



IN HARM'S WAY

TRUE STORIES OF UNINSURED TEXAS CHILDREN

Children's Defense Fund

WE CAN PROVIDE
AFFORDABLE
HEALTH COVERAGE
FOR EVERY TEXAS
CHILD RIGHT NOW.

CDF Mission Statement

The Children's Defense Fund Leave No Child Behind® mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities.



Table of Contents

Covering Texas Children: Right for Children, Smart for Texas

- 4 Covering Uninsured Children Benefits Us All
- 6 Business Leaders Agree
- 9 State and National Polling Data - Overwhelming Public Support for Covering Children
- 11 What's the Problem?

Texas Can Enroll Eligible Uninsured Children by Reducing Red Tape

- 12 Problem 1: Red Tape Keeps Eligible Children Uninsured
- 15 True Stories of Uninsured Children
- 26 Solution 1: Fixing the Eligibility System and 12-Month Medicaid Coverage
- 28 12-Month Medicaid Coverage is THE Most Effective Way to Reach Eligible Children

Texas Can Create a CHIP Buy-in Option for Uninsured Children

- 30 Problem 2: Some Families Have No Options
- 32 True Stories of Uninsured Children
- 44 Solution 2: CHIP Buy-in

Access, Outreach, and Funding

- 46 Coverage and Access
- 48 Improving Outreach in Texas
- 49 How to Reach Poorest Children First
- 50 New Federal Funding Makes Now the Time to Act
- 53 Children's Defense Fund: National Policy Recommendations
- 56 2010 Estimates of Uninsured Texas Children by County



New York
212

Skyrocketing costs—averaging \$1,000 a month—have become completely unaffordable for too many working Texas families.

For Maricell's parents, employer-sponsored coverage for their son would cost 30 percent of their income.

A pre-existing condition, juvenile diabetes, makes Maricell uninsurable in the private market.

Thanks to the Children's Health Insurance Program (CHIP), Maricell is able to get the care he needs and save taxpayers' money by avoiding trips to the emergency room.

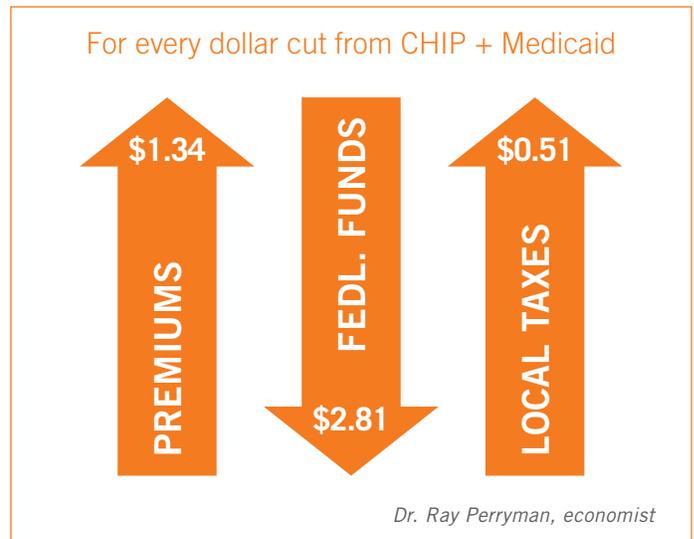
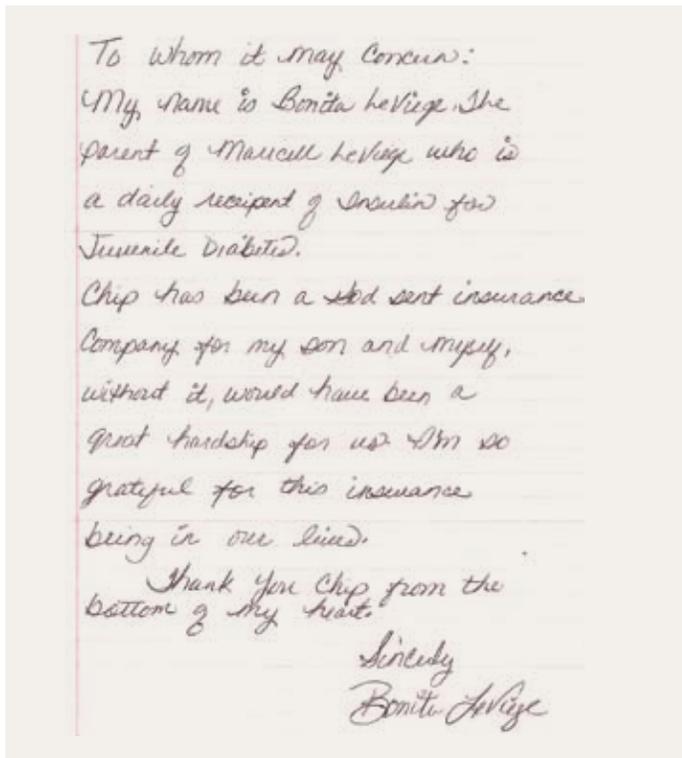
Costs to local taxpayers would skyrocket were Maricell left uninsured and forced to seek care in the local emergency room.

Average Cost for Diabetes Patient:

Clinic visits: \$113
ER Admissions: \$5662

Source: Harris County Hospital District

When children go uninsured, local communities pick up 100 percent of the cost through inflated health insurance premiums, increasing local taxes, and lost federal dollars.



Unmanaged diabetes would cost millions more to the community.

Unmanaged diabetes can cause: blindness, circulation and nerve damage, amputation, cardiovascular disease, renal failure, gastrointestinal problems and death.

Covering Uninsured Children Benefits Us All:

Right for children and smart for Texas

The Children's Health Insurance Program (CHIP) and Children's Medicaid provide cost-effective health care coverage for Texas children. But one in five are still uninsured. They do not receive preventive care, check-ups and medical attention when they get sick or injured, and their parents are forced to rely on expensive emergency room care. We all pay when uncompensated care costs force local hospital districts and counties to raise taxes. When parents are forced to take their uninsured children to the emergency room, we all pay as private insurance companies raise their premiums to account for the burden our health care system imposes.

Insuring children brings costs down and millions of our federal tax dollars back home to Texas.

Cost of Leaving Children Uninsured:

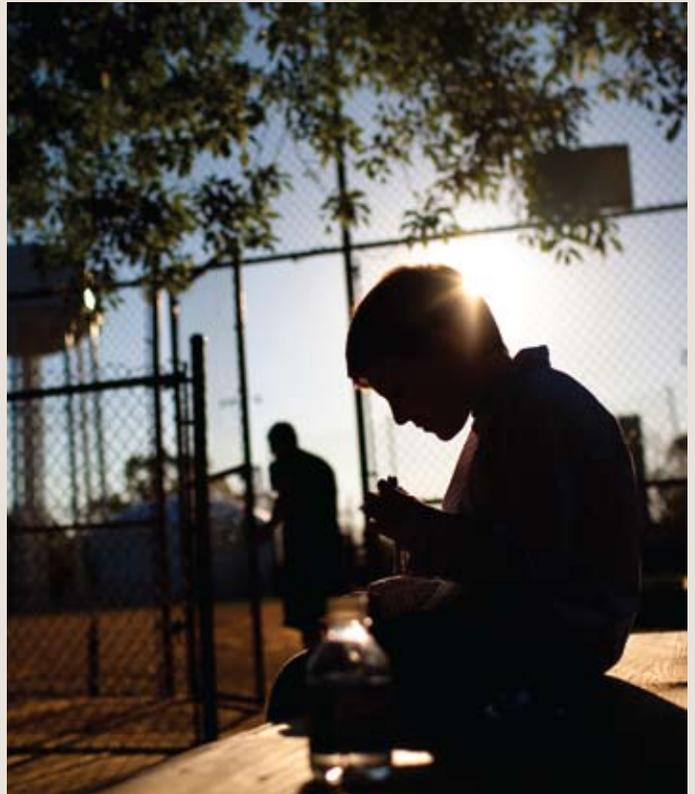
- **13 percent of Texans' private health insurance premiums is directly attributed to the cost of the uninsured.** Texans paid an average of \$1,551/year more in private health insurance premiums in 2003, due to unreimbursed costs when uninsured Texans are forced to rely on emergency room care. This figure is projected to be \$2,786 by 2010. (*Families USA*)
- **For every state dollar cut from CHIP and Medicaid, local taxes must rise \$0.51 cents, private health insurance premiums increase by \$1.34 and retail sales decline by almost \$2.00.** (*Dr. Ray Perryman, Texas economist*)
- **Trauma beds are unavailable for other Texans with true emergencies,** when parents have no other option but to seek treatment for their child's ear infection or toothache in the emergency room. Emergency rooms in Harris County are overloaded up to 30 percent of the time. In a 2004 study, the death rate for severely injured patients increased by 78 percent when Harris County Level 1 trauma hospitals were overloaded.

The Texas Finish Line Campaign

SOLUTION

Texas CAN cover every uninsured child right now by building on existing programs, CHIP and Children's Medicaid

We can solve this problem by enrolling children already eligible for CHIP and Medicaid and creating solutions to reach more uninsured children.



CHIP and Medicaid offer a healthy return on investment for Texas.

- both allow working parents to stay on the job, providing for their children and contributing to our economy, instead of spending costly time with needlessly sick children or in the ER
- both decrease the cost burden on local communities, which everyone pays when parents are forced to take their uninsured children to the emergency room
- both bring Texans' federal dollars back to Texas to help families right here in Texas, instead of other states
- both keep children healthier, so they can grow strong, achieve more in school, and become productive adults

Business Leaders Agree: Insuring Texas children is the fiscally responsible thing to do

Maximizing federal matching funds is an important part of the legislative agenda of the Metro 8 Chambers of Commerce. The Metro 8 represents the chambers of commerce of the eight largest cities in Texas and the business communities of 60 percent of the state's population.

Metro 8 Chamber of Commerce

“The Metro 8 supports funding the Texas Medicaid/CHIP programs at a level that maximizes the availability of federal matching funds. In order to maximize the effectiveness of the CHIP program, we believe the Legislature should support a CHIP buy-in program based on a family's ability to pay and reach those eligible who are not currently enrolled.”

Greater Dallas Chamber of Commerce

“High quality medical care is a key component in recruiting businesses and talent to the greater Dallas area. However, if current trends continue, access to health care will decline and costs to business will increase.”

Greater Houston Partnership

“Access to health coverage helps maintain a healthy business climate for Texas employers by providing cost-effective, preventative care for children. The health costs of the uninsured has become an economic burden of the business community through property taxes and lost productivity of workers with sick family members.”

