DEAR MEMBER OF CONGRESS

As part of the Balanced Budget Act of 1997, Congress created the State Children's Health Insurance Program as a way to provide uninsured children with access to health care coverage. Since then, SCHIP has extended coverage to more than 6 million children. The program's authorization and funding expires on September 30, 2007, and Congress should reauthorize the program and continue providing needed health coverage to low income children.

The American Hospital Association (AHA), on behalf of our approximately 5,000 member hospitals, health care systems, and other health care organizations, and our 37,000 individual members, strongly urges you to support SCHIP reauthorization. Enclosed is a report we prepared to assist you in your deliberations, *TRENDWATCH, Coverage Counts: Supporting Health and Opportunity for Children, February 2007*. Health insurance does matter and here are a few reasons why:

Being without health care coverage compromises a child's ability to attend school and limits the ability to grow, thrive and engage in society in a productive way.

- One-third of uninsured children – about 3 million – went without any medical care for the entire year in 2003.
- Uninsured children are 25 percent more likely to miss school than insured children.
- Uninsured children are between three and five times more likely to have unmet medical needs than insured children.
- Uninsured children are more than twice as likely to go without care for recurring ear infections, which, if untreated, can lead to permanent hearing loss.
- Uninsured children are four times more likely to end up in the emergency department with conditions that could have been avoided.
- Three-quarters of children who were previously uninsured no longer had unmet health needs or delayed care after obtaining public coverage through SCHIP or Medicaid.

To accommodate the nearly 75 percent of the 9 million uninsured children eligible for SCHIP or Medicaid, Congress needs to do the following:

- Reauthorize SCHIP.
- Increase SCHIP funding. Maintaining the program at its current level of coverage; expanding coverage to more low-income children; and providing tax credits for low-income families so that they can purchase coverage for their children could cost up to $60 billion over the next five years.
- No Medicaid or Medicare cuts to payments for hospital services should be used to fund SCHIP reauthorization.

America's hospitals believe that, as a nation, we have an obligation to provide health care coverage for 9 million children who currently lack health care coverage and regular access to preventative care. Every child deserves a solid foundation for a healthy tomorrow. The AHA looks forward to working with you to reauthorize this vital program.

Sincerely,

Rick Pollack
Executive Vice President

AMERICAN HOSPITAL ASSOCIATION
FEBRUARY 2007

TRENDWATCH

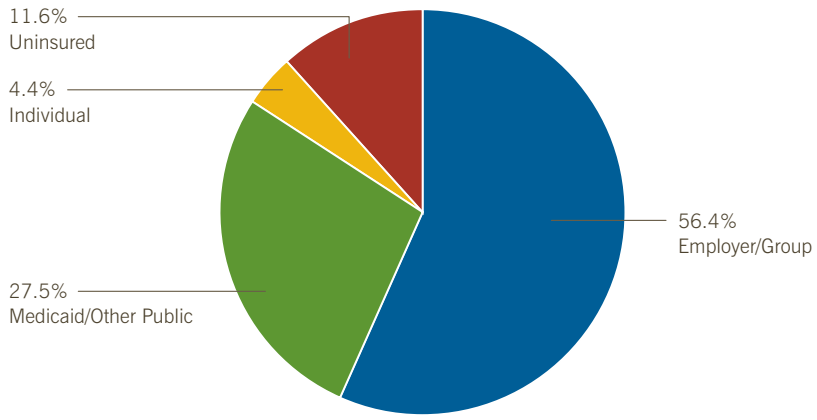
Coverage Counts: Supporting Health and Opportunity for Children

Nearly one in nine children in the U.S. is without health insurance. These children are at a disadvantage that extends into adulthood. Uninsured children must often forgo or delay needed preventive and acute care. Failing to get timely care can exacerbate acute and chronic conditions and may lead to long-term adverse health effects. The negative consequences of uninsurance are far reaching, compromising children's ability to go to school and affecting their future capacity to engage in society in a productive way.

