



TESTIMONY

OF

**MARJORIE A. CADOGAN
EXECUTIVE DEPUTY COMMISSIONER**

**HUMAN RESOURCES ADMINISTRATION/
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF CITYWIDE HEALTH INSURANCE ACCESS**

**BEFORE THE CITY COUNCIL
GOVERNMENT OPERATIONS COMMITTEE AND
HEALTH COMMITTEE**

ON

**OVERSIGHT – ENROLLMENT IN PUBLIC HEALTH INSURANCE:
MY NEIGHBORHOOD STATISTICS IN THE BRONX**

**Hostos Community College
Savoy Building
120 East 149th Street
Bronx, NY 10451
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Good afternoon. I am Marjorie Cadogan, Executive Deputy Commissioner of the Human Resources Administration's Office of Citywide Health Insurance Access (HRA/OCHIA). With me today is Joyce Weinstein, Assistant Commissioner of the Bureau of Health Insurance Programs, Division of Health Care Access and Improvement of the Department of Health and Mental Hygiene. Thank you for the opportunity to speak before you today about enrollment in public health insurance and the City Council's proposed Intro 293, which would make applications for Child Health Plus available in public schools and day care centers.

Enrolling uninsured children and adults who are eligible for public health insurance but not enrolled (EPHINEs) is a longstanding priority for Mayor Bloomberg. Since Mayor Bloomberg took office, enrollment in public health insurance programs administered by HRA has increased by 51 percent. As of October 2007, approximately 2.6 million adults and children in New York City were enrolled in HRA administered public health insurance programs¹ and 152,000 additional children in the City were insured through the State's Child Health Plus B (CHP-B) program.²

The mission of my Office, the Office of Citywide Health Insurance Access, is to expand access to health insurance for all New Yorkers. Our priorities are twofold: first, to ensure that uninsured New Yorkers eligible for public health insurance programs are enrolled and, second, to expand access to affordable health insurance for the City's small businesses, sole proprietors and working individuals.

A cornerstone of the City's outreach and enrollment efforts is the Mayor's HealthStat initiative, a citywide campaign coordinated and overseen by my Office. The HealthStat initiative mobilizes the work of 14 City agencies, community and faith-based organizations, managed care plans, and other private organizations to identify and enroll eligible residents in public coverage. Already in 2007, more than 80,000 people have applied for public coverage through the HealthStat initiative; since the start of the Bloomberg administration close to one-half million have done so.

Together, HRA and its HealthStat partners design and implement strategies that identify uninsured populations and assist families with accessing facilitated enrollment. These strategies target children, adults and populations at risk for remaining uninsured, such as immigrants, through a myriad of locations and outreach efforts.

HRA's Medical Insurance and Community Services Administration (HRA/MICSA), which administers the Medicaid program and Family Health Plus program in New York City, is responsible for enrollment of all individuals and families into these public health insurance programs. HRA has taken many steps to help eligible individuals enroll in public coverage. For example:

- Beginning in 2002, HRA undertook a major initiative to transform its 19 Community Medicaid Offices into Model Offices that make applying for public health insurance easier. The core elements of this initiative included eliminating pre-screening,

upgrading technology, strategic triaging of consumers upon arrival and interviewing and processing efficiencies.

- An HRA initiative in collaboration with the Health and Hospital Corporation's (HHC) hospitals is to enlist outpatient clinic personnel in reminding patients to renew their public health insurance coverage and assist them in doing so at their next scheduled appointment.
- Starting next year, HRA will begin implementing New York State policies permitting presumptive eligibility for children, making it even easier for children to obtain coverage. This will begin with children being treated in certain federally qualified health centers.

Additionally, recognizing that many eligible children and adults face barriers to public health insurance related to the application process, New York State created a facilitated enrollment program in 2000. Facilitated enrollers are community-based organizations and managed care plans that assist families in the enrollment process. These enrollers are situated in diverse neighborhood settings, and often are available during evening and weekend hours so that families can apply for coverage without having to miss work. Many facilitated enrollers also speak more than one language, so they are especially able to assist non-English speaking families in completing and submitting their applications.

