



Health Care/Teen Pregnancy

ACTION

- Preserve the federal guarantee of Medicaid for all low-income children, improve Medicaid benefits, and broaden health insurance coverage for uninsured children.
- Work to ensure Medicaid and the State Children's Health Insurance Program (SCHIP) provide comprehensive, continuous, and coordinated health care services for all children and families involved with the child welfare system. Intensify outreach, education, and simplification of the application process to ensure all children who are eligible for assistance under Medicaid or SCHIP are enrolled.
- Support the Family Opportunity Act of 2001 (S. 321/H.R. 600), also referred to as the Dylan Lee James Act. Introduced by Senators Charles Grassley (R-IA) and Edward M. Kennedy (D-MA) and Representatives Henry Waxman (D-CA) and Pete Sessions (R-TX), this bill can make a significant difference in the health and well-being of children with disabilities, including adopted children who are not Title IV-E eligible and children adopted privately or internationally.
- Reauthorize and increase funding for the Abandoned Infants Assistance Act, which provides demonstration grants for a range of services for infants and young children who are medically cleared for discharge from acute hospital settings but who remain hospitalized because of a lack of appropriate out-of-home placement alternatives.
- Increase funding for the Title X family planning program. Maintain Title X as a categorical federal program that mandates informed patient consent and protections of confidentiality for all patients, the type of services to be offered, and medical standards to be met.
- Increase funding for Title V of the Social Security Act, the Maternal and Child Health Services Block Grant, which was created to improve the health of mothers and children through federal-state partnerships.
- Increase funding for services to children affected by and infected with HIV/AIDS who are now being served by the Ryan White CARE Act.

HISTORY

Ensuring the health of children and families involved in child welfare is of paramount importance. To do so, solutions must be found to address the shortcomings of our nation's health care system. Health insurance coverage for all children and their families, through Medicaid, SCHIP, or private insurance can prevent children from ever needing the child welfare system.

Children and families in the child welfare system need access to a complete range of health services. For children with extensive health care needs, including abused and neglected children, children with HIV/AIDS, alcohol- and drug-exposed children, and children with mental health and emotional problems, availability of accessible, affordable, quality health and mental health care services is essential for their healthy development and well-being.

Family Opportunity Act of 2001

The Family Opportunity Act of 2001 (S. 321/H.R. 600) would permit families to purchase Medicaid on a sliding-scale basis and allow states to extend Medicaid coverage to children with potentially severe disabilities. Families of children with severe disabilities often struggle to provide their children with appropriate medical services. These families often are forced to choose between remaining in poverty so the child can maintain his or her Medicaid eligibility, or relinquishing their parental rights so the child may receive Medicaid services under the state's care. The Family Opportunity Act would allow these families to move out of poverty and stay together without losing access to appropriate health care services. The bill would also give states more flexibility in offering health care services to disabled children at home and create information centers in each state to provide support to parents with disabled children.

Abandoned Infants Assistance Act

The Abandoned Infants Assistance Act provides for grants to public and nonprofit private organizations to develop, implement, and operate programs relating to foster care and residential care for

abandoned infants and young children. Projects may include preventing the abandonment of children, identifying and addressing the needs of these children, assisting them to reside with their natural families or foster families, and recruiting and training foster families. FY 2001 funding for this program was \$12.2 million.

Teen Pregnancy

CWLA works toward ensuring a full spectrum of programs and services to pregnant and parenting teens to ensure their well-being and that of their children. To maximize their options in life, these young women must develop the skills necessary to obtain economic independence, self-sufficiency, and long-term family stability. Programs designed to assist include child care, education, health care, counseling, nutrition, and parenting education.

Maternal and Child Health Services Block Grant

The Title V block grant helps develop service systems in communities to meet the critical challenges facing maternal and child health, including significantly reducing infant mortality, providing preventive and primary care services for children and adolescents, immunizing all children, reducing adolescent pregnancy, and preventing injury and violence.

KEY FACTS

- Nearly 10 million children lack health insurance coverage; one in five uninsured children have no regular source of health care.¹
- As many as 4.7 million children are potentially eligible for Medicaid and SCHIP but are not enrolled. More than 80% of parents of uninsured children (6.5 million) are themselves uninsured.²
- Preliminary statistics for 1999 show a drop in the annual rate of pregnancy for teenagers ages 15–19. In 1998, the rate was 122 per 1,000 teens; for 1999, it was 115.2 per 1,000.³ Although this is encouraging news, access to a full range of family planning services for teenagers is necessary.
- Every tax dollar spent for contraceptive services saves an average of \$4 that would otherwise be spent to provide medical care, welfare benefits, and other social services.⁴ More than \$3 is saved in medical services alone.⁵
- Up to 25% of the new cases of HIV infection that occur in the United States each year may be among young people under age 22; as many as 50% may be among young people under age 25.⁶

SOURCES

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5. Forrest, J.D., & Samara, R. (1996). Impact of publicly funded contraceptive services on unintended pregnancies and implications for Medicaid expenditures. *Family Planning Perspectives*, 28, 188.
6. Rosenberg, P.S., Biggar, R.J., & Goedert, J.J. (1994). Declining age at HIV infection in the United States. *New England Journal of Medicine*, 330, 789–790.

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