Ensuring that all Americans have access to needed health care is an essential part of maintaining healthy and productive communities. For the uninsured, access to care can be challenging. Gaps in private and public health insurance programs have left nearly 47 million Americans without insurance. Despite the important gains made in the late 1990s due to the State Children's Health Insurance Program (SCHIP) and the increased push for children's coverage, nine million children remain uninsured.[1]

Nearly one in nine children is uninsured…

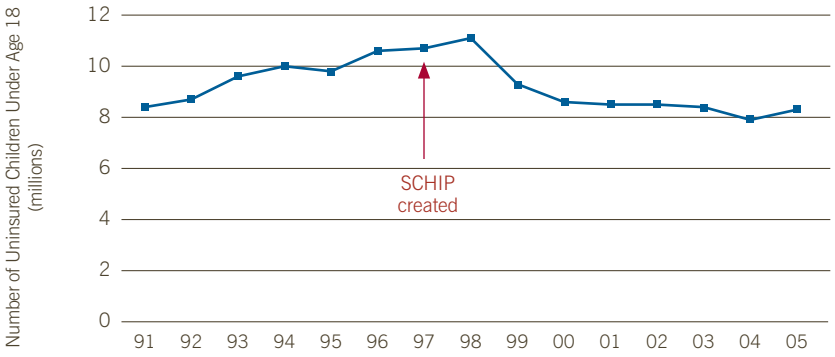
Chart 1: Percent of Children by Type of Health Insurance Coverage, 2005



Source: Kaiser Commission on Medicaid and the Uninsured. (November 2006). *Health Insurance Coverage in America, 2005 Data Update.* Washington, DC.

…though expansions in public coverage have contributed to recent declines in uninsurance.

Chart 2: Number of Uninsured Children in the United States, 1991-2005



Source: U.S. Census Bureau. (2005). *Income, Poverty, and Health Insurance Coverage in the United States: 2005.* Washington, DC.

American Hospital Association

Uninsured Children Have Less Access to Health Care, Leading to Poorer Outcomes

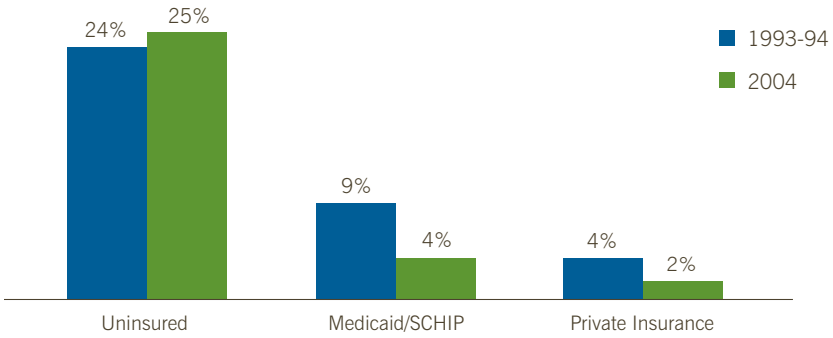
Children without insurance are less likely than insured children to have a medical home – or a consistent source of health care – which is an important factor in receiving high-quality care and maintaining good health status.[2] Children who have a medical home are more likely to be in better health; to receive accurate and earlier diagnoses, up-to-date immunizations, and treatment advice; and to have cost-effective care, fewer unmet needs and higher satisfaction with care. Furthermore, children *without* a consistent source of care use the hospital emergency department (ED) and are hospitalized more often.[3]

Uninsured children are less likely to receive regular, timely medical care for childhood illnesses, such as sore throats, earaches and asthma.[4] For instance, one-third of uninsured children went without any medical care for the entire year in 2003, while 88 percent of insured children got care.[5] Likewise, children without health insurance are less likely to have access to and receive appropriate preventive care,[6] such as immunizations, hearing and vision screens, and monitoring of growth and development.

Parents of uninsured children are less likely to seek care for their children due to cost. For example, parents of uninsured children are seven times more likely not to fill or to delay filling their children's prescriptions.[7] When uninsured children obtain health insurance, parents become less likely to forgo medical care for their children because of cost.[8]

