



# Every Child *by* 2010

Raising a family on \$32,000 a year isn't easy, so when Lorena Larios was up for a \$300 a month promotion, accepting it was a no brainer—until she learned that the increase in income would boot her children off the State Children's Health Insurance Program (SCHIP).

## **Fulfilling Washington State's Promise to Cover All Kids**

Without SCHIP, Lorena faced monthly premiums in excess of \$800-a-month to insure her two children, an amount that would plunge her recklessly close to the financial edge.

Hafoc Yates is a survivor. Domestic violence tore apart her life and nearly destroyed her son's future, but through her own hard work and with help from the state, she and her son have left the violence behind.

The family's troubled history left Alexander, now 11, struggling to understand and cope with something no child should have to

Temporary Respite Care for the family receive

Later, when jobs with no

State Children's Health Insurance Program (SCHIP). The

comprehensive coverage included both the physical care and mental health services Alexander needed to put his life back together.

"Without health insurance, he would have been a gang member," says Hafoc of Alexander. "He might have ended up homeless."

Instead, Alexander has flourished, and recently graduated



Hafoc Yates with her son Alexander, covered November 2007.

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**Fulfilling Washington State's  
Promise to Cover All Kids**

**November 2008**



**CHILDREN'S ALLIANCE**

*Speaking Out for Washington's Children Since 1983*

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# Acknowledgments

The Children's Alliance gratefully acknowledges **The David and Lucile Packard Foundation** and their financial support through the Finish Line Project to help the state make advances in children's health coverage. The Finish Line Project is supported by the Center for Children and Families (CCF), based at Georgetown University's Health Policy Institute, which provides the Children's Alliance with policy expertise. Technical assistance on communications is provided by Spitfire Communications.

The Children's Alliance would also like to thank the members of the Health Coalition for Children and Youth for working on implementation committees, recommending policies, and reaching out to enroll eligible children, and the members of the Healthy Washington Coalition for their ongoing support and advocacy for implementation of Cover All Kids.

We thank the Department of Social and Health Services staff and other state agencies working on implementing the law in a collaborative way with stakeholders. Thanks to all of the county Cover All Kids outreach contractors for using innovative strategies to reach out to and enroll families with uninsured children, and especially to Rosa Borja of CHOICE Regional Health Network, Wendy Carr of the Whatcom Alliance for Healthcare Access, and Rachel Harrigan of the Walla Walla Health Department for their exceptional work connecting us with families willing to share their stories.

Children's Alliance staff members Teresa Mosqueda, Annique Lennon, Jon Gould, Ruth Schubert, Carolyn McConnell, and Tera Bianchi contributed to this report. Family interviews conducted and stories written by Joanne Matsusaka and staff members. Design by Jenna Riggs. Photos by Tegra Stone Nuess and istockphoto.

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**Our sincere thanks go to the families who shared their stories with us. Their willingness to tell us about their childrens' health, their family finances, and their difficulties with health insurance gave us a greater understanding of how laws made in Olympia affect children and families around Washington.**

# Executive Summary

In March 2007, lawmakers from both parties passed and Governor Chris Gregoire signed the Cover All Kids bill. This historic legislation set the goal of making sure all children in Washington have health coverage by 2010, and it laid out a phased-in approach to achieving that goal. Furthermore, the bill stated the intent of lawmakers that all children in Washington would be assured high-quality health care by a provider the family knows and trusts.

Since the law went into effect in July 2007, the Children's Alliance, along with our partners in the Health Coalition for Children and Youth (HCCY), has been tracking implementation of the law to make sure the state is on track to get every child covered. This has included participation by HCCY members in state work groups charged with ensuring that the components of the law are phased in effectively and on time. We have been working with the Department of Social and Health Services (DSHS) and other state agencies to make sure that outreach workers have what they need to find and enroll children who need health coverage.

The Children's Alliance also has spent the past year talking to families around the state about how getting comprehensive and affordable health insurance for their children has made their lives better. We have talked to families who finally are able to get long-delayed medical procedures for their children. We have talked to those who at long last have peace of mind, knowing that if their active kids get hurt they can get medical attention. We have talked to families who are waiting for the next phase of the Cover All Kids law to kick in, in January 2009, allowing them to get the adequate and affordable coverage they're waiting for.

It is clear that we as a state have made progress since passage of the Cover All Kids law. More children in Washington now have health insurance than at any point in the past two decades. Between July 2007, when the law went into effect, and June 2008, almost 40,000 additional children enrolled in state-sponsored health coverage. At the same time, much work remains if we are to fulfill our promises to the children and families of Washington. To reach the law's goal of covering every child in Washington by January 1, 2010, this work must be undertaken in the next year.



In the coming (2009) legislative session, we ask state lawmakers to:

- Include sufficient funds in the budget to support the planned **expansion of coverage** to families earning between 250 percent and 300 percent of the federal poverty level.
- Ensure that all children are able to get the **acute mental health services** promised in the Cover All Kids law.
- Sustain funding for the **outreach, enrollment assistance, and health promotion** activities necessary to help families get the health care their children need.
- Encourage **high-quality health care** using the “medical home” model recommended by the American Academy of Pediatrics by giving doctors extra financial support to conduct the full range of developmental screens in the first five years of a child’s life.



We will continue to work with the Department of Social and Health Services, the Department of Health, the Office of the Superintendent of Public Instruction, and other state agencies to adopt the best strategies to get children the insurance and health care they need to thrive. These include:

- Enabling outreach workers to pursue innovative outreach strategies.
- Continuing to identify eligible kids at the first point of enrollment in any other state program with similar income guidelines.
- Building health-education messages into media announcements and creating incentives for outreach workers to link newly enrolled children with a provider.
- Building an online system that makes it easy for families and outreach workers to enroll, renew, and track applications.
- Simplifying renewal procedures for families.
- Modernizing premium payment options for families, so families can pay online, by telephone, and via automatic deductions.

With adoption of the Cover All Kids law, Washington became a national leader in getting children the health coverage they need to grow and thrive. Every uninsured child who is signed up for health coverage brings us one step closer to meeting our goal of full coverage and better health for the children in our state.

In these difficult economic times, we must remember that in past budget crises children’s health funding received cuts that were penny-wise, pound-foolish mistakes. They saved little and in the end incurred additional costs to taxpayers, while harming vulnerable children. Hard times are when families most need help and when kids most need us to fulfill our promise to cover them all.



# How We Got Here

The Cover All Kids bill (SB 5093) was signed into law by Governor Chris Gregoire in March 2007 after passing the Legislature with bipartisan support. The law represented a statement of Washington's aspirations for the future and is one of the strongest children's health laws in the country. It was the culmination of years of work and planning.