Furthermore, since applicants must have a face-to-face interview with an authorized person before they can enroll in a public health insurance program, meeting with a facilitated enroller fulfills this requirement and saves individuals or families eligible for Medicaid or Family Health Plus from having to make a separate trip to the local social services office. Moreover, for children eligible for CHP-B, facilitated enrollers can enroll applicants directly into a health plan.

The City has established many avenues for enabling individuals to obtain information about public health insurance. New York City residents do not even need to leave their homes to learn about public health insurance options. Using ACCESS NYC, an internet-based system, families can print out a public health insurance application that is partially completed using information entered during the system's pre-screening process and take it to a facilitated enroller or apply directly at Community Medicaid offices.

Similarly, individuals can call 311 to learn about both public and private health coverage options and be referred for more help. Between January and September of this year, approximately 18,000 people called 311 asking for information about public health insurance, which is an average of 2,000 calls per month. One way in which families learn about 311 is through the existing Local Law 1 pamphlet. As specified by law, designated City agencies must disseminate these pamphlets to individuals when they apply or renew their application for services as well as if they change their address.

Together with public and private sector partners, City agencies also employ numerous strategies on the ground—in neighborhoods, at special events, at agency offices, in healthcare facilities and in the schools—to enroll eligible children and their families in public health insurance. For example, through the HealthStat initiative, OCHIA works with a number of agencies that provide services to potentially eligible adult and young adult populations to devise strategies and help facilitate public health insurance enrollment efforts, including:

- The Department of Small Business Services, which places facilitated enrollers in its Workforce1 Career Centers in all five boroughs to conduct outreach and enroll jobseekers in public health insurance programs.
- The Department of Probation, which facilitates public health insurance enrollment for probationers by helping them secure necessary identification documentation. The Department also stations public health enrollment counselors at borough probation offices.
- The New York City Housing Authority (NYCHA), which hosts public health insurance outreach and enrollment activities at NYCHA developments and service sites, including Section 8 and General Application Offices located throughout the five boroughs.

- The Taxi and Limousine Commission, where health insurance enrollers conduct outreach to uninsured drivers and their families at the licensing and adjudication office in Long Island City.
- The New York City Fire Department, which organizes activities that jointly promote fire safety and the availability of public health insurance programs in neighborhoods.
- The City University of New York's (CUNY) Office of Student Affairs, which connects students to health insurance coverage and provides administrators with tools and resources for helping with facilitated enrollment in its 18 campuses. For example, facilitated enrollers are available at freshman orientations, wellness and health fairs, AIDS awareness events, Healthy Heart Days and health related conferences. In partnership with my office, CUNY is also working to designate a "health insurance advocate" for each campus and to develop systems to collect information about students' health insurance status during registration so that outreach and enrollment assistance can be channeled toward those who need it most.

We also work with our HealthStat partners to engage in special efforts targeting outreach to immigrant adults and their families.

- We have forged a relationship with the U.S. District Court Eastern Division at Cadman Plaza in Brooklyn to make public health insurance outreach part of their naturalization ceremonies. Health insurance enrollers are provided the opportunity to share information and provide direct enrollment services to naturalization candidates and their family members at these ceremonies.
- The Department of Youth and Community Development (DYCD) contracts with nine community-based organizations to promote and organize public health insurance outreach within targeted DYCD neighborhood development areas. These contracted agencies offer a gamut of services to immigrant children and families and are located in neighborhoods with a large immigrant population. HealthStat Coordinators identified by these community-based organizations conduct in-reach and outreach activities for the purpose of connecting eligible families and individuals to public health insurance awareness and enrollment opportunities.

In addition, there are a number of City initiatives targeting children and their families.

Some of those efforts include:

- A data matching process developed by the New York State Department of Health and HRA that ensures that newborns of Medicaid eligible mothers are automatically provided Medicaid coverage. In this process, DoHMH Vital Statistics birth records

are matched with State Medicaid records to ensure eligible children are covered from birth.