Uninsured children are increasingly less likely to have a medical home…

Chart 3: Percent of Children Without a Medical Home*, 1993-1994 and 2004

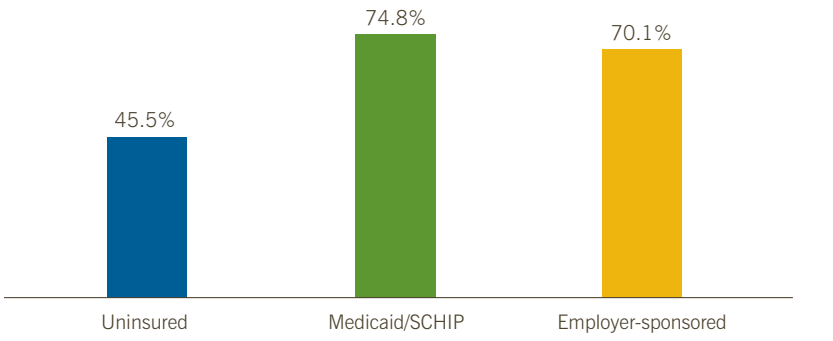


Source: Ku, L., & Nimalendran, S. (2004). *Improving Children's Health: A Chartbook about the Roles of Medicaid and SCHIP.* Washington, DC: The Center on Budget and Policy Priorities. & The Kaiser Commission on Medicaid and the Uninsured. (January 2007). *Enrolling Uninsured Low-income Children in Medicaid and SCHIP.* Washington, DC.

* A medical home is a usual source of care.

…and are less likely to get preventive care.

Chart 4: Percent of Children with One or More Well-child Visits in Past Year, 2002



Source: Kenney, G., Haley, J., & Tebay, A. (2003). *Children's Insurance Coverage and Service Improve: Snapshots3 of America's Families.* Washington DC: The Urban Institute. As cited in: Ku, L., & Nimalendran, S. (2004). *Improving Children's Health: A Chartbook about the Roles of Medicaid and SCHIP.* Washington, DC: The Center on Budget and Policy Priorities.

from the field

"Delays in ambulatory care because of cost may result in diagnosis or treatment later in the course of illness or disease, when treatment may be more complex and more expensive."

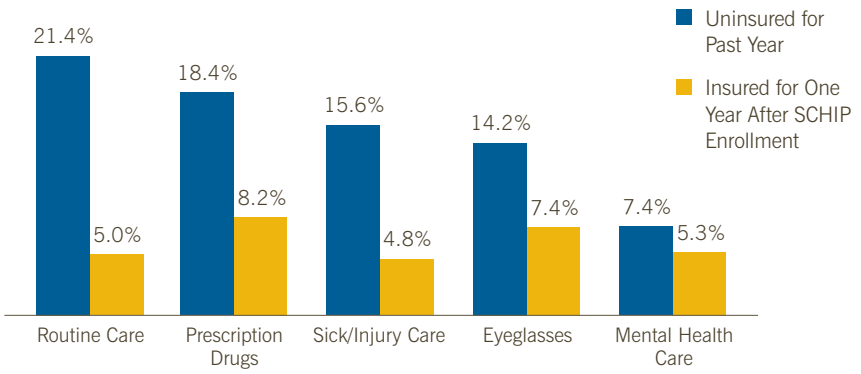
IOM, *America's Children: Health Insurance and Access to Care*, 1998

Uninsured children more often have unmet health care needs and delay seeking care, resulting in poorer health. Uninsured children are between three and five times more likely to have an unmet medical need than are insured children.[9]

Children who lack insurance may delay necessary care because they visit a doctor only when their care needs become urgent. Uninsured children are more than twice as likely to go without care for recurring ear infections, which, if untreated, can lead to permanent hearing loss.[10]

Once children gain health insurance, they are less likely to forgo care for financial reasons.

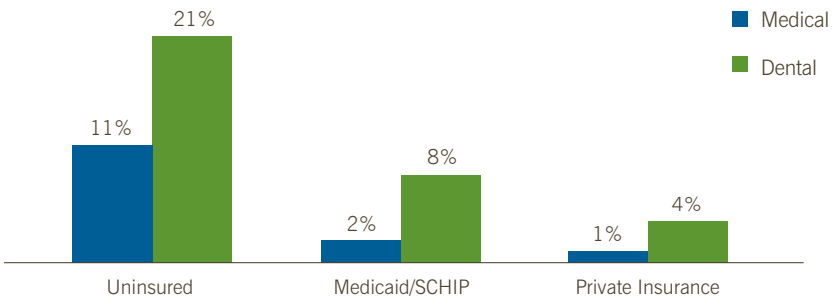
Chart 5: Percent of Families Whose Child Needed Care in the Previous Year But Did Not Get It Because of Cost, by Insurance Status



Source: Kempe, A., et al. (2005). Changes in Access, Utilization, and Quality of Care After Enrollment into a State Child Health Insurance Plan. *Pediatrics*, 115(2), 364-371.

Uninsured children have more unmet medical and dental needs.

Chart 6: Percent of Children with Unmet Medical and Dental Needs in the Last Year, 2004



Source: The Kaiser Commission on Medicaid and the Uninsured. (January 2007). *A Decade of SCHIP Experience and Issues for Reauthorization.* Washington, DC.

