

105TH CONGRESS  
2D SESSION

# S. 2382

To amend title XIX of the Social Security Act to allow certain community-based organizations and health care providers to determine that a child is presumptively eligible for medical assistance under a State plan under that title.

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## IN THE SENATE OF THE UNITED STATES

JULY 30, 1998

Mr. MCCAIN (for himself and Mr. KERRY) introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XIX of the Social Security Act to allow certain community-based organizations and health care providers to determine that a child is presumptively eligible for medical assistance under a State plan under that title.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Children’s Health As-  
5 surance through the Medicaid Program (CHAMP) Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1           (1) Twenty-three percent or 3,400,000 of the  
2           15,000,000 medicaid-eligible children went without  
3           health insurance in 1996.

4           (2) Medicaid-eligible children with working par-  
5           ents are more likely to be uninsured.

6           (3) More than 35 percent of the 3,400,000 mil-  
7           lion uninsured medicaid-eligible children are His-  
8           panic.

9           (4) Almost three-fourths of the uninsured med-  
10          icaid-eligible children live in the Western and South-  
11          ern States.

12          (5) Multiple studies have shown that insured  
13          children are more likely to receive preventive and  
14          primary health care services as well as to have a re-  
15          lationship with a physician.

16          (6) Studies have shown that a lack of health in-  
17          surance prevents parents from trying to obtain pre-  
18          ventive health care for their children.

19          (7) These studies demonstrate that low-income  
20          and uninsured children are more likely to be hos-  
21          pitalized for conditions that could have been treated  
22          with appropriate outpatient services, resulting in  
23          higher health care costs.

1 **SEC. 3. ADDITIONAL ENTITIES QUALIFIED TO DETERMINE**  
 2 **MEDICAID PRESUMPTIVE ELIGIBILITY FOR**  
 3 **LOW-INCOME CHILDREN.**

4 Section 1920A(b)(3)(A)(i) of the Social Security Act  
 5 (42 U.S.C. 1396r–1a(b)(3)(A)(i)) is amended—

6 (1) by striking “or (II)” and inserting “, (II)”;

7 and

8 (2) by inserting “eligibility of a child for medi-  
 9 cal assistance under the State plan under this title,  
 10 or eligibility of a child for child health assistance  
 11 under the program funded under title XXI, or (III)  
 12 is an elementary school or secondary school, as such  
 13 terms are defined in section 14101 of the Elemen-  
 14 tary and Secondary Education Act of 1965 (20  
 15 U.S.C. 8801), an elementary or secondary school op-  
 16 erated or supported by the Bureau of Indian Affairs,  
 17 a State child support enforcement agency, a child  
 18 care resource and referral agency, or a State office  
 19 or private contractor that accepts applications for or  
 20 administers a program funded under part A of title  
 21 IV or that determines eligibility for any assistance  
 22 or benefits provided under any program of public or  
 23 assisted housing that receives Federal funds, includ-  
 24 ing the program under section 8 or any other section

- 1 of the United States Housing Act of 1937 (42
- 2 U.S.C. 1437 et seq.)” before the semicolon.