- The Administration for Children's Services, which ensures that facilitated enrollers are onsite to assist families in need of health insurance at each of the four Division of Child Care and HeadStart offices within the City where parents register children for publicly subsidized day care/Head Start programs.

In addition to its HealthStat work, OCHIA provides a significant amount of education and consumer assistance to those interested in learning more about public health insurance. For example:

- We conduct informational presentations and workshops for City agencies, community-based organizations, borough and ethnic chambers of commerce, women and minority-owned business associations, local development corporations, and business improvement districts.
- New Yorkers can find information to make informed health insurance decisions by accessing information at www.nyc.gov/healthstat. We also respond to phone inquiries or questions submitted through the website. From January to September 2007, over 71,000 people visited this website. This is an average of approximately 8,000 visits each month.

- Additionally, OCHIA's *Guide to Health Insurance Options for New York City's Small Businesses, Sole Proprietors and Working Individuals* aids those groups in selecting appropriate private or public health insurance options.

Now, I want to turn your attention to some special enrollment initiatives being completed by the City.

First, I would like to focus on the work being done in the public schools to enroll children and their families in public health insurance. My Office has worked closely with the Department of Education (DoE) and other HealthStat partners to develop multi-pronged strategies for reaching eligible children and their families through the New York City public school system.

Starting at the early education level, DoE has integrated health insurance outreach and enrollment with pre-kindergarten, kindergarten, and first grade registration by ensuring that enrollment counselors are available to answer parents' questions and enroll eligible students and their families into public coverage programs. The Office of Early Childhood Education also has revised many of its documents for parents to include information on eligibility for health insurance programs and the application process.

For the past five years, OCHIA and DoE have conducted annual Back to School Campaigns that provide eligible yet uninsured children and families with opportunities to learn about and enroll in public coverage at key locations across the City. These

campaigns have included placing enrollment counselors at school registration sites.

Enrollers are also onsite at parent-teacher conferences and other school-based special events.

Unique to New York City, we have worked with DoE to revise the school lunch form completed by parents each year to include a question about health insurance coverage. I am sharing it with you today. As you will see, the health insurance question on the school lunch form serves as a mechanism for families to request assistance with enrollment. School staff input information from the form into the school system's database; then, a referral is sent to facilitated enrollers for parents requesting help with health insurance. Last year, 11,000 parents who requested help with health insurance received follow-up letters and phone calls from facilitated enrollers.

HRA and the Office of School Health (jointly administered by DoE and DoHMH) also have developed a ready reference, *Hands on Health*, for parent coordinators and other school staff so that they can better assist parents with their health insurance questions. *Hands on Health* contains summaries of all public health insurance programs in the City, options for families not eligible for public programs, and information about other public benefit programs for low-income families.

Next, I would like to highlight some of the work being done by DoHMH. Providing direct enrollment assistance is a key strategy of DoHMH's Take Care New York initiative, a comprehensive health policy agenda that aims to reduce preventable illness

and death. The first of ten steps in the policy agenda is for every New Yorker to “Have a Regular Doctor or Other Health Care Provider,” and we know that the key to taking that first step is having health insurance.

As a principal partner in the Mayor’s HealthStat initiative, DoHMH employs 30 enrollment facilitators to identify, screen and enroll uninsured children and families into public health insurance programs. These enrollers are based in communities where they provide face-to-face assistance at one of DoHMH’s health center sites or even at someone’s home, where they can help collect the documentation needed to complete the application. Each individual is guided through the application process, which includes counseling on the various health insurance programs and health plans, support in selecting a primary care provider, a detailed explanation of each program’s benefit package, and ongoing assistance from the time that the application is submitted until the person is enrolled. In fact, DoHMH enrollers even follow up with beneficiaries to provide additional assistance when it comes time for them to recertify.

Since DoHMH launched its facilitated enrollment program in 2000, they have assisted over 90,000 individuals citywide with their health insurance enrollment, including 7,000 this calendar year to date. In the Bronx this year, they screened close to 5,000 persons and enrolled over 1,100.

Specifically, DoHMH actively works to increase insurance coverage in New York City by engaging in a number of different facilitated enrollment efforts.