Uninsured children who delay necessary care may face severe health consequences. Compared to insured children, uninsured children have a higher probability of being admitted to the hospital with a critical condition and have more urgent care needs upon admission.[11]

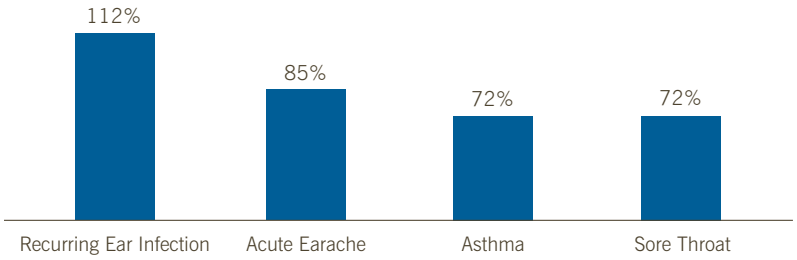
Likewise, having regular access to timely medical care may reduce the severity and complications of chronic childhood illnesses. For example, reduced asthma severity is linked to regular check-ups,[12] and children who do not receive proper care to manage their asthma end up in the ED with breathing crises more often.[13] Continuity of care – consistent contact with the same provider – is an important component of regular medical care, and has been associated with a lower likelihood of developing diabetic ketoacidosis (DKA) – a serious condition that can lead to diabetic coma or even death – in children with Type 1 diabetes.[14]

Uninsured children are four times more likely to end up in the emergency department with conditions that could have been avoided. Uninsured children are less likely to seek office-based or clinic care, and more prone to identify the ED as their usual site of care as compared to insured children.[15] High reliance upon EDs as a main source of care can affect future health. Children who utilize the ED as a primary source of care have a smaller chance of receiving appropriate health supervision and treatment guidance, because ED providers generally address immediate problems and are unlikely to have the time, expertise and access to medical records to provide pediatric preventive care.[16]

Having better access to preventive care – which is low among uninsured children – could help children avoid the ED altogether. Children who visit the ED are four times more likely than children who sought care in a primary care setting to have an ambulatory-care-sensitive condition. These are conditions such as asthma; severe ear, nose or throat infections; or bacterial pneumonia for which emergency care can be avoided by effective and timely ambulatory care.[17]

Uninsured children may delay seeking care when sick…

Chart 7: Percent Greater Likelihood of Uninsured Children Not Receiving Medical Care When Sick Compared to Insured Children



Source: Stoddard, J.J., et al. (1994). Health Insurance Status and Ambulatory Care for Children. *NEJM*, 330, 1421-25. As cited in Kaiser Commission on Medicaid and the Uninsured. (May 2002). *Children's Health – Why Health Insurance Matters.* Washington, DC.

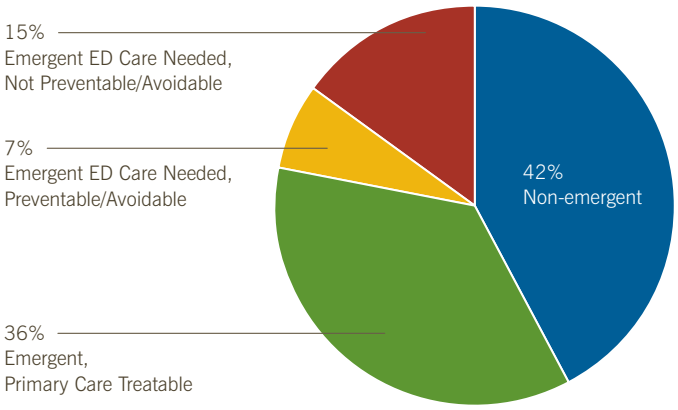
Consequences Go Beyond Health and Health Care

The benefits of having health insurance extend far beyond health care. While having health insurance does not guarantee academic success, it does play an important role in ensuring that children are adequately prepared for school.

Being able to attend school regularly, to see the chalkboard, to hear the teacher, and to participate in classroom activities are all essential parts to succeeding in school. Yet, uninsured children are 25 percent more likely to miss school and one-and-a-half times more likely to miss a hearing and vision screening than their insured counterparts.[18,19] Moreover, those who are uninsured and also have a poorly controlled chronic disease, such as asthma, are at an even greater risk, as they are more likely to miss school and suffer poor academic performance.[20] As a result, lacking health coverage can

…resulting in ED visits for conditions that could have been avoided.

