



Facing Facts: The Cost of CHIP Cuts to Texas



- REAL FAMILIES. REAL STORIES.
- LOCAL COMMUNITIES LOSE MILLIONS.
- STATE AND LOCAL ORGANIZATIONS UNITE.

The Campaign to Restore CHIP

FEBRUARY 2005

Opportunity to Take Action Now

CHIP Cuts Affect Families and Communities

The CHIP cuts passed in 2003 have put the squeeze on working Texas families and have had a dramatic financial impact on local communities throughout the state.

With private insurance costing about \$933 per month for family coverage, many working Texans have been priced out of the market. Fewer employers are offering affordable family health insurance coverage because of double-digit premium hikes. And, in 2003, the Children's Health Insurance Program (CHIP) fell victim to a \$10 billion state budget shortfall. Texas policymakers approved sweeping cuts to CHIP—at the same time the U.S. Census Bureau was reporting that Texas had a higher rate of uninsured children than any other state in the nation.

Since the cuts became effective in September 2003, CHIP enrollment has dropped by over 175,000 children—about the equivalent of every man, woman, and child in Amarillo losing their health insurance.

CHIP enrollment has declined as much as the entire population of Amarillo.

The Campaign to Restore CHIP was formed in response to the CHIP cuts. With 255 member organizations—and over 2,500 individuals pledging support, **its goal is simple: full restoration of CHIP eligibility, benefits, and community outreach.**

CHIP isn't the only children's health issue in Texas, but it is one that we can do something about now.

This special report compiles information gathered from across Texas over the past two years to document the impact of the CHIP cuts on families and local communities.

In this report, you'll learn how:

- **Texas has lost more than \$500 million in federal matching dollars.**
- **Most children who lost CHIP coverage are now uninsured.**
- **Children from the lowest income families have been hit hardest by the CHIP cuts.**
- **CHIP families are struggling to pay the bills and CHIP cuts have hit them hard.**
- **State CHIP funding cuts have only shifted costs to local communities.**
- **Preventive care provided by CHIP saves dollars and eases the burden on overcrowded emergency rooms.**

Taking a Step Backwards: What Happened to CHIP?

Enrollment

- CHIP enrollment dropped by over 175,204 children as of 1/1/05 (HHSC).
- Texas accounted for half of the national decline in CHIP enrollment in 2003, according to the Kaiser Family Foundation.

Federal Dollars

- Texas missed out on \$536 million in federal matching dollars over the 2004-05 biennium.

Benefits

- Children can no longer get eyeglasses or other vision care.
- Dental benefits, including preventive care, were discontinued.
- Mental health benefits were cut in half.
- Hospice care and skilled nursing care were eliminated.
- New CHIP enrollees, including newborns, must wait 90 days after enrolling in the program before coverage begins.

Eligibility

- Families must reenroll in CHIP every six months instead of once a year.
- Working families must count childcare and child support payments as income—making it harder to qualify.
- Certain families with more than \$5,000 in assets lost eligibility.

Cost-sharing

- Premiums and co-pays increased by as much as 1200 percent for the lowest-income families.

Outreach

- The Health and Human Services Commission (HHSC) restricted outreach by community organizations and greatly reduced marketing dollars.

CHIP: Restore it All



What Children Need from Texas Policymakers

The Campaign to Restore CHIP believes that the goal of any CHIP legislative or budget proposal should be to insure the greatest number of children who need health insurance. Full restoration of CHIP benefits, eligibility, and outreach is the best way to make that happen. A piecemeal approach will not be as effective.

To help ensure all eligible children get the healthcare they need, Texas policymakers can support a budget that:

- Restores all benefits: dental, vision, mental health, hospice, and skilled nursing.
- Requires families to renew enrollment annually instead of every six months.
- Eliminates the 90-day waiting period for enrollment.
- Abolishes the assets test.
- Allows income offsets for work-related expenses such as childcare.
- Reduces co-payments and premiums.
- Reinstates state support for strong, local CHIP outreach programs and marketing.

Why Full Restoration is the Answer

Many factors worked together to make CHIP a successful program. Before the 2003 CHIP cuts:

- Annual renewal worked much like a private insurance plan.
- Community outreach and effective marketing ensured that information about CHIP was widely available.
- Families shared in the cost of CHIP, with premiums and co-payments structured to fit modest budgets.
- Comprehensive benefits, including both dental and vision care, met the needs of growing children.
- Administratively, CHIP limited red tape and paperwork.
- Waiting periods for all children and complicated asset tests were not part of the picture.

Regrettably many of the features that made CHIP a success just a few years ago were eliminated by the 2003 CHIP cuts:

- Today families must fill out enrollment forms—twice a year instead of once—creating double the paperwork for the state.
- Community outreach is limited and marketing is greatly reduced.
- Families are paying higher premiums, but getting fewer benefits.
- The new assets test creates additional paperwork and thousands of backlogged applications—and a disincentive for families to save for college or a new home.
- Children, even newborns, must wait 90 days after being determined eligible for CHIP before coverage begins.

