

## FEDERAL ISSUES

### White House Forum on Health Reform and Proposed FY2010 Budget

President Obama addressed health care providers, advocates, consumers, health insurance companies, labor, business and other leaders at the White House Summit on Health Care earlier this month by saying, *"We are here today to discuss one of the greatest threats not just to the well-being of our families and the prosperity of our businesses, but to the very foundation of our economy – and that is the exploding cost of health care in America today."*

Key legislative leaders have set forth their own deadlines for introduction of Senate and House bills that will enact health care reform, however, disagreements about a key provision, the public plan option, have already been expressed by several stakeholders. Regional forums on health reform have also taken place throughout the nation. [Visit the White House's health reform website](#) for additional details.

The Obama Administration also indicated their intention to invest in health care reform by releasing a budget proposal that set aside \$634 billion over 10 years for reform efforts. Although specific plan details have not been released, the budget lists eight principles that should guide efforts for reform, including protecting families' financial health, affordability, a path towards coverage for all, portability of health plans despite job changes, choice, investments in prevention and quality care and fiscal sustainability.

Source: [Coalition on Human Needs](#)

### FY09 Omnibus Appropriations Bill

As a result of disagreements between Congress and President Bush over the FY09 budget, Congress was only able to pass a budget that extended funding at FY08 levels through March 11<sup>th</sup>, 2009.

Congress passed an FY09 appropriations bill on March 6<sup>th</sup> that included increased funding for many domestic programs such as child care and early education; primary, secondary and higher education; employment; women's health; housing assistance and legal services.

The Omnibus Appropriations Bill also includes a provision to increase the Title V Maternal and Child Health Block Grant to states by \$2.9 million. Although this is very modest increase, advocates hope that this is sign that the Obama Administration will reverse the course of the previous administration, which cut many program funds.

Kathy Chan, Policy Director  
Illinois Maternal and Child Health Coalition

## WHAT'S UP WITH THE NETWORK

### ***NCKF NETWORK'S HAS A LOGO & TAGLINE***

Thank you to all of you who voted! The National Covering Kids and Families Network now has its own unique branding. Please see the front page for the winning logo and tagline.

### ***JOIN US FOR OUR NCKF NETWORK NATIONAL WEBCONFERENCE***

**Partnering to support CHIPRA Implementation**

**Maximizing Enrollment & Funding Opportunities to Cover Kids**

**April 20, 2009**

**12:00 - 1:30 pm (Pacific), 2:00 - 3:30 pm (Central), 3:00 – 4:30 pm (Eastern)**

**Presenters:** Tricia Brooks, Center on Children and Families (CCF)  
Jenny Sullivan, Families USA  
Catherine Hess, National Academy for State Health Policy (NASHP)

**Please RSVP to Michelle Wood at [michelle@chc-inc.org](mailto:michelle@chc-inc.org) to join the teleconference.**

More information about logistics, speakers and agenda will be shared prior to the call.

### ***WELCOME THE FOLLOWING NEW MEMBERS TO THE NCKF NETWORK!***

- Arkansas Advocates for Children and Families: <http://www.aradvocates.org/>
- Inova Health Systems – Partnership for Healthier Kids (Virginia): <http://www.inova.org/>
- Pennsylvania Health Law Project <http://www.phlp.org>



### ***COMMITTEES SIGN UP TODAY!***

**Advocacy/Policy :** For those who want to get involved in advocacy activities around SCHIP and Medicaid rule changes, this is the committee to join! Contact Jodi Ray of the Lawton and Rhea Childs Center for Healthy Mothers and Babies at [jray@health.usf.edu](mailto:jray@health.usf.edu)

**Communications:** If you have creative talent and would like to write articles for the monthly newsletter, we are looking for writers and readers. Contact Kathy Chan with Illinois Maternal and Child Health Coalition via e-mail at [kchan@ilmaternal.org](mailto:kchan@ilmaternal.org).

**Education:** Conference planners and educators, join this committee! If you have a knack for planning educational teleconferences, contact David Roos of CKF Indiana at [drees@ckfindiana.org](mailto:drees@ckfindiana.org).

**Membership:** This committee is moving and shaking and increasing our membership. If you like talking to people, here is your chance! Contact Theresa Gavazzi with Mothers & Babies Perinatal Network at [tgavazzi@mothersandbabies.org](mailto:tgavazzi@mothersandbabies.org).

## MEMBER SPOTLIGHT: VOICES FOR UTAH'S CHILDREN

### Needle in a Haystack: Estimating the Population of Recent Legal Immigrant Kids

A new provision under the recently enacted Children's Health Insurance Program Reauthorization Act (CHIPRA) allows states to extend CHIP coverage to legal immigrant children who reside in families with incomes below 200% FPL and who have been in the country less than 5 years. Passing enabling legislation to pursue this policy change invariably requires estimating the size of the legal immigrant population under age 18. It also requires estimating the costs to the state of implementing the new coverage option.