Chart 8: Percent of Uninsured Children Treated at New York City EDs, but Not Admitted to the Hospital, by Emergent Need Status, 1998



Source: Billings, J., Parikh, N., & Mijanovich, T. (November 2000). *Emergency Department Use: The New York Story.* New York, NY: The Commonwealth Fund.

from the field

"It is in the national interest to have healthy children. Healthy children are more ready to learn and, in the longer term, are more likely to become healthy adults who will contribute as a productive citizenry and workforce to the continued vitality of society."

IOM, *Children's Health, the Nation's Wealth: Assessing and Improving Child Health*, 2004

affect children's future educational and employment opportunities and prevent them from realizing their full potential.

Being uninsured for health care also can hinder a child's social development beyond school. Parents who worry about the treatment costs of accidental injuries tend to restrict their children from participating in athletic events. One study found that 12 percent of uninsured children are restricted from participating in certain activities; however, almost all of those restrictions are removed once they gain coverage.[21] Aside from parental restrictions, schools or athletic organizations also may prohibit children without insurance from participating in sports programs.[22]

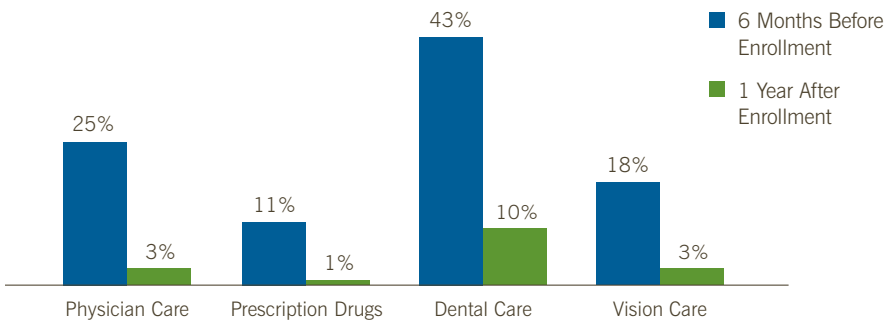
Increasing Access to Health Care Services Has Positive Impact

When uninsured children gain health coverage, their access to care and their health status both improve. Recent evaluations of three state SCHIP programs found that children's health often improves after they join SCHIP plans.[23] Furthermore, increased access means that unmet needs may decline. After gaining public coverage, almost three quarters of children no longer had unmet needs or delayed care as they had prior to coverage.[24]

Children with health coverage are more likely to receive recommended care. After enrolling in public health insurance, children are more likely to see a physician and a dentist for preventive and regular care.[25] After children in Texas enrolled in SCHIP, the percent of children using the ED as their primary source of care fell dramatically – from 20 to 2 percent.[26] Likewise, after Florida helped parents pay for coverage of their uninsured children, more children got health care in doctors' offices, and ED visits dropped by 70 percent in areas of the state served by the new program.[27]

Public program coverage improves access to care.

Chart 9: Percent of Low-income Children with Unmet/Delayed Care Before and After Enrollment in Public Health Insurance Program



Source: Keane, C.R., et al. (1999). The Impact of a Children's Health Insurance Program by Age. *Pediatrics,* 104(5), 1051-1058. As cited in Kaiser Commission on Medicaid and the Uninsured. (May 2002). *Children's Health – Why Health Insurance Matters.* Washington, DC.

Public and Private Programs and Partnerships Play a Pivotal Role in Keeping Children Healthy and Productive

Approximately 30 million children in the United States are enrolled in public health insurance. Medicaid, the largest public health insurance program for children, covers more than 25 million children. In 2003 Medicaid spending on children amounted to $40 billion. As of 2004, another 4 million children were covered by SCHIP, which Congress created in 1997 to provide coverage for uninsured, low-income children not eligible for Medicaid. Annual SCHIP expenditures total $7 billion.[28]

A politically popular program with bipartisan support, SCHIP is considered to be the primary factor in the gain of 2.4 million insured children between 1997 and 2005. Before 1997, only six states offered Medicaid coverage for children at or above 200 percent of the federal poverty level (FPL). Today, 42 states and the District of Columbia provide SCHIP coverage at or above this level. Without reauthorization by Congress, funding for SCHIP is set to expire this year.