- DoHMH enrollers are co-located with other agency programs including tuberculosis, immunization and STD clinics. This enables the enrollers to connect at the point of service with New Yorkers potentially interested in obtaining health insurance.
- In addition, DoHMH provides training and materials about health insurance for its home visiting programs, such as the Nurse Family Partnership and the Lead Poisoning Prevention Program. These programs, along with other agency programs, identify and refer families to the facilitated enrollment unit for assistance in applying for health insurance.
- DoHMH also targets medically/developmentally “high risk” uninsured children for public health insurance eligibility screening through referrals from the agency's Early Intervention program and the Children with Special Health Care Needs program.

This year, DoHMH more fully integrated facilitated enrollment services into the Early Intervention program's review process. As a result, over an eight month period, the unit has screened over 2,000 high need uninsured and underinsured children—and their families—for public health insurance eligibility.

For those children with special needs who are ineligible for Medicaid or whose insurance does not cover all essential care, DoHMH conducts facilitated enrollment

into the Physically Handicapped Children's Program, which funds vital medically prescribed healthcare services.

- DoHMH also targets facilitated enrollment efforts toward individuals leaving City correctional facilities by coordinating internally with the Correctional Health Services Discharge Planning Program and externally with organizations such as the Bronx Correctional Center and the Center for Employment Opportunity.
- Finally, DoHMH contracts and collaborates with the Community Service Society which receives funding from the City Council to operate an ombuds program to provide navigational assistance for managed care enrollees, as well as educational workshops and assistance to clients who wish to apply for public health insurance programs. The program known as the New York City Managed Care Consumer Assistance Program (MCCAP) contracts with 25 community based organizations to provide services throughout New York City. Since it began providing services in 2000, MCCAP has conducted educational workshops and other services to approximately 100,000 City residents.

Together, these and other City initiatives for enrolling children and adults in public health insurance have been tremendously successful. Nonetheless, work remains to be done. HRA estimates that out of the 217,000 uninsured children in NYC, approximately 123,000 to 193,000 children are eligible for public health insurance but not enrolled (EPHINES). We also estimate that of the 1.2 million uninsured adults in the City, there

are between 212,000 to 305,000 EPHINE adults who would qualify for public coverage based on their income.³

Based on these estimates, we have identified the concentration of EPHINEs in each borough and community district. For example, we estimate that there are from 48,000 to 67,000 EPHINE children and from 63,000 to 84,000 EPHINE adults in the Bronx. The community districts (CDs) in the Bronx with the highest concentrations of EPHINE children and adults are:

- Bronx CD 1 and CD 2, which includes the neighborhoods of Melrose, Mott Haven, Port Morris / Hunts Point, and Longwood;
- Bronx CD 3 & CD 6, which includes the neighborhoods of Morrisania, Crotona Park East/East Tremont, and Belmont;
- Bronx CD 4, which includes the neighborhoods of Highbridge and Concourse Village;
- Bronx CD 7, which includes the neighborhoods of Bedford Park, Norwood and Fordham.

Additionally, among the top five CDs in the Bronx, there are high concentrations of EPHINE children in CD 5, which includes the neighborhoods of University Heights,

Fordham and Mount Hope, and there are high concentrations of EPHINE adults in CD 9, which includes the neighborhoods of Soundview and Parkchester. Along with our HealthStat partners, we are working to design targeted outreach strategies for reaching these EPHINE children and adults and others throughout the City. We would welcome the Council's suggestions on particular neighborhood based venues in which we should focus our outreach efforts.

I would like to close my testimony with several important comments on Intro 293. The City of New York supports the intent of this bill and applauds the Council's interest in ensuring that all eligible uninsured children and adults are enrolled in public health insurance. However, we have concerns about several aspects of the proposed bill. First, public health insurance program applications are developed and produced by New York State, so the City cannot control the quantity and availability of these applications. Second, with the *Access NY* application, all family members can enroll in public health insurance; the *Growing Up Healthy* application, identified in the bill as the application for Child Health Plus, is only for children and is increasingly not used. Third, in light of the extensive and culturally competent assistance available through facilitated enrollers and Community Medicaid Offices, merely providing applications to families' would shortchange their needs when seeking public health insurance. Making the application available will also not eliminate the need for individuals and families to meet with these enrollers to comply with the programs' requirement for a face-to-face interview.

