

Mahoney Fights to Get Healthcare for Florida's Uninsured Children

Vote on SCHIP Bill Scheduled for Tonight - President Threatens Veto

Bill Could Double Number of Florida Kids Enrolled in Healthcare Program

(Washington, D.C.) - Congressman Tim Mahoney (FL-16) today discussed the State Children's Health Insurance Program (SCHIP) Reauthorization Act of 2007, which is scheduled to be voted on tonight. The bill would give 10 million low-income children health care coverage nationwide. In Florida, the legislation could nearly double the number of children enrolled in SCHIP - from approximately 224,000 to over 450,000. The SCHIP Reauthorization Act of 2007 is fiscally responsible and follows pay-as-you-go (PAYGO) budget rules.

"This is a matter of getting American children on healthcare. I call on the President to have a change of heart and sign this bill into law. Getting sick kids to the doctor is not a political issue, it is a moral imperative. This bipartisan bill could nearly double the number of Florida children who have healthcare through SCHIP and could reduce the number of uninsured children by nearly 4 million nationwide. This bipartisan, fiscally responsible bill is good for children, good for families, and good for our country," said Congressman Tim Mahoney.

**Please note: Only legal residents are eligible to participate in SCHIP.

More on SCHIP:

Investing \$35 Billion in New Funding for SCHIP. The bill reauthorizes the State Children's Health Insurance Program, investing an additional \$35 billion over five years to strengthen SCHIP's financing, increase health insurance coverage for low-income children, and improve the quality of health care children receive.

Lowering the rate of uninsured low-income children. The bill will provide health coverage to millions of low-income children who are currently uninsured. The bill also ensures that the 6.6 million children who currently participate in SCHIP continue to receive health coverage. The reduction in the number of uninsured children will approach four million children.

Improving Access to Benefits for Children (Dental Coverage/Mental Health Parity/EPSDT). Under the agreement, quality dental coverage will be provided to all children enrolled in SCHIP. The agreement also ensures states will offer mental health services on par with medical and surgical benefits covered under SCHIP, and protects medically necessary benefits (EPSDT) for low-income children.

Prioritizing children's coverage. The agreement makes several modifications as it relates to populations eligible for SCHIP.

Pregnant Women: The agreement provides coverage to pregnant women as a new state option as well as preserving the options to cover them through a state waiver or through regulation.

Parents: The agreement prohibits any new waivers to cover parents in the SCHIP program. States that have received waivers to cover low-income parents under SCHIP will be allowed to transition parents into a separate block grant. The federal match for services to parents covered through SCHIP will be reduced.

Childless Adults: The agreement retains the current law prohibition of waivers to allow coverage of childless adults. Currently covered childless adults will transition off SCHIP. For states that have received SCHIP waivers to cover childless adults, the agreement terminates those waivers after a one-year period, provides temporary Medicaid funding for already-enrolled adults, and allows states to apply for a Medicaid waiver for coverage.

Providing states with incentives to lower the rate of uninsured low income children. Under the financing structure, states will receive state-based allotments that are responsive to state demographic and national spending trends and allow additional up-front funding for states planning improvements. States that face a funding shortfall and meet enrollment goals will receive an adjustment payment to ensure that no child who is eligible for Medicaid or SCHIP is denied coverage or placed on a waiting list. The formula also sets in place new overall caps on federal funding to ensure the program's expenditures do not exceed the amounts authorized. The agreement provides incentives for states to lower the rate uninsured children by enrolling eligible children in SCHIP or Medicaid.

Improving Outreach Tools to Simplify and Streamline Enrollment of Eligible Children. The bill provides \$100 million in grants for new outreach activities to states, local governments, schools, community-based organizations, safety-net providers and others.

Improving the Quality of Health Care for Low-Income Children. The bill establishes a new quality child health initiative to develop and implement quality measures and improve state reporting of quality data.

Improving Access to Private Coverage Options. The bill expands on current premium assistance options for states. The bill allows states to offer a premium assistance subsidy for qualified, cost-effective employer-sponsored coverage to children eligible for SCHIP and who have access to such coverage. It also changes the federal rules governing employer-sponsored insurance to make it easier for states and employers to offer premium assistance programs.

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