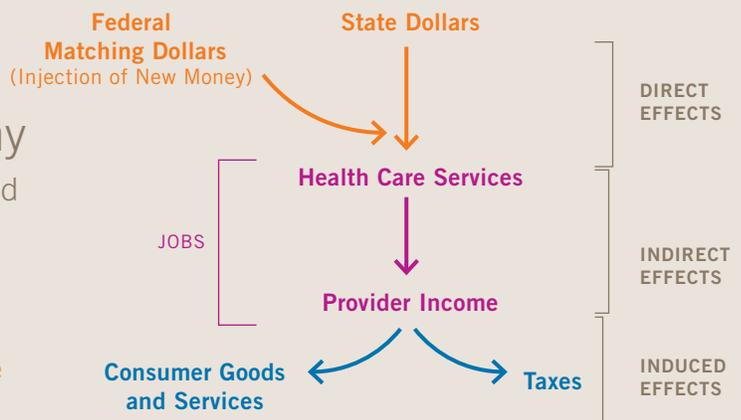
Flow of Medicaid and CHIP Dollars Through a State Economy

Every dollar Texas invests in children is multiplied and invested back into the economy

\$2.52 CHIP federal match for every \$1 state

\$1.47 Medicaid federal match for every \$1 state

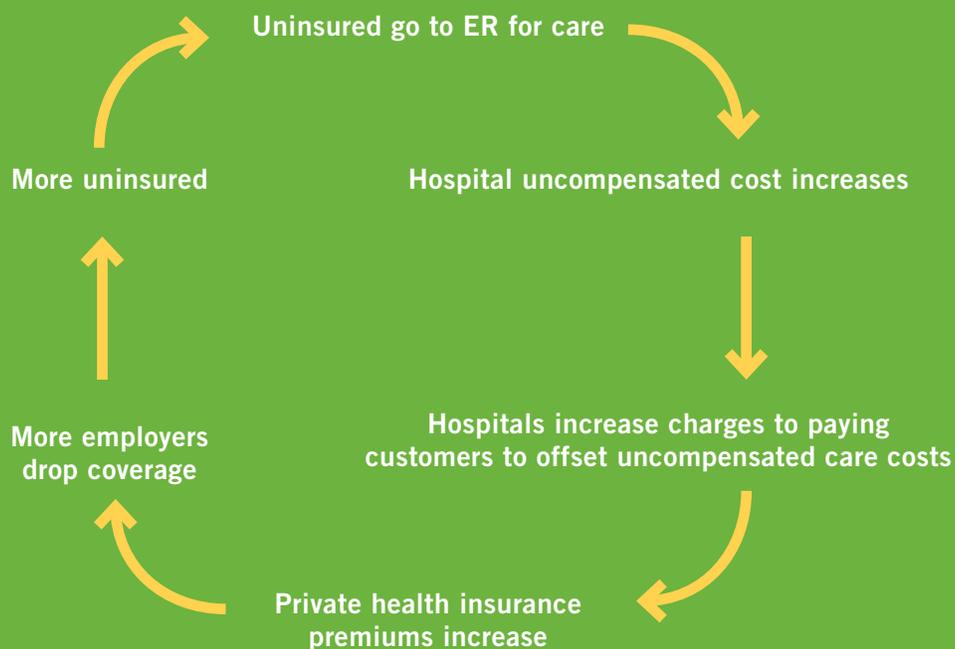
(Source: 2009 Kaiser Commission on Medicaid and the uninsured)



“The health insurance crisis can only be fixed with a one-two punch; we must address coverage and cost at the same time. If something is not done now, I predict that we will have a major crisis on our hands in the next 10 years.”

Dr. Guy Clifton, Neurosurgeon and author of Flatlined: Resuscitating American Medicine

The Vicious Cycle of Uninsured and Growing Health Care Costs



Source: Texas State Comptroller's Office

OVERWHELMING PUBLIC SUPPORT FOR COVERING CHILDREN

“Together, we must work to provide all children in Texas the foundation for a strong and prosperous future—beginning with proper healthcare.”

– U.S. Senator Kay Bailey Hutchison

Health coverage tops the list of what Texans really care about

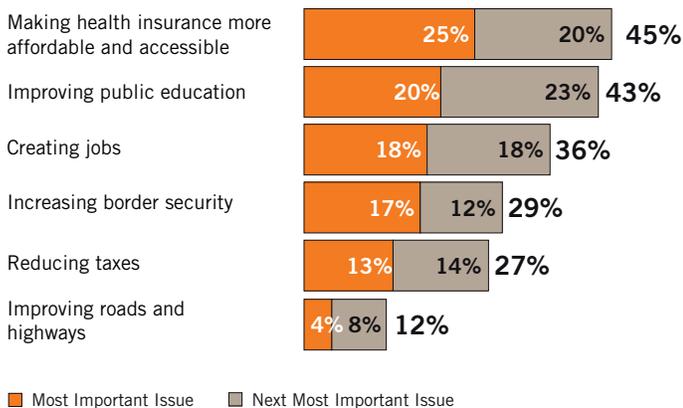
State Polling Data

January 2009 polling data from the Texas Hospital Association

77 percent of Texas voters think that as the federal government addresses health care issues, state leaders should too.

Texas voters want state leaders to address the access and affordability of health care more than they want action on improving the education system, creating jobs or decreasing taxes.

Most Important Issue to Texas Voters



National Polling Data

November 2008 First Focus Poll: How important should making sure all children have health insurance in America be for the new Congress and the President? (10 equals most important)

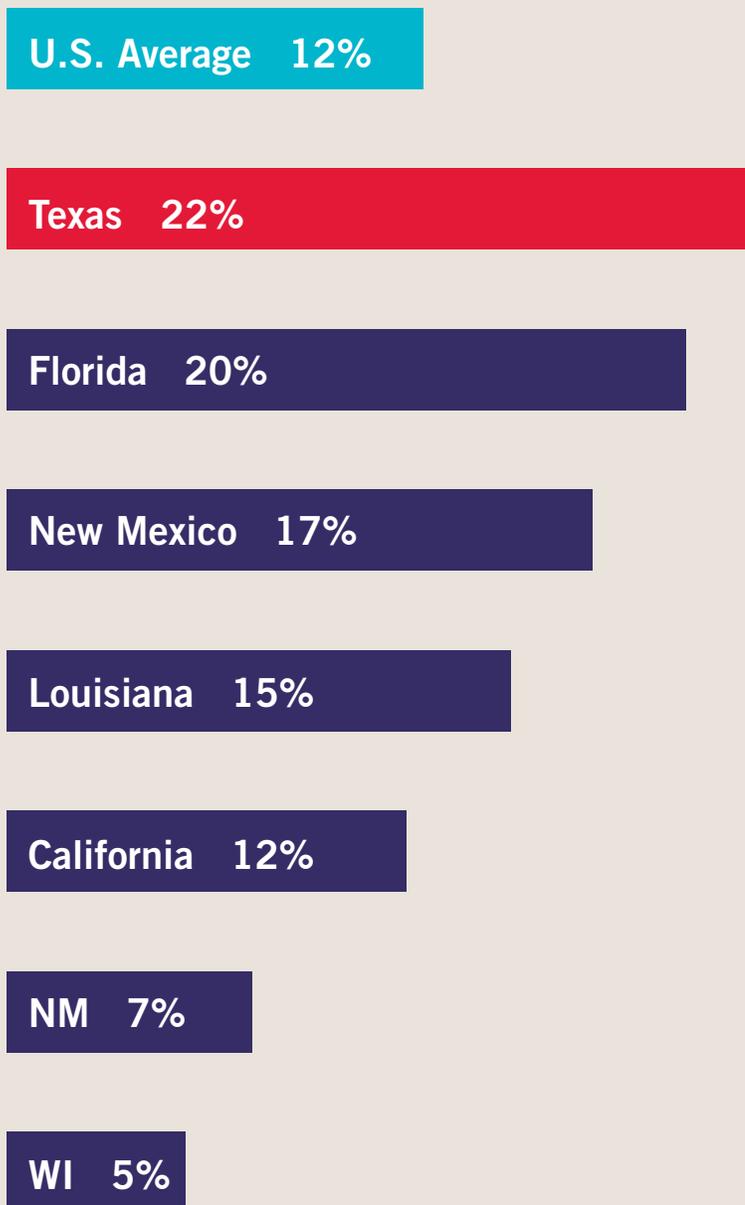
	Total	Parents
Average	8.4	8.6
10	56	60
8 – 9	17	17
6 – 7	7	5
5	5	3
0 – 4	9	8

Children's Coverage and The Economy

May 2008 Kaiser Health Tracking Poll: When asked about economic concerns, Americans are most worried overall by rising health care costs—serious problems paying for health insurance tied for second along with job issues, behind paying for gas.

More people reported serious problems paying for health than paying for food, their rent or mortgage, credit card debt, or losing money in the stock market. (*Lake Research Partners, February 2008*)

Percent of Uninsured Children





WHAT'S THE PROBLEM?

1.5 million Texas children remain without health coverage—more than any other state.

PROBLEM 1

Red Tape Keeps Eligible Children Uninsured

Between 750,000 and 850,000 children are eligible for coverage right now but cannot get or keep CHIP and Medicaid because of inefficiencies in the system

Texas laws promise to insure these children, but the infrastructure we rely upon to keep that promise needs fixing.

The enrollment system is overloaded and unable to manage the existing work load. Parents who play by the rules and try to enroll their eligible children frequently face long delays and have their applications rejected in error, because the state has not provided sufficient staff and technology to meet the need.

Over the last 10 years, the Texas Health and Human Services Commission (HHSC), which manages applications and renewals, had its staff cut by 40 percent, and its workload doubled.

HHSC was also saddled with a rushed implementation of a new computer system that works slower than the one it replaced.

As a result, tens of thousands of families are submitting

complete and accurate applications but are unable to get through the red tape and get their children covered. Tens of thousands more are unable to get answers to simple eligibility questions before their children are dropped from coverage.

“It is almost as if the system is set up in order to keep children off the program.” – Tyson Johnson, Mabank, TX

Texas is violating federal law, which requires Medicaid applications to be processed within 45 days. While children in other populous states see their Medicaid applications processed quickly and efficiently, families in Texas frequently wait three months or longer due to excessive bureaucracy.

Texas overburdens its own system by requiring eligible children to re-enroll in Medicaid every six months. This dramatically increases the likelihood that paperwork will be lost or that errors will keep children from getting coverage. Texas CHIP, in contrast, has 12-month coverage and this policy has proven effective for retaining eligible children.



Symptoms of a System in Crisis

- Federal timeliness standards require that 95 percent of Medicaid applications be processed within 45 days. HHSC has not met these federal standards for more than three years.
- In many regions of the state, families face processing delays of more than three months—a wait 15 times longer than in neighboring states.
- The rate of improper denials in the Food Stamp program, which can be used as a measure for other HHSC programs such as CHIP and Medicaid, soared nearly 600 percent in the last five years. Federal regulations state that a negative error rate above 1 percent indicates poor customer service and requires corrective action.

