



National Children's Health Insurance Summit: Strategies For Increasing Enrollment and Retention

Marriott Downtown Magnificent Mile | Chicago, Illinois | November 4 - 6, 2009



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Welcome Plenary – Joining Efforts to Promote Children's Health Insurance Kathleen Sebelius, Secretary, U.S. Dept. of Health and Human Services

Cindy Mann (Moderator): Now, I am very pleased to present to you somebody who really does not need an introduction. Kathleen Sebelius was sworn in as the twenty-first Secretary of the Department of Health and Human Services on October 28, 2009. As Secretary, she leads the principal agency charged with keeping America's families healthy and insuring that they get the health care that they need providing children, families, seniors the essential human services they depend on. She oversees one of the largest civilian departments in the Federal government with nearly eighty thousand employees. It is a really big department. I am reminded of that every day as we sit down and go through our staff meetings and get a sense of what goes on in that Department that she is now so capably leading. In the 6 short months since she has taken office, Secretary Sebelius has been a leader in the some of the Obama Administration's top priorities. As the country's highest ranking health official, she has been a very powerful voice for reforming our health insurance system, and she has been working tirelessly on that cause. She has also been a powerful voice in coordinating the response to the H1N1 flu virus and all the while overseeing all of the critical programs that are helping families through the worst economic crisis since the Great Depression, and in her spare time, she can be found hanging out with her pal Elmo. I don't know how many people have seen this. You may not want to confess, if you have, but it was Secretary Sebelius who taught Elmo how to sneeze properly. Before coming to the Department of Health and Human Services, I think all of you know Secretary Sebelius was the Governor of Kansas. She was there between 2003 and 2009. She fought to create jobs, to improve access to affordable health care, and to give every child in Kansas quality education. In fact, in Kansas, she oversaw the largest increases in K through twelve funding in the State's history, and in 2005, *Time Magazine* recognized her achievements by naming her one of America's top five governors, and I see why, when I am with her every day in the Department. Before being elected Governor, Ms. Sebelius served from 1995 to 2003 as the first Democrat to be elected the Kansas Health Insurance Commissioner. So, she comes to this job with a deep and technical and passionate understanding of health insurance. In that role as Health Insurance Commissioner, she was recognized as a very strong advocate for consumers while streamlining that Department's budget. On a personal note, I have had the pleasure of working with the Secretary and getting to know her during these last 5 months, and I can tell you that there is no one who is fighting harder for the interest of children. It is truly not a job for her. It is the reason she got into public service. It is the reason she comes to the Department every day. It is her passion, and as long as she is Secretary, I am totally convinced that children will have the most powerful advocate in this Administration that they could hope to have. So, now, I am very pleased to welcome Secretary Kathleen Sebelius.

Secretary Kathleen Sebelius: Good morning everybody. It is nice to have a chance to be with you here in Chicago on this historic day. A year ago today, Barack Obama was elected President of the United States. So, it is fitting to be gathered here in Chicago and talking about one of the initiatives that, really, he talked about for two years on the campaign trail, and that is the importance of making sure all children have health insurance, and I want to start by, first of all, thanking Cindy Mann. Cindy is a terrific leader. She had a tour in the Department of Health and Human Services in the prior Administration – the one before that – and we are so pleased to have



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her back. You will find her to be a great advocate, a great champion; somebody who knows the Medicaid and CHIP system inside and out and understands that we need to be good Federal partners, and that is an important step forward. So, you will enjoy working with Cindy.

As Cindy said – yes. You know, I was elected to my first public office as the State legislator in 1986, and my kids were 2 and 5. So, my focus on children was not a policy issue. It was a personal issue, and I kept that lens with me through 8 years in the legislature. When I was elected Insurance Commissioner, the then Republican Governor asked me, in 1997, to lead the group, to put together the Children's Health Insurance Program in Kansas. So, I participated, once CHIP was initially passed in 1997, in putting that team together in Kansas designing the outline, doing the first outreach, and then, I had the opportunity, for 6 and a half years as Governor, to try and figure out ways and strategies that we could reach out to eligible children across Kansas. So, the work you do is not only work that I know about, again, reading about the policy, but I have been there, and I know how absolutely critical it is to have all of you on the ground doing this outreach effort.