To ensure that all those eligible for public health insurance are enrolled, we believe new approaches for identifying and engaging eligible individuals and families are needed. There also is a need to focus on the retention of coverage for children and adults who have public health insurance but lose it. The State has made efforts to simplify the renewal process, and starting next year the renewal application for adults will be simplified to allow self-attestation of income. While we applaud these efforts, more changes are needed to enable children and adults to maintain continuous coverage for at least 2 years in order to improve continuity of coverage.

Thank you once again for the opportunity to testify today about increasing enrollment in public health insurance programs. We share the Council's interest in improving access to public health insurance and would very much appreciate your support in advancing new outreach and enrollment strategies for reaching EPHINE children and adults in the City. I welcome any questions you may have at this time.

¹ Human Resources Administration's Office of Data Reporting and Analysis: HRA Facts Report, October 2007.

² New York State Department of Health: CHP-B Monthly Enrollment Reports, October 2007.

³ Number of EPHINEs Is from HRA/OCHIA. Reducing New York City's Uninsured: Identifying Communities with the Greatest Numbers of Uninsured Children and Adults Eligible for Public Coverage. Report forthcoming in 2007. Number of uninsured is from New York State Department of Health. Unpublished data from Profile of New York State Uninsured in 2006. (2007.)

Testimony Before The New York City Council Committees on Governmental Affairs and Health

My name is Michelle Holland; I am a Graduate Student and a former New York City Board of Education teacher in the Bronx. I thank the Governmental Affairs and Health Committees for this opportunity to present testimony about the need to promote *Child Health Plus* in our schools.

I am not a legal expert rather I came here today with perspective as an educator. Recently, we have heard much debate in the media about the necessity to provide health care to all children. I think we are all in agreement that all children deserve the right to health insurance.

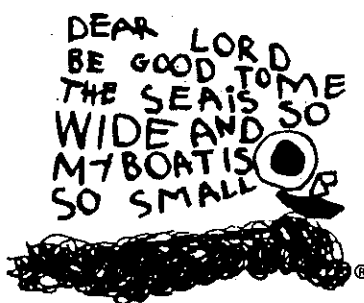
New York City children in particular need access to health care. The Food Distribution Center in Hunts Point may be a boost our economy but the resulting truck pollution comes at heavy cost to our children in New York City and the Bronx in particular. The Asthma epidemic in the Bronx is well known and well documented. The Bronx received a failing grade again for Air Quality by the American Lung Association. We know that while there is no cure there are ways to minimize Asthma symptoms through preventative care. Child Health Plus offers services to manage Asthma including doctor visits and prescription drugs. While I applaud the city and state's effort to insure all children, I believe the city also has an obligation to aggressively promote Child Health Plus, especially in the Bronx, so that all parents are aware of this program and able to take advantage of the many benefits it provides.

Promoting Child Health Plus in the schools make the most logical sense because of the likelihood that parents will be able to see available applications and literature on a continuous basis when they pick up their children from school or attend school meetings. Currently, many parents may not be aware this program exists due to limited visibility. I do not see the problem with advertising a program to promote healthy children in schools.

I do see a problem in the fact that asthma is the number one cause of absenteeism in schools. Yet, we know this problem can be avoided if children receive proper medical care. Student absences are very challenging to the teacher who has to attempt to get the student caught up, often times at the expense of the rest of the class. Excessive student absences are damaging to the principals whose reviews depend partially on the school's attendance rates but most importantly to children who fall behind and often times act up because they cannot keep with the class. Most teachers would probably tell you, that the students who act up are the students who are having a hard time academically and are unable to pay attention.

The bottom line is healthy kids do better in school. I believe schools providing applications and information about Child Health Plus not only serves to increase awareness and thus enrollment in the program, but also sends an important message to parents; that keeping kids healthy is vital to achieving academic success.