States' proactive outreach and enrollment around SCHIP also identified many

children eligible for Medicaid.[29] Yet, despite the success of these public coverage programs, an estimated 74 percent of all uninsured children are eligible for but not enrolled in Medicaid and SCHIP.[30] Many families have not heard of the programs or may believe their children are not eligible. Thus, more needs to be done to increase enrollment of these children into public programs. One option is to automatically enroll eligible children and their families into Medicaid and SCHIP on the basis of financial information they provide to other means-tested programs such as the Special Supplemental Program for Women, Infants and Children (WIC).[31] Many, including the Health Coverage Coalition for the Uninsured (HCCU), also support this "one-stop shopping" approach.[32]

Private-public partnerships have improved access to care for uninsured and low-income children as well. The St. Joseph Dental Clinic in Santa Rosa, CA, for example, delivers preventive and emergency dental care to children in low-income and vulnerable families. The Palmetto Health Alliance in Columbia, SC, founded the Vision Health Initiative after observing that a large number of children with vision problems also had poor academic performance and behavioral problems. The initiative – supported by business partners and school districts – provides free comprehensive eye exams and glasses to families who cannot afford them. The Yonkers Childhood Health Initiative – a partnership between St. John's Riverside Hospital, Yonkers' public schools, and the Cochran School of Nursing – teaches school nurses about treating asthma to help reduce absenteeism due to asthma flare-ups. Now, nearly 95 percent of students treated for asthma return to class and trips to the ED have dropped significantly. While these partnerships have proven successful in filling gaps in children's health care coverage, they are not substitutes for insurance coverage.

Demographics of Uninsured Children

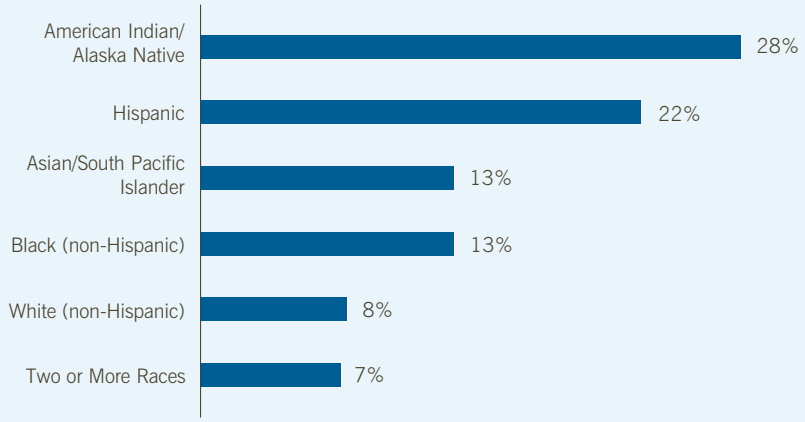
The number of uninsured children has been falling steadily since 1998 thanks to the advent of SCHIP, but nine million remain uninsured. Children of all ages are uninsured, but those between the ages of 13 and 18 are the most likely to be uninsured. Almost two out of five uninsured children fall into this age group.[33]

Racial and ethnic minorities and non-citizens are disproportionately represented among the uninsured. More than 22 percent of Hispanic children and about 13 percent of black, non-Hispanic children are uninsured, compared to only 8 percent of white, non-Hispanic children.[34] More than 38 percent of non-citizen children are uninsured compared to only 10.6 percent of children who are citizens.[35]

Income also is a key factor in health care coverage. Even though the majority of uninsured children come from working families, 72.5 percent are from families with incomes no higher than two times the federal poverty level (FPL).[36] In fact, children whose families earn income less than 200 percent of FPL are four times more likely to be uninsured than children whose family income is greater than 200 percent of FPL.[37]

Minority children are more likely to be uninsured than are white children.

Chart 10: Percent of Children Uninsured by Race/Ethnicity, 2005



Source: Kaiser Commission on Medicaid and the Uninsured. (November 2006). *Health Insurance Coverage in America, 2005 Data Update.* Washington, DC.

State Efforts to Cover All Children

Recently, some states have made expanding health insurance coverage for all children a top priority. For example, Illinois Governor Rod Blagojevich introduced the "All Kids" proposal in October 2005, which aimed to expand coverage to 253,000 uninsured children. The legislature quickly passed the proposal, and Illinois implemented the plan on July 1, 2006.

