



New York State Association of School Nurses

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"Caring for New York's Future"

SCHIP POSITION STATEMENT

SUMMARY

It is the position of the New York State Association of School Nurses that all children have access to affordable health care. "Research has clearly shown the connection between a child's health and his or her ability to be successful in school. Healthier children are more successful, a fact that, when coupled with our moral obligation to care for our nation's children, has helped spur efforts to improve health care for the youngest Americans. (Perdue&Sebelius, 2007). Therefore, the NYSASN feels legislation for the continuation of SCHIP must be enacted.

HISTORY

The State Children's Health Insurance Program (SCHIP) was enacted by Congress in 1997 to increase health insurance coverage for low-income children. At the time, more than 10 million children lacked health insurance. About 7 million lived in families with incomes below twice the federal poverty level (in 2007 that was \$34,340 for a family of three). (Bennefield, 1998). The SCHIP program gave States a total of \$40 billion over 10 years to provide health coverage for children who lived in families earning too much to qualify for Medicaid, but not enough for private insurance.

DESCRIPTION OF ISSUE

With the ten year allocation of funds due to stop in early 2007, two new bills were introduced in the hopes of continuing the funding for SCHIP. The first bill, introduced in February 2007 would expand SCHIP eligibility, enabling states to enroll an additional 3.8 million children bringing the total number of eligible children to 10 million nationwide. The second bill was introduced in October, 2007. Although both bills were passed by the House of Representatives and the Senate, both were vetoed by the President.

Currently, Congress has set aside enough funding to ensure that current SCHIP enrollees could continue their health coverage through March 2009. (Freking, 2008). SCHIP has been highly successful at reducing the number of uninsured children. However, a lack of funding has limited its reach, leaving 9 million American children uninsured as of 2006.

In New York, however, the governor has proposed increasing eligibility for SCHIP in his budget for the next fiscal year (July 1, 2008). He is proposing an increase in eligibility for Child Health Plus, New York State's version of SCHIP, to children in families with incomes up to 400% of the federal poverty level, up from 250% of the poverty level. The budget would fund coverage for about 17,000 additional children. (Kaisernetwork.org).

We must also consider that steeply rising costs over the past several years have made health coverage unaffordable, not only for poor families but also for middle-class families. More employers are dropping insurance plans entirely with the cost of self-pay coverage prohibitive for many families. According to Dr. Edward Langston, Chairman of the American Medical Association, "If SCHIP is not reauthorized, millions of children will be in danger of losing access to the health care that the program makes possible. The health care kids in low-income families get through the program is vital to their growth and development. America's children are our future, and without proper health care they are not given a fair chance to succeed".

RATIONALE

SCHIP is vital to improving children's health care. Children enrolled in SCHIP are three times more likely to have a usual source of care than are uninsured children. (Kenney, et al, 2003). Children enrolled in SCHIP are one-and-a-half times more likely than uninsured children to receive well-child care, see a doctor during the year, and get dental care. SCHIP reduces the percent of children with an unmet health care need. (Feinberg, et al, 2002). The NYSASN feels that SCHIP is a critical program that allows otherwise uninsured children the ability to access the health services they need in order to be healthy, productive students.

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