

Women and Children: Insurance and Health Care

The National Council of Jewish Women works to advance the well being of children and families. NCJW endorses and resolves to work for the following:

Quality, comprehensive, confidential, nondiscriminatory health-care coverage and services, including mental health, that are affordable and accessible for all.

- **NCJW SUPPORTS Senate Bill 23 (Zaffirini)/House Bill 843 (Martinez).** This bill provides for 12-month continuous coverage for Children’s Medicaid. Senator Zaffirini also plans to file a bill outlining a plan to enroll between 700,000 and 800,000 uninsured children who are currently eligible for Medicaid or CHIP. That bill would add improvements to the eligibility systems and would increase community-based outreach and application assistance for the 12-month enrollment. **Note:** Senate Bill 349 (Shapleigh) and House Bill 647 (Dukes) are identical.
- **NCJW SUPPORTS Senate Bill 66 (Nelson).** SB 66 requires the Attorney General to establish a new insurance program for children who are subject to medical support orders.
- **NCJW SUPPORTS Senate Bill 76 (Nelson).** This legislation requires employers offering small employer coverage to offer a child coverage plan that would allow an employee to decline coverage for herself but still buy coverage for the child.
- **NCJW SUPPORTS Senate Bill 187 (Deuell)/House Bill 67 (Lucio III).** These bills direct the Texas Health and Human Services Commission (HHSC) to establish the Family Opportunity Act – a program that would allow children with disabilities in families at up to 300 percent of the federal poverty level (FPL) to buy into the state Medicaid program. This would reduce the problem of potential “adverse selection” in a CHIP buy-in plan and let the state create a buy-in-plan to expand Medicaid coverage to children who meet SSI disability criteria and whose family incomes are too high to be eligible under current regulations but fall below 300% of the FPL.
- **NCJW SUPPORTS House Bill 787 (Cohen).** This bill would amend the Children’s Health Insurance statute to increase eligibility based on family net worth to 300 percent FPL (from 200 percent) and increase the review threshold from 185 to 285 percent. This would expand the number of children eligible for CHIP and maximize federal matching funds for Texas.

As of July 2008, 2.3 million Texas children – about one-third of all our children – were covered by Medicaid or the Child Health Insurance Program (CHIP). Another 1.5 million Texas children were uninsured. Nearly half of the uninsured children are eligible for Medicaid or CHIP, but are not enrolled in the programs. Every child in Texas deserves the opportunity to be born healthy, to grow up as healthy as possible, and have comprehensive health insurance coverage.

The child health statistics in Texas are unacceptable.

- Texas has the highest rate of uninsured children in the US, with one of every five lacking coverage.
- Of the 1.5 million uninsured Texas children, nearly half are eligible for but not enrolled in CHIP or Medicaid.
- Nearly 90 percent of uninsured children have *at least* one working parent. Private health insurance, averaging \$12,000 per year for a family, is too costly for a growing number of working families.
- 13 percent of Texans' private health insurance premiums are directly attributed to the cost of the uninsured.

Now is the time to make wise investments in CHIP and Children's Medicaid, programs that deliver the preventive care children need, while saving money for all Texans. We all shoulder the cost of uninsured patients, through higher local taxes and skyrocketing private insurance premiums. Insuring children brings those costs down and millions of our federal tax dollars back home to Texas.

The CHIP program provides a federal match of \$2.52 for every dollar invested in the program by the State of Texas. To date, Texas has turned down almost \$1 billion in matching funds. The expansion of CHIP will increase the number of children eligible and decrease reliance on emergency care facilities that are stretched to capacity. According to the Institute of Medicine, uninsured children are less likely to receive preventive health care, and more likely to go without needed care and rely upon the emergency room for routine care. Uninsured children are more likely to miss school and their parents to miss work – resulting in lost revenue to Texas schools and lower productivity for employers.

NCJW supports policy changes and legislation to restore and strengthen the Children's Health Insurance Program and Children's Medicaid. At a minimum, the changes should include:

- ▶ Implementation of 12-month continuous eligibility for CHIP and Children's Medicaid;
- ▶ Elimination of the asset test in calculating income;
- ▶ Elimination of the 90-day delay in coverage period for newly enrolled children and newborns;
- ▶ Implementation and simplification of enrollment systems;
- ▶ Increased outreach; and
- ▶ Strengthening health care systems for children and mothers.

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