Research by Center for Public Policy Priorities (CPPP)

TEXAS CAN SOLVE THIS PROBLEM

For solutions see page 26



Mom trapped by red tape, and twin daughters go without care for more than six months

Bible Family Amarillo, Texas

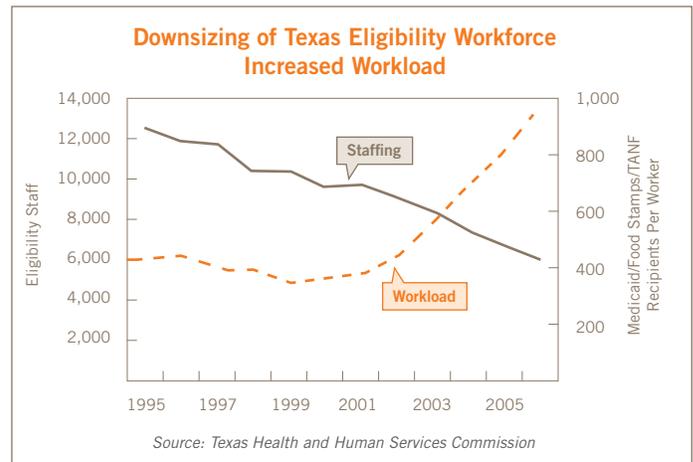
Elizabeth Bible is the manager at a fast food restaurant. She attends nursing school full-time with the hope of providing a better life for her family. Elizabeth's income is well within the Medicaid limit. For the last six months, she has filed three complete applications but each was lost, and her children remain uninsured.

"I have even stood there in the HHSC office watching as they faxed my application straight over... At this point we are pretty much ready to give up."

During this process, Elizabeth has relied on the emergency room for the primary care of her 4-year-old twin girls. Both have ear tubes for recurrent infections.

Elizabeth has already accumulated significant uncompensated care debt, some of which were recently sent to collection agencies.

Texas leaders CAN fix this by ensuring that HHSC receives the additional staff they have requested, and by cutting the Children's Medicaid workload in half with one-time-a-year application.



The eligibility system cannot handle current workload because over the last 10 years, staffing at the Texas Health and Human Service Commission (HHSC) has dropped dramatically, while the workload has doubled.



Repeated errors cause eligible kids to lose coverage—grades suffer and children wait for needed care

Reyes Family | Brownsville, Texas

Evelyn Reyes is 10 years old, and like her siblings, smart as a whip. She and her brothers are on the A and B honor roll and Evelyn was recently recognized as “Student of the Month” at school.

While the Reyes family income had not changed, red tape during renewal caused the Reyes children to needlessly go without CHIP coverage and critical care for over two months. Evelyn’s mother, Maria, submitted appeal after appeal, applied again and again, and was consistently told—erroneously—that her children were no longer eligible for coverage.

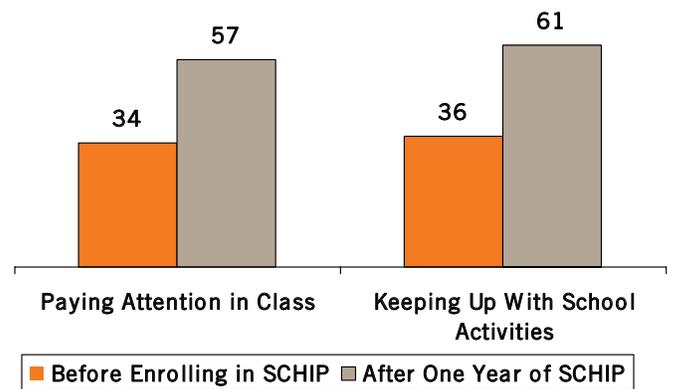
After advocates intervened, it was determined that Maria Reyes’ children were not only eligible for CHIP, but that they had been overcharged their CHIP enrollment fees for the last few renewal cycles.

“If we had not had someone to help us get through the system, I don’t know how we would have ever gotten the kids covered again.”

During the two month gap in coverage, Evelyn was unable to get her ADHD prescription filled and her grades dropped to C’s and

D’s. Her younger sister, Briana, had a seizure and the family was unable to schedule a neurologist appointment, and their brother Jesus, had a sports injury requiring emergency attention.

Children’s Average School Performance Ratings Before SCHIP Enrollment and After One Year of SCHIP



Source: Center on Budget and Policy Priorities (CBPP)
Managed Risk Medical Insurance Board, 2002

Texas CAN ensure that children’s education does not suffer due to lack of proper health care



Different application policies every time you call leave children uninsured and families not knowing what to do

Anderson Family Tarrant County, Texas

Roxanne Anderson lives and works in Tarrant County. She has repeatedly tried to cover her uninsured children but has been let down by the CHIP enrollment system.

“Over the last two years, not one application or renewal has ever been accepted the first time. Every single time, I receive letters requesting [alleged] “missing information” or denying coverage that I had to then appeal. Straightening out the problems has required many hours of work—on the phone, obtaining documents, and sending faxes.”



1st renewal – Two children approved for CHIP, one denied. All three had previously qualified for CHIP.

2nd renewal – Two children approved for CHIP, a different one denied. The system denied coverage for Roxanne’s oldest daughter because it erroneously concluded she was covered under Medicaid.

3rd renewal – Financial income verification problems. Roxanne had been told that a copy of the court order stating the monthly amount she was to receive for child support would be acceptable. This documentation was later rejected as insufficient information.

4th renewal – New rules for financial verification. Roxanne applied with previously approved paperwork.

“A signed court order and copies of the actual checks weren’t enough this time and no one could tell me why they were accepted previously, but not now. This time they wanted a letter from the state child support disbursement office.”

Despite following all the rules and starting the renewal three months early, her children were without coverage for over a month, resulting in \$300 of out-of-pocket medical bills the family could not afford.

Roxanne was thankful it was not more costly since her son has severe asthma and requires preventive treatment.

“Finally in February 2008 our coverage started again for all three children. I am so relieved that I don’t have to re-apply for a year this time! I am grateful for CHIP and appreciate the affordable co-pay for doctor visits and prescriptions. It (almost!) makes it worth the trouble it takes to qualify.”

“Without CHIP, my children would not have health insurance.”

Families in CHIP are now able to re-apply once a year, but Medicaid children must still re-apply every 6 months, doubling the chances they will fall through the cracks of the broken eligibility system.

Lack of sufficient staff and a stressful environment has caused high turnover and inadequate training of remaining staff. Turnover has ranged between 20-30 percent over the last three years.

(Source: HHSC)

As a result, families face extreme frustration and delays due to unclear and inconsistent policies when attempting to enroll their children.

Texas leaders CAN fix this by adopting 12-month Medicaid coverage and hiring of additional staff.

CHIP and Medicaid transitions put children at risk of losing coverage

Quinn Family Abilene, Texas

Jenna works hard to provide for her children, working full time at a local bank. Enrolling in her employer's health coverage would cost \$600 per month, nearly 50 percent of her salary. She is thankful to have Medicaid and CHIP coverage for her children.

But Jenna cannot always count on coverage for two reasons. First, her income is close to the eligibility line between CHIP and Medicaid. Second, like a lot of divorced moms, Jenna cannot always count on regular child support payments. This means that every time she receives a child support check, and it happens near CHIP renewal time, she must fight with the CHIP program, for which she now qualifies, to prove that her child is no longer on Medicaid.

HHSC should communicate internally to clarify whether Jenna's children are already covered under another program. However, the system places this burden on the parent.

"I would love for someone to figure out what is going on. I am afraid something bad could happen when they are not covered and then I am stuck with a large bill I can't afford."

Jenna has found help from advocates twice in the last six months in order to keep her children's health coverage. Many Texas parents would not know how to get help, and their children would simply fall through the bureaucratic cracks.

The change of address request she submitted months ago has not been processed, which means the Medicaid cards her son needs to see the doctor keep getting returned to Austin.

Texas CAN improve coordination and efficiency between CHIP and Medicaid







Medicaid is unable to provide timely and accurate processing of applications, even when parents go to extreme lengths

Carter Family Bryan, Texas

Kelleigh Carter held her son Alex and watched helplessly as a deep cut above his eyebrow bled heavily for more than an hour. She panicked, knowing she couldn't take him to the ER because she had no way to pay out of pocket. The nurse at her pediatrician's office told Kelleigh that her son needed help, but the doctor's office would not see him without his Medicaid card.

This is doubly tragic because Alex was eligible for Medicaid coverage at the time. Like too many Texas parents, Kelleigh tried to keep Alex insured, but after a long and frustrating renewal process, her eligible son had been wrongfully denied due to alleged lack of information. Kelleigh had submitted every piece of information requested, filed her change of address form, and waited hours in the HHSC office just to get a receipt that proved she had submitted her application. However, an overworked and understaffed system still wrongfully dropped his Medicaid coverage.

Kelleigh took care of him the best she could at home, watching for signs of a concussion and managing his bleeding.

"I cannot convey the shame and guilt I felt at not being able to provide what my son needed and being scared that something more serious could have happened and I was literally helpless."

Alex went without health coverage or medical attention for two months until Kelleigh found an advocate who intervened on her behalf.

Just three months after Alex's coverage was restored Kelleigh has received a letter in the mail stating that she must re-apply for coverage and that "he may not be eligible."

Texas is violating federal law, which requires Medicaid applications to be processed within 45 days, but families in Texas frequently wait three months or longer, due to backlogs in the state's bureaucratic system.

This is a problem Texas CAN solve.

Families in storm-ravaged Louisiana see their Children's Medicaid applications processed, on average, in eight days. Surely Texas government can perform at least as well.

Without notification, daughters are dropped from coverage— needed care delayed while family starts application process anew

Rubio Family El Paso, Texas

Kristine is pursuing a master's degree in public health at the University of Texas Health Science Center at Houston – El Paso satellite campus. She has always been grateful for the CHIP coverage that protects her children while she attends school.

This past year, without any notification, her daughters Mia and Alexis were dropped from CHIP coverage. After an appeal to HHSC, Kristine was told that her only option was to re-apply. Her children remain uninsured while Kristine waits for her paperwork to go through the system.

Mia needs urgent testing for a possible peanut allergy. Alexis waits to see a specialist for her allergy-induced asthma while continuous coughing disrupts her concentration at school.

Eligibility system is in real crisis.
The rate of improper denials in the Food Stamp program, which can be used as measure for other HHSC programs like CHIP and Medicaid, has soared over the last five years.

Increasing rate of erroneous denials:

2004:	2.8 %
2008:	18.9 %



System errors cause family to delay urgent medical care

Carter Family Dimebox, Texas

Joyce Carter has called HHSC repeatedly to get her son Nijel's coverage restored.

"I don't think they were even keeping a record of my calls because nobody ever seemed to know what was going on. They told me so many stories every time I called, as to why Nijel wasn't covered by CHIP."

Joyce had submitted a renewal application on time, and nothing had changed in her family income. Only when she tried to make a specialist appointment after Nijel was injured playing sports did she learn that his coverage had been dropped. She had received no prior notification.

