

Joining Together to Make SCHIP Work

Editorial By Nathan Stinson, Jr., PhD, MD, MPH, Deputy Assistant Secretary for Minority Health
Closing the Gap, State Children's Health Insurance Program • January 2000

No child in this country should ever be without health insurance. But the fact is, more than 11 million children in America are uninsured, and the number is growing.

Nearly 30 percent of Hispanic, 20 percent of African American, 17 percent of Asian American and Pacific Islander, and 14 percent of white children are uninsured, according to the Census Bureau. The consequences: one in four uninsured children has no regular source of health care or uses the hospital emergency room or hospital outpatient department for care, according to the Commonwealth Fund. Uninsured children are also 25 percent more likely to miss school than other children. We are failing our children.

The State Children's Health Insurance Program, or SCHIP, was initiated to help the states identify and provide health insurance to low-income uninsured children. Every state has a children's health insurance program under SCHIP, which collectively have enrolled some two million children. Some states are also reporting that the roll out of SCHIP has helped stimulate new enrollments of children in Medicaid.¹ But individual state uninsurance rates among children range from 6.7 percent to 24.7 percent, according to the National Children's Health Survey conducted by the Children's Defense Fund. We need to make sure that no states miss children.

To increase SCHIP enrollment we must raise awareness among parents that their children may qualify for free or low cost health insurance. We should inform families that they may still be eligible for SCHIP even though they work. We should help others to not feel ashamed of their need for insurance, and guide them through the enrollment process—especially those who may experience cultural or language barriers to obtaining SCHIP information. We should assure immigrants that lawfully enrolling their children in SCHIP will not make them a “public charge” and will not get them in trouble with the Immigration and Naturalization Service.

To insure all of America's eligible children, SCHIP and Medicaid must foster a better communication network. Up to 10 percent of SCHIP funds may be used by states for purposes such as outreach. We must work with our states in developing realistic and appropriate strategies to properly inform and enroll eligible children in SCHIP.

A population that we must give special attention is American Indians/Alaska Natives (AI/AN). The AI/AN population has a higher birth rate than any other racial and ethnic group, according to the Indian Health Service (IHS). Approximately 33 percent of this population are younger than age 15, compared with 22 percent for all other races combined. Furthermore, AI/ANs live in poverty at almost two and a half times the rate of all other U.S. citizens. According to congressional intent, the Health Care Financing Administration (HCFA) does not allow states to impose out-of-pocket costs on AI/AN children and their families. We have to educate communities that AI/ANs are eligible for SCHIP on the same basis as other children in the

state in which they reside, regardless of whether they are eligible for or receive IHS-funded care. States are responsible for consulting with tribes in developing SCHIP programs and enrollment efforts.

HCFA provides technical support to states that need guidance on SCHIP. For example, HCFA recently proposed rules to clarify parts of the law and supports several SCHIP outreach activities (see article *Immigration Fears and Eligibility Rules Among Barriers to SCHIP*). The Agency for Healthcare Research and Quality has an SCHIP distance learning site available through the Internet to assist in the planning and evaluation of state SCHIP programs.

The U.S. Department of Education's Insure Kids Now! Through Schools campaign hopes to enroll millions of children in SCHIP by integrating health insurance enrollment into school activities. More than 1,500 schools in 49 states are committed to the project to date. We need to encourage all of our schools to get involved.

Congress is also calling on states to assess their programs' outreach and enrollment efforts. Each state will be submitting an evaluation that will include a description and analysis of the characteristics of children and families served by SCHIP; the effectiveness of service areas, time limits for coverage, types of benefits, and quality of health coverage under the state plan; a review and assessment of state activities to coordinate SCHIP with other health care and health care coverage provided to children; a description of any plans for improving the availability of health care and coverage; and recommendations for improving SCHIP.

While overall SCHIP enrollment numbers are going up, outreach remains a significant challenge. Expanding eligibility criteria is not enough to ensure coverage for our children. A recent fact sheet from HCFA shows that millions of uninsured children had been eligible for Medicaid but were not enrolled. We don't yet know exactly how many minorities are enrolled in SCHIP. Fortunately, HCFA staff expect minority enrollment data to be included in the state evaluations of SCHIP programs due to Congress in Spring 2000. Analyzing this data will help us develop more effective and appropriate outreach strategies.

While two million children who otherwise would be uninsured are now enrolled in SCHIP, there's more work to be done. We need your help. In order to increase enrollment, we must join with our states to spread the word about how SCHIP and Medicaid programs really work. Then once we get eligible children enrolled in SCHIP, we must get them to use it. Too many minority children are still relying on hospital emergency rooms to treat conditions that may have been detected or prevented through regular office visits.

To learn how you can participate in various SCHIP outreach activities, browse HCFA's Web site at: <http://www.hcfa.gov> or call Mary Kahn at HCFA, 202-690-6145. ♦

