



States Moving Forward: Children’s Health Coverage in 2007-08

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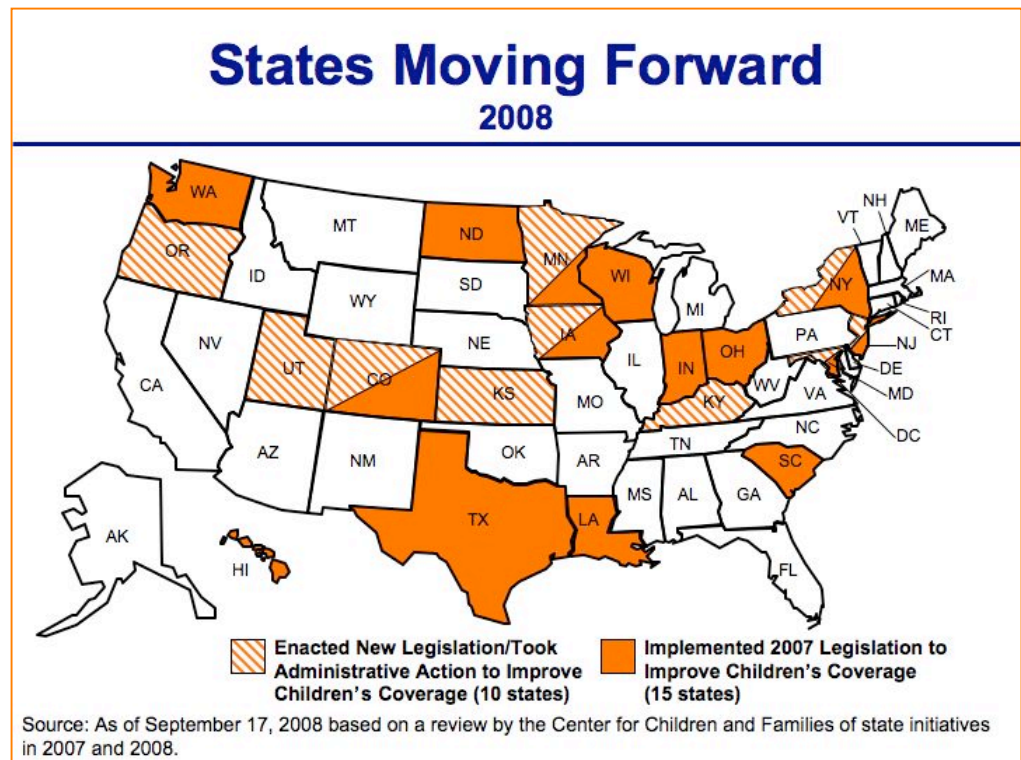
Introduction

To a surprising extent, given the weakening economy and growing fiscal strains, states have continued to move forward in their efforts to expand and improve health coverage for children. Notably, over the last year, nineteen states provided health coverage for more uninsured children and families by expanding Medicaid and the State Children’s Health Insurance Program (SCHIP) and/or cutting red tape to make it easier for eligible children to enroll, and stay enrolled, in the programs. Over the last four years (2005-2008), two-thirds of states made significant improvements in their children’s health coverage programs.¹ The recent census data show that these steps are bearing fruit. In 2007, despite the worsening economy, the U.S. Census Bureau reported that the number of uninsured children fell from the previous year by 500,000 to 8.1 million.² This progress can be attributed to public programs, which were largely responsible for this movement, and to the continued strong support nationwide for providing health coverage to children.

The nation, however, is at a critical juncture in the effort to cover uninsured children. The decision of the Bush Administration in 2007 to veto legislation to reauthorize SCHIP and to shut down state flexibility to expand coverage to more working families through its “August 17 directive” (see Box-Page 3) has introduced significant uncertainty

as to the future of the program. Currently, states must make decisions about how to structure their child health coverage initiatives even though they lack information about the level of financial commitment the federal government will make to their SCHIP programs after March 31, 2009 (when program funding expires), as well as to what the rules will be for using SCHIP funds in future years. This uncertainty—if not resolved soon—will make it more challenging for states to continue to move forward and place at risk the very considerable progress that has been made in recent years.