Knowing that she could not continue to watch her son's increasing pain, Joyce reached out to a social worker who helped advocate to restore Nijel's coverage.

"This is not a system that people can navigate on their own, and it needs to be fixed! Without the help of the social worker I do not know how I would have ever fixed this issue."

Nijel missed a week of school and was unable to walk for seven days due to extreme pain while awaiting a doctor's appointment.

"People wonder why there are so many eligible children who aren't insured. Well, with this kind of trouble just re-enrolling your child, what would you expect?"

With coverage for only six months, many children lose Medicaid coverage before they are able to get in to see a doctor. Repeated lapses in coverage make it extremely difficult for Texas Medicaid to meet the federal court lawsuit settlement goals for check-ups, immunizations, and access to care as required by the Frew lawsuit—a billion dollar civil class action lawsuit against Texas Medicaid.

Texas CAN keep eligible children from losing coverage because of processing errors

SOLUTION 1

The eligibility system is in crisis and cannot handle current demand. Families who play by the rules and submit all the required paperwork are still bound by red tape. As a result of red tape and an overburdened eligibility system, hundreds of thousands of children are unable to get the care they need or experience costly and dangerous gaps in health coverage.

An efficient enrollment system is more important than ever.

As the economy declines, many new children will lose employer-sponsored health coverage.

Economists predict that the national unemployment rate could reach 10 percent by 2010. Although the unemployment rate in Texas is currently below the national average, Texas' unemployment rate is rising faster than average (*CPPP*). For every 1 percent increase in unemployment nationally, more than 1 million children are added to CHIP and Children's Medicaid.

(Source: 2008 Kaiser Commission on Medicaid and the Uninsured)

This is a problem that Texas CAN solve.

To fix the system and ensure that eligible children are able to obtain and maintain enrollment in CHIP and Medicaid, Texas must:

1. Ensure that HHSC receives the staff it needs to process applications timely, efficiently and correctly.
2. Cut the paperwork burden for families and state workers in half by allowing families with children in Medicaid to apply once a year, instead of every six months.

Fixing the Eligibility System

They are already working mandatory overtime, but HHSC eligibility staff cannot keep up with the need and properly process CHIP and Children's Medicaid applications in a timely manner. As a result, tens of thousands of eligible children lose health coverage.

The Texas Legislature must ensure that HHSC receives the additional staff outlined in its Legislative Budget Request—Exceptional Items 2 and 3.

HHSC currently oversees approximately 7900 eligibility staff. Without **Exceptional Item 2** in the budget request, HHSC will have to cut back to 7200 staff. With **Exceptional Item 2**, the agency can hire over 9,000 workers. **Exceptional Item 3** would allow HHSC to hire an additional 820 staff.

With this staffing increase and 12-month Medicaid coverage, HHSC can improve eligibility system performance, keep up with caseload increases, and comply with federal timeliness standards.

These changes are the key to bringing Texas' broken eligibility system out of its current crisis. Fixing the system would not only help CHIP and Medicaid children, but also the elderly, disabled adults, and pregnant women and their newborns, who all use the same enrollment system.

12-Month Medicaid Coverage

The Texas Legislature can cut the Children's Medicaid paperwork burden for families and eligibility workers in half by providing children 12-month coverage.

Implementing 12-month coverage for Children's Medicaid would result in two million fewer renewal applications per year, dramatically reducing HHSC's current workload and paperwork backlogs.

Twelve-month continuous coverage in Children's Medicaid—equal with CHIP policy—would be the single most effective way to:

- Demonstrate elected officials' commitment to the bipartisan goal of insuring our poorest children first
- Increase enrollment of our eligible uninsured child population
- Dramatically boost the performance of HHSC's eligibility workers by cutting costs and workload

Twelve-Month Coverage is THE most effective way to reduce the number of uninsured children in Texas

12-Month Coverage would reduce the number of uninsured children in Texas by 25 percent.

12-Month Coverage:

- Dramatically cuts the chances that children will fall through the cracks and remain uninsured
- Is a national best practice for reaching already eligible uninsured children and is already used in many other states
- Works for Texas! In 2007, Texas CHIP reinstated 12-month coverage for CHIP families and as a result, two years later, more than 150,000 children were newly insured and getting check-ups and preventive care.

Twelve-month enrollment is administratively preferred, and has been embraced not only by private market insurers, but by Texas HHSC for its various other programs:

- Medicaid newborn coverage, Medicaid maternity coverage, the CHIP perinatal program, Traditional Texas CHIP, The Women's Health Medicaid Waiver, and its recent SB10 Medicaid 1115 waiver request.

12-month Coverage would also:

- Promote **continuity of care** and **stable medical homes** for children, easing recruitment and retention of doctors and other health care providers for Children's Medicaid
- Increase access to regular health care providers, preventive care visits, and care without delays
- Help Texas comply with a federal court order for check-ups, immunizations, and access to care (The *Frew* lawsuit is a 15-year old federal class action lawsuit over Texas Children's Medicaid.)
- Reduce Medicaid Managed Care health plan administrative costs
- Help Medicaid Managed Care health plan "HEDIS" standards hold HMOs accountable only for children enrolled for at least one year, because it is generally thought that less than a year is not enough time to show improvement. Since plans must only report on children who have been enrolled for a year or more, Medicaid Managed Care cannot reach its potential for improving care until 12-month coverage becomes a reality

- 12-month continuous eligibility for Children’s Medicaid would cut HHSC’s Medicaid workload in half, improving efficiency and helping Texas get back into compliance with the 45-day application processing requirements of federal law
- Texas and California studies have found that 12-month coverage reduced hospitalizations and the annual cost per child
 - Medical costs per child decrease about 25 percent when a child has consistent access to a doctor through 12-month coverage (*Texas CHIP HMO, Texas Children’s Hospital in Houston*)
 - Children who temporarily lost Medicaid coverage were far more likely to be hospitalized for conditions where hospital stays could have been avoided (*2007 University of California report*)
 - When California Children’s Medicaid enrollment was changed from 6 to 12-months, there was a 25 percent reduction in avoidable hospitalizations, increased enrollment of children, and fewer gaps in coverage for eligible children (*2007 University of California report*)

(Research by CPPP)

The large majority of eligible uninsured children qualify for Medicaid.

Three-fourths of uninsured children are already eligible for Medicaid. This is because Texas still requires Medicaid-eligible children to go through the most difficult enrollment process. Not only does the broken eligibility system create countless barriers that keep families out of the system, but our poorest and most vulnerable children are one of the few groups in Texas still asked to re-apply every six months for health care coverage.

Twelve-month coverage is the right thing to do for our neediest children, and for all Texans who must rely on our troubled eligibility system.

PROBLEM 2

Some Families Have No Options for Providing Health Coverage for Their Children

For too many families in Texas, health coverage is not available through their employer.

- 49 percent of private sector firms in Texas offer health insurance to their employees. This is well below the national average of 56 percent.
- 32 percent of small employers in Texas offer health coverage *(2006 Medical Expenditure Panel Survey-Insurance Component (MEPS))*

For many more families, health coverage through work is unaffordable.

Employer-sponsored coverage now costs the average family over \$1,000 per month, putting coverage out of reach for a growing number of families. For a family that earns \$50,000 dollars a year, the annual cost would consume more than 30 percent of their take home pay.

Many families are just a fraction over the income limit.

The current system in Texas acts as a “cliff,” and children fall over it with the first dollar their families earn over the eligibility limit. This creates an economic disincentive for working families, as a modest cost of living raise is not worth losing

their children’s health coverage. Parents who could use the extra income have limited the amount of over-time they work to avoid exceeding CHIP income limits. Families have decided not to start new businesses or take promotions.

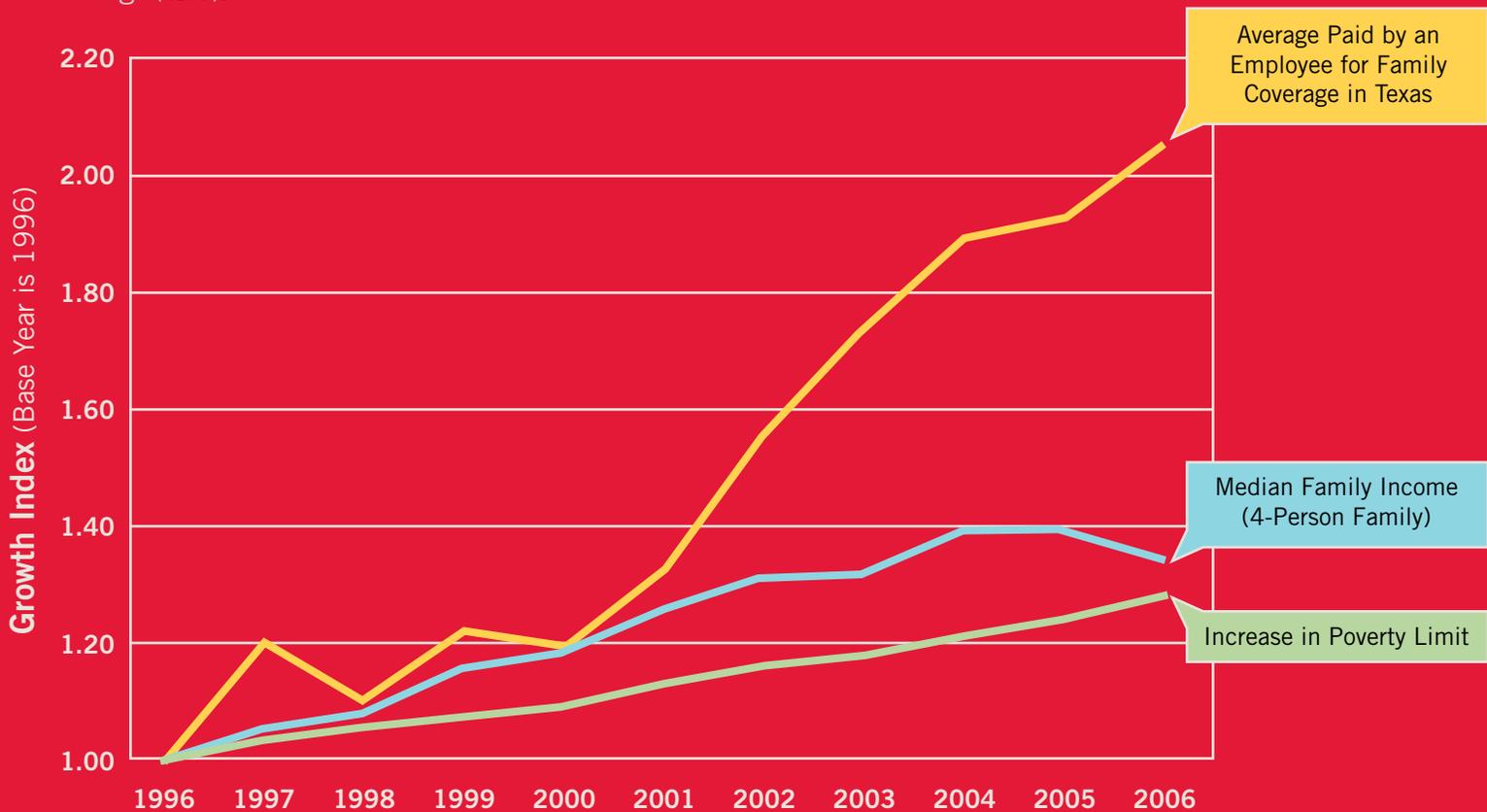
Left with no options, families request pay cuts to keep their children covered.