Children are the most affordable part of our population to insure, but in the past lawmakers have reacted to budget crises by cutting funding for children's health. These cuts have saved little while harming vulnerable populations. Dropping children from health coverage ultimately costs all of us, as families turn to the emergency room for preventable and treatable conditions like asthma attacks or ear infections. Hospitals, patients, and taxpayers absorb the expense of "charity care" for families who cannot pay.

In 2005, state lawmakers drew a legislative line in the sand by reversing past budget cuts and passing a bill declaring the intent to cover all kids by 2010.<sup>1</sup>

In October 2006, the Health Coalition for Children and Youth delivered to the state's Blue Ribbon Commission on Health Care Costs and Access detailed recommendations for making Washington a state where every child has health coverage and access to timely care in a medical home.<sup>2</sup> Nearly every component of the recommendation was included in the Cover All Kids law.

## ***Who Is the Health Coalition for Children and Youth?***

*Washington has a strong coalition of advocates who have been instrumental in designing and implementing the Cover All Kids law. The Health Coalition for Children and Youth (HCCY) includes more than 40 organizations representing health care providers, community groups, hospitals, clinics, labor unions, faith groups, public health departments, and advocates. Together, they press for policies that meet the health needs of Washington's children and youth. In 2007, they worked to ensure passage of the strongest possible version of the Cover All Kids law. The coalition continues to advocate for the funding and policy changes required to fulfill the law's promise.*

*HCCY maintains strong partnerships with the state agencies charged with implementing the Cover All Kids law. HCCY members participate in every workgroup on implementing the law convened by state agencies, helping to ensure that the state adopts policies that incorporate knowledge available at the local level and nationally.*

*To find more information about HCCY, visit the Children's Alliance Cover All Kids campaign page on our website at [www.childrensalliance.org](http://www.childrensalliance.org).*

## Alexander, Seattle

### With coverage, doing better than survival



Hafoc Yates is a survivor. Domestic violence tore apart her life and nearly destroyed her son's future, but through her own hard work and with help from the state, she and her son have left the violence behind.

The family's troubled history left Alexander, now 11, struggling to understand and cope with something no child should have to face.

Temporary help came in the form of Medicaid, which the family received when Hafoc turned to welfare for support. Later, when Hafoc got work in the form of part-time jobs with no medical insurance, Alexander got onto the State Children's Health Insurance Program (SCHIP). The comprehensive coverage included both the physical care and mental health services Alexander needed to put his life back together.

"Without health insurance, he would have been a gang member," says Hafoc of Alexander. "He might have ended up homeless."

Instead, Alexander has flourished, and he recently graduated at the top of his class, earning recognition from Seattle animators for a school video project that, according to his proud mom "blew everybody away."

Alexander taught himself how to use technology to create hand-drawn animation, using a hand that he had broken just one week after he got SCHIP coverage. With SCHIP, Hafoc could get her son the medical care he needed without worrying about bills she couldn't pay.

**Alexander has flourished, and he recently graduated at the top of his class.**

"If he didn't have health insurance when he broke his hand, he never could have done the animation. He just wouldn't have had the dexterity," Hafoc said.

Telling her story recently before a crowd gathered to publicize Washington's new Apple Health for Kids program, Hafoc broke down crying. So did much of the crowd listening.

"All you have to do is go to downtown Seattle and look at the people walking around. Those homeless people all came from families like mine and were once beautiful, healthy, gorgeous children," she said.

Just like Alexander is today.

## I How We Got Here, continued

Key aspects of the Cover All Kids law include:

- 1. Unified children's health coverage:** The law consolidates several programs and streamlines eligibility and enrollment processes for children and families. The unified coverage offers preventive care, mental health care, dental care, and vision screenings so that kids can get all the services they need when they need them.
- 2. Health care options for all kids:** Any child whose family earns up to 200 percent of the federal poverty level (FPL) is eligible for free coverage. Families up to 300 percent FPL can receive the same comprehensive coverage by paying affordable, sliding-scale monthly premiums. The law also directs that families earning more than 300 percent FPL be given an option to purchase comprehensive coverage through the state at full cost. This component will help ensure that there are comprehensive and affordable coverage options for all uninsured children in Washington, but is still being developed.
- 3. Investments in community outreach:** The law calls for comprehensive outreach programs to inform families about their children's health coverage options and connect them with care. The law also directs the state to streamline application and renewal processes to help families enroll and stay covered.
- 4. Access to high-quality care:** The Cover All Kids law directs the state to identify specific quality-improvement measures and targeted provider rate increases to encourage quality care through the "medical home" model recommended by the American Academy of Pediatrics.



For a full summary of the law, go to the Cover All Kids campaign page on our website at [www.childrensalliance.org](http://www.childrensalliance.org).

### ***What Is a Medical Home?***

*The American Academy of Pediatrics, the American Academy of Family Medicine, and the American College of Physicians (Internal Medicine) embrace the medical home approach to health care. The American Academy of Pediatrics uses these targets to define an adequate medical home for infants, children, and adolescents:*

- Care should be accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally competent.*
- Care should be delivered or directed by well-trained physicians who provide primary care and help to facilitate all aspects of pediatric care.*
- The physician should be known to the child and family and should be able to develop a partnership of mutual responsibility and trust with them.<sup>3</sup>*

# Marieflor, SeaTac

## Bringing a smile to the whole family



**The state health coverage is providing for long-overdue surgeries to address Marieflor's cleft palate and badly decayed teeth, and paves the way for a beautiful and lasting transformation.**

In her dreams, 17-year-old Marieflor's smile stretches from ear to ear. Her teeth sparkle in the sunlight, matching the twinkle in her eyes as she laughs with her brother.

A year ago, Marieflor and her family thought that perfect smile was an impossible dream. Now, thanks to Washington's Cover All Kids law, the dream will become reality.

Born in the Philippines with a cleft palate and hearing loss, Marieflor is also mentally disabled. Her aunt and uncle, Marilou and Marcos Estigoy, who live in SeaTac, adopted Marieflor and her brother after their parents died.

The Estigoys both have full-time jobs—Marilou as a nursing assistant and Marcos as a SkyCap at Sea-Tac Airport—but they cannot afford the cost of insurance for the family, which also includes the Estigoys' biological child.

“Without the state insurance, we couldn't get Marieflor the help she needs,” says a grateful Marilou. “She'd have to live out her life this way.”

The state health coverage is providing for long-overdue surgeries to address Marieflor's cleft palate and badly decayed teeth, and paves the way for a beautiful and lasting transformation.

One day soon, Marieflor will have the smile she's been waiting for her whole life. Maybe she'll smile shyly or perhaps burst out with a delighted grin.

“Either one will be perfect,” says her aunt, smiling.



## I How We Got Here, continued

Passage of the Cover All Kids law was an important victory for Washington families and a critical step toward ensuring that all Washington's children have the health care they need to stay healthy, learn in school, and reach their potential. But passing the law was only the beginning; much work remains if Washington is to achieve the vision of covering all kids and providing them with care by 2010.

