

# GIH

*Helping grantmakers  
improve the health of all people*

# BULLETIN

MARCH 30, 2009

## NEW GRANTS & PROGRAMS

- **The Blue Foundation for a Healthy Florida, Inc.** (Jacksonville) awarded a \$100,000 grant to the **Orange County Health Department** (Orlando, FL) for a program to educate and link preconceptional and pregnant women to local health clinics for oral health services. The program specifically targets women in four Orange County urban zip codes that have more uninsured residents than the county's average. The health department seeks to help reduce infant mortality among the county's uninsured population by mitigating the risk factor of poor oral health in pregnant women. Contact: Paul Kluding, 904.905.3404.
- **Harvard Pilgrim Health Care Foundation** (Wellesley, MA) awarded more than \$1.1 million in grants to organizations in Maine, Massachusetts, and New Hampshire as part of its five-year commitment to combat childhood obesity among 6 to 12 year olds. Among the grantees are: **United Way of Greater Portland** (ME) – \$100,000 for **Let's Go! Takes 5-2-1-0 to School**, a training program that promotes healthy lifestyles in schools, communities, and families; **Foundation for Healthy Communities** (Concord, NH) – \$75,000 to fund **Coordinated Approach to Child Health (CATCH)** training for staff and outreach activities for afterschool programs in Derry, Nashua, and Conway, New Hampshire; **Tufts University** (Medford, MA) – \$50,000 for the Friedman School of Nutrition to complete *Tipping the Scales in Favor of Our Children*, a

comprehensive report on the dimensions of the childhood obesity epidemic in Maine, Massachusetts, and New Hampshire; **Brandies University** (Waltham, MA) – \$35,000 toward convening the **Massachusetts Health Policy Forum** on childhood obesity prevention in Massachusetts; and **Mass2020** (Boston, MA) – \$30,000 for an after-school physical fitness program that enlists college athletes to work with children at select Worcester public schools. Contact: Sharon Torgerson, 617.509.7458.

- **Williamsburg Community Health Foundation** (VA) awarded more than \$1.3 million to eight local nonprofit organizations to strengthen access to quality health care services and promote responsible health practices. The grants are part of the foundation's mission to improve the health of people living in Williamsburg and surrounding counties. **Williamsburg James City County Schools** will receive a grant of \$870,096 to continue the **School Health Initiative Program**, which strives to create a culture of wellness among school-age children, their families, educators, and ultimately the community by promoting and supporting healthy eating and lifestyle habits. **Community Housing Partners** was awarded \$26,134 to increase access to health care in low-income neighborhoods. A \$20,000 grant to **Lafayette High School** will support the **Helping Hands Scholarship Fund** for practical nursing students. **Williamsburg AIDS Network** will use a grant of \$13,560 for HIV testing and outreach to at-risk populations. A \$10,000 grant to **The Peninsula Agency on Aging** will aid efforts to help elderly residents of greater Williamsburg pay for

## GIHNEWS

### GIH THANKS DEPARTING BOARD MEMBERS

GIH extends its heartfelt thanks to departing board members Margaret O'Bryon of the Consumer Health Foundation, Cristina Regalado of The California Wellness Foundation, Peter Goodwin of the Robert Wood Johnson Foundation, and Crystal Hayling of the Blue Shield of California Foundation. Their leadership, guidance, and dedication have been instrumental to the organization's success.

### NEW GIH ISSUE BRIEFS EXPLORE HEALTH DISPARITIES AND RURAL HEALTH

GIH's latest Issue Briefs *Effective Community Programs to Fight Health Disparities* and *Rural Health: Innovations in Policy and Practice*, based on the two Issue Dialogues held at last year's Fall Forum, explore how health philanthropy can play a role in addressing challenges in and contribute to efforts that mitigate deficiencies and inadequacies within each of these areas.

Both reports are available on-line at [www.gih.org](http://www.gih.org).

adequate heating or cooling of their homes. Contact: Diane Powers, 757.345.2614, dpowers@wchf.com.

## SURVEYS, STUDIES & PUBLICATIONS

- **The Commonwealth Fund** (New York, NY) released *New Financial Realities: The Response of Private Foundations*, an essay that assesses the impact of the current economic crisis on private foundations. The essay examines the difficult decisions foundations must make in light of investment portfolios that are likely declining in value, lessons on endowment management, and a discussion on implications for foundation spending and programmatic strategies. For more information, visit [www.cmwf.org](http://www.cmwf.org).

