

## **Rural S-CHIP: Need for Pediatrician Education & Advocacy**

**American Academy of Pediatrics  
Council on Community Pediatrics  
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*by Vinny Biggs, MD. FAAP – South Hadley, MA*

Attached please find a PowerPoint presentation that I presented in March 2007 at a briefing on Capitol Hill on behalf of the Committee on Native American Child Health (CONACH). The AAP Department of Federal Affairs approved the briefing and content. While my talk has an American Indian focus, I think the overview of the SCHIP program is helpful to get a sense of the awareness of the SCHIP program for the rural provider and its present and potential future impact depending on reauthorization details. After doing the research for this talk I think the most critical factor in the program is identifying eligible kids (which can include the pediatrician's office) and simplifying the enrollment process. Since it is estimated that 9 million children in the U.S. are uninsured and of those kids 2/3s are eligible for Medicaid or SCHIP (1/3 SCHIP alone), it is clear the uninsured kids are not being identified and enrolled.

Here is a brief summary of the briefing:

SCHIP is up for reauthorization in 2007 after 10 years of being in place. The program provides federal grants to states to provide health care to children under 200% of federal poverty level and under 19 years of age. The funds can be used to expand Medicaid, develop an SCHIP program or a combination. SCHIP is a Medicaid enhancement for states with a 30% better matching rate for states than Medicaid. Since the start of the program the number of uninsured children has dropped by 1/3. Because of its success in some states, some are at risk of funding shortfalls (up to 14 states in 2007). This reality makes reauthorization or at least transitional funding critical to keep kids who are on SCHIP enrolled. Reauthorization with additional funding and language to do better outreach and simplify enrollment will be necessary to get all eligible kids enrolled.