A raise, promotion, or overtime doesn’t help parents if it means their children lose CHIP and private coverage will cost 30 percent of their income.

From 2001-2005, Texas insurance premiums have grown 10 times faster than wages, making children in middle income families the fastest growing group of uninsured children

(Source: Robert Wood Johnson Foundation)

Nationwide, two-thirds of newly uninsured children come from families earning over 200 percent of the Federal Poverty Level (FPL). Only families under 200 percent FPL are currently eligible for CHIP and Medicaid in Texas. The 2007 census confirms that newly uninsured middle-income children are driving the increase in the number of uninsured Texas children. Very few of these children have access to insurance through their parents' jobs: less than 8 percent of families between 200-400 percent FPL turn down employer-sponsored health coverage (CBPP).



Source: Georgetown University Center for Children and Families

3 percent cost of living income increase becomes crisis when family is put \$20 over the CHIP income limit

Hebert Family Pasadena, Texas

“Hello, my name is Kyla Hebert.” In February of 2008, my daughter lost her health insurance for the first time because her insurance carrier closed its program. We attempted to find alternate coverage and much to our dismay, discovered that our daughter was considered uninsurable by industry standards. She was denied coverage.

My daughter, Katie, has an undiagnosed neurological condition that affects several of her bodies' systems. Although she is thriving in spite of it all, she is not the picture of a normal, healthy child, and she is too much of a risk for the insurance companies to accept.

Unfortunately, my husband's group plan is not an option for us. It would cost 30 percent of our monthly income, roughly \$1000 per month, and we do not have that amount of money to spare. In addition to the high cost, it does not cover Katie's basic health care needs. For example, none of her therapies would be covered, none of her genetic testing or appointments are covered. **Can you imagine what it is like to choose between your financial responsibilities and your child's health?**

The only plan that is willing to cover my daughter and provide adequate coverage is our state CHIP plan, but we were \$260

dollars over the monthly income limit for CHIP. Because we had no other viable options, my husband had even requested a pay cut to lower our income enough so that our children could qualify for coverage, but his employer never answered his request. Eventually we were able to get our children enrolled in the CHIP plan, but to do so, we had to pay for unnecessary childcare to effectively lower our income enough to become eligible for the program.

Our situation was further complicated in December after my husband received an automatic three percent cost of living raise. This put us \$20.54 above the CHIP income cut off and once again he had to approach his employer and request that his pay be lowered. During the time it took to have his salary lowered, our children lost their insurance coverage again due to that negligible pay increase and we are currently awaiting their reinstatement into the program. **It seems unbelievable that a cost of living raise can become a major crisis, but it is when our children's health hangs in the balance.**

This can be changed and our state leaders can change it. I speak for our family and families like ours when I say **we are willing and able to pay for our coverage, we just need to be given a real opportunity to do so.** All children deserve access to proper health care, regardless of their health status or family income.”





Left with no other options, family takes \$100 pay cut in order to keep CHIP coverage

Sage Family Tyler, Texas

Joel is a bright and happy 12-year-old boy from Tyler. His parents work hard to provide a good life for him and his brothers. His mother, Kim, is a full-time nursing student and his father works in swimming pool repair. While they make a good living, Mr. Sage's job does not offer health coverage. That is why, when Joel was first diagnosed with Crohn's disease in 2006, they were very grateful to be covered under CHIP. Through CHIP, Joel was able to get all the care that he needed during the recurrent painful episodes that inevitably landed him in the hospital and resulted in much of his large intestines being removed.

"Without the required medication, Joel's Crohn's Disease will grow worse, causing him to possibly lose more intestine than he already had to have removed. He's 12 years old. Those intestines need to last a lot longer."

When Joel's oldest brother turned 19, the Sage family was reclassified from a family of 5 to a family of 4. This put the Sage family \$100 dollars over the CHIP income limit. Joel and his brothers lost coverage, even though his older brother continued to live at home, supported by his family while he attends college.

"Joel cannot go without medical care, and there is no way that we can afford to pay for his care. His medicines alone cost \$2,000 a month, and his last hospitalization would have cost us \$17,000 without CHIP. Being uninsured is not an option for him!"

Left with no other options, Joel's parents approached their employer with a \$100 pay cut request. HHSC officials reviewed the case and reported that there was no CHIP policy against taking a pay cut to keep benefits.

"Thus, we took the reduction in salary, and were able to keep the boys' coverage going."

"With the rising cost of living today, our money doesn't go as far as it used to. Sooner or later, we're going to have to have a pay increase just to keep up, which will put us over the CHIP limit again. With the way the system is set up now, it's a never-

ending cycle. **Families in our income bracket need to have an option for affordable health insurance for their children."**

Employer coverage not available, family relies on emergency room for care

Johnson Family Mabank, Texas

If you met Jaci and she knew you were coming, she would probably make you a gift before you arrived to her home. Jaci is immediately warm to new friends, stays after school to help her peers with school work, and is looked at by the entire family with a twinkle in their eye. She is their sunshine girl.

Jaci's father participates on the school board, and the entire family is devoted to service to their community. Currently however, their attention is elsewhere, as Jaci lost her CHIP coverage when her older brother turned 19. Since then, the family has been \$620 dollars over the CHIP income limit.

Because Mr. Johnson's job does not offer health coverage and Jaci has a pre-existing condition, the Johnsons are unable to find any way to insure their daughter.

Jaci has Williams Syndrome, a rare genetic disorder that affects her cardiovascular, musculoskeletal and renal systems.

Her quality of life depends on health coverage, and the family is at a loss on what to do.

Since Jaci lost coverage, the Johnson family has been relying on expensive emergency room visits for Jaci's medical needs.



Recently, Jaci required emergency surgery for a large abscess that had developed and was at risk of rupturing into her bloodstream—a life threatening occurrence that has now left the Johnson family more than \$20,000 in debt.

“The stress is definitely taking a toll on us. It is very overwhelming and brings such a feeling of despair.”

“I worry a lot about Jaci's health, considering her Williams Syndrome can create problems later on. We do not have the money to have the EKG she is needing to have or even for the check-ups needed to catch any emerging issues.”

Only 49 percent of Texas employers offer health care coverage to employees. (2006 MEPS)



Fear of losing health coverage after new employment established

Shores Family Fort Worth, Texas

Misty Shores is a relationship consultant at a global mobile information exchange company. Her fiancé and the father of her youngest two children was a supervisor at a warehouse company until a few months ago when the declining economy caused him to lose his job.



The one bright light in this scenario was that the family was finally able to secure CHIP coverage for their children who had been waiting for more than four years.

They had applied to CHIP several times before, but were always over the income limit. Coverage through Misty's job would cost them roughly 12 percent of their salary, making it financially out of reach after they pay child care and all other basic expenses.

"I do not know if our leaders know how much it costs to raise children these days. Child care today costs more than our rent. We shop at the thrift store for clothes and do not go to the movies or have other frivolous spending. Just the basics of food, housing, and child care, do not leave us enough to provide health coverage for our children. **I get so frustrated that I can't take my kids to the dentist or doctor when I work hard and make a decent living.**"

Her youngest two children were behind on immunizations, and their oldest son had had a painful cavity for nearly two years. Upon taking their son, Isaiah, to the doctor, Misty and her fiancé discovered that Isaiah's tooth had abscessed down to his jaw bone and needed an immediate root canal. Isaiah lost his tooth and has long-term jaw damage.

Misty's fiancé is now training to become a commercial truck driver. The Shores know that as soon as he starts his job, their children will once again lose health coverage and return to using the emergency room for expensive and non-preventive care.

Before attaining coverage, the Shores had already visited the ER five times over the last seven months. **"We hate to add to the rising cost of health care by taking them to the emergency room, but we just do not have anywhere else to go."**

13 percent of private health insurance premiums go to pay for the cost of uncompensated care when uninsured Texans are forced to rely on expensive emergency room care. Other uncompensated care is paid for by rising local hospital taxes. *(Families USA)*

About Isaiah

Isaiah is one of the most polite 12-year-olds one could hope to meet. He takes care of his siblings, opens doors, and politely says, “yes ma’am” and “sir” to others. His teachers have recognized his strength of character and intelligence and have recently nominated him as one of only 48 students from the Tarrant County area to attend a two-week residential Science Camp. The Shores are extremely proud.



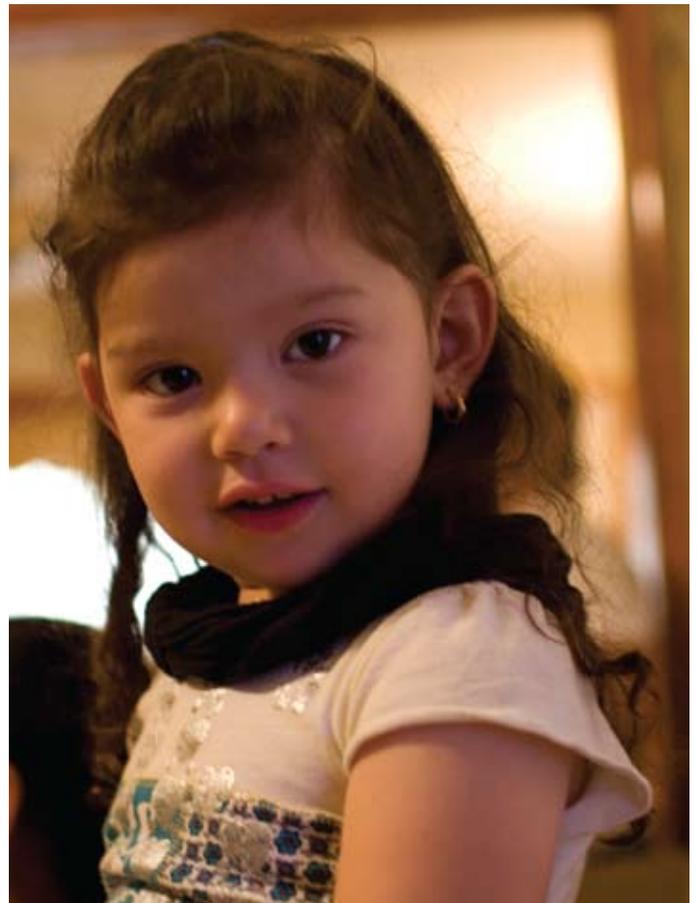
Employer coverage is just too expensive

Saldana Family Houston, Texas

Monique Saldana is an apartment complex manager and works hard to provide for her daughters. She is \$400 dollars over the monthly CHIP income limit, so Monique must rely on the emergency room in order to provide care for her daughter.