**U.S. Department of Health and Human Services** (Washington, DC) released *Americans Speak on Health Reform: Report on Health Care Community Discussions*, which summarizes comments from thousands of Americans who hosted and participated in Health Care Community Discussions across the country. These discussions resulted from a call-to-action in December from then President-elect Obama to expose problems with the health care system, determine the gravity of these issues, and put forth possible solutions. After each discussion, participants were asked to complete a survey, the results of which are summarized in the report. The cost of health care services and health insurance was the top concern about the health care system for 55 percent of discussion participants. They also cited lack of emphasis on prevention, pre-existing conditions limiting insurance access, and the quality of care as key concerns. Further, participants called for a system that is patient-centered and choice-oriented, simple and efficient, and comprehensive. A range of specific solutions was also offered, including making health insurance more accessible through an insurance "exchange" or a public plan option, creating scorecards on quality and cost, improving the nutritional content of school lunches,

implementing electronic medical records, and creating an AmeriCorps for health workers. The report is available at [www.healthreform.gov](http://www.healthreform.gov), a recently established Web site dedicated to health reform.

## MEETINGS

**AcademyHealth** (Washington, DC) is hosting its **Annual Research Meeting** June 28-30, 2009, in Chicago, Illinois. This three-day conference will bring together more than 2,000 health services researchers, policymakers, and practitioners to share cutting-edge research and debate timely health policy issues. In addition, several AcademyHealth interest groups will host adjunct meetings on topics such as gender and health, behavioral health services, disparities, and child health services. Registration for the conference is open; early registration discounts are available until April 28. For additional information on registration, the preliminary agenda, and hotel deadlines, visit [www.academyhealth.org/arm](http://www.academyhealth.org/arm).

## OTHER NEWS

- **Blue Cross and Blue Shield of Minnesota Foundation** (Eagan) released a 30-minute DVD *Shared Values: Health and Community – Shaping Minnesota's Future with New Americans*, featuring community building work of nonprofits in Minnesota. The DVD was created as part of the foundation's statewide grantmaking initiative **Healthy Together: Creating Community with New Americans**, which is designed to reduce health disparities for immigrants and improve the health of the entire community. The program explores how individuals and communities become more interconnected and healthier when there are strong social support networks and opportunities for people to work and bond together. The foundation also released a progress report that shares emerging lessons, tools, and approaches for mental health education, assessment,

and treatment for immigrant populations. The report summarizes the discussions of representatives from 18 grantee organizations who convened last year to share strategies they have used in providing mental health services for immigrants and refugees, issues they have encountered in operating their own programs, and lessons learned in the process. The report and the DVD, with its accompanying materials, are available at [www.bcbsmnfoundation.org](http://www.bcbsmnfoundation.org). Contact: Julie Lee, 651.662.6574.

- **Oral Health Foundation** (Boston, MA) announced that it will change its name to **DentaQuest Foundation**, effective April 1, 2009. The organization's new name reflects its affiliation with the DentaQuest oral health enterprise, whose overarching mission is to improve oral health through administration of quality dental benefit programs, research and improvements focused on the efficiency and effectiveness of oral health delivery systems, and the work of the foundation. The foundation will continue to act on three key components of the U.S. Surgeon General's 2003 *National Call to Action*: change perceptions of oral health, replicate effective programs and proven methods, and increase collaborations and partnerships focused on oral health improvements. The foundation will collaborate with a variety of national and community-based stakeholders to promote action for sustainable change and systems improvements. Contact: Kristie DiSalvo, 617.482.0042.

## PEOPLE

- **CDC Foundation** (Atlanta, GA) named **Alan D. Harrison** vice president for administration. In this position Mr. Harrison will have an integral role in coordinating operations for the foundation and implementing and administering its policies and procedures. Prior to joining the foundation, he served as the director of operations at the Georgia Chapter of The Nature Conservancy where he oversaw activities involving finance, human resources, technology, and

multisite operations. Previously Mr. Harrison was with the Great Lakes Chemical Corporation serving as director biocide technology and Americas technical support. Contact: Amy Tolchinsky, 404.523.3486, atolchinsky@cdcfoundation.org.

- **W.K. Kellogg Foundation** (Battle Creek, MI) announced the selection of **Joanne Kogan Krell** as vice president for communications and an officer of the

foundation. Ms. Krell is currently a director of communications at the General Motors Corporation (GM). She joined GM in 1997 as manager of strategic communications and subsequently managed media relations, corporate brand communications, and energy and environment communications. In 2005 she became director of corporate communications for GMAC Financial Services and later director of communications for global issues management. In

2007 she became director of communications for the company's premium brands – Cadillac, Hummer, and Saab USA. Prior experience includes communications and public relations positions at the National Board for Professional Teaching Standards, The Widmeyer Group, Air Line Pilots Association, and the American Federation of Teachers. Ms. Krell will join the foundation May 1, 2009. Contact: Dianne Price, 269.969.2079.