The Cover All Kids legislation became law in July 2007. By June 2008, almost 40,000 additional children had been enrolled.<sup>4</sup>

Also in the past year:

- Apple Health for Kids was chosen as the new program name to unite the various children's health coverage programs into one streamlined program for all children. In July 2008, Apple Health for Kids was launched through a statewide media campaign aimed at getting the message out to families that an affordable health coverage option is now available for uninsured children in this state.
- Community-based organizations and local health departments signed contracts with the state and began enrolling eligible children in almost every county.<sup>5</sup>
- Agencies and community partners began testing innovative renewal policies to reduce the rate at which income-eligible children fall off of coverage when it is time to renew.
- Siblings of children currently enrolled in other state-subsidized insurance programs, whose income was therefore already verified, were automatically enrolled in the new, unified program when the Cover All Kids law went into effect in July 2007. This ensured that all children in eligible families, including non-citizen children, got health coverage, and saved the state money by avoiding duplicate applications and income verification.



## The Road to 2010

These accomplishments are remarkable, but much remains to be done. At least 40,000 children are still without insurance, and our estimates put the real figure closer to 50,000 uninsured children.<sup>6</sup> Not only do we need to get coverage to all these children, but we also need to make sure that once families have insurance, they are able to see a doctor, dentist, or mental health care provider in a timely manner.

In the year ahead, our state can make the promise of the Cover All Kids law a reality by sustaining outreach, making it easier for eligible families to enroll in and keep coverage, and ensuring that all children in the program have access to the same high-quality care.

With the Cover All Kids law, Washington created a clear path to getting comprehensive, affordable health coverage to all children. To achieve the goal of covering all children in the state by January 1, 2010, we must sustain our commitment by investing in the programs and policies necessary to achieve the state's vision of health coverage and improved health outcomes for children in our state.

### ***What's SCHIP Got to Do With It?***

*Some of the funding to provide health coverage to children in Washington comes from the federal State Children's Health Insurance Program (SCHIP). This program was created by Congress in 1997 to encourage states to expand children's health coverage beyond what they were already doing. Unfortunately, Washington paid a price for its leadership in children's health coverage. Because Washington was already covering children at a higher level than most states, the state has forfeited much of its share of SCHIP money, losing out on almost \$200 million since 1999.*

*SCHIP currently hangs in the balance. Last year Congress failed to override President Bush's veto of reauthorization of SCHIP, although 10 of the 11 members of our state's Congressional delegation voted in favor of SCHIP. With Washington State implementing legislation to ensure affordable coverage for all children in the state, Congress has an obligation to support this commitment to children by reauthorizing SCHIP. Reauthorizing SCHIP and allowing Washington to maximize federal funding would help cover at least an additional 15,000 to 35,000 low-income children.*

*We urge Congress to reauthorize SCHIP with adequate funds to cover eligible children and permanently fix Washington's funding inequity.*

*For more information on SCHIP, visit the Cover All Kids campaign page on our website at [www.childrealliance.org](http://www.childrealliance.org).*

## 2

# Getting Kids Covered

Getting kids insured and into care requires sustained efforts to identify and enroll uninsured children, educate families about the importance of health coverage and preventive care, and provide families with information about how to navigate the health system. The best outreach efforts connect kids with care, not just coverage, and help families understand how to use their coverage to improve their health. Washington cannot achieve its goals of ensuring coverage and improving health outcomes without investing in outreach, enrollment, and health promotion.

Before the Cover All Kids law passed, about 73,000 children—or 4.4 percent of the population under age 19—were without health insurance, according to the 2006 Washington State Population Survey.<sup>7</sup> The state estimated that nearly two-thirds (or around 45,000) of those children were eligible for coverage through existing programs. But many parents either didn't know their children were eligible or they were overwhelmed or discouraged by the red tape involved in getting their children covered.

Recognizing the importance of finding and enrolling these eligible children, the Legislature and Governor invested \$4.4 million to be used for outreach and enrollment from July 2007 through June 2009.

In the first year after passage of the Cover All Kids law, the focus was on investments in rebuilding the infrastructure required for effective outreach. Many local organizations involved in previous outreach efforts had lost staff and resources due to cuts during tough budget times that began in 2002. After Cover All Kids went into effect, in late 2007 and early 2008, the state gave grants and contracts for conducting outreach to local health jurisdictions and community-based organizations in almost every county, and developed strategies to pay contractors for each application successfully submitted.

The state also identified children who were likely eligible for medical coverage, using lists of families enrolled in public programs with similar income limits, such as Basic Food (food stamps) and subsidized child care. They also looked at families who had been denied children's medical coverage in the past because they were over income or had not completed the required paperwork. Family names and contact information were given to community contractors to contact and enroll these children.

While many families were reached through this list-based strategy, contractors found that a significant percentage of the families' telephone numbers were incorrect or out-of-date. The limited success with these lists makes it clear that the state needs to try to enroll eligible children in health coverage the first time their families contact a state agency for any assistance. If a family could be screened for and enrolled in all programs at one time, fewer children would fall through the cracks and the state would save money by consolidating the application and enrollment processes.



*Sarah, Yakima*

## Walking a health care tightrope

Being born with a hole in your heart and cysts on one lung can make growing up really tough. Just ask seven-year-old Sarah McIntyre.

“Sometimes it’s hard because I can’t breathe and I want to ride my bike,” she says.

Sarah has difficulty breathing even though her heart was repaired and the cysts removed from her lung. Her love of bicycle riding belies the ongoing frailty of her health.

“Just looking at all the things she does, no one would know she is as sick as she is,” says Sarah’s mom, Vicky McIntyre.

**“I’m not asking the state to support my family. I just want help to get the proper medical care for my daughter.”**

Regular medical care is the key to a happy and active life for Sarah. With it, her future looks bright, full of all the things she loves to do, like camping, reading, and playing sports. Without it, illness will likely dominate Sarah’s life, robbing her of the joy and innocence that all kids deserve.

Now, the quality of Sarah’s life hangs in the balance. Until age five, Sarah qualified for coverage through the State Children’s Health Insurance Program (SCHIP). But in 2006 the family’s income increased. It was enough to make her ineligible for the program, but not enough for the McIntyres to afford the kind of comprehensive private insurance Sarah needs. Neither Vicky nor Dewayne can get affordable or adequately comprehensive medical coverage for Sarah through their jobs.

That leaves Sarah and her parents, Vicky and Dewayne, walking a health care tightrope. Sarah is stable now. She manages her bronchial asthma with medications that cost the family nearly \$800 a month. And so far, the family hasn’t needed to make the familiar trek to Children’s Hospital in Seattle, where Sarah has gotten specialized care in the past.