This report provides an update on recent state activity, as of September 17, 2008, on child and family health coverage. It provides a review of which states took action in 2007 and 2008 to improve coverage—either by reaching out to uninsured children with more moderate family incomes or those who are already eligible for Medicaid or SCHIP.



Findings

■ **Nineteen states moved forward during 2008, implementing changes authorized in 2007 and/or adopting new measures to expand and simplify their Medicaid and SCHIP programs.** Efforts to cover children occurred within a diverse group of states, including those in all regions of the country, in both urban and rural areas, and in states with leadership on both sides of the political aisle:

- **Ten states enacted new legislation or took administrative action to improve children's coverage in 2008.** For example, in Iowa the SCHIP program was expanded to children with family income up to 300 percent of the federal poverty level (FPL). Kentucky will no longer require a face-to-face interview at enrollment, allowing families to apply by mail.
- **Fifteen states implemented legislation to improve coverage that was authorized in 2007.** Despite the difficult economic times, states continue to push ahead with expansions and simplification measures enacted last year. Wisconsin, for example, implemented, among other improvements, a coverage expansion for children with family income up to 300 percent of the FPL and for parents up to 200 percent of the FPL, notwithstanding a budget shortfall.
- **While states have been committed to covering children, there are challenges on the horizon.** In 2008 two states (Rhode Island and Vermont) made significant budget cuts or program changes affecting child and family coverage, and California is considering a change that is projected to cause approximately 175,000 children to lose coverage. Additional states were forced to limit their expansion efforts due to the CMS directive that has made it difficult, if not impossible, for states to use federal funds to cover children with family income above 250 percent of the FPL.³

■ **This positive activity on behalf of children continues a four-year trend.** Since 2005, two-thirds of states have made significant changes to their Medicaid and SCHIP programs, focusing on both reaching uninsured children with more moderate incomes as well as those who are already eligible but not enrolled.

Methodology

The information for this report was gathered from a nationwide examination of state efforts, from January 1, 2007 to September 17, 2008, to provide health coverage for uninsured children and families conducted by the Center for Children and Families (CCF). The review included an analysis of governors' state-of-the-state addresses, state legislation, and budgets, as well as communication with state officials and advocates, and media accounts. Prior to publication, CCF shared the data with, and sought verification from, state officials and advocates in all states. The review is not meant to be exhaustive of all activities that states undertook in relation to child and family coverage as it does not present proposals that were not enacted, nor does it cover changes to local or community programs, non-coverage initiatives (e.g., those that focus on quality), provider payment rate changes or insurance reform. In addition, this review does not include outreach initiatives that states have conducted to reach the eligible but unenrolled. Enrollment numbers are included where available.

Conclusion

Many states are moving forward to cover children and some are closing in on the finish line, ensuring that all children have the health coverage they need. Clearly, however, with more than 8 million uninsured children in the country and the weak economy threatening coverage for a growing number of America's families, much more needs to be done.⁴ To ensure the forward movement on children's coverage continues the country must secure and strengthen the public programs that are critical to the coverage of our children. As first steps, Congress should act quickly to reauthorize and strengthen SCHIP, which otherwise will expire on March 31, 2009, and to address the CMS directive that is still blocking progress. It also will be important to provide states with the financial resources that they need to sustain and improve their Medicaid programs, especially during the economic downturn. These two programs will be central building blocks as the nation moves forward to consider broader health reform for children and families.

August 17 CMS Directive

Under the directive issued by CMS on August 17, 2007, states cannot receive federal SCHIP funds to enroll children with gross family income above 250 percent of the FPL unless:

- 95 percent of children with family income below 200 percent of the FPL have coverage; and
- Employer-sponsored insurance for children with family income below 200 percent of the FPL has not dropped by more than two percentage points over the prior five years.