Making Applications for Child Health Plus A and B Available in Public Schools and Child Care Centers



Children's Defense Fund

Written Testimony Submitted by:
Children's Defense Fund-New York

Jennifer Marino Rojas, Esq.
Deputy Director

November 19, 2007

Introduction

Good afternoon Councilmember Rivera and Councilmember Felder and members of the Health and Government Operations Committees. My name is Jennifer Marino Rojas and I am the Deputy Director at the Children's Defense Fund-New York. Thank you for holding this hearing today to discuss the important issue of enrolling uninsured New York children in public health insurance.

For nearly 35 years, the Children's Defense Fund has provided a strong, effective voice for all the children of America who cannot vote, lobby or speak for themselves. The Children's Defense Fund educates the nation about the needs of children and encourages preventive investments before they get sick, into trouble, drop out of school or suffer family breakdown. We have worked in New York for 15 years, and we are honored to be invited to speak about how we can comprehensively address the crisis of New York's uninsured children.

Uninsured Children in New York City

New York has made tremendous progress in increasing the availability of public health insurance for children and families. The City and State have initiated a range of enrollment and renewal simplifications, program enhancements, and system improvements that has created a more rational and effective health insurance system for working families.

We applaud New York City, the Human Resources Administration (HRA) and the Health Stat Initiative for taking the lead on many of these simplifications and improvements. New York City has been a leader in promoting easier access for families through various initiatives and pilots. Mail-in renewal was introduced and piloted in New York City by HRA before the statewide implementation. HRA initiated the Eligibility Data and Image Transfer System demonstration project which has allowed selected Prenatal Care Assistance Programs to gather documents and transmit information electronically. HRA conducted a pilot project in 2001 that automatically enrolled children who were already enrolled into food stamps into Medicaid resulting in 15,000 children receiving coverage. Building and sustaining community partnerships has also been a high priority for HRA. These are just a few examples of the way HRA has made a commitment to increasing enrollment and access for New York City children.

However, our work is far from complete. An estimated 384,000 children and teens, statewide, are still uninsured.¹ Seventy percent of these children, 268,000, are eligible for a public health insurance program, either Child Health Plus A or B, but remain uninsured.² The remaining 116,000 uninsured children live in families whose incomes fall above 250 percent of the federal poverty level.

Half of the uninsured children live in New York City.³ The vast majority of uninsured children in New York City are school-aged, are U.S. Citizens and live in families that work.

¹ Based on the average of the percentages of uninsured children in New York in the 2005, 2006 and 2007 Annual Social and Economic Supplement to the Current Population Survey (ASEC). U.S. Census Bureau, 2005, 2006, 2007 Annual Social and Economic Supplement to the Current Population Survey and Estimates of Persons by Race/Ethnicity and State for Single Year of Age as of July 1, 2005. Calculations by the Children's Defense Fund, September 2007.

² Id.

³ Id.

Significantly, the number of uninsured children in New York has remained stagnant over the last year. Despite our best efforts to find and enroll eligible children and families, New York has stalled in its efforts to significantly decrease the number of uninsured children.

It is the goal of CDF-NY to develop a system of health insurance that will provide access to comprehensive and affordable health insurance coverage for every single child in New York State. *No child* in New York should be without health insurance. Uninsured children are four times as likely as those with public coverage to lack a regular source of health care or have an unmet need for medications. Children in poor health are more likely to have poor social and economic outcomes and even shorter life expectancies.⁴ Providing health insurance for all children is not only the right thing to do, it is a moral imperative.

New York City has been a leader in efforts to provide health insurance to children and their parents. To that end, CDF-NY is very pleased that the New York City Council is hosting this hearing on proposed legislation that would require public health insurance applications be made available at public schools and child care programs.

Barriers to Enrollment

Because the majority of uninsured children are school-age, it makes logical sense for us to explore strategies that strengthen the connections between New York City public schools and public health insurance programs.

Information dissemination at public schools is one incremental step forward in helping to make the link between these uninsured children and public health insurance. Providing brochures and applications can be beneficial, but we must do more to concretely address the challenges a family faces when trying to actually enroll in public health insurance.