“I don’t know what we’ll do if there is an emergency, or how we’ll be able afford Sarah’s prescriptions,” worries Vicky. “I’ve been at my job for 12 years and my husband at his for 10 years. I’m not asking the state to support my family. I just want help to get the proper medical care for my daughter.”

Because of the state’s Cover All Kids law, Sarah should be eligible for insurance again in January 2009, when eligibility is extended up to 300 percent of the federal poverty level.

In the meantime, Sarah and her family will remain uninsured—and her future will remain uncertain.

## ② Getting Kids Covered, continued

We support efforts to create these types of express lanes for eligible children.

School-based outreach is one avenue where the state has made significant progress and there is potential for even more. School districts and outreach contractors are being encouraged to establish partnerships to enroll uninsured students. Already, school districts have modified the forms for free or reduced price meals to allow families to indicate if they are interested in Apple Health for Kids coverage. However, barriers remain. School districts and outreach contractors need support and guidance to create strong and effective outreach strategies. Concerns about compliance with rules

### ***Innovative Outreach Strategies That Work***

*Many local outreach contractors have been creative and successful in their approaches to reaching out to families.*

***Pierce County Public Health*** outreach workers meet families in their homes or convenient meeting places in their communities, bringing portable copiers that allow them to process the required documentation on the spot. The outreach workers continue to follow up until the newly enrolled children have had successful first appointments. If the first provider they see doesn't meet their needs, such as for language interpretation or an accessible location, they help identify someone more appropriate. This is a model of how to conduct comprehensive outreach to families that ensures children get not only coverage, but real access to care.

***CHOICE Regional Health Network***, which operates in a five-county region in south Puget Sound, integrates its children's health outreach with outreach for other services families need, including Basic Food, the Access to Baby and Child Dentistry program, and prescription assistance. They cultivate relationships with linguistically isolated communities and other typically hard-to-reach groups over time, building the trust required to communicate health-promotion messages.

***Public Health Seattle & King County*** provides an example of the gains in children's health coverage that can be made through sustained outreach. In 2007, the county launched its Children's Health Initiative, a collaboration between a range of public and private partners to help low-income families enroll in insurance programs and access care. As a result, enrollment has been growing faster in King County than in the rest of the state—increasing at a rate of 7.8 percent since 2007.

***Health For All*** in Spokane is a non-profit, community-based project coordinated by Community-Minded Enterprises that helps connect people with health care services, especially in rural areas of Eastern Washington. Outreach advocates explain the community resources available and help families navigate the health care system, access low-cost or free services, and take charge of their health. Health for All partners with hospital emergency rooms, pharmacies, and doctors' offices to identify uninsured children and get them covered.

regarding federal funding for school outreach efforts are creating challenges. These details must be worked out to ensure that schools and outreach contractors can pursue these partnerships. Outreach efforts under Cover All Kids began in earnest in early 2008.



That summer the state launched a new name for the unified coverage created under the Cover All Kids law: Washington Apple Health for Kids. Selection of a new name was followed by a statewide media and marketing campaign to let families know about the new, affordable state health insurance option available for their children. The campaign included public service announcements, launch of a new Apple Health website, and a bus tour that made stops at fairs and events in fifteen cities. The tour successfully integrated the message about free or low-cost health coverage into community gatherings. At some stops on the bus tour, eligible children were signed up on the spot, and at others workers gathered information to follow up with families immediately afterwards. However, the tour garnered only limited media coverage. More needs to be done to get the news out that children's health insurance is available to families in need.

Among the little-known provisions of the Cover All Kids law is a program to supplement employer-provided dependent-care coverage. Many families receive health coverage for their children through their employers, but sometimes this coverage still leaves families with large out-of-pocket expenses, and often it fails to cover all the care children need. To help these families without drawing children off employer-provided coverage, the state's Employer-Sponsored Insurance program helps families pay their share of their children's health premiums and rounds out their employer-provided coverage. This is one of the many partnerships with the private sector encouraged by the Cover All Kids law. Yet because it is largely unknown to the public, outreach and education to publicize it are needed.

The Washington State Population Survey, due to be released again late in 2008, will show how much difference outreach is making. In any case, to ensure a lasting impact on the uninsurance rate and health outcomes for enrolled children, the comprehensive outreach efforts must be sustained over time and be supplemented by statewide media announcements.

## Kelahna, Bonney Lake

### When middle income isn't enough



“It is so hard to realize that your child will never fit that ‘perfect child’ mold, but it’s even harder when you realize that you are going to have to lose everything you have worked so hard for and still won’t be able to provide for all your child’s needs.”

When Amy talks about her daughter, Kelahna, there’s a wistfulness in her voice—of opportunity lost, potential unrealized, and dreams gone by the wayside.

Two-year-old Kelahna was born with spina bifida, a birth defect that involves incomplete development of the spinal cord or its coverings. As a result of the spina bifida and associated complications, Kelahna requires constant, specialized care.

“When we can’t be with her, we really need a nurse to care for her, but it’s just too expensive,” says an exhausted Amy, who works three days a week as a counselor at a juvenile detention center. “My husband and I never have any time off together.

**To stay afloat, Amy and Tim have been forced to make some tough decisions: They cashed out Tim’s retirement fund not too long ago and recently sold their house. “We’re running out of things to sell,” says Amy.**

“Every year we spend at least \$20,000 to buy the durable medical goods, like catheters, oxygen supplies, and mobility devices, that Kelahna needs,” Amy says. Those things aren’t covered by insurance. And because of income stipulations, Kelahna doesn’t qualify for any state programs.

Kelahna and her family would benefit from comprehensive insurance that they could buy into through the state. No such option currently exists, but under the state’s Cover All Kids

law, a buy-in option should be available to the family in 2009.

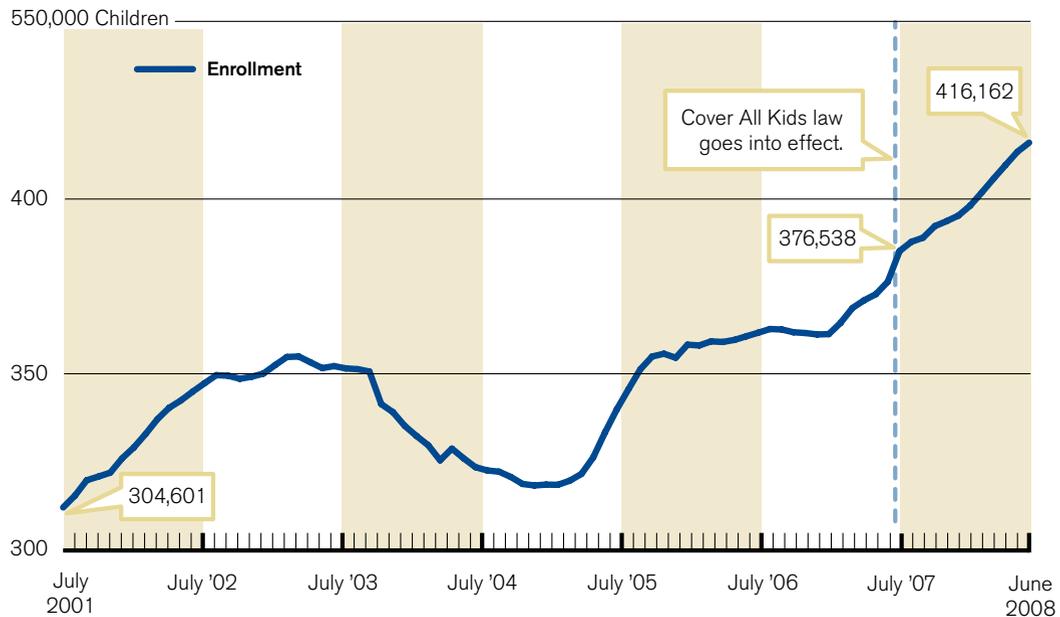
Amy and her husband, Tim, are raising two other children of their own as well as a niece and, though Tim earns a good salary as a dental hygienist, Kelahna’s medical expenses are quickly becoming more than the family can handle.

