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October 3, 2007

The Honorable Doc Hastings
U.S. House of Representatives
1214 Longworth House Office Building
Washington, D.C. 20515

Dear Congressman  Hastings:

With the President's veto this morning of the State Children's Health Insurance Program (SCHIP) reauthorization bill, I ask you vote to override the veto.

I do realize the partisan pressures you must have to support the President, but on this issue, many Republican members of Congress have supported the bill the President has now vetoed. I ask that you do the same.

Congress has passed a bill to reauthorize SCHIP that is critical for children and families in Washington state. We have been penalized for our efforts in the past and yet we have still managed to ensure that Washington families in need have the proper care for their children. Among other things, the bill fully fixes our long-standing inequity for having been an early leader in children's coverage and it opens up a path to do in SCHIP what we are currently doing in our state with Medicaid – partnering with private employers to secure Employer Sponsored Insurance (ESI) for clients.

When you look across our state, many families most in need live in the 4th Congressional District (CD). Specifically, I am sure you know that:

- Of the 72,000 uninsured children in Washington from families with incomes below 300% of the federal poverty level (FPL), an estimated 11,000 (or 15.3%) are in the 4th CD;
- USDA Economic Research Services estimates show that over 22.5% of Washington State's children living in poverty reside in the 4th CD; and
- Over 21% of the children currently served through medical assistance programs reside in the 4th CD.

In Washington state, imagine a single mom or dad and two children. At 250% FPL, this mom or dad is making just over \$43,000 a year working hard to provide for his or her children. At 300% FPL, the parent would be reaching just over \$51,000 a year. Rent, food and child care consumes a tremendous amount of this very real family's limited resources, leaving very little available for health coverage. In Washington State, the SCHIP program currently requires the parent contribute to the cost of the care if their income is between 200% and 250% FPL, thus we can ensure that children are accessing preventative and routine health services rather than relying on emergency rooms for very costly health care to our taxpayers. And with legislation enacted last session to take our program to 300% FPL, we will continue to require parental contribution.



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When the first SCHIP reauthorization bill passed the House on August 1, you said that you felt that certain Medicare provisions in the bill unnecessarily pitted one vulnerable group against another – specifically, children and seniors. Furthermore, there was the provision that would have adversely impacted Wenatchee Valley Medical Center, a physician-owned facility in the 4th Congressional District. As I understand from your statement from August 1, for those reasons and those alone, you cast a no vote.

On Tuesday, September 25, you had before you a bill that dealt solely with children's health. All of the Medicare provisions that you objected to had been removed.

When you voted no, you said that “[w]e should first help the poorest kids we promised to ten years ago, not expand the program to the point that families of four earning \$83,000 a year switch from private insurance to taxpayer-funded health care.” The bill does not provide for coverage to families making at or above \$83,000 per year, or 400% FPL. In fact, the bill caps SCHIP allotments for states that may go to 300% FPL and requires states, if they wish to go beyond 300% FPL, to submit a plan to address crowd-out.

Further, Washington state has been a leader in providing low-income children access to high quality health care services. Through hard work, we have managed to get to 91% of those at or below 200% FPL enrolled in programs – only one state, Vermont, has been more successful and reached 92%.

You also said, in voting against SCHIP, that “[r]ather than making certain the poorest children get care, Democrats are pursuing a Canadian-style government run health care system.” The bipartisan, bicameral bill passed by Congress is anything but an entrée into a single-payer, “government-run” system. Rather, SCHIP is a capped, block grant program and not an entitlement. Furthermore, new policies included in the SCHIP reauthorization bill move to cut adults – once allowed by waivers granted by the Bush Administration – completely off of the program. The private sector does, in fact, have a role in carrying out SCHIP (or Medicaid, for that matter) as the majority of care delivered in Washington state is through contracts with private managed care companies.

Reauthorization of SCHIP this year has been my number one federal health care priority for Washington and I am so proud of the work that has been done to craft a bipartisan bill that protects the health of our state's children. We are so close to seeing the bill enacted; but it cannot happen without your help. Please use your next opportunity to vote on SCHIP to set the record straight and vote yes for the children and families in your district and our state.

On behalf of all Washington children, please vote to override the president's SCHIP veto.

Sincerely,



Christine O. Gregoire
Governor