

109TH CONGRESS
1ST SESSION

S. RES. 302

To express the sense of the Senate regarding the impact of medicaid reconciliation legislation on the health and well-being of children.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 10, 2005

Mr. BINGAMAN (for himself, Mr. ROCKEFELLER, Mr. REED, Mrs. CLINTON, Mrs. MURRAY, Mr. BAUCUS, Ms. MIKULSKI, Mr. CORZINE, Mr. LAUTENBERG, Mr. DODD, and Mr. SALAZAR) submitted the following resolution; which was referred to the Committee on Finance

RESOLUTION

To express the sense of the Senate regarding the impact of medicaid reconciliation legislation on the health and well-being of children.

Whereas the Medicaid program provides health insurance for more than $\frac{1}{4}$ of children in the United States and pays for more than $\frac{1}{3}$ of the births and health care costs for newborns in the United States each year;

Whereas the Medicaid program provides critical access to health care for children with disabilities, covering more than 70 percent of poor children with disabilities and children with special needs in low-income working families, including 1 in 9 military children with special health care needs;

Whereas low-income children who depend on the Medicaid program experience a rate of health conditions and health risks much greater than those found among children who are not low-income;

Whereas the Medicaid program is the largest source of payment for health care provided to children with special health care needs in the Nation and is also a critical source of funding for health care provided to children in foster care and for health care services provided in schools to children eligible for coverage under the Medicaid program;

Whereas the Medicaid program is the single largest source of revenue for the Nation's safety net hospitals, including children's hospitals and community health centers, and is critical to the ability of these providers to adequately serve all children;

Whereas the Medicaid program, in combination with the State Children's Health Insurance Program, has helped to dramatically reduce the number of uninsured children, cutting the rate by more than $\frac{1}{3}$ between 1997 and 2003;

Whereas without the Medicaid program, the number of children without health insurance—8,300,000 in 2004—would be substantially higher;

Whereas the Medicaid program's guarantee of affordable coverage and access to necessary health care is essential to the ability of the Medicaid program to adequately serve children whose families have low-incomes and whose health care expenses often exceed the norm;

Whereas for nearly 40 years, the Medicaid program has ensured particularly comprehensive benefits for infants,

young children, school-age children, and adolescents, in recognition of the unique growth and development needs of children and the importance of strong and healthy young adults to the safety and welfare of the Nation;

Whereas the Medicaid program's special benefits, added in 1967, were a direct response to findings of the Department of Defense regarding pervasive physical, dental, and developmental conditions among low-income military recruits, and the implications of these findings for national preparedness;

Whereas the Medicaid program's benefits for children are comprehensive, in order to ensure that all low-income infants, even those born too soon and too small, have the chance to survive and thrive into a healthy childhood;

Whereas the Medicaid program's benefits for children help ensure that young children grow and develop properly, arrive at school ready to learn, and have the opportunity to achieve their full educational potential;

Whereas the Medicaid program ensures that children have the benefits, health services, and health care support they need to be fully immunized, and that children can secure eyeglasses, dental care, and hearing aids when necessary, and have access to comprehensive, regularly scheduled, and as-needed health examinations, as well as preventive interventions, to correct physical and mental conditions that threaten to delay proper growth and development;

Whereas the Medicaid program ensures that the sickest and highest risk infants, toddlers, and children have access to the specialized diagnostic and treatment care that become essential when serious illness strikes;

Whereas title III of the budget reconciliation bill of the House of Representatives, as reported out by the Committee on Energy and Commerce, would eliminate Medicaid Early and Periodic Screening Diagnosis and Treatment (EPSDT) benefit rules outright for approximately 6,000,000 low-income children, whose family incomes are only slightly above the Federal poverty level and who are therefore without the resources to secure basic health care or essential medical care;

Whereas title III of the budget reconciliation bill of the House of Representatives permits States to eliminate the following benefits for children: comprehensive developmental assessments, assessment and treatment for elevated blood lead levels, eyeglasses, dental care, hearing aids, wheelchairs and crutches, respiratory treatment, comprehensive mental health services, prescription drugs, and speech and physical therapy services;

Whereas title III of the budget reconciliation bill of the House of Representatives would allow States to impose premiums, deductibles, and copayments on children whose families have incomes only slightly above the Federal poverty level and who therefore cannot afford the cost of medically necessary care and millions of children, especially infants, young children, and school-age children with serious disabilities and high health care needs, would potentially be affected;

Whereas although title III of the budget reconciliation bill of the House of Representatives purports to exempt poor children, it permits States to redefine the meaning of poverty virtually without limitation, in order to eliminate cost sharing safeguards for poor children currently available under the law;

Whereas title III of the budget reconciliation bill of the House of Representatives would permit States to require that even the poorest children pay copayments for prescription drugs, without providing exemptions to this requirement, not even in the case of children in foster care or special needs adoptions;

Whereas title III of the budget reconciliation bill of the House of Representatives would permit States to allow hospital emergency departments to impose cost sharing requirements on the poor and on near-poor infants, toddlers, and young children, without providing exemptions to this requirement, not even in the case of children in foster care or special needs adoptions;

Whereas title III of the budget reconciliation bill of the House of Representatives would permit providers to turn children away because their families are unable to pay deductibles and copayments;

Whereas title III of the budget reconciliation bill of the House of Representatives would potentially eliminate medical case management coverage for Medicaid-enrolled children in foster care, even though Federal foster care programs expressly assume that medical case management services for such children will be furnished through the Medicaid program;

Whereas title III of the budget reconciliation bill of the House of Representatives would permit States to entirely replace the Medicaid program for children with “health opportunity accounts” that eliminate all Medicaid coverage in favor of cash accounts of \$1,000 and catastrophic-only, high deductible health insurance coverage for children with family incomes only slightly above the Federal poverty level; and

Whereas title III of the budget reconciliation bill of the House of Representatives would only exempt the poorest children from participation in health opportunity accounts during the first 5 years of the demonstration projects under which the accounts are available and would permit States to redefine the meaning of poverty to any level, no matter how low: Now, therefore, be it

1 *Resolved*, That it is the sense of the Senate that the
2 conferees for any budget reconciliation bill of the 109th
3 Congress shall not report a reconciliation bill that would—

4 (1) allow States to—

5 (A) reduce coverage for medically nec-
6 essary health care for poor or low-income chil-
7 dren; or

8 (B) impose premiums, deductibles, copay-
9 ments, or coinsurance on poor or low-income
10 children;

11 (2) reduce coverage of, or payment for, medical
12 case management services under title XIX of the So-
13 cial Security Act for children in foster care, includ-
14 ing targeted case management services; or

15 (3) allow the Secretary to undertake any Health
16 Opportunity Account demonstrations involving poor
17 or low-income children.

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