Obtaining an application is not the barrier to getting uninsured families enrolled. Based on our close working relationship with community-based facilitated enrollers, we know that families require a tremendous amount of assistance in actually filling out the application. Despite New York's efforts to simplify and streamline the applications, the majority of families do not understand how to fill it out alone and do not know what information is being asked of them. For example, in order to apply for Child Health Plus B, a family must pick a health plan at the time of the application. Without the assistance of the local district or a facilitated enroller, this is an extremely difficult task for a family to accomplish on their own.

In addition to the difficulties in understanding the application, a family is required to provide documentation as proof of their eligibility. At a minimum, a family applying for their child is required to provide at least four documents to prove their eligibility. Mandatory documents include proof of income, identity and age, citizenship/immigration status and other health insurance. Additionally, a family may be required to provide documentation if their child is disabled or pregnant, if they seek child care deductions, or if they want retroactive coverage for medical bills. Based on conversations with the New York City Human Resources Administration, as well as facilitated enrollers, the number one documentation hurdle is providing acceptable documentation

⁴ Medical Care Research and Review, "The Consequences of Being Uninsured", Kaiser Commission on Medicaid and the Uninsured, Volume 60, No. 2, June 2003.

that verifies the last four weeks of their income. When families have been asked to document their income on their own at renewal, it proves to be a major obstacle.

Even if a family has been able to successfully fill out the application and gather up their multiple documents, they must still have a face-to-face interview. This face-to-face interview is met by going to either a community-based or health plan facilitated enroller or to the New York City Human Resources Administration. For families that work long hours, finding the time to meet this face-to-face interview is difficult to arrange. Notably, New York is one of only six states that still require a family to meet a face-to-face interview for children's coverage.

We also know that families simply do not think they are eligible for coverage. Despite New York's best efforts to change the name of children's public health insurance programs to Child Health Plus A and Child Health Plus B, in an effort to further de-link Medicaid from public assistance, working families truly believe that they are not eligible for public health coverage.

Further, we know that many immigrant families are hesitant to apply for public coverage for a host of reasons. Undocumented parents do not know that their children are eligible for coverage, regardless of their parents' immigration status. Even if parents were told that their children are eligible for coverage, immigrant families are reluctant to share their information with a government entity for fear that their information will be shared with the United States Citizenship and Immigration Services. Finally, immigrant families incorrectly believe that if they apply for public health insurance, they will be deemed a Public Charge, and will not be able to successfully adjust their status.

The State and the City have made huge strides in implementing simplification policies that have made it easier for families to enroll. Unfortunately, existing bureaucratic obstacles still prevent hundreds of thousands of children from getting coverage that they are eligible for. Until complicated enrollment and renewal pathways are truly streamlined, families need more assistance than just receiving a notice or application for the programs.

Recommendations

We urge the City Council to think more broadly about how we can link these uninsured children and their families to a facilitator who will help families navigate the enrollment process and get them enrolled in coverage. Without this type of personal assistance, we fear that the applications that are provided to parents will remain empty and New York City's children will remain uninsured. To that end, our recommendations follow a two prong strategy: 1) identify the uninsured and where they live and 2) establish concrete linkage strategies between these families and entities that can help enroll families into public coverage.

I. Identify the Uninsured

There are already efforts underway to improve outreach efforts between public schools and health insurance. Currently, every School Lunch/School Breakfast Application Form has additional questions inquiring whether the family has health insurance. The intended goal of adding these questions to the application is to find out whether the children are uninsured, to enter this information into the Department of Education's record systems, and to connect that family to coverage.

While a laudable goal, this effort will only be successful if the information is uniformly collected throughout the New York City schools, entered into a database in a timely manner, and used to ensure direct follow-up with the uninsured families.

Additionally, the School Lunch/School Breakfast Form requires a family to give consent to being contacted by an outside entity. When a parent does not provide consent, aggregate data should still be collected and made publicly available, so that other community-based outreach efforts can be employed to find and enroll those harder to reach families.