We work in a building in Washington named after Hubert Humphrey, and he had a great quote that is inscribed on the walls of the building, which talks about the moral test of a government is how it treats those in the dawn of life; our children. Those words greet me every day when I come to work, and it is a great motto to remember as we do our work, and I think we are now at a point where we have the opportunity, and I would say the responsibility, to live up to that moral challenge. We have a great opportunity with the passage of the enhanced Children Health Insurance Bill that occurred three months after the 1st of the year. On the 4th of February, the President signed into law the expanded CHIP Program. So, he did not want to wait for health reform, which is wending its way torturously through the United States Congress, and I am optimistic that we will have a health reform bill on the President's desk this year, and that is going to be good news, and it is so important that all Americans have access to affordable available coverage, but what we have an opportunity to do with the bill that was signed as the second bill that the President signed into law after he became President is to start with the children; a great building block. I would say that in the first 9 months of this Administration more has happened on health care than probably has happened in decades in Washington, and I just want to remind you of what is already in place, because I think the focus is on the legislation, but actually, there were some key steps along the way.

In the Recovery Act, as part of the investment made by Congress in that initial legislation, there is, for the first time ever, investment in prevention and wellness, and a major focus of that initiative will be on childhood obesity, and that will be a community-based strategy, which, hopefully, a number of you will have an opportunity to participate in trying to figure out how we actually tackle one of the looming health crises in this country, which is that 1 of 3 children right now in America are overweight or obese; 1 in 3. Doctors no longer use the terminology of adult onset diabetes, because too many children are presenting with diabetes, and in fact, we have the first generation of American children, unless we change the trend lines on diabetes, who will have a shorter lifespan than their parents here in the United States. So, this is not a cosmetic issue. It is a life and death issue that is out and looming, and we need to figure out what it is that we can do to help change those patterns and change those attitudes and change, actually, the health of our kids. If we had a third of our kids who were presenting with cancer or



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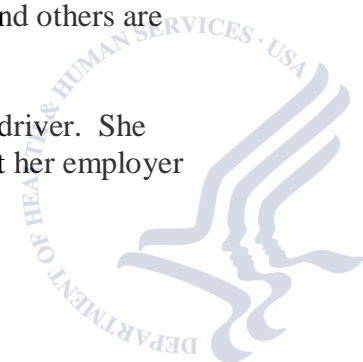
precancerous conditions, the alarm bells would be sounding all over this country. Because, unfortunately, obesity often shows up later as a chronic disease underlying condition, people are more likely to sort of put it off and say, "Oh. Well, that is not as serious," but it is very serious. So, this investment in the Recovery Act is hugely important.

There was a huge investment in health information technology, which will really help transform the delivery system. We are now at a point in the United States where only ten percent of hospitals and twenty percent of doctors' offices take advantage of the new technology. Can you imagine factories that still ran by writing down paper orders and sending out paper supplies hoping that their trucks find the way around the country or ordered inventory on a paper form and mailed it to somebody? I mean, that is still the technology used in most of the health care system in America, and it not only is ineffective and inefficient – I don't know how many of you like filling out the clipboard every time that you go to the doctor's office, when they seem to have forgotten who you are and that you were born and that you are a member of the plan, but it also is dangerous. We know that a lot of medical errors occur because of that paper system; the wrong drug orders, the wrong procedures, you cannot track protocol. So, that, again, was a huge investment, but probably the most important stepping stone was the expansion of children's health insurance, which now makes eligible 11 million children in the United States, and never in history has there been a more important time for this to be in place. As you know – yes. That is plus. You know, we have, clearly, one of the worst economic times since the Great Depression, and a lot of folks have health insurance tied to their job. So, as the working parent loses a job, they also lose health coverage for the family member, or small business owners often are dropping health insurance. We have found that one out of 6 in the last 2 years who offered health insurance as recently as two years no longer offers coverage or dropped dependent coverage. So, the gap in private insurance for children has risen dramatically, and that is why this program is so important. It comes at a critical time to make sure that this safety net of insurance for preventative care, for medical home for kids does not disappear, and you, really, are on the frontlines of that.

As you know, the expanded CHIPRA Program enables States to offer insurance to groups of people who do not have coverage, and lots of you have already stepped forward. Fourteen States, even in these tough budget times, have expanded income eligibility levels in their CHIP or Medicaid Programs. Twelve States have already streamlined their enrollment and renewal processes. Seventeen have expanded coverage to children who are lawfully residing in the United States but were not formerly eligible, and those are just the start. So, sharing those best practices with one another, having an opportunity to look at strategies that work is why you all are gathered here at this very important conference.

