

... Executive Summary

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FACTS

- The Children's Health Insurance Program (CHIP) has existed for over 20 years.
- CHIP meets the needs of 9 million needy children annually.
- Along with Medicaid, one in three American children have health insurance covered.
- Half of all families with children fall into poverty and require a social safety net at least once before age 18.
- Seven million children remain uninsured, and six states including Florida are home to half of them.
- Without continued funding, states will need to set limits that drop children from CHIP.
- Before CHIP, uninsured children had
 - less healthcare access.
 - fewer preventive services.

THE ISSUE

CHIP requires furthering appropriations every few years to continue. Funding for more than half of U.S. states will run out by spring 2019 without action.

CHIP is funded by the Centers for Medicare and Medicaid Services (CMS), individual states, and has a federal contribution portion. In 2018, \$14 billion in federal money will be provided to the states' CHIPs.

The Affordable Care Act (ACA) and other laws increased eligibility to 400% of poverty level and increased federal contributions from 70% to 93%. This improved health outcomes and provided cost-savings to the American people.

The Championing Kids Act of 2017 (HR. 3922) is a 12-fold piece of legislation meant to continue CHIP funding at a diminishing federal match rate to pre-ACA days. The bill unfairly redefines grace periods, and cuts funds to important programs that supply healthcare, bolster workforces, provide important health programs, and increase efficiency and access to care.

Reduced federal funding to CHIP will further increase numbers of uninsured children in Florida. Reduced funding to other programs will eliminate access and hurt the future of this beautiful state.

KEY POINTS

Enhanced federal matching assistance percentage (E-FMAP) for CHIP should be continued at its current rate (93%), not reduced over five years to pre-ACA rates as the Championing Kids Act of 2017 calls for. Inappropriate utilization of resources will increase, driving healthcare costs up. This bill is a loss for efficiency.

Continued E-FMAP is estimated to provide a long-term savings of \$6 billion over 10 years versus this bill's reduction to pre-ACA match rates. It is better to pay less for something now than to pay more for it later through other avenues.

If this bill is passed, primary care provider employment rates will decrease, negatively affecting healthcare access. Vulnerable pediatric populations will have less access to preventive services, dental care, wellness programs, and life-saving medications.

The Championing Kids Act of 2017 ***is not a long-term solution***. Displacement of Medicaid payment reductions for disproportionate-share hospitals to future years will compound the closure of rural hospitals that is limiting access to healthcare.

Federal deficits should not be remedied at the expense of health coverage for children.

- sicker, more life-threatening illnesses.
- more expensive to treat at intervention.
- Without CHIP, poor children receive
 - fragmented services.
 - inequality in healthcare.
 - loss of fundamental rights to pursue happiness.
- If E-FMAP is reduced, four million children will lose insurance coverage.
- Society benefits from healthy children and women. National security requires healthy citizens to maintain an economically and socially sustainable society. Communal life is the backbone of society.
- Children with CHIP and Medicaid are treated at a lesser cost than those with private insurance, but those who utilize emergency rooms inappropriately do so due to limited Medicaid acceptance among primary caregivers.
- Bipartisan support has ensured CHIP's survival. The well-being of children is widely supported.

The \$1 billion in aid recommended for Puerto Rico and the Virgin Islands falls far short of what is needed. These islands have hardly recovered since Hurricanes Irma and Maria. Adding requirements and paperwork to receive aid is an impossible obstacle.

Reduced grace periods for poor families is a loss of liberty and a further expense that drives a poverty cycle. Do not allow this bill to pass and reduce grace periods for recipients.

Centers and programs will have funding that is drastically reduced, forcing closure and layoffs of healthcare personnel.

Welfare safety nets do not reward or incentivize poverty. Adding restrictions and reducing ability to meet basic needs perpetuates poverty. Making healthcare harder to access and more expensive when received hurts the poor and hurts the American taxpayer in the long run.

RECOMMENDATIONS

This bill sounds like it will save America financially when truthfully it will hurt health workforces and children in the long run. We will soon require further measures to avoid disaster, and some consequences may be non-reversible. Less harmful solutions exist.

Renewal of CHIP funding should be no-nonsense and continue at the current federal match rate. ***This bill should be vetoed.*** Instead, CHIP federal funding match rates should be continued at a ***long-term savings of \$6 billion over 10 years.***

Grace periods should equal those of the health insurance industry.

The federal deficit should not be corrected on the backs of America's poor children. Do not meet fiscal goals through decentralization of power that hurts low income kids.

Support bills that promote the equality of low income children and expand Medicaid acceptance among more healthcare providers. Support bills that continue E-FMAP at 93% matching.

ACA-initiated programs that were funded have just started producing hoped-for results. Vote to continue their existence and funding for long-term health and a solid healthcare workforce.

Consult your state nurse coalition, the Florida Nurses Association, when questions regarding health-related bills emerge.