

National Association of Social Workers

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October 1, 2007

The Honorable Governor Donald L. Carcieri
 State House, Room 222
 82 Smith Street
 Providence, RI 02903

Dear Governor Carcieri,

If you or I were to knock on every door in Rhode Island’s neighborhoods and asked a simple question; “Should any child living within the borders of Rhode Island go without the necessary healthcare they need”, I believe the answer overwhelmingly would be, NO! Even as things stand now, there are Rhode Island children without the healthcare they need. Some are new to our state and for others, their families have been here for generations. If President Bush vetoes the Children’s Health Insurance Program (CHIP also known as SCHIP) Preauthorization Act of 2007, there will be a great many more children without healthcare in our state and across the country. For Rhode Island it will mean a loss of 81 million dollars of federal healthcare funds to our state.¹

The following two tables serve to illustrate the importance of medicaid funded healthcare in Rhode Island compared with the rest of the United States.

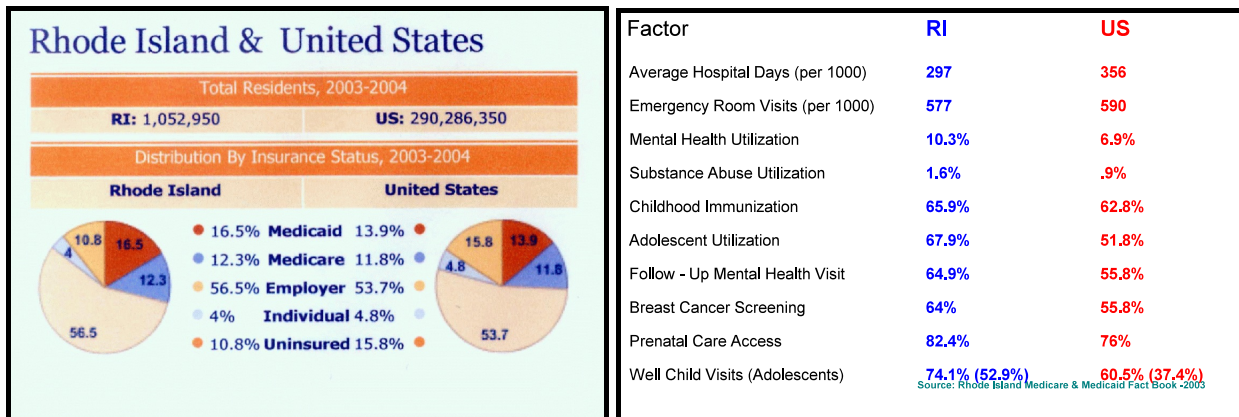


Table I: RI Department of Health. Rhode Island VS. The United States. 2003

Table II: RI Department of Health. Rhode Island VS. The United States. 2003

In 2003, 10.8% of Rhode Island's population was uninsured as compared to 15.8% nationally. This had a direct bearing on a number of positive health factors as demonstrated in Table II, but the most astounding was the direct impact a lower percentage of uninsured had on the two of the most expensive forms of healthcare: Emergency Room visits per 1000 and Hospital Days per 1000. It is reasonable to assume that the more accessible, preventative and ongoing healthcare provided the fewer healthcare dollars will be spent. The direct benefit to society is that individuals and families are able to perform much better in all activities associated with **Living, Learning , and Working**.

Rhode Island can not be a healthy community until all individuals and families have the healthcare they need. In one of his debates, Abraham Lincoln once said in regards to discrimination, "...if we discriminate against the Negro, who will be next, Foreigners, Irish, Catholics, Jews, or just plain poor folk".² I believe not passing CHIP legislation is discriminating against "just plain poor folk" as well as a couple of the other groups mentioned. We currently have a 11.4% uninsured rate and the Rhode Island Commissioner of Health has stated we will be looking at a 20% uninsured rate in the near future. The uninsured is and will be comprised of the poor, elderly, working poor and even lower to middle class. The CHIP program is an important ingredient to solving our healthcare problems.

Following are a few facts that demonstrate the efficacy of the CHIP program:

- ◆ The percentage of low-income children in the United States without health coverage has fallen by one-third since SCHIP was created in 1997. From 1997 to 2005, the percentage declined significantly — from 24.6 percent to 18.7 percent. More than 4 million low-income children, most of whom would otherwise be uninsured, are enrolled in SCHIP.³
- ◆ In 2006, 91 percent of children covered by the program have incomes that are at or below 200 percent of the federal poverty level.⁴
- ◆ Studies examining the effects of SCHIP show that children have improved access to care as measured by reductions in unmet health care needs, increased use of preventive care and an increased likelihood to have a regular source of care. Medicaid and SCHIP coverage have also helped to narrow ethnic and racial disparities in access to care, improve health care quality, result in improved health outcomes and improve school performance.⁵
- ◆ Shortfalls will become much more severe and widespread after 2007, if Congress freezes the annual SCHIP block grant at its 2007 level of \$5.04 billion when it reauthorizes SCHIP this year. The Congressional Budget Office baseline assumes SCHIP funding will remain frozen at its 2007 level for the entire 2008-2012 period. If federal funding for 2008-2012 stays the same at its 2007 level, a \$1.5 billion shortfall is projected for 2008. That represents the estimated average annual cost of providing SCHIP coverage for up to 940,000 children in 2008. In addition, the \$3.3 billion to \$3.9 billion shortfall projected for 2012 represents the estimated average annual cost of providing SCHIP coverage to between 1.6 million and 1.9 million children that year.⁶

The basic question regarding healthcare today is; **“Do you believe healthcare is a right or a privilege?”** The question is a simple one and how the question is answered dictates all policy decisions for policy makers as it does for healthcare advocates. SCHIP is an important ingredient to developing a healthcare system that is guaranteed and fair to all.

We have many more facts that we can supply from multiple sources. On behalf of the National Association of Social Workers, Rhode Island Chapter, I am encouraging you, as the elected leader of our state, to take two actions:

1. Place a call to the White House encouraging President Bush not to veto the CHIP legislation.
2. Join other Governors from the National Governor's Association to speak out against a veto by President Bush.

If you or your staff have any questions or comments about this letter, please contact me at your convenience.

Sincerely,

Rick Harris, LICSW
Executive Director

1. Linda Katz, Esq. Poverty Institute, Rhode Island College School of Social Work.
2. Summarize from numerous transcripts of Douglas and Lincoln debates as portrayed by Raymond Massey in "Abe Lincoln in Illinois". 1940.
3. <http://www.cbpp.org/6-5-06health.htm>
4. "SCHIP Reauthorization: Key Questions in the Debate - A Description of New Administrative Guidance and the House and Senate Proposals" Issue Brief PDF on the Kaiser Family Foundation website <http://www.kff.org/medicaid/7675.cfm>
5. "SCHIP Reauthorization: Key Questions in the Debate - A Description of New Administrative Guidance and the House and Senate Proposals" Issue Brief PDF on the Kaiser Family Foundation website <http://www.kff.org/medicaid/7675.cfm>