“My name is Monique Saldana and I need help getting coverage for my daughter. I am a single mother and I am employed full time. My employer offers insurance but at a cost of 15 percent of my take home income, with a \$5,000 yearly deductible. My two-year-old daughter Abigail is uninsured. She has had severe allergies since she was born as well as ear infections. In 2007 she had tubes put in her ears due to fluid build up and it was affecting her hearing. Since then the tubes have fallen out and she is needing them put back in as well as having her adenoids removed due to breathing problems. **Quite frankly I cannot afford to have her covered by my employer’s insurance and pay a \$50 copay each visit and pay the deductible to have the tubes replaced.** I recently applied for CHIP and was denied. I was asked to write a letter explaining why I thought she should be covered and again was denied. I have no clue what to do! She is now due for shots and has no insurance to get that done. Can you please assist me in finding a coverage that would be reasonable enough to cover my daughter.”

In February 2009, Monique took Abigail to the emergency room three times crying in pain.



We are more than willing to pay for the cost of CHIP coverage, but were told that it was not an option

Saenz Family Corpus Christi, Texas

“My two children have been covered by CHIP for several years. It has been a blessing. We have been able to provide them with the medical care they require. This year one of my sons was diagnosed with polyneuropathy (a neurological disorder) and has been undergoing testing for the last nine months to try to determine the cause. While planning to renew our CHIP coverage, I learned our family income has risen just above the cut-off point for CHIP, so CHIP coverage will not be renewed. But my son’s tests are incomplete, and he continues to have pain and weakness.”

“I have offered to pay the entire premium if we can just keep our CHIP coverage at least until we have an answer as to what is happening to my son. I was told that is not an option. In a few weeks I could be told my son has Muscular Dystrophy or some other very troubling diagnosis, and he might not have insurance to cover him when he needs it most. This makes an already frightening situation even worse.”



“Making CHIP available to all Texas children is a must even if some families must pay the entire premium because of their incomes.”



Fear of losing coverage keeps family on edge

Zulewski Family San Antonio, Texas

The Zulewski family is welcoming and affectionate, gently teasing and joking with each other and displaying the warmth of a close-knit family. Mr. and Mrs. Zulewski have done an outstanding job in raising two confident, intelligent and well-supported children. Amanda is 18 and wants to be a Zoologist. Alex is set on going to culinary school in Italy one day.

About a year ago Alex was hospitalized for unexplained fevers and night sweats. The Zulewskis feared the worse, knowing that cancer was a possibility. After months of testing, doctors were not able to establish a diagnosis. While the family was grateful that they had not found cancer, the incident has left them unsettled ever since. Alex continues to experience sporadic bouts of unexplained fevers and night sweats.

“Because of this, we are very paranoid about not having coverage even for a short time for Alexander.”

During the Zulewskis' last CHIP renewal, coverage was denied because they made just \$150 too much. The children had always qualified before, but Mr. Zulewski's job had required mandatory overtime which put them just over the limit.

Once the overtime had ended, they reapplied but every gap in coverage is traumatizing for the family. Alex had another bout of fevers during the month he was uninsured and his parents anxiously watched, hoping it would not require another stay in the hospital.

“It really pains me not to have coverage for my son... and for something so silly as a temporary increase in salary that totaled only \$150 dollars for a few months, and is not something we get all the time.”

Insurance is available through work, but it would cost Mr. Zulewski one-fourth of his salary to cover his children. This is financially out of reach for the family.

On top of everything, their daughter will be turning 19 in November. When this happens, the family will be over the CHIP income limit and Alex will once again become one of the 1.5 million uninsured children in Texas. The family urges Texas leaders do something quickly to help avert their family's impending disaster. Alex is in and out of the hospital and doctors offices and cannot go without health care coverage.

SOLUTION 2

Texas CAN cover more uninsured children and maximize federal matching funds RIGHT NOW by creating a CHIP buy-in program

Families just above the CHIP eligibility limit would pay for their children's health coverage, if they had an affordable option. The current CHIP income eligibility limit works like a cliff—earn an extra dollar and your children's coverage falls away. This has created a disincentive for economic advancement. The \$100 dollar pay raise or over-time hours just aren't worth sacrificing your child's health coverage.

Hard-working families should not have to choose between getting ahead and keeping their children insured. By creating a CHIP buy-in, the Texas Legislature can give families a better choice.

CHIP already offers comprehensive, low cost plans that Texas can use to provide better options for middle-income families.

A CHIP buy-in would allow families just over the CHIP income limit to purchase CHIP coverage for their children on a sliding-scale basis. This would eliminate the cliff and help families transition to private coverage as their income increases.

- Families between 200 and 300 percent of FPL (two working parents in a family of four, earning between \$44,100 to \$66,150 a year) would be able to buy CHIP coverage for their children, paying a sliding scale premium that increases with their income.
- Families earning more than 300 percent FPL who do not have access to employer-sponsored coverage could pay a premium equal to the full cost of insuring their children. This could be done at NO COST to the state.

A CHIP buy-in encourages parents to keep working hard without sacrificing their children's health, helping them transition gradually to private coverage as their income increases.



Maximizing Federal Funds

Through the recently passed federal CHIP Reauthorization Act, Texas is receiving a 72 percent increase in federal matching funds for its CHIP program. That makes nearly \$1 billion in federal funds available to Texas for CHIP over the next two years. A CHIP buy-in program and cutting the red tape for eligible children will ensure that Texas gets its fair share of available federal funds. Without these reforms, Texas will NOT be able to maximize federal matching funds and Texas tax dollars will go to provide health coverage for children in other states.

Homesick Texas tax dollars used by other states to cover children outside of Texas

Over the last ten years, \$958 million Texas federal tax dollars that could have been used to provide health coverage for Texas children have gone to states like California and Illinois, that have prioritized covering uninsured children. This is part of the reason Texas has the highest number and rate of uninsured children in the country, double the national average.

(Researched by: CPPP)

The only way to bring these Texas dollars home and maximize federal matching funds is to enroll more children in CHIP. This is a great use of our tax dollars, because every dollar Texas invests brings about \$3 in federal funding into the state.

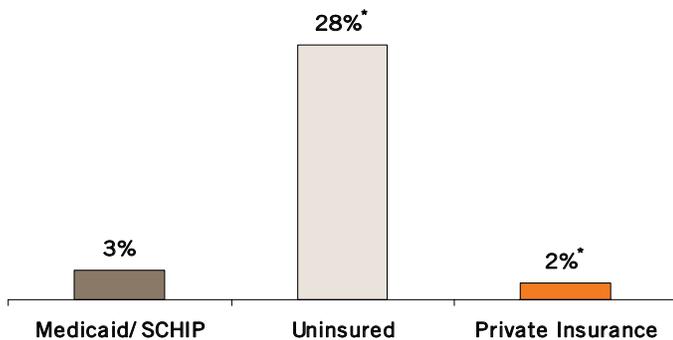
COVERAGE AND ACCESS

Children who are insured have better access to care from physicians and increased use of preventive health care

Studies show that there is a direct link between being insured and actually receiving preventive health services and attaining a better health status. A Center on Budget and Policy Priorities (CBPP) 2007 report shows that children on CHIP and Medicaid are more likely to have medical homes, receive preventive care,

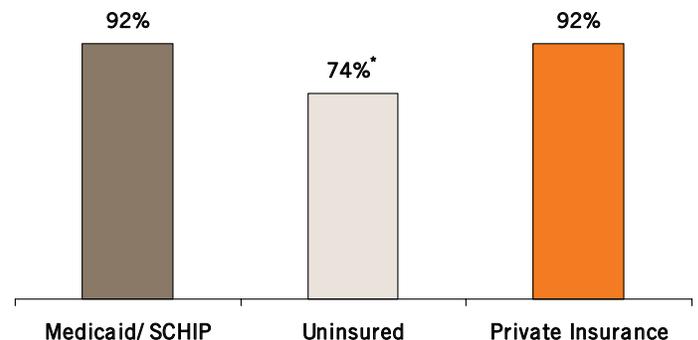
see a doctor, and have fewer unmet medical and dental needs than uninsured children. In fact, once children are enrolled in CHIP and Medicaid, their usage of preventive and primary health care equals that of children on private health insurance.

Percent of Children With No Usual Source of Health Care



*Difference from Medicaid/SCHIP is significant with 90% or better confidence.
Source: CDC, 2006. Analysis of 2005 National Health Interview Survey.

Percent of Children With One or More Doctor or Health Professional Visits in Last Year

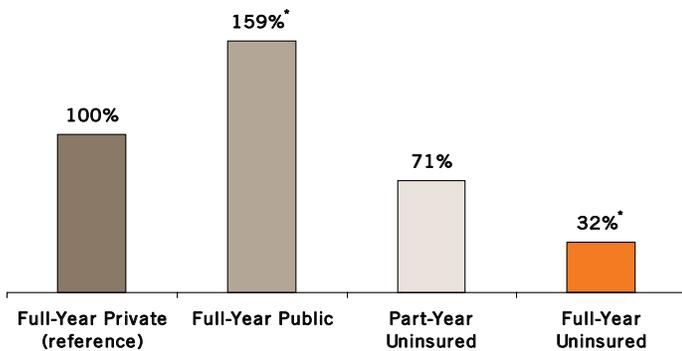


*Difference from Medicaid/SCHIP is significant with 90% or better confidence.
Source: CDC, 2006. Analysis of 2005 National Health Interview Survey.

Continuous coverage has been shown to lead to greater use of preventive health and dental care

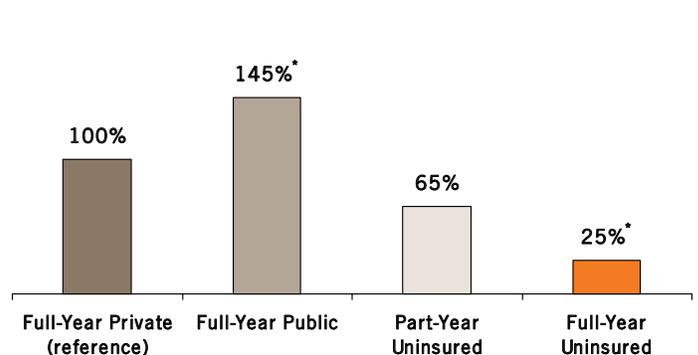
Studies also show that the longer children receive continuous coverage the more likely they are to keep a medical home and use preventive care. This is a key reason providing 12-month Medicaid coverage is so important.