The All Kids plan expands access to public health coverage for any child under 19 years old residing in the state. Low-income families are eligible for premium subsidies and reduced cost-sharing. The comprehensive benefits of the All Kids program are equivalent to those offered through the state's SCHIP program. Families pay sliding scale premiums ranging from $15 to $300 per child per month based on income. Illinois expects to enroll 90,000 children in the first year of the program, with a total cost of $81 million, $44 million of which will come from the state.[38]

In 2006, other states introduced or implemented proposals to provide universal coverage for children. Pennsylvania approved a similar All Kids program that permits families to buy into the SCHIP program. New Mexico now offers children in low-income families premium subsidies for private insurance. Hawaii, Oregon, Washington, and West Virginia all introduced proposals to expand coverage by increasing eligibility for Medicaid and SCHIP or by subsidizing private coverage for families that cannot afford it. Finally, Massachusetts and Vermont are raising the bar for other states by enacting programs that aim to cover state residents of all ages.[39]

Conclusion

Today's nine million uninsured children lack sufficient access to needed health care. Parents hesitate to seek primary care for their children and may delay getting them acute care. Children's health and well-being are compromised needlessly. The adverse effects can extend into adulthood, when health and well-being are keys to functioning as productive members of their communities.

The links are clear. Having access to health care promotes health and productivity. The key to access is insurance coverage. Ensuring access to health care for all children will help secure the health of our communities.

POLICY QUESTIONS

- What changes might be made to SCHIP during the upcoming deliberations on reauthorization that would increase the number of children with insurance coverage?
- How can the federal government, states, and communities make sure that uninsured children who are already eligible for public insurance programs become enrolled?
- Would auto-enrollment of children eligible for public insurance programs improve health insurance coverage and access to health care for children who are eligible but not enrolled?
- How can communities see to it that children who lack insurance coverage get preventive care?

from the field

"Our kids come first, and what's the most important thing for kids? That they're safe and healthy."
Illinois Governor Blagojevich, in discussing Illinois's All Kids plan.

Davey, M. (November 16, 2005). "Illinois Law Offers Coverage for Uninsured Children." *The New York Times*.

ENDNOTES

1 Campaign for Children's Health Care. (September 2006). *No Shelter from the Storm: America's Uninsured Children.* Washington, DC. & Kaiser Family Foundation. (November 2006). *Health Insurance Coverage in America, 2005 Data Update. Washington, DC.*

2 Campaign for Children's Health Care. (2006). *Why Health Insurance Matters for Children.* Washington, D.C.

3 Starfield, B., & Shi, L. (2004). The Medical Home, Access to Care and Insurance: A Review of Medical Evidence. *Pediatrics*, 113(5), 1493-1498.

4 Children's Defense Fund Minnesota. (2003). *Covering Kids Fact Sheet.* St. Paul, MN.

5 State Health Access Data Assistance Center. (2005). *Going Without: America's Uninsured Children.* St. Paul, MN.

6 Kaiser Family Foundation. (2002). *Children's Health: Why Health Insurance Matters.* Washington, DC.

7 Children's Defense Fund Minnesota. (2003). *Covering Kids Fact Sheet.* St. Paul, MN.

8 Kempe, A., et al. (2005). Changes in Access, Utilization, and Quality of Care After Enrollment into a State Child Health Insurance Plan. *Pediatrics*, 115(2), 364-371.

9 Cohen, R.A., & Bloom, B. (2005). Trends in Health Insurance and Access to Medical Care for Children Under Age 19 Years: United States 1998-2003. *Advance Data from Vital and Health Statistics*, 335.

10 Kaiser Family Foundation. (2002). *Children's Health: Why Health Insurance Matters.* Washington, DC.

11 Carr, W., Zeitel, L., & Weiss, K. (1992). Variations in Asthma Hospitalizations and Deaths in New York City. *American Journal of Public Health*, 82, 59-65. As cited in Edmunds, M., & Coye, M.J., eds. (1998). *American's Children: Health Insurance and Access to Care.* Washington, DC: Institute of Medicine.

12 Palmer, L.J., et al. (2004). Do Regular Check-ups and Preventive Drug Use Reduce Asthma Severity in School Children? *Australian Family Physician*, 33(7), 573-576.

13 Hille, K.B. (December 6, 2006). "Poor Treatment Leads to Emergency Room Visits." *Baltimore Examiner.*

14 Christakis, D.A., et al. (2001). Continuity and Quality of Care for Children with Diabetes Who Are Covered by Medicaid. *Ambulatory Pediatrics*, 1(2), 99-103.

15 Newacheck, P.W., et al. (1998). Health Insurance and Access to Primary Care for Children. *New England Journal of Medicine.*, 338, 513-519. As cited in Luo, X., et al. (2003). Children's Health Insurance Status and Emergency Department Utilization in the United States. *Pediatrics*, 112(2), 313-319.

