Children's Defense Fund

The *All Healthy Children Act* (S. 1564/H.R. 1688): The Best Policy for Children

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WHY ACT NOW? Nealy 9 million children in America – that's one in nine – are uninsured. Chronic budget shortfalls, often confusing enrollment processes, and dramatic variation in eligibility and coverage from state to state prevent millions of eligible but uninsured children from enrolling in public health coverage. Uninsured children are much less likely than insured children to get the health care a child must have to grow and thrive, including critical preventive services. If we take this step to get children desperately needed health coverage, we will improve the lives of children and the lives of all of us—not just tomorrow but today.

WHAT WOULD *THE ALL HEALTHY CHILDREN ACT* (S.1564/H.R. 1688) DO? It would ensure access to affordable, seamless, comprehensive health and mental health coverage and services for all children and pregnant women in America. It would simplify and consolidate children's health coverage under Medicaid and SCHIP into a single program that guarantees enrollees in all 50 states and the District of Columbia all medically necessary services regardless of where they live.

WHO WOULD BE ELIGIBLE?

- **All children through age 18 with family incomes at or below 300 percent of the federal poverty level** ($63,600 for a family of four in 2008). Children with family incomes **over 300 percent could buy into the program.**
- **Pregnant women at or below 300 percent of the federal poverty level** would be eligible for prenatal, delivery and post-partum care for at least 60 days after birth.
- **Youth through age 20 who have transitioned from the foster care system and other children with special needs.**

WHAT BENEFITS WOULD BE COVERED?

- Children and pregnant women would receive all medically necessary services, including vision, dental care, and mental health services.

WHAT WOULD BE THE COST FOR FAMILIES?

- Children in families with incomes at or below 200 percent of the federal poverty level ($42,400 for a family of four in 2008) **would pay nothing for coverage or services.**
- Children in families with incomes between 201 percent and 300 percent of the federal poverty level would **not pay any premiums for coverage** but would incur nominal co-payments for service.
- Children in families with incomes over 300 percent of the federal poverty level would pay both premiums for coverage and affordable fees for services.

HOW WOULD THE *ALL HEALTHY CHILDREN ACT* (S. 1564/H.R. 1688) STREAMLINE ENROLLMENT?

- All children currently enrolled in **Medicaid or SCHIP would be enrolled automatically.**
- All children currently receiving services under **certain federal assistance programs like school lunch and food stamps would be enrolled automatically with an opportunity for families to "opt out."**
- All parents would have the **option to enroll their child at birth, school registration, issuance of a Social Security card, and other key junctures in life.**
- Applications would be short and **simple to complete**, and current **obstacles to enroll and stay enrolled would be eliminated.**

WHAT WOULD BE THE COST TO STATES? States would incur **no additional cost for expanding coverage for children or pregnant women and enhancing their benefits, or for increasing provider reimbursement rates.** Those costs would be borne by the federal government.

OTHER KEY PROVISIONS OF THE *ALL HEALTHY CHILDREN ACT* (S. 1564/H.R. 1688):

- All eligible children and pregnant women would be **guaranteed coverage** under this program regardless of their state of residence.
- To improve children's access to health and mental health services, **payment to health care providers would be increased at least to 80 percent of private insurance payment rates** (approximately the same level as Medicare).



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