

Summary of Senate and House CHIP Reauthorization Proposals

	Senate	House (Energy & Commerce Committee)
New Funding:	\$35 billion	\$50 billion
Pay-for:	61-cent increase in federal tobacco tax	45-cent increase in federal tobacco tax; phases out Medicare Advantage (MA) overpayments and eliminates MA stabilization fund
Children Covered:	4 million who would otherwise be uninsured	5 million who would otherwise be uninsured
State allocations:	2008 allotment follows special rules to hold states harmless until 2009. Bases allotments from 2009 onward on combo of previous and projected expenditures and number of low-income kids.	2008 allocation based on 2007 allocation increased according to health care cost increases and state population growth. Future years follow same patterns, with allocations "recalibrated" every two years.
Length of time allocations available:	2 years. Any unspent funds go into the Incentive Pool.	2 years. Unspent funds redistributed to states that need them, as in current law.
Dealing with shortfalls:	Sets up Contingency Fund, capped at 12.5% annual CHIP allotment, to shore up states with anticipated shortfalls. Pays out on a monthly basis.	States with shortfalls not caused by adult coverage or expansions after CHIP is reauthorized will get additional funding according to the state's average cost per child. Additional funding to come from unspent allotments, as in current law.
Eligibility		
<ul style="list-style-type: none"> Children: 	Up to 300% FPL get enhanced match, states that already go > 300% FPL retain enhanced match, new states going >300% FPL get Medicaid match for kids >300% FPL	Does not limit income eligibility limits for SCHIP. Includes a new option for states to extend Medicaid and CHIP coverage until age 24.
<ul style="list-style-type: none"> Pregnant women: 	Allowed with state plan amendment, no waiver needed	Allowed with state plan amendment, no waiver needed
<ul style="list-style-type: none"> Parents: 	No new waivers. States with CHIP-funded parent coverage must pay for from "set-aside" CHIP pool starting in 2010. No enhanced match after 2010, but get higher than Medicaid match for parents if meet outreach and enrollment targets for kids.	No new waivers unless state can prove that it is attempting to reach all children under 200% FPL and that no children would be denied coverage in order to cover adults. Makes no changes to existing waivers.
<ul style="list-style-type: none"> Childless adults: 	No new waivers. Currently enrolled childless adults transitioned from CHIP to Medicaid by FY2009.	Maintains current law prohibiting HHS from approving new waivers for childless adults. Allows states that currently have waivers to continue them.
<ul style="list-style-type: none"> ICHIA: 	Not included	Included (Allows states to provide coverage to legal immigrant children and pregnant women who have been in the US less than five years.)

Financial incentives to enroll kids:	Has Incentive Pool that gives states a per-child bonus for all kids over enrollment baseline (baseline is defined in legislation).	States that adopt 5 of 7 enrollment best practices and meet enrollment goals receive a performance bonus. The bonus is for newly enrolled children in CHIP and Medicaid who are eligible, but not enrolled today.
Other outreach & enrollment policies:	\$100 million in grants to national (\$10m), Indian health (\$10m) and other state and local groups (\$80m) to improve outreach and enrollment	No comparable outreach funding, but encourages states to adopt culturally appropriate enrollment practices.
Citizenship documentation:	Now applies to CHIP as well. Allows state option to accept SSN and match with SSA to verify ID and citizenship. If no match confirmed, person has 90 days to produce documentation before denied coverage.	States may opt to return to pre-DRA rules for proving citizenship for children. Allows additional types of documents to serve as proof of citizenship for adults and for states that choose to continue DRA requirement for children.
Express Lane Eligibility:	Included as a 3 year, 10-state demonstration project	Included as permanent state option
Premium Assistance:	Allows PA for cost-effective coverage, requires benefits and cost-sharing wrap-around, allows for coverage of parents in some cases, allows states to obtain data on employers sponsored coverage from employers, requires employers to notify employees about availability of PA	No changes included. Bill prohibits future Health Savings Account demonstration projects.
Quality:	\$45 million; requires establishing and collecting data on core pediatric measures, developing electronic medical record for kids. Also, grants to address childhood obesity	Requires establishing quality and performance measures; creates children's payment advisory committee for CHIP and children's Medicaid
Benefits:	Grants to improve dental care, adds mental health parity to CHIP.	Dental as a guaranteed benefit, mental health parity, states can cover family planning services without a waiver. Strengthens benchmark benefit package standards.