, and opioid crisis assistance. Many see this proposal as yet another way to undermine the ACA.

To offset some of the cost of new spending, the GOP bill proposed to shorten the grace period for consumers who fail to pay their share of premiums. This action has the promise of immediately causing the loss of insurance for several hundred thousand people.

Senator Orrin Hatch (R-UT), chair of the Senate Finance Committee, stated that the cuts in other ACA programs are necessary because there is no “extra” money. This is hypocrisy in the face of the GOP “Tax Cuts and Jobs” bill that the Republicans are trying to push through Congress with its price tag of adding \$1.5 trillion to the federal deficit.

A Morning Consult poll taken December 1-3 showed that two-thirds of Americans are in favor of letting the Government shut down until Congress authorizes funds for CHIP. On December 6, as the shutdown threatened, there was conversation that a provision to fund CHIP would be made a part of the Continuing Resolution in order to avoid a shutdown. However, on December 8 Congress passed a CR that extended the deadline to December 22 without funding for CHIP.

The negotiations in Congress over the next CR to fund the Government into 2018 represent an opportunity for your Representatives and Senators to make sure that funding for CHIP is included: **this is your target.**

## **What is the Children's Health Insurance Program?**

The Children's Health Insurance Program was created with broad bipartisan support in 1997 during the Clinton administration. CHIP was primarily funded by the Federal Government with some funding by states. It is designed to provide health insurance for children under the age of 19 whose family income is too high for Medicaid but too low for private insurance. In some states, CHIP also provides insurance for pregnant women. Recipients must be US citizens, US Nationals or lawfully present persons.

### **Types of CHIP Programs**

1. Separate CHIP Programs  
States are permitted to use Federal CHIP funds to create their own CHIP program. These states are permitted to terminate much or all of their coverage if no funding is available. (2 states).
2. Medicaid Expansion Programs  
States that have accepted Medicaid Expansion funds must continue to provide CHIP coverage. (10 states)
3. Combination  
States which have accepted Medicaid Expansion and have separate funding sources through Connector. (39 states, including MA).

Under the Patient Protection section of the Affordable Care Act, states are required to maintain their 2010 CHIP and Medicaid eligibility levels through FY 2019 as long as funding exists [a requirement referred to as maintenance of effort – MOE].

### **Eligibility**

While Medicaid programs are required by federal law to cover certain populations up to specified income levels, there is no mandatory income level up to which CHIP programs must extend coverage.

The upper limits of state eligibility range from 170% of the federal poverty level (FPL) in North Dakota (\$41,310 for a family of four, in 2016) to 400% FPL in New York (\$97,200 for a family of four, in 2016). Although many states offer CHIP coverage at higher income levels (generally with higher premiums or cost sharing), 89% of the children enrolled in CHIP had incomes at or below 200% FPL in fiscal year 2013, and 97% were at or below 250% FPL.

### **What CHIP Funds Provide**

CHIP pays for routine well-child checkups and doctor & dentist visits with no co-pay. Other services include: immunizations; prescriptions; vision check-ups; lab and x-ray services; in-patient, out-patient, and hospital care; and emergency services. About 4.7% of children under 19 were uninsured in 2016, down from 14% before the program began in 1997.

**Source: MinutemanIndivisible.org Healthcare Team, 12/11/2017**