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October 27, 2015

Members of the United States House of Representatives and Senate:

We, the undersigned organizations representing thousands of health care professionals, providers, plans, and advocates serving tens of millions of Americans receiving health coverage through Medicaid and the Children's Health Insurance Program (CHIP), urge you to cosponsor the *Stabilize Medicaid and CHIP Coverage Act of 2015 (SMCA)*— H.R.700 in the House and S.428 in the Senate.

Medicaid and CHIP provide health coverage to more than 80 million Americans, including pregnant women and children, people with mental and physical disabilities, the working poor, and the elderly. Despite the importance of Medicaid and CHIP for those Americans, serious issues need to be addressed to stabilize coverage for these populations.

A study from the George Washington University found that the average adult Medicaid enrollee is covered for fewer than nine months out of the year. The average child with Medicaid coverage is enrolled for fewer than 10 months each year.

Americans who lose Medicaid and CHIP due to churn often regain their coverage within months, indicating that they are thrown off due to bureaucratic paperwork burdens or short-term changes in income that, among other things, create a disincentive for adults to seek additional work or a better paying job. This leads to a vicious cycle whereby Americans are kicked off the program, which interrupts their treatment regimens, disrupts the continuity of care, and undermines quality improvement efforts. These Americans often return to the program sicker than when they left, costing Federal and state taxpayers more than if they have been continually covered by the program. By providing stable coverage, SMCA will cut through the bureaucracy and red tape that increases administrative overhead for providers, hospitals, and health plans, allowing resources to be better directed to patient care.

The *Stabilize Medicaid and CHIP Coverage Act* will provide 12 months of continuous enrollment for Americans who are eligible for these programs. By providing stable coverage, SMCA will cut the bureaucracy while relieving an excessive burden on providers, hospitals, and health plans that conduct screening and eligibility determination. Likewise, in maintaining coverage, health providers and plans can more readily maintain continuity of care and keep enrollees healthy.

Thank you in advance for your consideration in co-sponsoring of H.R.700/S.428, the *Stabilize Medicaid and CHIP Coverage Act of 2015*.

Sincerely,



ADAP Advocacy Association (aaa+)
AIDS Action Baltimore
AIDS ALABAMA
AIDS Alliance for Women, Infants, Children, Youth & Families
The AIDS Institute
American Academy of Family Physicians
American Academy of Pediatrics
America's Essential Hospitals
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Association for Community Affiliated Plans
Association of Clinicians for the Underserved
Children's Hospital Association
CLASP
Community Access National Network (CANN)
Dab the AIDS Bear Project
Disability Policy Consortium
Families USA
Family Voices
First Focus
HIV Medicine Association
The Jewish Federations of North America
Justice in Aging
Lutheran Services in America
Medicaid Matters NY
National Association for Community Health Centers
National Association of Pediatric Nurse Practitioners
National Association of State & Territorial AIDS Directors
National Committee for Quality Assurance
National Council for Behavioral Health
National Health Law Program
National LGBTQ Task Force Action Fund
National Patient Advocate Foundation
National Viral Hepatitis Roundtable
Nurse Family Partnership
Ryan White Medical Providers Coalition
San Francisco AIDS Foundation
United Way Worldwide