If a state meets these standards, CMS requires a 12-month waiting period and the maximum cost sharing permitted by law.

On August 15, 2008, CMS announced that it would not take compliance action against states that have approved SCHIP plans. However, at least 22 states are affected by the directive, including six states that have been blocked from implementing enacted coverage expansions.

For more information, see:

<http://ccf.georgetown.edu/index/cmsdirective>.

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CCF is an independent, nonpartisan research and policy center based at Georgetown University's Health Policy Institute whose mission is to expand and improve health coverage for America's children and families.

State Activity to Expand/Simplify Child and Family Health Coverage (2007-08)

Colorado	<p>In 2007, the state enacted legislation that established a goal to cover all low-income children by 2010 and took the first step toward that goal by expanding CHP+ (SCHIP) eligibility from 200 percent to 205 percent of the FPL for children. Legislators also established presumptive eligibility for children in Medicaid and SCHIP; the eligibility expansion and presumptive eligibility were implemented in January 2008.⁵</p> <p>The fiscal year 2009 budget bill included an expansion of CHP+ from 205 percent to 225 percent of the FPL, covering close to 15,000 more children in the coming years. The bill also expanded CHP+ mental health benefits to correspond with those offered through Medicaid and allocated funds to provide medical homes to approximately 100,000 Medicaid and CHP+ children and for additional outreach. Also, the state will make additional investments in improving the enrollment and renewal processes, most notably administrative verification of income. Colorado will implement its expansion to 225 percent of the FPL on March 1, 2009. The legislation authorizing the expansion also includes language permitting a further expansion to 250 percent of the FPL if funds are available in the future.⁶</p>
Hawaii	<p>The state enacted legislation eliminating premiums in Medicaid for all children in 2007; they had previously required premiums for children with family income between 251 percent and 300 percent of the FPL. The state also established a three-year pilot program, Keiki Care, to provide state-funded free health care for children not eligible for Medicaid. Premiums were eliminated January 1, 2008 and enrollment in Keiki Care started in March, with coverage beginning April 1, 2008.⁷</p>
Indiana	<p>In 2007, Indiana enacted legislation expanding SCHIP eligibility for children with family income between 200 percent and 300 percent of the FPL. However, due to the August 17 directive, Indiana submitted a state plan amendment to cover children up to 250 (gross) percent of the FPL. CMS approved the expansion on May 9, 2008 and implementation begins October 1, 2008. Meanwhile, the state is continuing discussions with CMS regarding fully implementing the enacted expansion to 300 percent of the FPL.⁸</p>
Iowa	<p>In 2007, the state increased the tobacco tax by \$1 per pack to fund coverage for an additional 10,500 eligible, uninsured children. Outreach activities targeted towards these children began in early 2008.⁹ In 2008, the state enacted legislation to provide coverage for all of Iowa's children by 2010. The legislation includes an expansion of <i>hawk-i</i> (SCHIP) to 300 percent of the FPL, 12-month continuous eligibility in Medicaid, and other measures to eliminate enrollment and renewal barriers. The state also must develop a plan to cover all children, as well as other uninsured groups; a report from an advisory council is due to the Governor and legislature by December 15, 2008. The bill also requires the state to institute a medical home system and provides for some initial steps towards broader health reform, including expanding dependent coverage to age 25, health IT, long-term care improvements, chronic care management, and prevention, and wellness initiatives. Iowa implemented continuous eligibility on July 1, 2008 and will implement its expansion to 300 percent of the FPL on July 1, 2009.¹⁰</p>
Kansas	<p>The state passed health care reform legislation that included an eligibility expansion in HealthWave (Medicaid and SCHIP). Beginning July 1, 2009, children with family income up to 225 percent of the FPL will be eligible for coverage and in 2010, eligibility will increase to 250 percent of the FPL. The expansion will only go forward if additional federal funds are available. There is also a provision for the Health Policy Authority to develop a premium assistance program for SCHIP-eligible children who have access to cost-effective employer-sponsored insurance. In addition, the state will now issue annual medical cards in HealthWave. Although the state has 12-month continuous eligibility, the state had issued cards monthly, causing confusion among beneficiaries and providers.¹¹</p>
Kentucky	<p>On September 3, 2008, Governor Beshear announced an initiative to reach an additional 35,000 eligible but uninsured children in Kentucky's Medicaid and SCHIP programs. Starting November 1, 2008, the state will no longer require a face-to-face interview at enrollment, allowing families to apply by mail. The application itself will also be simplified and available</p>