Likelihood of Having a Preventive Health Visit in the Prior Year, Compared to Children With Full-Year Private Insurance



*Difference from full-year private coverage is significant with 95% or better confidence.
Source: Duderstadt et al., 2006. Based on analyses of 2003 NHIS.

Likelihood of Seeing a Dentist in the Prior Year, Compared to Children With Full-Year Private Insurance



*Difference from full-year private coverage is significant with 95% or better confidence.
Source: Duderstadt et al., 2006, based on 2003 National Health Interview Survey.

Working Smarter Not Harder

How Texas can improve outreach and systematically identify all uninsured children

Texas can improve how it spreads the word about children's insurance options by focusing outreach where children already are: in schools and local communities.

Successful school-based outreach models are currently being used in Houston, Austin, Dallas, and the Rio Grande Valley.

Case Study:

CDF's 100% Campaign is a partnership with Houston area hospitals and the Houston Independent School District to identify and reach uninsured students. By adding a question on school enrollment forms that asks parents the health coverage status of their children, school-based outreach workers systematically identify all uninsured children in the district and provide targeted outreach to these families. Families receive assistance with the CHIP and Medicaid enrollment process, and when they do not qualify for either program, they are connected to other low-cost community clinics.

In just a few months, the 100% Campaign identified nearly 7,000 uninsured children and was named a best practice by the American Association of School Administrators.

The Mendez family had just moved to Houston and had no idea where they could go for their children's health coverage. When their son had a severe fall, leaving him with a lost tooth, torn lip and swollen face, a private hospital wouldn't see the child without coverage. The family was thrilled to learn that they could apply for Medicaid at their son's school. "I think this [100% Campaign] is a great investment for families who are in desperate need of medical assistance."

Investing in outreach—Texas severely under-funds outreach to the community

Colorado spends as much to find and enroll its 150,000 uninsured children as Texas spends to reach 1.5 million uninsured children.

Over the last 10 years, Community Based Organizations (CBOs) contracted by the state to provide community outreach have seen their funding cut while their workload has doubled. CBOs previously had more funds and were responsible for reaching out to only CHIP and Medicaid-eligible children. Today, they are responsible for reaching out to at least twice as many Texans eligible for five different programs, but are working with fewer than two-thirds of funds they had when Texas first launched CHIP.

How to Reach the Poorest Children First

The Solution is Clear

Democrats and Republicans agree: Texas should prioritize enrolling the poorest children first.

“Governor Perry’s focus is on enrolling those children of the working poor who currently qualify, but aren’t enrolled.”

– Governor Perry’s spokeswoman Allison Castle

“If I had a magic wand, I’d get them all enrolled ... Why? I think that at the end of the day, it’s the moral thing to do and over the long term, it’s the most economic thing to do.”

– Lt. Governor Dewhurst on the 900,000 eligible uninsured children

To prioritize enrollment of the poorest children, Texas must:

- **Provide 12-month coverage for Children’s Medicaid:** It is the single most effective way to reach eligible children who remain uninsured.
- **Create a CHIP buy-in program:** Aside from 12-month Medicaid coverage, the next most effective strategy for reaching currently eligible CHIP and Medicaid children is to provide coverage options for higher income children.
 - Other states that have extended coverage options to higher income children have found that the **60–80 percent of new enrollees have been lower-income children already eligible for CHIP and Medicaid.**
 - Buy-in options in other states have reduced uninsured rates among low-income children by more than one-third, and more than 70 percent of children who gain coverage **have been from the lowest income children.**

State	Total New Enrollment	Share of New Children Previously Eligible but Not Enrolled
Illinois November 2005–June 2008	244700	165,600 (68% of total new)
Massachusetts June 2006–June 2008	51000	32,750 (64% of total new)
Pennsylvania February 2007–June 2008	19000	11,000 (59% of total new)
Wisconsin February 2008–May 2008	49108	40,881 (83% of total new)

– Georgetown University, Center for Children and Families – Research by CPPP

A decorative horizontal band consisting of several thin, white, wavy lines that span the width of the page, positioned above the main text.

NEW FEDERAL
FUNDING MAKES
NOW THE TIME
TO ACT

The American Recovery and Rehabilitation Act offers Texas an increased Medicaid match through 2011. As a result, Texas is receiving \$5.45 billion dollars to stimulate its economy, as well as additional funds for every new child that gets insured.

Congress intended these funds to make sure that in a time of economic hardship when the need is greatest:

1. States do not cut back on Medicaid eligibility
2. States can meet the need as unemployment rises and more children lose employer-sponsored health coverage

While Texas' unemployment rate is currently below the national average, the unemployment rate in Texas is rising faster than the national average. **With many newly unemployed Texans looking to CHIP and Medicaid for the first time, it is more important than ever that these programs work as efficiently as possible.**

State leaders can ensure that Texas' children can get the care they need and Texas is able to maximize federal funds when our economy needs them most by investing less than 10 percent of federal economic recovery funds into repairing the eligibility system and providing 12-month coverage for Medicaid.

CHIP Reauthorization offers Texas a total of \$945.6 million in federal funds to help Texas cover its uninsured children—representing a 72 percent increase from previous funding levels. If not used by 2011, these Texas dollars will again be forfeited to other states.

In the last 10 years, Texas has lost nearly \$1 billion in federal funds to other states.

If Texas invests in covering more CHIP children through a CHIP buy-in program and increased efficiency enrolling eligible children, we will not have to leave federal tax dollars on the table.

Additional funds available for reaching Medicaid eligible children

Due to the bipartisan commitment to prioritize enrollment of children in the lowest income brackets, the CHIP Reauthorization Act includes additional **performance bonus payments** designed to reward states that significantly improve enrollment of eligible uninsured children in Medicaid.

Texas can bring even more federal tax dollars home, if we increase enrollment of our uninsured children who are eligible right now for Medicaid. To qualify however, states must streamline eligibility for children and meet enrollment targets. In Texas, 12-month coverage would be necessary to enroll enough children to earn the bonuses and take us one step away from meeting all streamlining criteria.

Research by CPPP

CHIP saves a child's life after a tragic car accident

While riding home from a skating rink with friends, Samantha Maldonado was involved in a tragic car accident. Her friends had a broken leg and a broken rib, but Samantha was less fortunate.

She was rushed to the hospital and placed in the ICU with brain trauma and serious damage to her liver. Doctors said that Samantha would not make it and, if she did, they expected brain damage so severe she would no longer recognize her own parents.

Miraculously, Samantha made a full recovery and is still with us today because of skilled doctors, technology, prayer, and the CHIP program. She managed to return to school four weeks after the accident and missed only one question on her state test.

Samantha's mother is so grateful for CHIP. CHIP allowed her to focus on Samantha's care without the added burden of worrying about medical costs. Without CHIP, the cost for treating Samantha's injuries would have saddled the family with a \$67,000 hospital bill. Thankfully, Samantha is a healthy 11-year-old, gifted and talented student with aspirations of becoming a doctor or a nurse and giving back to others.



Children's Defense Fund National Policy Recommendations

Every child in America deserves to be taken care of in the event of a tragic accident, without the fear of financial ruin.

Every child in America deserves to see a doctor when they get sick and should not be asked to sacrifice their future health and quality of life because they lacked access to preventive care.

For that reason, we must work together for meaningful health reform at a national level in 2009. Only through real health reform, which meets the following principles, will we be able to guarantee every child and pregnant woman access to affordable, comprehensive health and mental health care.

National Health Reform Principles:

Coverage Must Be Affordable:

Establish a national eligibility floor of 300 percent FPL for all children and pregnant women, with an affordable buy-in based on a family's income for those over that income level.

Benefits Must Be Comprehensive:

Guarantee every child access to all medically necessary services to maximize a child's health and development.

The System Must Be Simple and Seamless:

To ensure children get enrolled and stay enrolled, simplify the application and enrollment process to make it easy for all children to get covered and stay covered. This must include eliminating known barriers to enrollment and instituting automatic enrollment of eligible children.

Texas has come a long way, but we need to cross the finish line

In 2007, due to the hard work and commitment of hundreds of children's advocates, physicians and other health care providers, businesses and faith leaders, the 80th Texas Legislature came together in a bipartisan effort to increase enrollment in the Children's Health Insurance Program (CHIP) by allowing families to apply once a year, instead of every six months.

House Bill 109 passed by a landslide vote of 134–14 in the Texas House and 30–1 in the Texas Senate.

Two years later, roughly 150,000 additional children are receiving the medical attention and preventive care they need. This has saved millions of dollars for local taxpayers by decreasing the cost of uncompensated care to local communities.

However, there are still 1.5 million uninsured children in Texas. The goal of the Texas Finish Line Campaign is to cross the Finish Line and provide affordable coverage for every Texas child.

Supporters of the Texas Finish Line Agenda

Amerigroup Community Care
Any Baby Can of Texas
Beaumont Chamber of Commerce
Beaumont Metropolitan YMCA
Big Brothers Big Sisters
Boys and Girls Clubs of San Antonio
Catholic Conference
Catholic Health Association of Texas
Center for Public Policy Priorities
Children at Risk
Children's Defense Fund–Texas
CHRISTUS Santa Rosa Children's Hospital
Communities In School Southeast Texas, Inc.
Community First Health Plans
Community Health Choice, Inc.
Conference of Urban Counties
Corpus Christi Council of PTAs
County Judge Association
Covenant Health System
Dallas Area CHIP Coalition
DePelchin Children's Center
Divine Providence Catholic Church
Driscoll Children's Health Plan
El Centro de Corazon
Epiphany Community Health Outreach Services (ECHOS)
Gateway to Care
Harris County Healthcare Alliance
Harris County Hospital District
Healy-Murphy Center
IAF (Industrial Areas Foundation)
IEA - Inspire, Encourage, Achieve
insure•a•kid
La Fe Policy Research and Education Center
League of Women Voters Texas
Methodist Healthcare Ministries
Metro 8 Chambers of Commerce - representing Houston, Austin, Dallas, Fort Worth, San Antonio, El Paso, Arlington, and Corpus Christi
National Council of Jewish Women, Texas State Public Affairs
Nurse-Family Partnership
One Voice
Orange Chamber of Commerce
Physicians for Social Responsibility
Port Arthur Chamber of Commerce
Positive Beginnings, Inc.
Project MEND
Project Unity
San Antonio Food Bank
San Antonio Nonprofit Council
Seton Family Hospitals
Shifa Clinic (Houston Shifa Services Foundation)
South Texas Adult Resource and Training Center
Tarrant County CHIP Coalition
Teaching Hospitals of Texas
Texans Care for Children
Texas Association of Community Health Centers
Texas Hospital Association
Texas Impact
Texas Insurance Plans
Texas Medical Association
Texas Network of Youth Services
United Way of San Antonio & Bexar County
Voices for Children of San Antonio
YWCA of Metropolitan Dallas

Acknowledgements

Our deepest gratitude extends to the many families who courageously shared intimate details of their children's health care struggles in order to help Texas reach the Finish Line and provide health coverage for every Texas child. We thank them for speaking out publicly on behalf of their own children and on behalf of families everywhere.