CHIP and Medicaid are making up for the decrease in employer-based coverage for children. The Census Bureau announced that, between 2007 and 2008, the number of uninsured children has actually declined, and that is because of the work you all are doing. In spite of the fact that private insurance is on the downward trend, a lot of State workers and governors and others are lifting up children making sure that that safety net does not disappear.

There are kids like Marsha's kids; a woman I met along the way. Marsha is a bus driver. She has worked hard. She is employed, raises kids, volunteers on a part-time basis, but her employer





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plan requires her to contribute two hundred dollars a month toward her own health care and then another ninety-five dollars a month to cover her kids, and she just does not have the wherewithal to make ends meet and pay rent and buy shoes for the kids. She is in a very tough place. Her family is very typical of the families who are caught in that financial crunch. What we know is that about 80 percent of the families who are uninsured are working. They are in the workforce, and they either do not have employer-based coverage, they cannot afford employer-based coverage, or have been locked out by some kind of preexisting condition, and those are the kids we need to reach out to. They are families who are living in remote corners of rural America. They are families who are living on an Indian reservation or in an ethnic community where they may not be aware that these programs are available, and what we know is, of the 8 million children in the United States who are currently uninsured, about 5 million are currently eligible for CHIP or Medicaid. So, there is our challenge. We know that they are there. We know that they are in States around the country. So, finding and covering those kids is what this discussion is all about and what we need to do in this country.

Express-lane eligibility is currently available, and that is the opportunity to take data from one of the State databases and actually do some proactive outreach. I was in New Jersey not too long ago, and New Jersey is one of the first States to take advantage of this. So, they were using the earned income tax credit data and actually proactively sending a notice to folks who had already enrolled to get an earned income tax credit and saying, "You are eligible for health insurance for your kids. Here is how to sign up. Here is where to go," and it has already yielded great results. The fact that Congress, I think, and the President were wise enough to provide outreach money at this difficult budget time is really so important. As you know, about 100 million dollars total was provided in multi-year chunks for State and local and tribal governments, for not-for-profit partners, for faith and community-based outreach groups to help with this enrollment challenge. It would be almost impossible, as State budgets are being slashed, and unfortunately, you are being asked to do a lot more, those of you who work for State government, with less resources. It would be very difficult to take on this new challenge of innovative outreach efforts. So, having some additional resources is so important.

40 million dollars was awarded in September, as many of you know, and grant recipients from, my understanding, forty-two States and the District are here today, and congratulations for your successful grant applications. We are eager to see the work that you are going to do. The applications, frankly, were full of innovative strategies and ideas that were incredibly impressive.

Today, we are really launching the ten million dollars that is available for the public outreach effort as part of this campaign that will help us, if you think about it as kind of – we can be the bully pulpit to remind people that in States across the country this is available. I just did 6 satellite interviews into markets where grants are given and kids are now eligible, but we want to do a lot more of that. If you think about the successful effort that we have had getting information out about H1N1, which nobody had heard of six months ago, and the notion that not only do we now have a vaccine but, frankly, everybody knows, as Cindy said, how to sneeze and cough these days, and I have a little factoid to share with you. Elmo does not have an elbow. So, I am on the set of Sesame Street, which was very cool. Having raised my children on Sesame Street, it was very good to be there. I got to test out Oscar's garbage can and sit in Big Bird's nest, but I am doing a PSA with Elmo, and the PSA read, "Okay Elmo. Now, bend your



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arm and sneeze,” and Kevin Clash, who does Elmo, said, “Elmo can’t bend arm.” I said, “Why is that?” He said, “Elmo has no elbow. I sneeze like this – achoo.” So, we decided the Snuffaluffagus sneeze was not good. I would do the sneeze, and Elmo could just – so, in case you wonder, Elmo has no elbow. He cannot do it. He can talk about, but he cannot do it, but that is the sort of public outreach we need to make on this eligibility campaign, and so, part of the strategy is a very significant public effort, and I am delighted to be part of that public effort and am eager to partner with all of you. If you are launching – I mean, I can do satellite feeds. We can make speeches and do outreach, but the more that people understand that this available right now – I think there is a lot of confusion throughout the country, because the focus is on the health insurance reform bill passing through Congress. So, people are likely to think that they have to wait until that bill passes, until the President signs it, until the law goes into place for children to be enrolled, and nothing, as you know, can be further from the truth. So, getting that message out is important.