## Doing a Lot with a Little:

### BRANDYWINE HEALTH FOUNDATION AND THE BRANDYWINE CENTER

*Doing a Lot with a Little is a new, occasional series of the GIH Bulletin. The Brandywine Health Foundation describes how it successfully attracted funding to create the multiagency Brandywine Center, which serves a struggling Rust Belt city.*

Smaller, community-based foundations often struggle to find ways to make a big impact on entrenched social ills, seeking to balance the desire to make a sustainable difference with the need to preserve capital for future challenges. The Brandywine Health Foundation (BHF), based in Coatesville, Pennsylvania, is no different. The board's focus since the foundation's launch eight years ago has been to leverage its resources, bringing other funds into the community and using its status as a public foundation to raise private support for a variety of services and programs designed to improve the health of those living in and around Coatesville.

Coatesville, a once thriving steel-producing capital, fell on hard times in the early 1970s. According to the 2000 census, 43 percent of Coatesville's residents live at or below the poverty level, making just \$25,000 per year, and thousands of adults and children have no health insurance. Recognizing longstanding and significant problems in the community, BHF began to focus on bringing health services to the community that could be used by anyone regardless of age, gender, or insurance status. The first step was to bring a Federally Qualified Health Center, ChesPenn Health Services, to Coatesville, followed by the creation of the Chester County Community Dental Center, and partnering with others to bring a behavioral health provider to each Coatesville public school.

BHF gave each of these agencies start-up grants and reached out to other foundations and individuals to support them as well. From the beginning, it was clear that each agency was operating in a substandard facility too small to accommodate the growth foreseen as necessary to meet the need in the community. Without the resources to purchase or build a building on its own, BHF began to explore financing opportunities with the original goal of building a one-story, approximately 10,000-square foot health center. As BHF looked at possible locations, it became aware of available housing funds and explored incorporating needed, affordable housing into the project, while at the same time meeting the city government's

desire for a building that had more scale.

With the assistance of Regional Housing Legal Services, a nonprofit legal services provider for community development agencies, BHF envisioned a "health and housing center" that eventually morphed into a four-story, 48,000-square foot building with 24 affordable apartments for senior citizens, a health and dental center, two behavioral health agencies, and a meeting room with catering kitchen.

The cost? Over \$13 million was secured from a variety of grants, donations, loans, and low-income tax credit financing, including support from the City of Coatesville's Redevelopment Authority, the Commonwealth of Pennsylvania's Department of Community and Economic Development, the Chester County Department of Community Development, the Federal Home Loan Bank, and the Pennsylvania Housing Finance Agency. In addition, two long-term, low-cost loans were secured from the U.S. Department of Agriculture and from Community Lenders CDC, a consortium of banks. Over \$1.4 million was raised from several foundations and generous individuals in the community to fill the final gap.

The foundation took on the risk associated with the loans and grant obligations of the project, recognizing that while BHF did not have the cash to finance the building outright, it could contribute staff expertise and community connections and take on the financing risk. The challenge going forward is helping the organizations survive an increasingly tough economy and ensuring that the Brandywine Center remains financially viable.

The payoff is a permanent home for needed health providers, housing for vulnerable seniors, and the first major development in Coatesville in over three decades. Although the health agencies have only been open in the Brandywine Center for 10 months, they have already seen a substantial increase in patient and client numbers, have busy waiting rooms throughout the week, and are exploring a variety of creative ways to collaborate to better serve the community.

■ **The John D. and Catherine T. MacArthur Foundation** (Chicago, IL) announced that **Robert Gallucci, Ph.D.** will be its new president effective July 1, 2009. Dr. Gallucci has served as dean of the Georgetown University's School of Foreign Service for 13 years. Previously he served as ambassador-at-large and special envoy for the U.S. State Department, dealing with threats posed by the proliferation of ballistic missiles and weapons of mass destruction. He was chief U.S. negotiator during the North Korean nuclear crisis of 1994, and he served as assistant secretary of state for political and military affairs from 1992 to 1993. Dr. Gallucci also worked as senior coordinator for nonproliferation and nuclear safety initiatives in the former Soviet Union and as deputy executive chairman of the United Nations' special commission overseeing the disarmament of Iraq in 1991. In addition, he has taught at Swarthmore College, Johns Hopkins University, the National War College, and Georgetown University. He is the author of numerous publica-

tions on political-military issues. Dr. Gallucci will replace **Jonathan Fanton** who is retiring after two terms as president. Contact: Susan Smith Richardson, 312.726.8000, [ssrichar@macfound.org](mailto:ssrichar@macfound.org).