	<p>online. The state also plans to implement measures designed to improve retention and outreach, including reaching out to families receiving food stamps and free- and reduced-price school lunches.¹²</p>
Louisiana	<p>In 2007, the state enacted legislation to expand eligibility under a separate SCHIP program, called the LaCHIP Affordable Plan, for children with family income between 200 percent and 300 percent of the FPL. However, due to the August 17 directive, the state limited the expansion to 250 (gross) percent of the FPL. Implementation of the expansion began on June 1, 2008.¹³</p>
Maryland	<p>During a special session in 2007, the state increased Medicaid income eligibility for parents and other adults from 40 percent to 116 percent of the FPL. Parents and caretaker relatives will receive full Medicaid benefits, whereas enrollment for childless adults remains capped and they will receive limited benefits. The expansion took effect July 1, 2008.¹⁴</p> <p>In an effort to boost participation among eligible children, in 2008 the state approved legislation that requires the comptroller to send a notice and application for coverage to potentially eligible families (based upon their tax returns), informing them that their child may be eligible for coverage and explaining how to enroll in the program. Individuals must also report on their tax return whether or not their child has coverage, beginning in the 2008 tax year. The state will study and make annual recommendations for improving the eligibility process and increasing the availability and affordability of health coverage for those with incomes above 300 percent of the FPL. Following the tragic death of a 12-year-old boy from a dental abscess, the state also increased funding for public health dental services.¹⁵</p>
Minnesota	<p>In 2007, the state allocated funding for outreach and a number of administrative simplification policies, including a shorter child-only application and improved processing, and a 12-month renewal period (an increase from 6 months) in MinnesotaCare (the state's Medicaid expansion program). The 12-month renewal period was implemented in January 2008 and the child-only application will be in use by October 1, 2008.¹⁶</p> <p>The state passed a broad healthcare reform bill in 2008. The legislation lowered MinnesotaCare premiums and provided additional funding for outreach, as well as expanding coverage for childless adults to 250 percent of the FPL. It includes a statewide health improvement program and encourages quality improvement through reforms to both public and private payment incentives. The legislation also promotes the use of health care homes for those with chronic conditions and the use of health IT. In addition, the legislation requires employers with 11 or more full-time employees who do not offer insurance to establish a Section 125 plan, and provides \$1 million in grants to cover certain costs associated with establishing these plans.¹⁷</p>
New Jersey	<p>Under a public-private collaboration, children in families with income above 350 percent of the FPL can buy into the existing FamilyCare (SCHIP) program through an agreement with Horizon NJ Health (the HMO serving the publicly-insured) and the state. These children will receive the same services available to NJ FamilyCare beneficiaries, with monthly premiums ranging from \$137 for a family with one child, to \$411 for a family with three or more children. The bill was passed in 2005 and applications were accepted beginning in January 2008.¹⁸</p> <p>The state's fiscal year 2009 budget provided \$8 million in funding for an expansion of NJ FamilyCare, including \$1 million in outreach funds. Accompanying legislation increased the income eligibility level for parents from 133 percent to 200 percent of the FPL, reaching approximately 25,000 new enrollees in the first year alone. The expansion went into effect on September 1, 2008. The bill also requires all uninsured children to obtain coverage, either private or public, within one year of the bill's enactment. In the meantime, an outreach plan will be developed to increase child enrollment and establish monthly enrollment targets. Changes were also made to the individual market to make coverage more affordable for younger residents. The bill is the first phase of a comprehensive health care reform package that, if fully implemented, would ensure universal coverage in the state.¹⁹</p>