To stay afloat, Amy and Tim have been forced to make some tough decisions: They cashed out Tim’s retirement fund not too long ago and recently sold their house.

“We’re running out of things to sell,” says Amy.

“We never thought we’d be in this position. I just want to raise awareness and let people know that there is an unmet need for families like ours. We shouldn’t have to lose everything we have in order to get help for our daughter.”

## Enrollment in Washington State Children's Health Coverage



The remaining uninsured children are the hardest to reach. These families may not respond to typical mainstream media messages, or they may have never enrolled in a state program in the past, making applying for Apple Health for Kids an unfamiliar process. The Legislature allocated outreach funding to support efforts through June 2009, yet outreach efforts are just beginning to show returns on the investment. It is critical that legislators sustain funding for outreach in the 2009 session to continue this component of the Cover All Kids law over the next biennium and allow the state to tap into federal matching dollars for outreach.

One media campaign is not enough to get the intense exposure necessary to encourage hard-to-find families to come forward and ask for assistance with getting coverage for their children. This is especially true if the family has been denied in the past for state health programs. The state's initial media campaign must be complemented by targeted marketing to specific communities with culturally appropriate strategies, as well as seasonal health-promotion campaigns that integrate health education messages and link the importance of insurance to healthy development for children.

## ② Getting Kids Covered, continued

Beginning in January 2009, subsidized coverage for children expands up to 300 percent of the federal poverty level, or \$63,600 for a family of four. Family interviews and applications from families denied in the past make it clear that children just above the current income guidelines are facing affordability challenges and health care needs. Children between 200 and 300 percent of the FPL will contribute to the cost of their health coverage through monthly premium payments. It will be essential for the state to do targeted outreach to these uninsured, moderate-income families to let them know that their children may now qualify for coverage.

### In the Next Year

To increase coverage and access to care, the state should:

- Sustain the current level of investment in outreach activities in the 2009–2011 biennial budget.
- Incorporate health promotion into outreach strategies by building health education messages into media announcements and creating incentives for outreach workers to link newly enrolled children with a provider.
- Fund sliding-scale coverage of children in families up to 300 percent of the federal poverty level.

#### ***What Is the Children's Health Buy-In Program?***

*The Cover All Kids law directs the state to develop in 2009 a children's health insurance program for families above 300 percent FPL that charges families the full cost to the state of providing the coverage. The goal is to give moderate-income families who can't get adequate coverage elsewhere a way to buy into the state's program. More and more, moderate-income families find themselves unable to afford adequate health coverage for their children. These children should not be left out.*

*The state is using the following principles in creating this program:*

- *Out-of-pocket costs should be less than in the individual market.*
- *These children should receive comprehensive coverage.*
- *To save money and therefore keep families' premiums low, the program should be administratively simple.*

## Avrie and Jake, Everson

### Public-private partnership lifts a load of medical debt



In 2006, Avrie was born a healthy, 6-pound-14-ounce girl. She didn't arrive with any medical complications. But she did come with a pile of medical bills and a load of stress for her parents, Marissa and Tim.

They had health insurance through Tim's employment at a heating and air conditioning warehouse, but it paid only about 60 percent of the costs of Avrie's birth. Tim and Marissa worried about the expense even as Marissa went into labor. "We kept asking how much the hospital was per night," said Marissa, and they left the hospital as quickly as they could.

Then the bills began to arrive. Tim and Marissa didn't have the money to pay them, so they charged them on a credit card. To save money, Tim stopped driving his truck and began driving a small car passed on by a relative, and they let go of extras like cable TV and movies. It took them more than a year to pay off their medical debt. Meanwhile, they were paying new bills each time they took Avrie to the doctor. The stress took a toll on the family, straining Marissa and Tim's relationship.

#### The load of debt—and worry—is gone.

When Avrie was a year old, the happy news that Marissa was pregnant again came with a dark cloud of worry about what this second birth would cost. Then they discovered that they qualified for help through a provision of the Cover All Kids law that supplements employer-sponsored insurance. It pays their share of the insurance premiums and provides additional coverage to round out health insurance for the children.

In 2008 when Jake was born—another healthy child, at 7 pounds even—everything was covered, from the birth to all of Jake's and Avrie's doctor visits. The load of debt—and worry—is gone. Now when Tim comes home from work, he is quick to chase Avrie around the house, both of them collapsing in giggles when he catches her.



# 3

## Cutting the Red Tape

The Cover All Kids law states that the process of applying for and getting coverage should be streamlined and efficient.

Streamlining enrollment means simplifying the application procedures and reaching out to families with eligible children. The Health Coalition for Children and Youth has advocated for automatically enrolling children in the state's health coverage program if they are uninsured and deemed eligible for other state programs for low-income families, such as WIC (Women, Infants, and Children), Basic Food, free or reduced-price school meals, and subsidized child care, to name just a few.

But even families who qualify for Washington's Apple Health for Kids often have to deal with redundant applications and income verification requirements. Recognizing this, the Cover All Kids law specifically required the state to redesign the application and renewal processes to minimize these types of administrative barriers and make it easier for eligible families to get and keep coverage for their children.

Throughout 2008, the state has moved forward with several measures designed to cut red tape. In January 2008, the state made it easier for families to verify their income and simplified the financial documentation required from parents who are self-employed. In the past, even a parent who cleaned houses part-time was sometimes asked for the kind of banking and other financial records required of a small business owner. Current regulations are more reasonable, while providing ample documentation of a child's eligibility for health coverage. This effort requires additional support in the year ahead to make sure all state and community workers charged with determining a child's eligibility for insurance understand the new rules and are applying them uniformly across the state.

