



## **Colorado Center on Law and Policy and Colorado Fiscal Policy Institute Priorities: Priorities for SCHIP Reauthorization**

SCHIP reauthorization is an important opportunity to make needed progress toward ensuring all of America's children have health care coverage.

### **Background**

Colorado's SCHIP program is called the Child Health Plan Plus (CHP+). Pursuant to recent state legislation, CHP+ covers children and pregnant women up to 205% of the federal poverty level. Colorado receives a 65 percent federal match. CHP+ enrolled an average 46,874 children per month and an average 1,135 pregnant women per month in fiscal year 2005-06. Current March 2007 estimates are 53,803 children and 1,355 prenatal women. Colorado has over 176,000 uninsured children. (2004-05 estimate.)

### **Priorities**

#### **Deficit Reduction Act of 2005 (DRA)**

Citizen documentation requirements should be changed to give states the option to implement citizen and identity documentation requirements so long as they are no more stringent than the Social Security Administration's requirements. State implementation of DRA requirements has resulted in the exclusion of U.S. citizens from coverage, and enormous administrative costs. CCLP supports the language in section 306 of the Rockefeller-Snowe bill. (S.1224).

#### **State flexibility to cover adults**

States must have the continued flexibility to cover adults without relying on waivers. Research shows that covering low-income parents increases the enrollment of eligible children and improves children's use of preventive care services. Colorado currently covers 1,355 pregnant women.

#### **Eliminate the five year bar to eligibility**

Currently, eligibility for Medicaid and SCHIP are restricted to legal immigrants until they have been in the country over five years. Despite the lack of federal funding for immigrants in the U.S. less than five years, many states have opted to continue coverage using state funding. Colorado continues to cover prenatal care for legal immigrants. However, because there is no federal funding and many states do not cover legal immigrants, many immigrant children remain uninsured resulting in significant health care disparities between legal immigrants and U.S. citizens. This disparity compromises health care systems and the overall health of the nation. Due to a lack of coverage of legal immigrants, many rely on emergency room care and are less likely than citizens to be fully immunized. Congress should restore funding for coverage of legal immigrants in the country less than five years. Vehicles for restoration of funding include the Legal Immigrant Children's Health Improvement Act (H.R. 1308 or S. 764) and the SCHIP Reauthorization Act (S.1224).

#### **Adequate and stable funding**

Congress should, at a minimum, fulfill the \$50 billion pledge for children's health coverage. This amount is necessary to allow states to provide continued levels of funding, increase enrollment and allow some needed expansions to cover more uninsured children.