New York	In 2007, the state expanded Child Health Plus (SCHIP) eligibility for children with family income from 250 percent to 400 percent of the FPL; it also enacted policies to simplify the Medicaid and SCHIP application and renewal processes, including administrative verification of income, presumptive eligibility, and increased outreach to eligible children. The state implemented the simplification and outreach measures in late 2007 and early 2008. New York originally planned to use federal SCHIP funds for the expansion, but due to the August 17 directive, CMS denied the state's plan. The fiscal year 2009 budget includes \$19 million in state funds to expand SCHIP eligibility from 250 percent to 400 percent of the FPL. Implementation began September 1, 2008. ²⁰
North Dakota	The state expanded SCHIP eligibility for children with family income from 140 percent to 150 percent of the FPL in 2007. Implementation is scheduled for October 1, 2008. ²¹
Ohio	<p>The state enacted legislation in 2007 that expanded Medicaid/SCHIP eligibility for children with family income from 200 percent to 300 percent of the FPL. However, the expansion has been delayed as a result of the August 17 directive and questions from CMS concerning income disregards.²²</p> <p>The Ohio Legislature also enacted a state-funded program called the Children's Buy-In Program. The program, authorized in 2007, allows certain children in families with income above 300 percent of the FPL to purchase public health insurance. To qualify, a child must be uninsured for six months and have a serious medical condition. Premiums range between \$250 and \$500 a month, depending on income. The state will fund the program costs with no federal match. The program began on June 1, 2008.²³</p>
Oregon	Governor Kulongoski announced during his 2008 State of the State address that as of January 1, 2009, the Oregon Health Plan (the state's Medicaid program) will have 12-month continuous eligibility for children. The Governor also announced his intention to reintroduce an initiative, which failed in 2007, to extend coverage to all children. ²⁴
South Carolina	Legislation enacted in 2007 created a separate, stand-alone SCHIP program, expanding eligibility for children from 150 percent to 200 percent of the FPL. The program was designed to complement existing Medicaid coverage for children, using the same application form and eligibility criteria in all the programs. The benefits offered to the expansion population mirror those provided to state employees. Implementation began in April 2008. ²⁵
Texas	In 2007, Texas enacted legislation that included a number of changes to simplify their SCHIP program, including returning to a 12-month continuous eligibility period, allowing families to deduct some child-related expenses, and increasing the amount of assets families could have to qualify for coverage. The effect of these policy changes is evident in the August 2008 enrollment numbers, which show that the number of children enrolled in SCHIP has grown by more than 176,000 children in the first year of implementation. ²⁶
Utah	Utah passed legislation in 2008, which requires the state to keep enrollment in the state's SCHIP program open. SCHIP open enrollment in Utah has been irregular in the past, beginning in December 2001, when the state first capped enrollment. Enrollment had been closed for much of the time since then. With this legislation, any eligible child that applies for the program will now be guaranteed coverage. ²⁷
Washington	In 2007, the state enacted legislation to provide health coverage to all children, regardless of immigration status, with family income up to 300 percent of the FPL. The bill also created a buy-in program for children with income above 300 percent of the FPL and included directives for the state to simplify and streamline application and renewal processes and improve the quality of and access to care children receive through Medicaid and SCHIP. The first phase of implementation, simplification of income verification, was implemented in January 2007; the expansion to 250 percent of the FPL for those children who were not previously eligible was implemented in July 2007. The expansion up to 300 percent of the FPL and the buy-in program are scheduled for implementation in January 2009. Enrollment data indicates that in the first month of implementation, at least 11,000 children were newly insured. ²⁸

Wisconsin	In 2007, Wisconsin established a new program, BadgerCare Plus, as part of an effort to cover all children. Eligibility was expanded for children with family income between 185 percent and 300 percent of the FPL and for parents with income between 185 percent and 200 percent of the FPL. The state also created a buy-in program for children with family income above 300 percent of the FPL, increased funding for outreach, and lowered premiums for some families. Due to the August 17 directive, Wisconsin is using state funds to cover children with family income between 250 percent and 300 percent of the FPL. Implementation began February 1, 2008; by the end of July 2008, 50,799 more children and 25,391 additional parents/caretaker relatives obtained health coverage. ²⁹
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States with Program Changes Affecting Child and Family Health Coverage (2008)