This is a celebration. It is a celebration of the fact that the priority is back focused on kids. This is the first time in a decade that advocates like you have been brought together to really target this critical population, and I am so delighted to have a chance to join you as we kick off this critical national effort. As part of this, the Department is launching a new Web site; an updated Web site; the insurekidsnow.gov, and part of that strategy will be to get the best possible information from you as we move forward. So, there will be a lot of outreach to State and local partners to make sure that we have the best and most accurate information on eligibility levels, where people can signup, and how to get the forms, but we are going to try to do what we can to drive the information. The site has information in English and Spanish; very general to the very specific. You can go to the site to even find providers in a community; dental care or others. So, remind people that it is not just having the insurance, but it is actually linking the insurance to health care providers.

We have great new media tools. So, there are widgets on the Web site that you can load onto your own Web site to download the information, and we are going to use YouTube and Twitter. Again, we found that those were very effective in this H1N1 effort. I don’t know Cindy; we may have to have our own YouTube PSA contest again. We ran a contest for H1N1 and had a hip hop doctor who ended up as the winner, but just the contest itself drove a lot of innovative strategies. So, doing a similar thing for children’s outreach may be a very good idea.

We have a lot of talent in the room this morning. Every single one of the sixty-nine grantees is here at the summit this week, key people from State and local governments, from community organizing groups, from faith-based partners, a who’s who of experts in children’s health policy all together for the first time in a long time, and I have to tell you that the President of the United States recognizes that affordable health care is a priority for all Americans, but as a parent and as a policymaker, he has focused, always, on children at the front of that line. As you know, he is the father of two young daughters, and so, this is, also, for him, very personal. He understands how critical it is for families to have that security and peace of mind that their kids actually will have affordable health coverage.

Not since 1997, when CHIP was first passed, has the Federal government partnered with States in this way, concentrated so many resources on the effort to find eligible kids. So, it has been



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awhile, and the messages that you all will be responsible for getting out to families across this country have not been heard by a lot of people in a long time. So, your news will be very good news.

So, here is our challenge. We need to find the 5 million eligible children in the United States. We need to enroll them in the program that they are currently eligible for, and we need to, at the same time, do anything possible at the State level to keep eligible kids enrolled; to not disenroll children year in and year out. The populations are often difficult to work with. People move. They drop in and out of the system, but there are some strategies that are in place in some States around the country that have been enormously successful in making sure, once families sign up, that they continue to be eligible; that we don't move people in and out of the system. So, finding the new folks but stabilizing the program for folks who are already in the program is part of the opportunity.

There is a lot energy coming together in Chicago today, and I think that energy needs to resonate around the country. You need to take the message home that this is a critical priority. We could be on the frontlines of building an eligible system for families but particularly making sure that kids understand and their parents understand and their grandparents understand and their caregivers understand that they do not have to wait for a bill to be passed. They do not have to wait for a new insurance exchange to be set up. They do not have to wait to have health care provided to get the preventative care they need to make sure that when they hit school they are ready to learn, because health barriers have been identified. This is a critical mission. It is a moral imperative, and I am so glad that you are here to do this important work. So, thank you for letting me join you this morning, but thank you for the work that we are going to do together.

See what I mean? So, clearly, this is the Secretary's passion. I don't think that you could find a greater offer of help from anyone in the Federal government than what you just heard from the Secretary. You need a PSA. You need some press, media activity. You need people to come to your hometown. We are here to do everything we can, I think, to figure out what we can do to help, and we know we don't have all of the ideas or all the answers by any means. So, we are really looking to develop, starting with today, a very dynamic process of getting good ideas, moving with it, testing it, sharing them, deciding what does not work, sharing that information as well, and really making progress, because the name of the game is not a lot of activity. It is not a lot of PSAs and events. It is getting the kids enrolled and keeping them enrolled, and we will be very closely looking at, as will you, and we will talk a little bit more about that later, what the numbers are starting to tell us and how we can measure that success and how we can make sure that we are accomplishing our goal. So, thank you very much.

