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In conclusion, there are still many unknown factors that will influence state decisions about CHIP's future. Primary among these is whether federal funding for the program will continue beyond 2015. In this time of economic recovery and ongoing state budget pressure, it seems unlikely that many states would choose to continue funding CHIP absent federal support when there is an opportunity to transition some enrollees to Medicaid or the exchange (where subsidies are 100 percent federally-funded). States' decisions about whether to implement the Medicaid expansion and/or create a BHP are also relevant to the conversation about CHIP's role in a post-reform world. The structure of each state's exchange is another important consideration—specifically whether the benefits and provider networks available under exchange plans will meet the health care needs of low-income children such as those currently enrolled in CHIP, and whether the exchange-based subsidies will be adequate to make coverage affordable. Eliminating CHIP programs may lower government outlays, but at the detriment of children's coverage levels. One study estimates, for instance, that if Congress does not continue funding CHIP—and if all states subsequently eliminate their separate CHIP programs—millions of additional children could be uninsured (when compared to a scenario where Medicaid and CHIP programs and eligibility levels for children are maintained). Further, if the federal MOE requirements are repealed and states are able to relax eligibility standards for children above 138 percent of FPL, children's uninsurance levels could actually increase.<sup>41</sup> (Notably, the evaluation's upcoming survey of state program administrators will provide more extensive

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<sup>41</sup> The study suggests a number of reasons why so many children who would lose Medicaid and CHIP coverage would not gain employer-based or exchange coverage, such as the fact that some children would be ineligible for subsidies based on a parent's access to employer-based insurance (i.e., children in families whose parents are covered by employer-based single policies that cost less than 9.5 percent of family income would be ineligible for subsidized exchange coverage) and the fact that even with subsidies, exchange premiums and cost sharing will be higher than those in CHIP and Medicaid thus take-up is expected to be lower (Kenney et al. 2011).



























































Table C.1 (Continued)

State	Fiscal Year	Federal Expenditure (in Millions)	State Expenditure (in Millions)	Total Expenditure (in Millions)	Federal Allotment (in Millions)	Percent of Federal Allotment Spent	Federal Matching Rate	Unduplicated Enrollment	Total Expenditure per Child
Total US, All States <sup>c</sup>	2006	\$5,453	\$2,430	\$7,882	\$4,040	135%	N/A	6,755,199	\$1,167
	2007	\$6,037	\$2,659	\$8,696	\$4,988	121%	N/A	7,105,986	\$1,224
	2008	\$7,007	\$3,038	\$10,044	\$4,988	141%	N/A	7,355,746	\$1,365
	2009	\$7,482	\$3,146	\$10,628	\$9,373	80%	N/A	7,695,264	\$1,381
	2010	\$7,918	\$3,365	\$11,283	\$10,476	76%	N/A	7,705,723	\$1,464

Sources: Federal Expenditures and Total Expenditures 2006-2009: Kaiser "Total CHIP Expenditures"; Federal Expenditures and Total Expenditures 2010: Rowland, 2011; State Expenditures calculated from subtracting federal expenditures from total expenditures; Federal allotment 2005-2008: Georgetown "Original SCHIP Allotment"; Federal allotment 2009-2010: Georgetown "FY2009-FY2012 CHIP Allotment"; Percent Federal Allotment Spent calculated from dividing federal expenditures by federal allotment; Federal matching rate: Kaiser "Enhanced Federal Medical Assistance Percentage"; Unduplicated enrollment: CMS CHIP Statistical Enrollment Data System (SEDS); Total expenditures per child calculated from dividing total expenditures by unduplicated enrollment.

<sup>a</sup> In Michigan, financing and enrollment data from the State were determined to be more accurate estimates than publicly available data. Data was provided from personal communication with B. Keisling, DCH, November 29, 2012.

<sup>b</sup> The CHIP numbers for Texas include their Perinatal program for the year 2007 and beyond. Data was provided by Texas' Health and Human Service Commission Financial Services, November 5, 2012.

<sup>c</sup> Total US, All States numbers cite the original source data and do not include revisions to Michigan and Texas expenditures and enrollment numbers.

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