California	In his budget proposal, the Governor proposed a 10 percent reduction to nearly all general fund programs. In addition, he proposed replacing 12-month renewal period for children and the semi-annual renewal period for parents in Medi-Cal (the state's Medicaid program) to quarterly renewals. His proposal also included an increase in premiums in Healthy Families (SCHIP). In his May Revise budget, the Governor further proposed reducing family coverage from 100 percent to 61 percent of the FPL and eliminating full Medi-Cal for all legal immigrants (those that have been in the U.S. for five years or less), giving them limited scope emergency benefits and requiring that they renew monthly. In addition, the proposed budget would delay implementation of several previously enacted simplification measures, including administrative verification of income. The Legislature rejected the proposed eligibility decreases for parents and lawful immigrants, as well as the change to quarterly renewals. However, they did establish mid-year renewals for children, as well as increase premiums but to a smaller degree than the Governor proposed. The state estimates that the semi-annual reporting requirement for children will result in 175,000 children losing their coverage by 2010. The budget has passed the Legislature, but the Governor has threatened a veto. ³⁰
Rhode Island	In order to close an estimated \$168 million deficit, the Rhode Island fiscal year 2008 Supplemental Budget made widespread cuts across state government, as well as eliminated RIte Care health coverage (Medicaid and SCHIP in the state) for more than 2,800 immigrant children who had been grandfathered into the program. The \$6.89 billion fiscal year 2009 budget addressed the state's deficit through an estimated \$85 million in cuts to state spending. The legislation reduced the income eligibility level for adults in RIte Care from 185 percent to 175 percent of the FPL, eliminating coverage for 1,000 adults. The law also increased premiums in RIte Care for families between 150 percent and 250 percent of the FPL to five percent of income and established new premiums for families with income between 133 percent and 150 percent of the FPL at three percent of income. The new premiums and the eligibility reduction go into effect October 1, 2008; the increase in premiums between 150 percent and 250 percent goes into effect November 1, 2008. In addition, the budget allows the Governor to pursue a global waiver for the state's Medicaid program, which would give the state broad authority to restructure Medicaid in exchange for accepting a pre-set cap in federal funding for the next five years. The General Assembly held a hearing on the waiver on August 5, 2008, but made no changes. The waiver is currently under review at CMS. ³¹
Vermont	Effective July 2008, premiums for children in Dr. Dynasaur who have family income between 225 percent and 300 percent of the FPL and who do not have other insurance will increase from \$40 to \$60 per month per family. The premiums were reduced in 2006. ³²