While this may sound straightforward, our experience in Utah showed that when it comes to legal immigrant children, numbers are hard to come by, existing data sets provide limited answers, and estimates are highly malleable. Below are some guidelines for ball-parking a "best guess" estimate of population size and costs associated with covering recent legal immigrant kids under the new CHIPRA rules. Some states already cover legal immigrant kids, regardless of when they entered the U.S., but Utah is not one of them. During the 2009 legislative session, advocates with the Utah Health Policy Project partnered with both a Democratic senator and Republican representative to push a bill that would cover these previously excluded low-income children. Voices for Utah Children aided in the advocacy effort.

When it came time for the Fiscal Analyst's Office to attach a fiscal note to the bill, we discovered the challenges associated with this undertaking. While the INS/Department of Homeland Security do gather data on the number of legal immigrant children who come to each U.S. state each year, it does not retain cumulative numbers nor collect data on income levels of sponsoring parents or insurance status.

Census data permits this type of sub-analysis (by income, insurance status, years of residency etc), but it does not distinguish between legal and illegal immigrants. Furthermore, in small states like Utah, the Census sample size is also small which compromises the reliability of the data estimates. At this point it's tempting to declare the problem unknowable, but for the purposes of policymaking, a number and a price tag – even if somewhat inaccurate – are essential to moving forward with legislation. So what can states do to come up with a reasonable estimate? One strategy, devised by Leighton Ku, a health policy professor at George Washington University, is to use a micro-simulation model to identify low-income legal immigrant families with uninsured kids using proxy characteristics like profession, income, place of residents, and family composition.

Kids Count ([kidscount.org](http://kidscount.org)) is another useful resource, but its population estimates do not distinguish between foreign born, legal, and undocumented immigrant children, so the number of legal immigrant children is some fraction of the total population cited. With an eligible population estimate (or range, really) in hand, it makes sense to then estimate the subset of this population that would likely enroll in CHIP/Medicaid since we know from the experience of other states that immigrant kids are hard to reach. We projected that 1/3 to 1/2 of eligible legal immigrant kids would sign up for CHIP/Medicaid coverage.

On the question of cost, it makes sense to assume some legal immigrant children would be covered by Medicaid and others by CHIP. Multiplying the number likely to enroll by the state's share of premium costs for these programs provides a rough total cost estimate. Utah has roughly 800-1200 Legal immigrant children kids and it would cost roughly \$300K-500K to cover them (with no Medicaid offset).

*(Continued on page 4)*

## CHIP RESOURCES

The following is a list of websites that contain updated information on Children's Health Insurance Program Reauthorization including implementation strategies.

Kaiser Family Foundation "CHIP TIPS" Series

<http://www.kff.org/medicaid/kcmu040609pkg.cfm>

Families USA "Children's Health—CHIP Reauthorization" Webpage

<http://www.familiesusa.org/issues/childrens-health/>

National Academy for State Health Policy (NASHP) "CHIPCentral"

<http://www.chipcentral.org/>

Center for Children & Families "CHIP: Putting the New Law to Work"

<http://ccf.georgetown.edu/index/chip-law>

Center for Budget & Policy Priorities (CBPP) - "Children's Health Insurance Program" WebPage

<http://www.cbpp.org/research/index.cfm?fa=topic&id=73>



## VOICES FOR UTAH'S CHILDREN—*Needle in a Haystack:* (Continued from page #)

However, numerous other factors make this calculation more complicated. For example, we know that legal immigrant kids are generally older than native-born children in immigrant families, and therefore may require less health care and have lower coverage costs. We also know that there is likely an offset from lower utilization of emergency Medicaid services after these kids are covered.

However, it's very difficult to estimate this offset since we know very little about how legal immigrant kids currently access/utilize health care. In the end, the Utah legislature did not pass the two ICHIA bills that were proposed in the 2009 session, in large part because of the price tag attached to them. However, looking forward to next year, the experience provided advocates with a better understanding of this somewhat elusive population of kids and the costs associated with covering them under ICHIA.

Korey Capozza is a health policy analyst with Voices for Utah Children, a multi-issue children's advocacy organization based in Salt Lake City.

**Do you have a story, member spotlight, best practice or resource that you would like to share? Please contact Kathy Chan at [kchan@ilmaternal.org](mailto:kchan@ilmaternal.org)**

**Credits:** Kathy Chan, Illinois Maternal & Child Health Coalition; Korey Capozza, Voices for Utah Children; Sonya Vasquez and Catherine Sepulveda of Community Health Councils/California CKF. Edited by: Janice Taylor, Community Health Councils.