

FOR IMMEDIATE RELEASE
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**LIST OF BILL SUPPORTERS ATTACHED

KENNEDY ON THE IMPACT OF THE CHILDREN'S HEALTH INSURANCE PROGRAM

(As Prepared for Delivery)

Many of the best ideas in public policy are the simplest. The Children's Health Insurance Program is based on one simple and powerful idea – that all children deserve a healthy start in life, and that no parents should have to worry about whether they can afford to take their child to the doctor when the child is sick. CHIP can make the difference between a child starting life burdened with disease – or a child who is healthy and ready to learn and grow.

This need not be a partisan issue. My good friend Senator Hatch and I worked together in 1997 to create this program that was our shared vision for healthier future for American children. This year, we have once again worked together to find common ground on covering the children deserve decent, quality health care.

In Massachusetts, in the 1990's we agreed that health care coverage for children is a necessity and that action needed to be taken. In 1993, the Massachusetts Legislature of the state's Children's Medical Security Plan, which guaranteed quality health care to children in families ineligible for Medicaid and unable to afford health insurance.

A year later, Massachusetts expanded eligibility for Medicaid, and financed the expansion through a tobacco tax – the same approach we used successfully a few years later for CHIP and the same approach that is proposed in the bill before us now.

Rhode Island followed and other states took similar action, and helped create a nationwide demand for action by Congress to address the unmet needs of vast numbers of children for good health care.

In 1997, Congress acted on that call, and the result was CHIP. Senator Hatch and I worked together then—as we have this year—to focus on guaranteeing health care to children who need it. Now, in every state in America and in Puerto Rico, CHIP covers the services that give children a healthier start in life – well child care, vaccinations, doctor visits, emergency services, and many others.

We know that CHIP works. Children across America depend on it for their health care, but there are still too many children that are left uninsured.

In its first year 1997, CHIP enrolled nearly a million children, and enrollment has grown ever since. An average of 4 million are now covered each month, and 6 million are enrolled each year. Every state in America and in Puerto Rico, CHIP covers the services that give children a healthier start in life – well child care, vaccinations, doctor visits, emergency services, and many others.

As a result, in the past decade, the percentage of uninsured children has dropped from almost 23 percent in 1997 to 14 percent today. That reduction is significant, but it's obviously far from enough.

Children on CHIP are more likely to have a regular source of care than uninsured children. 97 percent of CHIP can see a doctor regularly compared to only 62 percent of uninsured children.

What does this mean for these children? It means that their overall quality of life is improved

because they can get the care they need when they need it. Their parents are more confident that they can get the health care they need, they are more likely to have a real doctor and a real place to obtain care, and, their parents don't delay seeking care when their child needs it. Children on CHIP also have significantly more access to preventive care.

Studies also show that CHIP helps to improve children's school performance. After just one year on CHIP, children pay better attention in class and are more likely to keep up with all school activities. When children are receiving the health care they need, they do better academically, emotionally, physically and socially. CHIP helps create children who will be better prepared to contribute to America.

CHIP has perhaps had the greatest impact on minority communities. Sadly, we still have persistent racial and ethnic health disparities in America. African Americans have a lower life expectancy than whites. Many Americans want to believe such disparities don't exist, but ignoring them only contributes more to the widening gap between the haves and have-nots. Minority children are much more likely to suffer from asthma, diabetes, HIV/AIDS and other diseases than their white counterparts.

Minorities are more likely to be uninsured than whites. More than half of all children who receive public health insurance belong to a racial and ethnic minority group. The good news is that since the beginning of CHIP, the number of uninsured Latino children has decreased by nearly one third and the number of uninsured African American children has decreased by almost on half.

And having CHIP works for minority children. CHIP all but eliminates the distressing racial and ethnic health disparities for the minority children who disproportionately depend on it for their coverage. Minority children are more likely to have their health care needs met. In other words they can see the doctor when they need, go to the hospital and get the medicines they need just like other children, when they are on CHIP.

They are also more likely to have a real doctor –not just sporadic visits to the emergency room—when they are covered by CHIP.

For specific diseases, like asthma, children on CHIP have much better outcomes than when they were uninsured.

CHIP's success is even more impressive and important when we realize that more and more adults are losing their own insurance coverage, because employers reduce it or drop it entirely.

That's why organizations representing children, or the health care professionals who serve them, agree that preserving and strengthening CHIP is essential to children's health. The American Academy of Pediatrics, First Focus, the American Medical Association, the National Association of Children's Hospitals and countless other organizations dedicated to children all strongly support CHIP.

A statement by the American Academy of Pediatrics puts it this way--"Enrollment in SCHIP is associated with improved access, continuity, and quality of care, and a reduction in racial/ethnic disparities. As pediatricians, we see what happens when children don't receive necessary health care services such as immunizations and well-child visits. Their overall health suffers and expensive emergency room visits increase."