Endnotes

- ¹ For more on state activity from 2005 to 2007, see: <http://ccf.georgetown.edu/index/children-s-health-coverage-states-moving-forward>.
- ² C. DeNavas-Walt, B. Proctor, and J. Smith, "Income, Poverty, and Health Insurance Coverage in the United States: 2007," U.S. Census Bureau (August 26, 2008). For state-by-state data, see: <http://ccf.georgetown.edu/index/facts-statistics>.
- ³ For more on the states affected by the directive, see: <http://ccf.georgetown.edu/index/affected-states>
- ⁴ *op. cit.* (2).
- ⁵ S.B. 211, 66th General Assembly (Colorado, 2007); S.B. 130, 66th General Assembly (Colorado, 2007); and communication with Tara Trujillo, Colorado Children's Campaign and Stacy Moody, Covering Kids and Families (August 26, 2008).
- ⁶ S.B. 08-160, Second Regular Session of the 66th General Assembly (Colorado, 2008); S.B. 08-161, Second Regular Session of the 66th General Assembly (Colorado, 2008); and communication with Tara Trujillo, Colorado Children's Campaign and Stacy Moody, Covering Kids and Families (August 26, 2008).
- ⁷ Act 236, 24th Legislature (Hawaii, 2007); and communication with Pearl Tsuji, State of Hawaii Department of Human Services (August 20, 2008).
- ⁸ H.B. 1678, 115th General Assembly (Indiana, 2007); Indiana State Plan Amendment 6 (May 9, 2008); K. Kusmer "FSSA Seeking Medicaid Expansion for Pregnant Women," *Indianapolis Star* (August 22, 2008); and communication with David Roos, Covering Kids and Families Indiana (August 25, 2008).
- ⁹ S.F. 128, 82nd General Assembly (Iowa 2007); Iowa Office of the Governor, *Governor Culver Signs \$1 Per Pack Cigarette Tax Increase Into Law*, Press Release (March 15, 2007).
- ¹⁰ H.F. 2539, 82nd General Assembly (Iowa, 2008); Child and Family Policy Center, "Iowa's Health Care Bill and Children's Health Coverage" (June 2008); and communication with Carrie Fitzgerald, Child and Family Policy Center (August 26, 2008).
- ¹¹ S.B. 541, 2007-2008 Legislative Session (Kansas, 2008); Kansas Health Policy Authority Board, "Health Reform Recommendations: Updated," (December 19, 2007); communication with Suzanne Wikle, Kansas Action for Children (August 20, 2008); and communication with Allison Blackwell, Kansas Health Policy Authority (August 20, 2008).
- ¹² Office of Kentucky Governor Steve Beshear, *Beshear Announces Plan to Enroll More Children in Health Insurance Program*, Press Release (September 3, 2008); and communication with Anne Joseph, Covering Kentucky Kids and Families (September 5, 2008).
- ¹³ H.B. 542/Act 407, 2007 Regular Session of the State Legislature (Louisiana, 2007; Louisiana State Plan Amendment, February 2008; communication with Ruth Kennedy, Medicaid Deputy Director/LaCHIP Director Louisiana Department of Health & Hospitals (August 20, 2008); and communication with Sandra Adams, Louisiana Maternal and Child Health Coalition (August 25, 2008).
- ¹⁴ S.B. 6, 2007 Special Session of the General Assembly (Maryland, 2007).
- ¹⁵ H.B. 1391, 425th Legislature (Maryland, 2008); and communication with Carol Antoniewicz, Medicaid Matters Maryland (September 3, 2008).
- ¹⁶ H.F. 1078, 85th Legislature (Minnesota, 2007); communication with Jim Koppel, Children's Defense Fund Minnesota (August 22, 2008); and communication with Pat Callaghan, Minnesota Department of Human Services (August 25, 2008).
- ¹⁷ The decreased premiums in MinnesotaCare will be effective July 1, 2009. S.F. 3780, 86th Legislature (Minnesota, 2008); Kaiser Commission on Medicaid and the Uninsured, "States Moving Towards Comprehensive Health Care Reform: Minnesota;" and communication with Pat Callaghan, Minnesota Department of Human Services (August 25, 2008).
- ¹⁸ Office of New Jersey Governor Jon Corzine, *Governor Corzine Expands Access to NJ FamilyCare Program*, Press Release (December 19, 2007).
- ¹⁹ S. 1557, 213th Legislature (New Jersey, 2008); Kaiser Commission on Medicaid and the Uninsured, "States Moving Toward Comprehensive Health Care Reform: New Jersey" (July 9, 2008); and communication with Ray Castro, New Jersey Policy Perspective (August 25, 2008).
- ²⁰ S. 2108/A. 4308, 2007 Session of the State Assembly (New York, 2007); Office of the Governor, *Governor Paterson Announces State Budget Expands Health Care Coverage to Every Uninsured New York Child*, Press Release (April 9, 2008); and communication with Linda Stackman, New York State Department of Health (August 20, 2008).
- ²¹ H.B. 1463, 60th Legislative Assembly (North Dakota, 2007); and communication with Jodi Hulm, North Dakota Department of Human Services (August 20, 2008).