16 Johnson, W.G., & Rimsza, M.E. (2006). The Effects of Access to Pediatric Care and Insurance Coverage on Emergency Department Utilization. *Pediatrics*, 113(3), 482-487.

17 Johnson, W.G., & Rimsza, M.E. (2006). The Effects of Access to Pediatric Care and Insurance Coverage on Emergency Department Utilization. *Pediatrics*, 113(3), 482-487.

18 Children's Defense Fund. (2003). *Covering Kids Fact Sheet.* Washington, DC.

19 Campaign for Children's Health Care. (June 2006). *Why Health Insurance Matters for Children.* Washington, DC.

20 Campaign for Children's Health Care. (June 2006). *Why Health Insurance Matters for Children.* Washington, DC.

21 Kaiser Family Foundation. (May 2002). *Children's Health-Why Health Insurance Matters.* Washington, DC.

22 Lave, J.R., et al. (1998). Impact of a Children's Health Insurance Program on Newly Enrolled Children. *JAMA*, 279(22), 1820-1825.

23 California Healthy Families Program. (2002). *Health Status Assessment Project, First Year Results.*; Fox, M., et al. (2003). Changes in Reported Health Status and Unmet Need for Children Enrolling in the Kansas Children's Health Insurance Program. *American Journal of Public Health*, 93(4), 579-582.; & Damiano, P., et al. (2003). The Impact of the Iowa S-SCHIP Program on Access, Health Status and the Family Environment. *Ambulatory Pediatrics*, 3(5), 263-9. As cited in Ku, L., & Nimalendran, S. (2004). *Improving Children's Health: A Chartbook about the Roles of Medicaid and SCHIP.* Washington, DC: Center on Budget and Policy Priorities.

24 Lave, J.R., et al. (1998). Impact of a Children's Health Insurance Program on Newly Enrolled Children. *JAMA*, 279(22), 1820-1825.

25 Lave, J.R., et al. (1998). Impact of a Children's Health Insurance Program on Newly Enrolled Children. *JAMA*, 279(22), 1820-1825.

26 Children's Defense Fund Texas. (2006). CHIP: Saving Texans Money, Keeping Children First. Access at: http://www.cdftexas.org/attached/CHIPCostSavings.pdf.

27 Florida Healthy Kids Corporation. (1997). *Florida Healthy Kids Annual Report.* As cited in American Medical Students Association. (2006). *Facts on the Uninsured.* Accessed at http://www.amsa.org/cph/CHIPfact.cfm.

28 Kaiser Family Foundation. (2007). www.statehealthfacts.org.

29 The Kaiser Commission on Medicaid and the Uninsured. (January 2007). *A Decade of SCHIP Experience and Issues for Reauthorization.* Washington, DC.

30 Dubay, L., Holahan, J., & Cook, A. (November 30, 2006). The Uninsured and the Affordability of Health Insurance Coverage. *Health Affairs*, Web Exclusive.

31 Dorn, S., & Kenney, G.M. (June 2006). *Automatically Enrolling Eligible Children and Families into Medicaid and SCHIP: Opportunities, Obstacles, and Options for Federal Policymakers.* New York, NY: The Commonwealth Fund.

32 Health Coverage Coalition for the Uninsured. (January 18, 2007). *Unprecedented Alliance of Health Care Leaders Announces Historic Agreement To Help Reduce the Numbers of America's Uninsured.* www.coalitionfortheuninsured.org.

33 Campaign for Children's Health Care. (September 2006). *No Shelter from the Storm: America's Uninsured Children.* Washington, DC.

34 Campaign for Children's Health Care. (September 2006). *No Shelter from the Storm: America's Uninsured Children.* Washington, DC.

35 Kaiser Family Foundation. (November 2006). *Health Insurance Coverage in America, 2005 Data Update.* Washington, DC.

36 Kaiser Family Foundation. (November 2006). *Health Insurance Coverage in America, 2005 Data Update.* Washington, DC.

37 National Conference of State Legislatures. (February 2006). *Who's Covered and Who's Not? The State of Children's Health Insurance: A Primer for State Legislators.* Washington, DC.

38 Families USA. (October 2006). *Illinois' All Kids: A Step in the Right Direction.* Washington, DC.

39 www.nashp.org and Avalere Health tracking of state coverage initiatives.

American Hospital Association

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