



## COMPREHENSIVE COVERAGE FOR CHILDREN

Several states have taken steps to provide more children access to health insurance coverage. The following is a list of states that provide comprehensive coverage to children either through expanded public program eligibility, buy-in programs, or both.

SHARE Grantees Jose Escarce, Carole Roan Gresenz, Nicole Lurie, and Miriam Laugesen are evaluating efforts to cover all children in Illinois, Pennsylvania, and Washington in their SHARE study, “Evaluation of Three States’ Reforms to Cover All Children.” The evaluation comes at an ideal time as state-level reforms to insure all children grow in popularity due to their political appeal and relatively low cost. To read more about their study, please [click here](#).

STATE	PROGRAM	COVERAGE PATHWAYS
<b>Connecticut</b>	<a href="#">HUSKY</a>	<p>HUSKY consists of two programs: HUSKY A and HUSKY B. HUSKY A covers children up to 185% FPL, and HUSKY B covers children between 185% FPL and 400% FPL with subsidized assistance on a sliding scale.</p> <p>Children in families greater than 400% FPL can buy into HUSKY B at full cost. Connecticut also automatically enrolls newborns into HUSKY.</p> <p>Children must be US citizens or qualified noncitizens to enroll.</p>
<b>Delaware</b>	<a href="#">Delaware Healthy Children Program (DHCP)</a> Expansion: <a href="#">HB 139</a>	<p>DHCP covers children up to 200% FPL.</p> <p>The Delaware legislature has passed legislation allowing those over 200% FPL to buy coverage at full cost, pending the governor’s signature (as of August 2009).</p> <p>Children must be US citizens or qualified noncitizens to enroll.</p>
<b>Florida</b>	<a href="#">KidCare</a>	<p>Florida removed its cap on enrollment in its CHIP (KidCare) and Medicaid programs. Eligibility for KidCare is at 200% FPL.</p> <p>All children in families with incomes greater than 200% FPL can buy into the program at full cost.</p> <p>Children must be US citizens or qualified noncitizens to enroll.</p>

<b>Illinois</b>	<a href="#">All Kids</a>	All children age 18 and younger are eligible for All Kids, regardless of immigration status and family income. Illinois's CHIP and Medicaid programs are incorporated into All Kids. Families pay sliding-scale premiums based on income for children's coverage. Children covered by private insurance must meet certain family income requirements to switch to coverage under All Kids.
<b>Iowa</b>	<a href="#">hawk-i</a> Universal coverage: <a href="#">HF 2539</a>	hawk-i currently covers children up to 300% FPL, and will be expanded to cover children over 300% FPL by January 2010.  In May 2008, Governor Chet Culver signed legislation to implement universal coverage for children in Iowa by 2011.
<b>Massachusetts</b>	<a href="#">MassHealth Family Assistance Children's Medical Security Plan (CMSP)</a>	MassHealth Family Assistance covers uninsured children without access to employer-based insurance, up to 300% FPL.  The Children's Medical Security Plan (CMSP) covers uninsured children at any income level who do not qualify for MassHealth, allowing children to buy in based on family size and income. There may be a waiting period for CMSP.
<b>New Jersey</b>	<a href="#">Family Care</a>	Effective July 2009, New Jersey mandates that all children aged 18 and younger have health insurance (S.B. 1557). CHIP (Family Care) eligibility is set at 350% FPL for children.  Through the FamilyCare Advantage program, children in families with incomes greater than 350% can buy into the program at full cost.  Children must be US citizens or qualified noncitizens to enroll.
<b>New York</b>	<a href="#">Child Health Plus</a>	New York expanded CHIP eligibility to children at 400% FPL on a sliding premium scale. Children above 250% FPL are covered under Child Health Plus using state funds alone.  Children in families with incomes greater than 400% FPL can buy into the program at full cost.  Children must be US citizens or qualified noncitizens to enroll.
<b>Oregon</b>	<a href="#">Healthy Kids</a>	In August 2009, Oregon Governor Ted Kulongoski signed the "Healthy Kids" bill, expanding insurance coverage for the state's children. As of January 2010, Children up to age 19 with family income between 200% and 300% FPL will be eligible to receive premium assistance toward coverage through one of two insurance models: a cost-share model with employers, called the Oregon Health Plan, or a newly-created state-sponsored private insurance model. Children in families above 300% FPL will be able to buy into the private plan at the full, unsubsidized cost.

<b>Pennsylvania</b>	<a href="#">CHIP</a>	<p>Pennsylvania expanded CHIP to cover children at 300% FPL.</p> <p>Families with incomes above 300% FPL may buy-in to CHIP if they meet certain requirements. For families that have access to private insurance but cannot afford the premiums, the state will subsidize the cost of the premiums.</p> <p>Children must be US citizens or qualified noncitizens to enroll.</p>
<b>Tennessee</b>	<a href="#">CoverKids</a>	<p>CoverKids covers children in families with income less than 250% FPL.</p> <p>Children in families who do not meet this income requirement may buy into CoverKids by paying monthly premiums.</p> <p>Children must be US citizens or qualified noncitizens to enroll.</p>
<b>Vermont</b>	<a href="#">Dr. Dynasaur</a> <a href="#">Catamount Health</a>	<p>Dr. Dynasaur, Vermont's CHIP program, covers children up to 300% FPL.</p> <p>Children above this income limit can buy into another of Vermont's health insurance programs, under Green Mountain Care.</p>
<b>Washington</b>	<a href="#">CHIP</a>	<p>Eligibility for CHIP, regardless of citizenship status, was expanded to 300% FPL effective January 2009.</p> <p>Children in families with incomes greater than 300% FPL can buy into the program.</p>
<b>Wisconsin</b>	<a href="#">BadgerCare Plus</a>	<p>BadgerCare Plus covers all uninsured children with a sliding scale for premiums and copayments, with coverage over 250% FPL provided with state-only funding.</p> <p>Eligible children over 200% FPL are enrolled in a plan that has fewer benefits and higher copayments than the standard plan.</p> <p>Children must be US citizens or qualified noncitizens to enroll.</p>

*States were chosen for the above table based on the following criteria:*

- *There is no income limit for enrollment in children's health insurance programs, or*
  - *If an income limit exists, enrollees can buy into children's health insurance programs at full cost*
- Health and citizenship status requirements were not considered for this table.*

*Last updated August 2009*

*Sources: State Coverage Initiatives, National Conference of State Legislatures,*