



COMPARISON OF HOUSE AND SENATE CHIP REAUTHORIZATION LEGISLATION

Provision	S. 1893 Children's Health Insurance Program Reauthorization Act of 2007 (CHIP Act), as of 12:30 p.m., August 2, 2007, prior to Senate passage	H.R. 3162 Children's Health and Medicare Protection Act of 2007 (CHAMP Act)	AMA Comments
Coverage	Reauthorizes the State Children's Health Insurance Program (SCHIP) for 5 years. Would cover 3.3 million more uninsured children, in addition to continuing coverage for the 6 million children already enrolled.	Reauthorizes SCHIP for 5 years. Extends coverage to 5.1 million children currently eligible for services but not receiving them, and continues coverage for the 6 million children currently enrolled.	The AMA strongly supports reauthorization of SCHIP and covering all children who are eligible for coverage under SCHIP.
Financing	Provides \$35 billion in new funding for SCHIP over 5 years, on top of the current \$25 billion baseline. Paid for by a 61-cent per pack cigarette tax increase and increase in taxes on other tobacco products.	Provides \$50 billion in new funding for SCHIP over 5 years, on top of the current \$25 billion baseline. Paid for by a 45-cent per pack cigarette tax increase and reduction in overpayments to Medicare Advantage (MA) plans.	The AMA strongly supports raising the federal excise tax on cigarettes and other tobacco products, and supports the reduction in overpayments to MA plans. The AMA supports \$60 billion in new SCHIP funding.
Income-based Eligibility	Reduces financing available to states that extend SCHIP to children in families whose effective income would exceed 300% of the Federal Poverty Level (FPL) but for the exclusion of certain income applying "income disregards." States	No change in current income eligibility limit of 200% of Federal Poverty Level (FPL). But, permits state waivers covering certain individuals with incomes above 200% -- see next section.	The AMA does not have policy on specific income-based eligibility levels.



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Income-based Eligibility (con't.)	covering children above 300% will no longer be able to receive the enhanced SCHIP matching rate, but instead, will receive the regular Medicaid matching rate. States that already cover children above 300%, or that have adopted legislation to do so by the date of enactment of reauthorization, are exempt from this new restriction.		
Populations Covered	<p>Gives states the option to cover pregnant women with SCHIP funds by submitting a state plan amendment, as long as state covers pregnant women up to at least 185% of FPL in Medicaid.</p> <p>Prohibits approval of new or renewal of existing Section 1115 demonstration waivers that allow federal SCHIP funds to be used to cover parents. Waivers can continue for a 2-year transition period (FY 2008 and FY 2009) in the 11 states that now have waiver; in 2010 and beyond,</p>	Provides states new option to cover pregnant women in SCHIP, if the state covers pregnant women under Medicaid to 185% of FPL, covers children in families with incomes up to 200% of FPL, and does not impose a waiting list for enrollment of children under SCHIP. Children born to mothers covered under Medicaid or SCHIP will be automatically enrolled at birth. Entities that conduct presumptive eligibility for children may do so for pregnant women.	The AMA supports covering pregnant women under SCHIP, and supports providing states the flexibility to cover all eligible children and pregnant women under SCHIP without a mandatory waiting period.



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Populations Covered (con't.)	<p>parents are moved out of SCHIP and states would receive separate allotments.</p> <p>Maintains existing ban on new waivers to use SCHIP funds to cover childless adults. Provides a phase-out for the 4 states that have such a waiver currently: after a 1-year transition, these states would receive a temporary, separate allotment with a regular Medicaid matching rate in 2009, and for 2010 and beyond, states may request a Medicaid waiver to cover these individuals.</p> <p>Does not provide an option for states to cover children and pregnant women who are legal immigrants and currently barred from coverage until they have been in the U.S. for five years.</p>	<p>Limits waiver authority for adults.</p> <p>Gives states the option to cover children who otherwise age out of Medicaid or SCHIP, through age 21.</p> <p>Gives states the option to cover legal immigrant children and legal immigrant pregnant women under SCHIP, if the state also elects to cover such individuals under Medicaid, and lifts the 5-year residency requirement. Clarifies that nothing in CHAMP Act allows Federal payment for individuals who are not legal residents.</p>	
Benefits	Requires parity between mental and physical health benefits and creates a \$200 million	Requires parity between mental and physical health benefits and ensures children receive dental	AMA policy strongly supports mental health parity. The AMA has no policy addressing dental



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Benefits (con't.)	demonstration program for states to improve dental benefits for children in SCHIP.	benefits under SCHIP. Limits HHS Secretary's authority to approve "alternate" SCHIP benefits packages by requiring that any alternate benefit design meet or exceed existing benchmark coverage. Clarifies that school health clinic services may be covered under SCHIP.	benefits under SCHIP.
Outreach and Enrollment	Creates a major new bonus incentive pool to encourage states to reach low-income uninsured children, the majority of whom are already eligible for SCHIP/Medicaid. Gives states a new, simplified way to comply with the new Medicaid citizenship documentation requirement; provides \$100 million over the next 5 years in outreach efforts; and includes a new \$49 million, 3-year "Express Lane" demonstration project that will allow up to 10 states to use findings from school lunch programs, the Women, Infants and	Creates a "best practices" performance bonus for states that implement certain outreach and enrollment best practices and enroll new children who are currently eligible for coverage but not enrolled. Best practices include full year enrollment, presumptive eligibility, administrative renewal, state flexibility in asset determinations, elimination of in-person interviews, and joint SCHIP/Medicaid application.	The AMA strongly supports increased funding for and enhancements to outreach and education, as well as reducing barriers to enrollment and re-enrollment by simplifying application procedures.



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	Children (WIC) program, and other public agencies when determining children's eligibility for Medicaid and SCHIP.		
Premium Assistance or Employer Buy-In	<p>Allows states to operate premium assistance programs for families through Medicaid/SCHIP that are cost-effective and ensure that children retain access to the full Medicaid/SCHIP benefits package. Streamlines coordination between public and private coverage and allows states to offer a premium assistance subsidy for qualified employer-sponsored coverage to families.</p> <p>Creates a demonstration program on premium assistance under which states would have option to allow employers with less than 250 employees and at least one employee with an SCHIP-eligible child to buy into a purchasing pool that offers SCHIP-benchmark products.</p>	Establishes a demonstration program for employers to buy SCHIP coverage for uninsured children of employees.	The AMA strongly supports both premium assistance and employer buy-in programs.



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<p>Quality</p> <p>Quality (con't.)</p>	<p>Creates a new child health quality initiative within HHS to develop and disseminate child health quality measures, as well as finances new demonstration projects on child health quality issues and health information technology.</p>	<p>Creates a new Pediatric Health Quality Measurement Program to monitor quality of care for children under SCHIP and Medicaid, with a focus on access, prevention, and health disparities. Creates a new independent commission, modeled after MedPAC, to monitor children's access to care and services and the adequacy of provider payment under both SCHIP and Medicaid.</p>	<p>No specific AMA policy on separate quality program for children.</p>
<p>Miscellaneous</p>	<p>Requires states that operate separate or combination Medicaid/SCHIP programs to reimburse federally qualified health centers (FQHCs) and Rural Health Clinics (RHCs) based on the Medicaid prospective payment system, for services provided on or after October 1, 2008.</p>	<p>Guarantees services provided by federally qualified health centers (FQHCs) and Rural Health Clinics (RHCs) under SCHIP and applies the Medicaid prospective payment system.</p> <p>Gives states new option to cover family planning services without a waiver.</p>	