

Covering Kids First Annual Meeting
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Sarah Shuptrine's Remarks
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What a great day! To see all the *Covering Kids* grantees in one place is an awesome sight indeed!

We are so very fortunate to have the benefit of your experience and enthusiasm. Your leadership skills will make the difference.

Covering Kids is a bold undertaking, and our expectations are very high. At the end of the three-year period, we must be able to look back and know that we put forth our best effort to let families know about available coverage and to remove the eligibility barriers that have impeded access to health coverage for millions of eligible children.

It is amazing that a child health coverage initiative of this magnitude is necessary as our nation stands on the doorstep of the 21st Century. We like to think of our country as a leader among nations. And we are in so many ways, but not so when it comes to assuring that all children have access to health coverage.

Given the children's Medicaid expansions since 1986 and the passage of CHIP in 1997, we are now within striking distance of making it possible for all low-income children to have the opportunity of health coverage. But enacting progressive policies is only Step One.

The enrollment history of the Medicaid program stands as testimony to how bureaucratic barriers and lack of outreach can impede strongly supported policy initiatives.

If all children eligible under the Medicaid expansions had actually become enrolled, we would be a lot further down the road in reducing the number of children without health coverage in America. Instead, it is estimated that there are over four and a half million children who are income eligible for Medicaid but who are not enrolled in Medicaid.

It is unconscionable that so many eligible children have missed the opportunity to obtain the health coverage that would have significantly improved their access to preventive and primary health care.

We've learned that there are no guarantees that progress in the policy arena will translate to progress in the real world – the world where low-income families are struggling every day just to meet the very basic needs of their children. Their days are filled with one challenge after another. They have far fewer resources to balance their work and family life, and it is commonplace for them to move from one crisis to another.

Putting food on the table, keeping a roof over their heads, finding transportation to and from work, and staying safe – these everyday concerns are consuming for low-income families.

Our concern for these families and their children is what has brought us here today. We know that one sure way to relieve the economic and emotional stress on low-income families is to make it possible for them to provide health coverage for their children. It will be our job through Covering Kids to make it happen!

We are facing some major hurdles. But if we are informed, energetic and tenacious, we can do it.

One of the biggest challenges we have before us is to change the way government-sponsored health coverage is perceived. It is ingrained in the minds of poor and low-income families that child health coverage is only available to families who receive welfare benefits and that's because that was how it was for so many years.

When the Southern Institute conducted personal interviews and focus groups with families in several southern states a few years ago, we identified the misconceptions held by families. Our work brought to light the need to develop informational materials that effectively communicated to families the benefits that are available to them outside of the welfare system.

We cannot overstate the importance of getting the word out that Medicaid and CHIP are not welfare programs. These health coverage programs provide low-wage families with a way to obtain health coverage for their children when they would have no other way to provide it.

It is so unfair for poor and low-income families to feel stigmatized because they are receiving assistance with child health coverage. The fact is that the biggest government-sponsored health coverage program is the employer-sponsored health coverage tax break, which is the way in which most Americans obtain health coverage.

A recent report published in Health Affairs reported that the tax break for employer sponsored health coverage cost the federal government \$111 billion in 1998 and that 68.7% of those tax dollars went to families with annual incomes of more than \$50,000.

The tax expenditure per family varied across income groups, from \$2,357 per family for those with annual incomes of \$100,000 or more, to \$71 per family for those with annual incomes of less than \$15,000.

Government-sponsored health coverage assistance is clearly not reserved for only poor and low-income families. We just have to work hard to see that health coverage programs for lower-income families are provided with the same kind of dignity as those provided through other public means.

Another great challenge before us is to develop uncomplicated, dignified and coordinated child health coverage programs. To accomplish this goal, it will be necessary for your coalition partners to decide up front that the eligibility process will not be used as a way to control Medicaid and CHIP expenditures. Once you have agreed that the goal is to make coverage

available to all children who are eligible under the program criteria, you will be on your way to removing bureaucratic and other barriers that have long impeded access to child health coverage. Simplifying the eligibility process will require a rigorous analysis of policies and procedural requirements at both the application and redetermination points. The retention issue is critical. We are losing an unacceptably high number of children to premature and inappropriate closures that disrupt coverage and health care for children who should have never lost their benefits.

The timing for the Covering Kids initiative could not be better. The attention currently being given to the need to find and enroll children is unprecedented. While most of the attention has gone to CHIP, more and more states are realizing that ignoring the Medicaid application and redetermination process can bottleneck their CHIP enrollment and also hinder their welfare reform plans.

The leadership you can provide is significant. Let's look at the scope of the Covering Kids Initiative.

You stretch across the nation -- in cities and rural and frontier areas. There are Covering Kids statewide coalitions in 49 states and the District of Columbia, and associated with the statewide coalitions are 167 local Covering Kids pilot coalitions. All of the coalitions are represented at this First Annual Meeting of Covering Kids grantees.

Each statewide and pilot coalition represents a partnership of public and private agencies pledged to roll up their sleeves and tackle outreach, simplification and coordination issues. All in all, there are over 4,000 organizations serving on the Covering Kids coalitions. This national network of committed, focused individuals and organizations is well positioned to translate the policy triumphs in child health coverage into real life gains for low-income families with children.

Practical, usable technical assistance will be a hallmark of the Covering Kids initiative. We have designed our technical assistance capacity to be responsive to what you told us you needed.

Through the National Program Office, we will make information available to you on data issues, application analysis, retention issues, school initiatives, Medicaid/CHIP coordination, Medicaid/TANF interactions and other issues of importance to the Covering Kids mission.

During the upcoming year, the National Program Office plans to bring Covering Kids statewide organizations together in regional meetings to hear the latest information on developing issues and to give you the opportunity to brainstorm and share experiences. We also will be asking some of you to serve on special work groups to develop effective strategies for enrolling children who have been hard to reach. The products of these work groups will be shared with all Covering Kids projects.

Additionally, we will have the capability to provide technical assistance on-site when needed. Formal site visits will be made to a number of states during the year, and, at the end of the year, we will convene the Second Annual Meeting, where we will bring all of you together once again.

Raising visibility, and effectively communicating information about child health coverage opportunities, are areas where many of you indicated you needed some assistance. We have undertaken two initiatives in this regard.

One initiative is a specialized satellite "news feed" for television stations in five states (Arizona, California, Georgia, Iowa and Texas). Covering Kids statewide lead organizations have been involved in arrangements for the news feed to local stations in their states. Included in the news feed will be interviews with US Secretary of Education Richard W. Riley, who makes it clear that child health coverage has a positive impact on school performance, and American Academy of Pediatrics Past President Dr. Joel Alpert, who speaks about how health coverage equals better access to preventive and primary care.

If successful in these five states, we hope to replicate the news feed in additional states. We will be sharing more information with you on this initiative in a few weeks.

The second initiative is the development of a short video that will help convey a more accurate image of the families who can benefit from the Medicaid and CHIP programs. The video is suitable for showing in all states with varied audiences - from civic groups to community groups, at school events and at business gatherings. The video will be available to all Covering Kids coalitions. It is our pleasure to preview it for you today.

(show video)

I want to thank the Covering Kids projects in Maryland, Indiana and Texas for their invaluable assistance in the development of this video. And I especially want to thank the parents who were willing to come forward to tell their stories in the hope that it will help others in similar situations.

During the next day and a half, we will delve into issues and explore ways to become more effective at identifying and enrolling low-income, uninsured children. When you return to your states and communities, I hope you will move forward with a heightened sense of urgency and commitment.

Three years is not a long time given the job that has to be done. And we must get it done.

Thank you.