■ **MetLife Foundation** (Hartford, CT) announced that **A. Dennis White** has been elected CEO and president. He will also oversee MetLife's corporate contributions. Throughout his 20 years with MetLife, Mr. White has had extensive interactions with nonprofit organizations, policymakers, and community leaders. He previously served as head of MetLife's **Social Investment Program**, which involved developing and managing MetLife's social and community investment activities. He will continue this role along with his new responsibilities. Prior experience also includes managing the day-to-day activities of MetLife Foundation. Mr. White is on the board of directors for Living Cities: The National Community Development Initiative. Contact: Ted Mitchell, 401.827.3236.

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*The GIH Bulletin is published 22 times a year as an educational and information service for health grantmakers. Letters to the editor, press releases, notices of new program initiatives, personnel updates, and other materials should be sent to the GIH offices in Washington or faxed to: Editor, GIH Bulletin, 202.452.8340; E-mail: [bulletin@gih.org](mailto:bulletin@gih.org).*

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# CHIP Reauthorization

## Details and Implications

*This Issue Focus article summarizes a February 13, 2009 Grantmakers In Health audioconference, which featured Cindy Mann, executive director of the Center for Children and Families at the Georgetown University Health Policy Institute.*

On February 4, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) was signed into law by President Barack Obama.

The law reauthorizes and expands the State Children's Health Insurance Program (CHIP – formerly SCHIP) of 1997. The Congressional Budget Office (CBO) projects that over the next four and a half years, CHIPRA will allow states and the federal government to provide insurance coverage to 4.1 million previously uninsured children (Kaiser Commission on Medicaid and the Uninsured 2009).

### NEW FUNDING LEVELS AND FORMULA

In the past, the amount of federal funding for CHIP did not keep pace with the program's growth, and the formula the federal government used to distribute funding left some states with too little money and others with too much. The new law raises the overall level of federal funding and changes the way that funding is allocated to the states.

- ▶ **Allotments** – CHIPRA increases the federal contribution to CHIP, establishing allotment levels far more generous than those in the 1997 law. This increase should prevent states from facing funding shortfalls for the duration of the reauthorization period.
- ▶ **Formula** – The law also changes the method of distributing funds using a new formula that directs federal funding to states using more of their allotment and covering more children. The formula will be “re-based” periodically to ensure that it keeps up with state activity.

### NEW OPTIONS AND FUNDING TO BOOST PARTICIPATION

The CBO analysis predicts that the new law will target resources in ways that will boost participation in both Medicaid and CHIP among currently eligible children. In fact, CBO projects that 83 percent of the children who will gain insurance coverage through Medicaid and CHIP under the new law will be children who are eligible under current rules but are not enrolled in either program (Horner et al 2009).

- ▶ **Performance Bonus** – One new tool the law uses to encourage enrollment is a performance bonus system that promises states added federal support if they boost eligible children's Medicaid enrollment above certain targeted levels. In order for a state to qualify for this bonus, it must demonstrate significant enrollment growth and implement at least five of eight policies identified in the new law, which range from eliminating asset tests to implementing a new “Express Lane Eligibility” tool.
- ▶ **Express Lane Eligibility** – Express Lane Eligibility essentially allows states to use information about a family from other public programs, such as school lunch; Food Stamps; or Women, Infants, and Children, when determining eligibility for Medicaid or CHIP. This process streamlines the application and renewal process by making it unnecessary for states to request duplicate information from families or re-compute eligibility data.
- ▶ **Citizenship Documentation** – The new law establishes a citizen documentation requirement in CHIP, similar to the 2005 Deficit Reduction Act provision that required citizens to document their citizenship in order to obtain or keep their eligibility for Medicaid. In order to make the requirement less of a burden for families, however, the law allows states to document citizenship by submitting applicants' names to the Social Security Administration and requires states to provide CHIP coverage to children while their citizenship is being verified.

### ELIGIBILITY CHANGES

CHIPRA expands coverage by preserving states' flexibility to set their own income eligibility guidelines and by offering new options for covering legal immigrant children and pregnant women.