There should be a similar data-collection process established in subsidized child care. Child care providers are a natural link to families who may be in need for public health insurance. Child care centers have daily contact with parents. In addition, the eligibility levels for subsidized child care are similar to the eligibility levels for Child Health Plus A and B, and therefore, a family that is eligible for subsidized child care is most likely eligible for public health insurance. Given the overlap in potential eligibility, linkages need to be established between child care programs and public health insurance.

As part of the eligibility process for subsidized child care, a parent should be asked whether the family has health coverage and whether they consent to be contacted to receive assistance to enroll in a public health plan. This data can be used in the aggregate to better identify communities where the uninsured live, and for individual follow-up and enrollment.

II. Connect and Enroll the Uninsured

Once the information is collected by the public school or the child care center, a formalized system must be established to collect the information and share it automatically with a facilitated enroller. At this point of referral, the facilitated enroller can reach out to the family, schedule an appointment, help the family fill out the application, collect the necessary documents, meet the face-to-face interview and send in the application.

Our recommendation relies heavily on linking public schools and child care providers to the Facilitated Enrollment (FE) Program because it has proven to be the most effective strategy of finding and enrolling uninsured families. Facilitated enrollers, health plans and community-based organizations, are in the communities where the uninsured live and work, all providing evening and weekend hours and speaking more than 40 languages. Currently, nearly half of all applications come in through the Facilitated Enrollment Program, and as a result, has become the backbone of the public health insurance enrollment system. FEs know how to reach into communities and help families navigate the public health insurance system and therefore we should tap into their effective outreach strategies as we create automated linkages with public schools.

While the Office of Citywide Health Insurance Access has worked hard to establish a matching system between facilitated enrollers and public schools, more must be done. Based on a recent survey of the 17 downstate community-based Facilitated Enrollment Lead Agencies, a fragmented and informal referral system exists. Not all community-based FEs are connected to public schools. Not all schools are connected to an FE. Many schools that are connected are working with a health plan facilitated enroller and not a community-based facilitated enroller. While both types of FEs provide enrollment assistance, the community-based FE can also link the family to other needed social services through connections they have established within their own agencies.

Generally, community-based FEs need to be better integrated into the New York City schools. An established referral system needs to be created in every single school between the FE and the principals, teachers, guidance counselors, therapists, nutritionists, parent coordinators and school nurses. Questionnaires should be incorporated into these professionals' regular communication and work with families. Referral forms should be widely disseminated among faculty and staff informing them of how to make a referral for a child who they learn does not have health insurance.

We recommend that school nurses and health clinics be trained to make referrals to FEs and to send information about Child Health Plus home with sick children. Also, nurses and clinic personnel should inquire about the health insurance status of every child they treat and provide health insurance and referral information for local facilitated enrollers.

Facilitated enrollers should become a familiar face at the public schools. They should be allowed to be on-site at times when parents are coming to the school. This includes at parent/teacher conferences, PTA meetings, recitals and sports events. Finally, to cast the broadest net, FE referral information should be sent home when report cards are sent home.

All of these referral systems can also be created within the subsidized child care system. In fact, since parents are on-site at child care programs almost daily, there is even more potential for reaching and enrolling uninsured families. Child care workers need to be trained to discuss health insurance with parents and have the ability to connect a family with a facilitated enroller. Establishing formalized linkages between these programs and facilitated enrollers will be critical to providing every family in child care programs with important benefits and services.

Conclusion

Until we do more to streamline and simplify the existing system to help find and enroll those who are eligible yet uninsured, the door to enrollment will continue to be closed for hundreds of thousands of children. We must eliminate the face-to-face interview requirement, eliminate onerous documentation verification, simplify the renewal process to keep families covered and expand eligibility levels to make every uninsured child eligible for public health insurance.

We are extremely appreciative to the New York City Council for your vision and commitment in hosting this important hearing and in continuing to focus on the critical issue of health coverage for New York's. All of us at the Children's Defense Fund are deeply grateful to you for your leadership and look forward to working in partnership with you to ensure that in New York State we truly

~~Leave No Child Behind~~