- ²² Communications with Kathy Hoeffler and Mary Mynatt, Ohio Department of Job and Family Services (August 20, 2008).
- ²³ H.B. 119, 127th General Assembly (Ohio, 2007); Governor of Ohio Executive Order 2008-07S (April 1, 2008); W. Hershey, “Governor signs order for children’s insurance,” *Dayton Daily News* (April 2, 2008); communication with Mary Wachtel, Voices for Ohio’s Children (July 17, 2008); and communications with Kathy Hoeffler and Mary Mynatt, Ohio Department of Job and Family Services (August 20, 2008).
- ²⁴ T. Kulongoski, “State of the State Address,” (speech, Portland, OR, March 21, 2008); communication with Cathy Kaufmann, Children First for Oregon (August 22, 2008); and communication with Sandy Wood, Oregon Department of Human Services (August 25, 2008).
- ²⁵ H. 3620/Act 117, 117th General Assembly (South Carolina, 2007); communication with Alicia Jacobs, South Carolina Department of Health and Human Services (August 20, 2008); and communication with Susan Berkowitz, South Carolina Appleseed Legal Justice Center (August 24, 2008).
- ²⁶ H.B. 109, 80th Legislature (Texas, 2007); “Texas CHIP Enrollment, Renewal and Disenrollment Rates,” Texas Health and Human Services Commission, <http://www.hhsc.state.tx.us/research/CHIP/ChipRenewStatewide.html> (accessed August 20, 2008); communication with Anne Dunkelberg, Center for Public Policy Priorities (August 20, 2008); and communication with Gina Perez, Texas Health and Human Services Commission (August 27, 2008).
- ²⁷ H.B. 326, 2008 General Session (Utah, 2008); Voices for Utah Children, “HB 326 (Curtis, G.) Children’s Health Insurance Program Open Enrollment: Moving in the Right Direction,” (January 25, 2008); and communication with Karen Crompton, Voices for Utah Children (August 20, 2008).
- ²⁸ S.B. 5093, 60th Legislature (Washington, 2007); Washington Office of the Governor, *Governor Gregoire Signs Legislation to Give More Children Access to Health Care*, Press Release (March 13, 2007); Children’s Alliance “Cover All Kids Update;” and communication with Mary Wood, Department of Social and Health Services (August 20, 2008).
- ²⁹ S.B. 40/Act 20, October 2007 Special Session of the Legislature (Wisconsin, 2007); and “BadgerCare + State Report,” Wisconsin Department of Health Services, <http://dhs.wisconsin.gov/badgercareplus/enrollmentdata/enrolldata.htm> (accessed August 20, 2008); communication with Jim Jones, Wisconsin Department of Health Services (August 20, 2008); and communication with Jon Peacock, Wisconsin Council on Children and Families (August 20, 2008).
- ³⁰ California Office of the Governor, “Governor’s Budget Summary 2008-09” (January 10, 2008); Western Center on Law & Poverty, “Legislative Budget Committees Respond to Governor’s Plan” (June 2008); The 100% Campaign and PICO, *Legislature Passes Budget That Reverses a Decade of Progress in Covering Uninsured California Children*, Press Release (September 16, 2008); and communication with Kristen Golden Testa, The Children’s Partnership (September 17, 2008).
- ³¹ FY 2008 Supplemental Budget, Rhode Island Office of the Governor (Rhode Island, 2008); Rhode Island General Assembly, *Assembly Approves 2009 State Budget Bill*, Press Release (June 19, 2008); Rhode Island House Fiscal Staff, “FY 2009 Budget at a Glance” (June 2008); Amy LaPierre, Rhode Island Department of Human Services (August 25, 2008); and communication with Linda Katz, Poverty Institute (August 25, 2008).
- ³² State of Vermont Agency of Human Services, Department for Children and Families, Bulletin No. 08-22P; and communication with Marybeth McCaffrey, Vermont Agency of Human Services (August 22, 2008).



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