- ▶ **Eligibility Levels** – CHIP was designed to help bridge the gap between a state's Medicaid eligibility level and the level at which a family could afford other options for insuring their children. As the cost of health insurance coverage has grown, that “affordability gap” has widened, leaving many families over 200 percent of the federal poverty level (FPL) unable to afford private insurance coverage for their children. In response, 30 states have authorized CHIP eligibility levels above 200 percent of FPL, with those higher-income families paying a share of their insurance premiums. This state practice was curtailed in 2007, by a Centers for Medicare and Medicaid Services directive that attempted to

put a 250 percent of FPL gross income cap on CHIP. That directive stopped many states from implementing planned expansions. The “August 17 directive” was rescinded by an executive order issued by President Obama the same day he signed CHIPRA into law. States can now qualify for a federal CHIP match for covering children with a net income up to 300 percent of FPL. If states choose to increase eligibility levels above 300 percent of FPL, they will receive a federal match at the lower Medicaid match rate.

- **Legal Immigrant Children and Pregnant Women** – States will now be allowed to use federal funds to cover legal immigrant children in both Medicaid and CHIP. The new law lifts a ban adopted in the 1996 welfare reform law, which did not allow states to use federal funds to provide public coverage to legal immigrant children for the first five years they were in the country. Several states have moved forward to cover legal immigrant children with state funds alone. They will now be able to refinance that coverage with federal dollars, and it is expected that other states will join them now that federal funding has become available. The new law also gives states the option of covering pregnant women with CHIP funds, which a few states have been doing through federal waivers or other available alternatives.

## BENEFIT CHANGES

CHIPRA strengthens the benefit package provided to children through CHIP, including new requirements related to dental coverage and mental health parity.

- **Dental Benefits** – Dental benefits have always been optional in CHIP, but states must now provide a dental benefit that meets benchmark requirements included in the new law. States can also provide children who have primary health insurance coverage with supplemental dental benefits.
- **Mental Health Parity** – States are not required to provide coverage for mental health services through CHIP, but if they do, the scope of benefits and cost sharing must be consistent with other covered health services. There is also an enhanced match available (75 percent as opposed to the usual 50 percent) for interpreter services provided at the point of service, as well as translation and services used for outreach and enrollment.

## OUTREACH INITIATIVE

States have long argued that new outreach requirements in CHIP would necessitate additional federal funding to support new enrollment strategies, investment in information technology, and the resulting increases in coverage. CHIPRA includes \$100 million in new funding to be used for outreach purposes by the Secretary of Health and Human Services (HHS) over

the next four and a half years. Of that amount, \$10 million is to be set aside for national outreach on children’s coverage and the balance is to be distributed, at the Secretary’s discretion, to states, local governments, community groups, and Native American tribes. This federal funding does not have to be matched by a state in order to be used.

## QUALITY AND ACCESS INITIATIVES

CHIPRA also establishes a child health quality initiative and a commission to evaluate children’s access to care.

- **Quality** – The new law requires that the HHS Secretary develop new child health measures in consultation with states and other experts. States will be asked to voluntarily report on the quality measures. The measures will assess quality of care and coverage stability. The new law also requires HHS to develop best practices, and there will be funding available for demonstration grants and data system upgrades to help states develop and produce data on both the duration of children’s coverage, as well as the quality of children’s health care services.
- **MACPAC** – The new law creates a Medicaid and CHIP Payment and Access Commission (MACPAC) to assess children’s access to health services, as well as provider payments in Medicaid and CHIP.

## IMPLICATIONS FOR STATES AND OPPORTUNITIES FOR GRANTMAKERS

CHIPRA provides a number of new opportunities to improve children’s health. It is important to note, however, that while the new law includes several new coverage and benefit options, they are not self-effectuating. States must decide to take advantage of these options in order to make them a reality for children. Foundations and corporate giving programs have a key role to play in supporting state efforts. Grantmakers have had a longstanding commitment to CHIP and have contributed to the program’s success by supporting proven outreach, enrollment, and retention strategies and sponsoring many of the key research studies about the program’s strengths, progress, and limitations. With the support of health funders, the new law will live up to its promise by meeting the health care needs of millions of American children.

## SOURCES

Horner, Dawn, Jocelyn Guyer, Cindy Mann, and Joan Alker, *The Children’s Health Insurance Program Reauthorization Act of 2009* (Washington, DC: Center for Children and Families, 2009).

Kaiser Commission on Medicaid and the Uninsured, *Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA)*, fact sheet (Washington, DC: February 2009).