



SB 111 HEALTH AMENDMENTS FOR LEGAL IMMIGRANT CHILDREN (SEN. ROBLES) COST: AROUND \$320,000?

A Utah Health Policy Project Position Paper

Updated: February 2, 2012

SUMMARY

A provision of the Children's Health Insurance Program Reauthorization Act of 2009, the **Immigrant Children's Health Improvement Act (ICHIA)** gives states the option, along with financial incentives, to lift the 5-year waiting period on Medicaid and CHIP eligibility for legal permanent resident children. SB 111 (Sen. Robles), implements this option in Utah, advancing a key goal of state health reform: optimizing public programs when they are the most cost-effective coverage option.

ICHIA IN THE STATES

Of the 24 states that have exercised this option, none are turning back, and this is because the advantages (minimizing the cost shifting; coverage as a gateway to preventive care, etc.) far outweigh the cost. These are lawfully present children: no one can argue with the need to cover children in the most expedient manner possible. Before ICHIA went into effect, 17 states were using state-only dollars to cover this group. all have since submitted state plan amendments to receive 4-to-1 federal matching funds Of the 7 states that have implemented the ICHIA option since it became available 4 (IA, MT, NM, NC, OR, VT, WA) 5 have handled it as a separate expansion with a separate fiscal note; 2 (IA, NC) opted to minimize confusion by collapsing the new population into the regular eligibility groups. For their legislators, there was no fiscal note and, so far, no appreciable increase in caseload. SB111 follows Utah precedent and treats this group separately.

FEDERAL CHIP PROVISIONS: USE IT OR LOSE IT

Under the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009, the formula for allocating and re-allocating CHIP funds to states

FREQUENTLY ASKED QUESTIONS

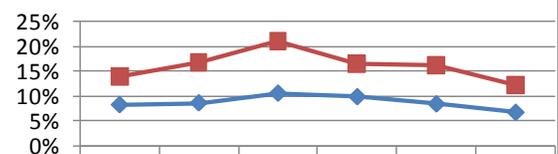
Will this cover unauthorized immigrants? No. Only lawfully present children (green card holders) can be covered under the ICHIA option.

How many children will be covered under Medicaid or CHIP by ICHIA? About 761 legal permanent resident children would qualify under the ICHIA option. Based on the state's low participation rate (66%) fewer would actually enroll.

Given limited state funds, why do this now? Considering the generous 4-to-1 match that is available, ICHIA is a bargain for the state of Utah. The federal government will cover 79% of the cost of SB111, alleviating the pressure on Utah's health care safety net (2).

How does SB111 build on state health reform? From the standpoint of Utah children state health reforms can be called a success. Since reforms started in 2007-08, Utah has reduced its uninsured rate for kids by nearly 40%. SB111 build on this record by breaking down barriers in the schoolyard. To be "in the game" children need health

Percent of Uninsured Utah Children



	2004	2005	2006	2007	2008	2009
Uninsured 0-200%FPL	14%	17%	21%	17%	16%	12%
All Children	8%	9%	11%	10%	8%	7%

changed in important ways. States are now rewarded for covering *more* uninsured children. As in the past, federal funds will be allocated to support CHIP at the state level. Under the new CHIPRA guidelines, states must use up this money to cover their uninsured children (including lawfully present immigrant children)—or else lose it.

THE PUBLIC HEALTH CASE FOR IMPLEMENTING ICHIA IN UTAH

Aside from the financial and economic reasons for implementing ICHIA, there are considerable advantages from a public health standpoint. Instead of visiting a primary care provider when they first become ill, uninsured children delay care until medical conditions take them to the emergency room, the most expensive setting (3). This adds to the already substantial cost of uncompensated care, some of which is paid by taxpayers or reflected in higher insurance premiums for everyone.

Lastly, childhood health is a general predictor of adult health. The children that would be covered under this plan will one day be contributing members of society. Good childhood health starts with timely access to health care. Both are linked to better academic performance, because learning, vision, and hearing disabilities, as well as other impediments to learning, can be identified and treated at an early age (4).

CONCLUSION

In these tough times, some investments may actually reduce the overall financial strain on the health care system. Supporting ICHIA is not merely an investment in the well-being of children lawfully present in this country; it is also a proven means of reducing the strain of uncompensated care on the entire health care system and increasing the productivity of future workers.

ALL KIDS DESERVE ACCESS TO HEALTH CARE: VOTE YES ON SB 111.

ENDNOTES

1. Kaiser Family Foundation and Georgetown University Center for Children and Families (2009). New Federal Funding Available to Cover Immigrant Children and Pregnant Women. <http://ccf.georgetown.edu/index/cms-filesystem-action?file=ccf%20publications/federal%20schip%20policy/ichia%20chip%20tip.pdf>.
2. Ku, L. (2007), Reducing Disparities in Health Coverage for Legal Immigrant Children and Pregnant Women, Center on Budget and Policy Priorities, Washington D.C. <http://www.cbpp.org/4-20-07health2.htm>.
3. Dafny, L. G., Jonathan. (2000) in *NBER Working Papers*, National Bureau of Economic Research, Inc.
4. Lu, M. C., Lin, Y. G., Prietto, N. M., and Garite, T. J. (2000) *Am J Obstet Gynecol* 182, 233-239.