



National
Congress of
American
Indians

NCLR

July 15, 2009

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
H-232, US Capitol
Washington, DC 20515

The Honorable John Boehner
Minority Leader
U.S. House of Representatives
H-204 The Capitol
Washington, DC 20515

Dear Madam Speaker and Mr. Minority Leader:

Leading civil rights groups, including the Children's Defense Fund (CDF), the Asian American Justice Center (AAJC), the National Association for the Advancement of Colored People (NAACP), the National Congress of American Indians (NCAI), and the National Council of La Raza (NCLR), have joined together to urge that health care reform legislation incorporate three key principles for children. These principles focus on affordable coverage, access to comprehensive health benefits, and a simple and equitable enrollment process.

These principles are essential to ensuring that reforms to our health care system work to provide better care for our nation's children. However, current legislation in the House of Representatives fails to meet any of the standards set out by these principles and could potentially leave millions of children worse off than they are today. Health reform must guarantee that all children in the U.S. have access to high-quality, affordable coverage.

Cover All Children

Polls show that 90% of Americans believe every child in the U.S. has a right to health care. Yet, even when the Children's Health Insurance Program (CHIP) legislation is fully implemented, five to six million children, disproportionately children of color, will still be uninsured.

Public health programs for children are run by the states and have different eligibility levels and application processes so that children's access to health coverage depends on the state in which they live. Current eligibility rules vary from state to state based on factors such as age and income. In addition, waiting periods for access to public health programs are determined at states' discretion and can be imposed on children arbitrarily, including on legal immigrant children for up to five years. These laws keep millions of children from accessing critical care in a timely way. Two-thirds of uninsured children are already eligible for coverage under Medicaid or CHIP, but are not enrolled due to state-imposed barriers.

Health reform must remove these barriers in order to guarantee every child in America access to affordable health coverage. Current House legislation, however, does nothing to eliminate the vastly different state rules that treat children of different ages in the same state or children across state lines inconsistently. Nor does it

remove needless barriers to care, such as waiting periods or the option to impose a five-year ban on public coverage for legal immigrant children. Congress must take action to ensure all children can access care no matter where they live in the United States.

Furthermore, Congress must preserve and strengthen those safety-net services that are already available to children.

Currently children have special protections under Medicaid, including an age-appropriate, comprehensive benefit package, caps on out-of-pocket spending, and limits on cost-sharing. These protections must be maintained in order to ensure that health reform is not a step backward for some children. Coverage must be affordable, and eliminate the “lottery of geography” by establishing a national eligibility floor of 300% of the federal poverty level for all children and pregnant women, with an affordable sliding scale buy-in above that level.

Our partnership is committed to realizing America’s promise of covering all children and ensuring that the millions of uninsured and underinsured children are not forgotten during the health care reform debate. We ask that you consider our principles and incorporate the necessary changes into health reform legislation to make affordable health coverage available to all children.

Sincerely,



Karen K. Narasaki
President and Executive Director
Asian American Justice Center



Marian Wright Edelman
President
Children’s Defense Fund



Benjamin Jealous
President and CEO
National Association for the Advancement
of Colored People



Jacqueline Johnson Pata
Executive Director
National Congress of American Indians



Janet Murguía
President and CEO
National Council of La Raza

Cc: Members of the Energy and Commerce Committee
Members of the Ways and Means Committee
Members of the Education and Labor Committee
Members of the House Leadership



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CHILDREN'S HEALTH PRINCIPLES

Coverage Must Be Affordable

Establish a national eligibility floor of 300% of the federal poverty level for all children and pregnant women, with an affordable sliding scale buy-in above that level.

Children and Pregnant Women Must Have Access to Comprehensive Benefits

Guarantee every child and pregnant woman timely access to all medically necessary services and products to maximize health and development with:

- Emphasis on prevention and early detection and treatment
- No preexisting condition exclusion or waiting period
- Appropriate postpartum coverage
- High-quality, age-appropriate services from providers in their communities
- Culturally and linguistically competent services to ensure families receive the care for which they are eligible
- Protection of access to care regardless of race, ethnicity, or national origin

The System Must Be Simple, Seamless, and Equitable

Ensure children get enrolled and stay enrolled in health coverage programs by observing the following program coverage criteria:

- Short, simple, understandable application—Application forms must be uniformly used, and barriers such as asset tests, waiting lists, and other obstacles that delay or limit enrollment must be prohibited.
- Automatic enrollment—All opportunities to identify and enroll children should be used, including at birth, enrollment in school, participation in child-serving programs, and in health settings.
- Presumptive eligibility—An uninsured child should be presumed eligible for coverage at point of service.

Twelve-month continuous enrollment with automatic renewal—Children's coverage should be guaranteed for a full year regardless of family income changes; renewal processes, including verification of income, must use all available technology to minimize burdens on families.