The state can also reduce application processing costs by taking additional steps to enroll children who are clearly eligible for the coverage. One example is the state's automatic enrollment of noncitizen children whose citizen siblings already were enrolled in state-supported insurance coverage.

Another way to link eligible families with health insurance is by sharing income data from programs with similar income guidelines, such as the free and reduced-price school meals program, Basic Food, and child care assistance. While the state has generated lists of eligible children from other state programs (as described in chapter two), advocates and the state are exploring ways to link state databases electronically to facilitate automatic enrollment of eligible kids. This would make it easier for people to enroll simultaneously for multiple programs with one application.

Thanks to efforts by the Office of the Superintendent of Public Instruction, in some school districts families applying for free and reduced-price lunches for their children can now indicate their interest in subsidized health coverage. This is exactly the kind of express lane for eligible, but uninsured, children necessary to successfully implement Cover All Kids, and other states are using it as a model. However, school districts and outreach workers need additional support, training, and guidance to make this collaboration successful.

## Antonio, Kennewick

### For want of insurance



Ten-year-old Antonio\* fell from the half-rocket one snow-covered day on the school playground. A trip to the local clinic and a set of x-rays confirmed that Antonio's fall had broken his collarbone. But without health insurance, his parents couldn't get a doctor to fix it.

Antonio faced the unsettling prospect of permanent damage from a very treatable injury.

"[The doctors at the emergency room] told me he needed a specialist," says his mom, Ester. "They couldn't do anything but tape him up so he was standing straight."

After three days of searching—during which Antonio did his best to sleep while propped up on the couch—the family connected with Benton-Franklin Access to Care. A care coordinator helped them apply for and receive medical coverage through Washington's new Apple Health for Kids program.

Armed with coverage, the family located an orthopedic doctor who put Antonio on the road to recovery.

**"[The doctors at the emergency room] told me he needed a specialist," says his mom, Ester. "They couldn't do anything but tape him up so he was standing straight."**

"My son was hurt and I felt helpless," says Ester. "Now we feel such a sense of relief."

*\* Name has been changed.*



## 3 Cutting the Red Tape, continued

The state is working on an online application for multiple public benefits, scheduled to be launched in late 2008. The online application will allow families to apply for multiple programs at one time. The online application is a critical tool for future outreach efforts. Care should be taken to ensure that the state's online application can accept applications from websites like [www.ParentHelp123.org](http://www.ParentHelp123.org), a valuable enrollment tool developed by the nonprofit organization WithinReach. In August 2008, a new version of ParentHelp123.org was launched that allows families to submit applications online. In the first month after this new feature was launched, over 800 applications were submitted to the state via the site. Families are using the online application tool at all times of the day and evening—even 10 pm and later.

Washingtonians can easily register to vote, renew car tabs, and get a fishing license online. Families should also be able to take the steps required to get health insurance for their kids online. If developed properly, this website can serve as a communication tool for parents and could even allow them to select a provider, pay monthly premiums, and renew coverage online. Already the state is making progress in its efforts to cut the red tape for premium payments. Modernizing premium payments will allow the state to reduce paperwork and save time and money, and make it easier for families to pay their share on time.

### In the Next Year

#### To streamline enrollment the state should:

- **Allow children who are eligible for other state programs to be screened for their eligibility for children's health insurance when their families first contact state agencies, wherever possible.**
- **Build an online application system that makes it easy for families and outreach workers to enroll, renew, and track applications.**
- **Modernize premium payment systems so families can pay online, by telephone, and via automatic deductions.**

## Cali and Keira, Bellingham

### From the brink of bankruptcy



Imagine that every time you caught a common cold it turned into a painful and lingering sinus infection. Then imagine you are a child, and think of all the missed school days, play dates, and visits to the zoo. Cali and Keira Casad know firsthand what this is like—they've been struggling with it since they were

toddlers. Both girls have severe allergies and larger than average adenoids, resulting in serious sinus infections and breathing difficulties.

While the girls have faced what seems like an endless string of illnesses, the family has been up against a different kind of menace: bankruptcy.

Sarah Casad works as a housecleaner while the girls are in school, while her husband, Tom, is employed by a small business that builds custom homes. Neither can get health insurance through work, and the family can't afford private coverage.

With every visit to the doctor, the Casad's bills racked up, requiring them to take out a loan just to stay on top of the payments. Expensive surgeries were out of the question.

**"I love watching them run around just like other little kids."**

Then an outreach worker in Whatcom County told Sarah her girls might qualify for state-subsidized insurance. Unfortunately, applying for coverage wasn't as easy as it should have been. The state worker who was verifying the family's income asked for information about

Sarah's accountant and business bank accounts—things she doesn't have as a self-employed house cleaner. While phone calls and letters went back and forth, Keira's ongoing problems cost the family another \$1,300 in medical bills. The red tape of verifying the family's income left the Casad children without health insurance for three months. Ultimately, a phone call to the state from a health access organization got the Casad children covered.

Now that Cali and Keira are enrolled in the state's new Apple Health for Kids program, they're receiving much-needed treatment for their adenoids and allergies.

"Our girls now have access to the medical care they need to be healthy," says Sarah. "They get sick less often and they feel better. I love watching them run around just like other little kids."





## Keeping Kids Covered

Once a year, parents need to verify that their children are still income-eligible and renew their health coverage. Renewal is one of the most common times for children to lose health coverage, yet many of these children remain eligible and return to coverage within a few months. In the two years leading up to passage of the Cover All Kids law, one in six children who dropped off coverage at renewal time ended up re-enrolled within three months.<sup>9</sup> This shows that the children remained income-eligible and experienced unnecessary gaps in their health coverage. Sometimes these children lose coverage because of the time required to complete the renewal application and get it approved. Numerous studies nationwide have shown that children who “churn” on and off of insurance coverage are less healthy and less likely to get needed preventive care than those with continuous coverage.<sup>9</sup> Reducing the churn rate for children in Washington is thus a key strategy in improving their health.

The Cover All Kids law directs the state to simplify the renewal process to make it easier for eligible families to keep continuous coverage for their children.

Throughout the spring and summer of 2008, the state implemented various pilot projects to test promising renewal policies designed to minimize administrative barriers for parents and eliminate gaps in coverage for children. These included:

- Calling families to initiate the renewal process by phone three months prior to the scheduled renewal date.
- Initiating renewals by phone if parents called the Department of Social and Human Services for other reasons, such as changing their address or phone number.
- Mailing out simplified, one-page renewal forms.

The state is evaluating the outcomes of these pilots and is expected to make statewide changes based on the most effective strategies. One strategy—the simplified, one-page renewal form that can be mailed in or completed by phone—was so successful that it will be implemented statewide by April 2009.

In addition to pilot projects, the state is exploring promising strategies from other states. For example, Georgia and Illinois are partnering with providers, clinics, and other groups that families are already familiar with to try to improve the response to renewal notices. Pilots planned for the coming year in Washington will similarly work with managed-care organizations and local outreach workers to help families through the renewal process.