Today, we are here to dedicate ourselves to carrying on the job begun by Congress ten years ago, and to make sure that the lifeline of CHIP is strengthened and extended to many more children.

Millions of children now eligible for CHIP or Medicaid are not enrolled in these programs. Of the nine million uninsured children, over two-thirds—more than 6 million – are already eligible for Medicaid or CHIP. These programs are there to help them, but these children are not receiving

that help either because their parents don't know about the programs, or because of needless barriers to enrollment.

Think about that number—9 million children in the wealthiest and most powerful nation on earth. 9 million children whose only family doctor is the hospital emergency room. 9 million children at risk of blighted lives and early death because of illnesses that could easily be treated if they have a regular source of medical care.

9 million uninsured children in America isn't just wrong—it's outrageous, and we need to change it as soon as possible.

We know where the Bush Administration stands. The President's proposal for CHIP doesn't provide what's needed to cover children who are eligible but unenrolled. In fact, the President's proposal is \$8 billion less than what's needed simply to keep children now enrolled in CHIP from losing their current coverage—\$8 billion short. To make matters worse, the President has threatened to veto the Senate bill which does the job that needs to be done if we're serious about guaranteeing decent health care to children of working families across America.

We can't rely on the Administration to do what is needed. We in Congress have to step up to the plate and renew our commitment to CHIP.

The Senate bill is a genuine bipartisan compromise.

It provides coverage to 4 million children who would otherwise be uninsured.

It adjusts the financing structure of CHIP so that states that are covering their children aren't forced to scramble for additional funds from year to year, and, so that Congress doesn't have to pass a new band-aid every year to stop the persistent bleeding under the current program.

Importantly, this bill will not allow states to keep their CHIP funds if they aren't doing something to actually cover children.

Equally important, this bill allows each state to cover children at income levels that make sense for their state.

The bill also supports quality improvement and better outreach and enrollment efforts for the program. It's a scandal that 6 million children today who are eligible for the program are not enrolled in it.

In sum, this bill moves us forward together, Republicans and Democrats alike, to guarantee the children of America the health care they need and deserve.

Our priority should be not merely to hold on to the gains of the past, but to see that all children have an access to decent coverage. Families with greater means should pay a fair share of the coverage. But every parent in America should have the opportunity to meet the health care needs of their children.

In Massachusetts, I met a woman named Dedre Lewis. Her daughter Alexsiana developed an eye disease that if left untreated would make her go blind. Because of our state CHIP program Masshealth, Dedre is able to get the medicine and doctors visits need to prevent Alexsiana's blindness. Dedre said this:

"If I miss a single appointment, I know she could lose her eyesight. If I can't buy her medication, I know she could lose her eyesight. If I didn't have Masshealth, my daughter would be blind."

This is the impact CHIP has on families across America.

Let me close by saying that quality health for children isn't just an interesting option or a nice idea. It's not just something we wish we could do. It's an obligation. It's something we have to do. And it's something we can do today. I look forward to working with my colleagues to make sure this very important legislation is enacted.

List of Organizations Supporting CHIP Reauthorization Act of 2007

1. AARP
2. AFL-CIO
3. American Academy of Family Physicians
4. American Academy of Physician Assistants
5. American Academy of Pediatrics
6. American Cancer Society
7. American College of Emergency Physicians
8. American College of Obstetricians and Gynecologists
9. American College of Physicians
10. American Federation of State, County and Municipal Employees (AFSCME)
11. American Hospital Association
12. American Medical Association
13. American Network of Community Options and Resources (ANCOR)
14. American Public Health Association
15. America's Health Insurance Plans
16. Ascension Health
17. Catholic Health Association
18. Catholic Charities USA
19. State of Connecticut, The Honorable Governor Jodi Rell
20. Consumers Union
21. Families USA
22. Federation of American Hospitals
23. Fight Crime: Invest in Kids
24. First Focus
25. Johnson & Johnson
26. Lutheran Services in America
27. Medicaid Health Plans of America
28. Mental Health America
29. National Advocacy Center of the Sisters of the Good Sheppard
30. National Alliance on Mental Illness
31. National Association of Children's Hospitals
32. National Association of Community Health Centers
33. National Association of Health Underwriters
34. National Governors Association
35. National Partnership for Women & Families
36. National Women's Law Center
37. Pfizer
38. Pharmaceutical Research and Manufacturers of America
39. Pico National Network
40. Service Employees International Union
41. Southern Governors' Association

42. United Jewish Communities
43. United Auto Workers Union (UAW)
44. United Food & Commercial Workers International Union (UFCW)
45. National Education Association
46. OMB Watch
47. Consortium for Citizens with Disabilities

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