Mental Health Liaison Group

April 28, 2017

Senate Majority Leader Mitch McConnell 317 Russell Senate Office Building Washington, DC 20510

Senate Democratic Leader Charles Schumer 322 Hart Senate Office Building Washington , DC 20510

Hon. Orrin Hatch Chairman, Senate Finance Committee 104 Hart Senate Office Building Washington, DC 20510

Hon. Ron Wyden Ranking Member, Senate Finance Committee 221 Dirksen Senate Office Building Washington, DC 20510 House Speaker Paul Ryan 1233 Longworth House Office Building Washington, DC 20515

House Democratic Leader Nancy Pelosi 233 Cannon House Office Building Washington, DC 20515

Hon. Greg Walden Chairman, House Energy and Commerce Committee 2185 Rayburn House Office Building Washington, DC 20515

Hon. Frank Pallone Ranking Member, House Energy and Commerce Committee 237 Cannon House Office Building Washington, DC 20515

RE: Funding Extension for the Children's Health Insurance Program (CHIP)

Dear Majority Leader McConnell, Speaker Ryan, Democratic Leaders Schumer and Pelosi, Chairmen Hatch and Walden, and Ranking Members Wyden and Pallone:

The Mental Health Liaison Group (MHLG)—a coalition of almost 70 national organizations representing consumers, parents and family members, advocates, providers, and mental health experts dedicated to building better lives for the millions of Americans affected by mental illness—is writing to urge you to, as expeditiously as possible, to enact a long-term funding extension of the Children's Health Insurance Program (CHIP). Swift action on a CHIP funding extension bill would provide much-needed certainty to states and families and ensure that health coverage for the close to nine million children who rely on CHIP will not be disrupted, as funding for CHIP is due to expire September 30, 2017

Since its creation 20 years ago as part of the Balanced Budget Act of 1997 (BBA 97, P.L. 105-33), CHIP has been an essential source of coverage for families, ensuring access to high-quality and affordable, pediatric-appropriate health care for children in working families whose parents earn too much to qualify for Medicaid but too little to purchase affordable private health insurance. It is a model program that has played a critical role in reducing the number of uninsured children by more than 50 percent while improving health outcomes and access to care for children and pregnant women across the nation. Today, over 95 percent of children have insurance, largely thanks to the role of Medicaid and CHIP in increasing children's access.

Nearly 9 million children are enrolled in CHIP. If Congress does not pass a long-term clean extension of CHIP, millions of children may lose coverage. Although some of these children could be eligible for private coverage, their families would have to pay considerably more for it than they would under CHIP. This could create barriers to both needed coverage and access to health and developmental services, which may be unavailable or more costly through other coverage. CHIP's uncertain funding future is a

significant problem for states as they are already developing their FY 2018 budgets and negotiating contracts with insurers and providers. Children in both Medicaid and CHIP are impacted by this uncertainty given that states may need to undertake a significant shift/reduction in state resources, particularly if the Medicaid program itself is restructured into a block grant or per capita cap program designed to reduce Federal contributions.

Since funding for CHIP was last renewed by the Medicare and CHIP Reauthorization Act of 2015 (MACRA, P.L. 114-10), MACPAC's analysis has focused on both what would happen under current law should federal CHIP funding end. Key findings from this analysis are:

- CHIP has reduced the lack of insurance among children in families with incomes below 200 percent of the federal poverty level (FPL).
- CHIP coverage is more affordable, with respect to both premiums and out-of-pocket cost sharing expenses, for families than either exchange or employer-sponsored coverage.
- Children with CHIP coverage are more likely to have a usual source of care and more likely to have had a well-child visit in the past year relative to children without insurance.

CHIP has strong bipartisan roots and was developed as a state-Federal partnership that gives governors broad flexibility to design their programs to target the needs of their child populations. The uncertain future of CHIP funding is a significant problem for states developing their FY 2018 budgets and negotiating contracts with insurers and providers for the upcoming benefit year. In order for states to continue their programs without interruption, they must know that federal support for CHIP will exist beyond FY 2017. If Federal funding is not stabilized expeditiously, states will have no choice but to begin planning for the impending funding shortfalls through severe state cuts or even program elimination. With children's coverage rates at record highs, it would be devastating if states with standalone CHIP programs were forced by lack of financing to dismantle those programs.

Action on extending CHIP funding is needed as soon as possible. We urge you to provide continued funding to secure CHIP's future, so that families and states alike can be assured their children's health, particularly their behavioral health, will be protected.

Thank you for your attention to this crucial request.

Sincerely,

American Academy of Pediatrics
American Art Therapy Association
American Association of Child and Adolescent Psychiatry
American Association on Health and Disability
American Dance Therapy Association
American Group Psychotherapy Association
American Nurses Association
American Occupational Therapy Association
American Psychiatric Association
American Psychological Association
American Psychological Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Campaign for Trauma-Informed Policy and Practice

Center for Clinical Social Work/ABE/ACSWA

Children and Adults with Attention-Deficit Hyperactivity Disorder (CHADD)

Clinical Social Work Association

Clinical Social Work Guild 49

Depression and Bipolar Support Alliance

Eating Disorders Coalition

Global Alliance for Behavioral Health and Social Justice

Mental Health America

NAMI, National Alliance on Mental Illness

National Association for Children's Behavioral Health

National Association of School Psychologists

National Association of Social Workers

National Association of State Mental Health Program Directors (NASMHPD)

National Council for Behavioral Health

National Disability Rights Network

National Register of Health Service Psychologists

NHMH - No Health without Mental Health

Sandy Hook Promise

Schizophrenia and Related Disorders Alliance of America

School Social Work Association of America

Treatment Communities of America

The Trevor Project

Young Invincibles