# Yolanda, Walla Walla

## Health care the whole year 'round



Josefina's\* six-year-old daughter, Yolanda, is a healthy child in all respects—except for her teeth. Her baby teeth have been rotting since she was a toddler despite regular brushing.

Yolanda is scheduled to see a specialist located in Spokane who will cap each of her teeth in the hopes of preventing further decay.

**“Summer is the hardest for my family. That’s when we don’t have coverage.”**

Josefina and her husband, Ernesto, are able to provide their daughter with this medical care because she is currently receiving health insurance coverage under the state’s Apple Health for Kids program.

Luckily for the family, the timing is right. Because of the seasonal nature of Josefina’s and Ernesto’s work, their children are typically kicked off of state health insurance twice a year for several months, and must wait until the family’s income drops again to re-apply for coverage.

“Summer is the hardest for my family. That’s when we don’t have coverage,” says Josefina.

With wait times that run up to two months, the on again, off again nature of the insurance coverage for their children puts a strain on the entire family.

“When my kids have had problems and didn’t have health care, I’ve either had to come up with home remedies or I’ve gone to my sister’s house to get medicine that her kids have used, like eardrops for ear infections.”

In 2009, Josefina’s family, and hundreds of families like hers, won’t have to worry about extended periods without coverage. That’s when the income guidelines for state coverage will expand from 250 percent up to 300 percent of the Federal Poverty Level. A little extra work over the summer will no longer mean kids lose out on their health care.

“Having health insurance year-round will help my kids stay healthy and allow my husband and me to stay focused on earning money to support our family. We both work hard and knowing our children can get help when they need it will be a huge relief.”

*\*All names in this story have been changed.*



## 4 Keeping Kids Covered, continued

The state also is working to develop its automated voice response system so that families can renew their benefits by phone, at any time of the day or night. Another option is automatic email reminders to families who have applied online. This feature is being explored by community organizations and will be discussed as improvements to the state's online application are made over the next year.

The state is making great strides in testing approaches to keep eligible children enrolled. Implementing the proven and promising renewal pilot projects statewide will be essential for making improvements to the renewal process and for maintaining enrollment levels.

### **In the Next Year**

**To reduce the churn rate the state should:**

- **Work with managed-care organizations and outreach workers to help families through the renewal process.**
- **Implement automated online and telephone renewal options.**



## Lorelei and Kayla, Yakima

### Punished with a raise?



Raising a family on \$32,000 a year isn't easy, so when Lorena Larios was up for a \$300 a month promotion, accepting it was a no brainer—until she learned that the increase in income would boot her children off the State Children's Health Insurance Program (SCHIP).

Without SCHIP, Lorena faced monthly premiums in excess of \$800-a-month to insure her two children, an amount that would plunge her recklessly close to the financial edge.

Luckily, in 2007, the Legislature passed the Cover All Kids bill, which expanded the income guidelines, allowing Larios to both move up at work and maintain a stable household budget.

**"If I didn't have the insurance, my girls would have to go without the fun things in life."**

"SCHIP helps me keep my kids healthy and out of the emergency room," she says. "Life would be a hardship without this insurance."

Larios adds that the insurance allows her to provide her children with a higher quality of life.

"If I didn't have the insurance, my girls would have to go without the fun things in life, like sports and other recreational activities," says Larios, whose 10-year-old daughter Kayla plays year-round soccer and is on a Little League cheerleading team.

With the income guidelines set to expand even further in 2009, Larios has greeted an upcoming second promotion with enthusiasm.

Twelve-year-old Lorelei is also enthusiastic, but for a completely different reason. One of the "extras" that Larios provided for her was braces, and they were just yanked off for good.



# 5

## Getting Kids Into Medical Homes

The Cover All Kids law commits our state to providing affordable health coverage options for all of Washington's children and to improving access to coordinated, high-quality care for children through "medical homes." A medical home is not just a building or a clinic. It's an approach to providing coordinated health care services—including mental health, dental, and vision care—that are accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally competent.

The Legislature directed the state to take several specific steps aimed at improving children's health through the medical home model, including:

- Identifying ways to link children with medical homes.
- Measuring the effectiveness of the medical home model.
- Providing health care providers higher reimbursement rates for higher-quality care.

In November 2007, a workgroup of medical care providers, state agency staff, and stakeholders from around the state issued a report to the Legislature that identified gaps in the current children's health system, developed medical home performance measures, and designed a five-year plan to link children with medical homes. The report, entitled the Children's Health Insurance System Report, was based on best practices and knowledge about medical homes from experts within the state and nationally.<sup>10</sup>

None of the pay-for-performance measures recommended in the report has been implemented. The report's recommendation for enhanced payment for validated developmental screens should be prioritized. The American Academy of Pediatrics recommends developmental screening at 9, 18 and 30 months and autism screening at 18 and 24 months. Administering these screenings facilitates early intervention for children with developmental delays, including autism, and it is an integral function of the medical home. Because Medicaid does not cover this screening, we recommend that the state reimburse primary care providers for this service.

Payment incentives for outreach workers should also be used to ensure that within the first three months of enrollment children get connected with a medical home and a trusted provider who can help families navigate the health system.

### In the Next Year

**To increase the number of children with medical homes, the state should:**

- **Increase payments to health care providers for developmental screens recommended for children in the first five years of life.**
- **Expand existing outreach efforts to ensure that enrolled children are linked to medical and dental providers within the first three months of coverage.**
- **Create financial incentives for outreach workers and health plans to conduct follow-up calls to newly enrolled children to make sure every child is linked with a provider.**

## Chaz and Tyler, Bellingham

### When the ER was the family's only doctor



Until this summer, Tyler and Chaz's doctor was the emergency room. The boys made four or five visits there in the past two years—not because they've been especially accident prone or sickly. They've had a few fevers, and once Tyler, age four, smashed his foot in a door, requiring stitches. Their parents took them to the emergency room because—without health insurance—that was the only medical care they had.

**Their father's employers won't offer family health benefits until he's been there a year, but the work rarely lasts that long.**

Other times when they needed medical care, "I played doctor myself," said their mother, Traci Boyd.

Without a regular doctor to make sure the boys got the regular preventive care they need, they got behind on their immunizations, and they had no dental care at all. Chaz, age 10, was starting to get a bunch of cavities, and Tyler needed glasses.

The family tried to get insurance through an employer, but they found themselves caught in a series of Catch-22s: The boys' father, James Boyd, makes good money as a welder-fitter, but the work is seasonal and he's often laid off. Typically, his employers won't offer family health benefits until he's been there a year, but the work rarely lasts that long. Traci tried to get a job—one that offered family health insurance benefits—but Tyler began showing symptoms of autism and got kicked out of several day cares. Without child care, Traci couldn't take a job and get health insurance. Without health insurance, she couldn't get Tyler diagnosed, let alone get the care that might enable him to function in a day care.