CDF-Texas deeply appreciates the tremendous day to day support of our **Texas Finish Line Campaign** project partners who pour extensive time, energy, talent, expertise, wisdom, passion and heart into our statewide campaign: the **Center for Public Policy Priorities**, in particular Associate Director **Anne Dunkelberg** and Communications Director **Derrick Crowe**, and **Texans Care for Children**, in particular Executive Director **Eileen Garcia-Matthews** and Communications Director **Christine Sinatra** who all provided meaningful research support and feedback during the design and editing process.

CDF-Texas gratefully acknowledges the tremendous technical assistance provided by national Finish Line partners: **the Center for Children and Families (CCF)** at Georgetown University's Health Policy Institute and **Spitfire Strategies**. Deepest thanks to Spitfire's inimitable **Ed Walz** for always being available to share his expertise, talent, strategic counsel and to encourage and produce smart, effective messaging. Special thanks go to **Liz Arjun**, **Tricia Brooks**, and **Martha Heberlein** at CCF for their above and beyond policy support.

Our deep gratitude to photographer **Mark Kuroda** who generously donated his time and talent to travel across the state and so beautifully capture the portraits of uninsured Texas children.

Limb Design, especially **Linda Limb** and **Irum Abbas** who worked overtime and on weekends to ensure lightning speed production of this report and poured heart, talent, and passion into every page.

Thank you also to our unmatched group of talented and committed colleagues from the **Texas CHIP Coalition** and **Texas Finish Line Campaign Regional Coordinators** for helping us collect stories and spread awareness about the report. We could not have done this without you and thank you from the bottom of our hearts.

CDF-Texas wishes to acknowledge the heroic efforts of Policy Director **Laura Guerra-Cardus** for overseeing and orchestrating this project, including traveling across the state to interview families and so thoroughly laying out the case for children's health care coverage. Very special thanks to CDF-Texas Communications Director **Anat Kelman Shaw** for working side-by-side with Laura and the production team every step of the way.

This report was made possible through the generous financial support of the **David and Lucile Packard Foundation** through its **Finish Line Project**.

2010 Estimates of Uninsured Texas Children by County

COUNTY	NUMBER	PERCENT	COUNTY	NUMBER	PERCENT	COUNTY	NUMBER	PERCENT	COUNTY	NUMBER	PERCENT
Anderson	2119	18.3	Donley	124	17	Kaufman	5603	20.8	Real	109	18.4
Andrews	847	22	Duval	985	25.8	Kendall	1290	17.8	Red River	594	17.7
Angelina	4406	19.5	Eastland	746	17.6	Kenedy	28	23.9	Reeves	843	25.4
Aransas	911	18.2	Ector	8079	21.2	Kent	18	15.3	Refugio	456	22.4
Archer	305	14	Edwards	103	22.8	Kerr	1871	19.7	Roberts	28	15.7
Armstrong	78	14.2	Ellis	9699	23.1	Kimble	192	19.1	Robertson	867	19.4
Atascosa	3226	23.9	El Paso	57253	25.4	King	11	16.7	Rockwall	3871	18.5
Austin	1624	23.8	Erath	1682	18.9	Kinney	185	23.4	Runnels	586	20.6
Bailey	508	22.9	Falls	906	20.1	Kleberg	2135	24	Rusk	2061	17.5
Bandera	727	17	Fannin	1403	16.9	Knox	199	20.2	Sabine	332	16.3
Bastrop	4380	18.9	Fayette	1019	19.2	Lamar	2109	16.9	San Augustine	374	17.9
Baylor	131	17	Fisher	161	19.2	Lamb	978	22.6	San Jacinto	951	17.5
Bee	1816	23.6	Floyd	536	22.9	Lampasas	1029	18.2	San Patricio	4664	21.6
Bell	13849	18.7	Foard	59	18.2	La Salle	482	25.5	San Saba	265	19.1
Bexar	103995	24.5	Fort Bend	36030	26.2	Lavaca	801	18.5	Schleicher	168	22.4
Blanco	402	17.9	Franklin	402	18.3	Lee	864	19.7	Scurry	814	20.2
Borden	21	18.1	Freestone	875	18.2	Leon	624	17.7	Shackelford	135	16.7
Bosque	804	19	Frio	1222	25.3	Liberty	4477	20.8	Shelby	1327	19
Bowie	3743	17.5	Gaines	1024	20.8	Limestone	1092	19.2	Sherman	154	19.4
Brazoria	15538	19.4	Galveston	13945	19.5	Lipscomb	139	20	Smith	9643	18.6
Brazos	6919	18.8	Garza	261	20.8	Live Oak	506	21.3	Somervell	395	18.2
Brewster	452	22.6	Garza	261	20.8	Llano	554	16.7	Starr	6444	26.5
Briscoe	82	19.4	Gillespie	886	19.4	Loving	1	33.3	Stephens	456	18.8
Brooks	662	26.1	Glasscock	76	19.9	Lubbock	14131	22	Sterling	58	20
Brown	1760	18.7	Goliad	370	21.9	Lynn	377	21.9	Stonewall	59	17.4
Burleson	886	19.3	Gonzales	1192	22.1	McCulloch	392	19.7	Sutton	258	22.6
Burnet	1756	18.7	Gray	931	18.4	McLennan	11092	19.2	Swisher	502	21.1
Caldwell	2286	21.8	Grayson	5033	17.7	McMullen	24	19.7	Tarrant	112269	23.3
Calhoun	1301	22	Gregg	5726	18.6	Madison	552	18.6	Taylor	6548	19.1
Callahan	509	16.4	Grimes	1165	19.2	Marion	383	17.3	Terrell	37	21.9
Cameron	36647	27.3	Guadalupe	6556	21.5	Martin	334	21	Terry	819	22.4
Camp	681	20	Hale	2545	23.1	Mason	139	18.7	Throckmorton	65	17.4
Carson	206	14	Hall	208	21.1	Matagorda	2264	21.3	Titus	2041	21.5
Cass	1108	16.9	Hall	208	21.1	Maverick	4934	26.4	Tom Green	5436	21
Castro	616	23.4	Hamilton	301	17.1	Medina	2608	22.2	Travis	45583	20.7
Chambers	1738	19.9	Hansford	342	21.4	Menard	98	19.3	Trinity	546	17.5
Cherokee	2473	19.3	Hardeman	193	18.5	Midland	6732	19.6	Tyler	760	16.2
Childress	340	19.3	Hardin	2341	18.2	Milam	1363	19.8	Upshur	1405	15.5
Clay	326	13.8	Harris	332093	30.7	Mills	197	17.6	Upton	198	22.2
Cochran	243	22.4	Harrison	2779	18.3	Mitchell	366	20.9	Uvalde	2146	24.5
Coke	158	19.4	Hartley	203	16.6	Montague	743	16.6	Val Verde	3787	24.9
Coleman	384	17.9	Haskell	263	19.6	Montgomery	24045	20.5	Van Zandt	2135	17
Collin	38125	18.1	Hays	6921	19.4	Moore	1426	22.1	Victoria	5376	22.1
Collingsworth	135	20.4	Hemphill	154	18.7	Morris	526	17.4	Walker	2168	18.9
Colorado	1082	20.4	Henderson	3370	17.8	Motley	45	17.4	Waller	2772	26
Comal	4396	18.8	Hidalgo	61349	23.8	Nacogdoches	2899	19.3	Ward	627	21.4
Comanche	655	19.8	Hill	1742	18.9	Navarro	2747	20	Washington	1385	18.7
Concho	100	19.6	Hockley	1419	21.4	Newton	572	17	Webb	28481	31
Cooke	1776	18.1	Hood	1824	17.5	Nolan	804	20.2	Wharton	2440	21.3
Coryell	2967	17.2	Hopkins	1561	17.9	Nueces	20374	23.3	Wheeler	198	18.3
Cottle	82	20.6	Houston	902	18.4	Ochiltree	620	21.1	Wichita	5377	17.4
Crane	249	22.2	Howard	1646	21	Oldham	81	16.7	Wilbarger	711	19.5
Crockett	245	23.4	Hudspeth	245	25	Orange	3907	19	Willacy	1740	26
Crosby	478	22.9	Hunt	4288	19.7	Palo Pinto	1306	18.7	Williamson	18039	17.2
Culberson	205	25	Hutchinson	1084	18.5	Panola	917	17.2	Wilson	2311	20.4
Dallam	360	19.2	Irion	54	18.8	Parker	4343	15.6	Winkler	434	22.1
Dallas	203828	30.8	Jack	328	16.7	Parmer	685	22.6	Wise	2737	17.2
Dawson	894	22.9	Jackson	742	19.8	Pecos	1040	23.7	Wood	1356	17.1
Deaf Smith	1552	23.8	Jasper	1544	17.1	Polk	1847	17.8	Yoakum	526	22.4
Delta	180	16.2	Jeff Davis	80	20.3	Potter	6859	19.4	Young	762	17.9
Denton	34344	19.1	Jefferson	15393	24.4	Presidio	703	25.9	Zapata	1282	26.3
De Witt	966	20.8	Jim Hogg	390	25.8	Rains	368	16.4	Zavala	1004	26.1
Dickens	84	19	Jim Wells	3039	24.7	Randall	3952	15.7			
Dimmit	808	25.7	Johnson	8246	18.6	Reagan	230	23			
			Jones	875	19.2				State of Texas	1584276	24.1
			Karnes	761	23						

What does it mean to be uninsured

True cases of what happens when Texas children lack insurance

A child who did not get his tuberculosis shot contracts meningitis, and now has permanent brain damage.

A little boy who did not get the check-ups he needed to detect a simple bladder problem is now a 19-year-old dependent on dialysis for the rest of his life.

A pregnant mom who got lost in the eligibility system did not get prenatal care through her entire first trimester.

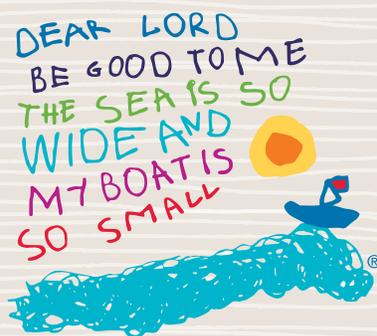
A 12-year-old boy who was unable to see a dentist had a root canal, lost a tooth, and has permanent jaw damage.

Newborn twins unable to get immunizations are now on respirators in the Intensive Care Unit due to a viral pneumonia.

A girl unable to fill a prescription for preventive inhalers has a three day hospital stay for an asthma attack.

A mom unable to get prenatal care delivers a premature boy with chronic lung impairments.

An honor roll student unable to get ADHD (Attention Deficit Hyperactive Disorder) medicine has dropped to C's and D's.



Children's Defense Fund

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