Because James earns decent money, Traci didn't think they qualified for state help. But when outreach workers sent Chaz home from school with a brochure about state health coverage, she was desperate, so she applied. Two days later, she got a phone call telling her the boys would be covered—and the state would even cover the emergency room visit for Tyler's foot. The boys would be able to go to the dentist and Tyler could be tested for autism.

"I was in tears when I got that call," Traci said, choking up even as she spoke. "I felt like all the hard work we had done finally paid off. It made us feel better as parents."

# Recommendations

## 2009 Legislative Priorities

A year and a half after the passage of the Cover All Kids law, substantial progress been made toward the goal of covering all kids by the year 2010. Yet many steps must still be taken to ensure that Washington State successfully implements the policy goals outlined in the law and under development within the state agencies. The Health Coalition for Children and Youth urges legislators to fund these investments during the 2009 legislative session:

### 1. Deliver the promise of coverage for moderate-income families

Families just slightly above the current income guidelines continue to inquire about the availability of health care assistance for their children. Lawmakers should fund sliding-scale coverage for children in families between 250 percent and 300 percent of the federal poverty level, as the Cover All Kids law directs.

### 2. Ensure mental health equity

Currently, not all enrolled children are able to get the mental health services mandated by the Cover All Kids law. Immigrant children don't have the same access to acute mental health services as other enrolled children due to a funding oversight in 2007 that left the mental health system for non-Medicaid, immigrant children underfunded. In 2009 the Legislature and Governor can and should correct this funding gap to create equity.<sup>11</sup>

### 3. Sustain outreach, health promotion, and enrollment

Outreach activities and the statewide media campaign are beginning to yield results. The state must sustain its commitment, including reaching out to families who have been marginalized, discouraged, or untouched by the media messages thus far. Money should be allocated in the upcoming biennial budget to fund outreach and health promotion efforts. Because state outreach investments generate federal matches, these are fiscally wise steps.

### 4. Build better access to high-quality care

In accordance with the medical home report, payments for high-quality developmental screens should be increased as a way to begin to build the foundation for the medical home approach. Specifically, lawmakers should provide state funding for validated developmental screens for children birth to five years old.

With the state's unwavering commitment to covering all kids, lawmakers making targeted investments, and agencies implementing best practices, we can ensure all children in Washington have the health care they need to flourish.

# Checklist

## Completed

- Enact visionary legislation promising coverage to all children by 2010.
- Create one unified program for all children.
- Identify eligible but uninsured children.
- Test innovative renewal strategies.
- Simplify income verification.
- Give grants to increase capacity for community organizations to conduct outreach.
- Launch the Apple Health for Kids publicity campaign.

## Urgent for 2009

- Sustain the investment in outreach to find and enroll families, and integrate health promotion into outreach and enrollment activities.
- Increase payments to providers to improve access to medical homes.
- Allow families up to 300% FPL to purchase health coverage for a reasonable monthly premium.
- Allow children in moderate- to middle-income families without health insurance to purchase coverage at full cost.
- Create an express lane to coverage for children already enrolled in other government programs.
- Ensure all children have equal access to mental health services.

## Achieve by 2010

- Increase medical and dental provider reimbursement rates to ensure there are enough providers to serve all families in Apple Health for Kids.
- Ensure that children's medical coverage is providing a meaningful medical home.
- Reduce health disparities in coverage and access.
- No child in Washington lacks health coverage.**

# Endnotes

- 1 House Bill 1441.
- 2 Health Coalition for Children and Youth Submission to the Blue Ribbon Commission, Quality Healthcare For Every Washington Child, October 19, 2006, available on the Cover All Kids campaign page at [www.childrensalliance.org](http://www.childrensalliance.org).
- 3 For more information about medical homes go to <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;110/1/184> or [www.medicalhome.org](http://www.medicalhome.org).
- 4 While additional children in Washington are covered under family medical programs or other assistance programs, for the purposes of this report the Cover All Kids law unifies coverage under Medicaid, the State Children's Health Insurance Program (SCHIP), and the state's Children's Health Program. For a summary of children enrolled in the other state programs, go to <http://fortress.wa.gov/dshs/maa/News/EnrollmentFigures/ChildrensEnrollmentinDSHSMedicalAssistancePrograms.xls>.
- 5 Only two counties did not have community contractors working to enroll uninsured children in their area: Wahkiakum and San Juan counties. For an interactive map of contractors by county, go to [http://fortress.wa.gov/dshs/maa/applehealth/talk\\_to\\_someone.shtml](http://fortress.wa.gov/dshs/maa/applehealth/talk_to_someone.shtml).
- 6 According to the December 2006 Office of Financial Management Washington State Population Survey, almost 73,000 children under the age of 19 were without health insurance. Since the passage of the Cover All Kids Law, an additional 40,000 children have been enrolled, which will make a substantial impact on the number of children without health coverage. However, we are assuming that in this economic downturn additional families may have lost health coverage for their children due to job loss, being unable to afford their premiums any longer, or employers' dropping dependant coverage. Our assumption is that the number of uninsured children in Washington State could be as high as 50,000 children when the new survey results are released to the public in late 2008. Find OFM State Population Survey data at <http://www.ofm.wa.gov/researchbriefs/brief041.pdf>.
- 7 Find more information on uninsured children at <http://www.ofm.wa.gov/healthcare/default.asp>.
- 8 State Office of Financial Management data, May 2005 to April 2007.
- 9 "Maintaining Coverage for Children: Retention Strategies," Georgetown Health Policy Institute's Center for Children and Families, available at <http://ccf.georgetown.edu/index/cms-filessystem-action?file=strategy%20center/rententionccf%20final.pdf>.
- 10 Find the medical home report on the Cover All Kids campaign page at our website, [www.childrensalliance.org](http://www.childrensalliance.org).
- 11 According to federal law, low-income legal immigrant children must be in the country for five years before they are eligible for Medicaid. Undocumented immigrant children are not eligible for this federal program at all. Washington, however, provides these children with benefits similar to Medicaid, because the legislature recognized that all children need access to the same preventive health care.

In 2006, Avrie was born a healthy, 6-pound-14-ounce girl. She didn't arrive with any medical complications. But she did come with a pile of medical bills and a load of stress for her parents, Marissa and Jim.

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Avrie and Jake Cramer, covered November 2007.

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### Children's Alliance

A Voice for Washington's Children, Youth, & Families

The Children's Alliance is a statewide, nonprofit, nonpartisan child-advocacy organization.

We **protect** kids by changing laws.

We **serve** kids by making sure programs and policies work.

We **put kids first** by securing resources.

We **advocate** for kids by holding lawmakers accountable.

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