There is no single factor that made CHIP work. Instead, many factors worked together to make CHIP easy for families to access, enroll, and renew. Although restoring part of the cuts will certainly benefit families, ***only full restoration will ensure that Texas children get the healthcare they need.***

This report was prepared by the Children's Defense Fund Texas (CDF), with assistance from Campaign to Restore CHIP member organizations. For more information or to join the Campaign, please contact Patti Everitt, Executive Director, Children's Defense Fund Texas at (512) 480-0990, peveritt@cdf-texas.org, or Barbara Best, Director, CDF Houston Office at (713) 664-4080, bbest@childrensdefense.org, or visit our web site at www.cdf-texas.org.

CDF was founded to provide a strong, effective voice for all children of America who cannot vote, lobby or speak for themselves. Its mission is to Leave No Child Behind® and to ensure every child a *Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start* in life and successful passage to adulthood with the help of caring families and communities.

CHIP: Filling the Health Insurance Gap

Why Working Texas Families Rely on CHIP

At the same time Texas lawmakers cut CHIP, the health insurance gap for working families became wider. Today, private insurance is less affordable and harder to find. Still some people continue to argue that children who no longer qualify for CHIP can simply sign up for private insurance. While a market-based approach may seem like the answer, the reality is that private insurance is out of reach for most low-income Texans. At about \$933 per month, private family health coverage would consume a minimum wage workers' earnings for an entire year.

What's more, affordable employer-sponsored coverage—the backbone of our healthcare system—is a shrinking commodity.

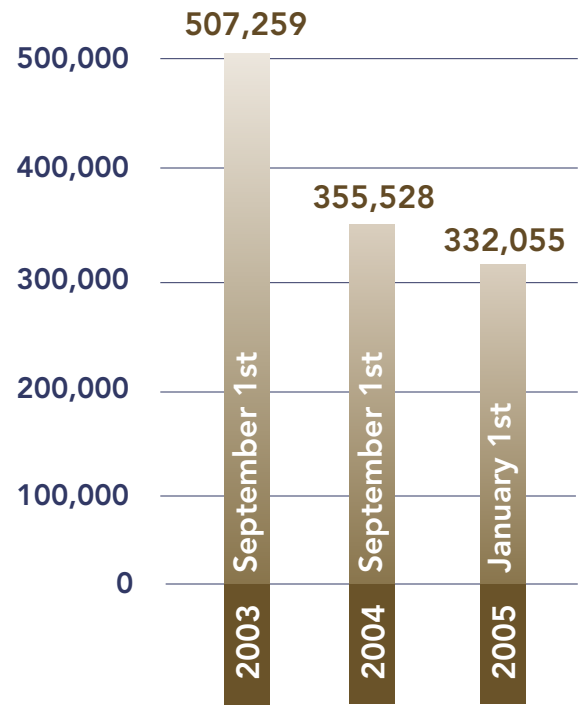
“Contrary to public perception, most uninsured Texans are either employed or live in families with an employed adult.”

*Texas Department of Insurance
September 2004*

Faced with double-digit premium increases, more and more Texas companies are forced to eliminate health benefits entirely or ask their workers to pay a bigger share—making it unaffordable, especially for family coverage.

CHIP Enrollment Declines by 175,000 Children.

Total CHIP enrollment



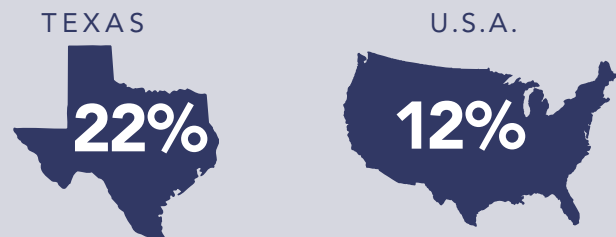
Source: Texas Health and Human Services Commission.

DID YOU KNOW?

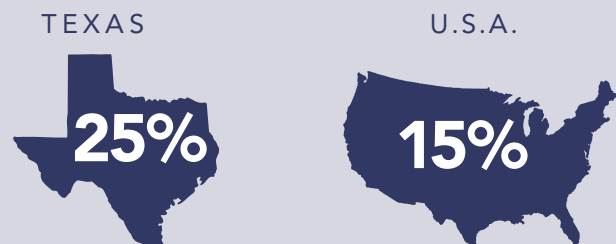
- Texas has highest rate of uninsured children of any state in the country. One in five children (1.4 million) are without health insurance.
- Nearly 90 percent of uninsured Texas children have at least one working parent.
- Texas has the highest rate of uninsured full-time workers in the nation.
- Employers have faced double-digit health insurance premium increases for the fifth year in a row.

Sources: Kaiser Family Foundation: State Health Facts; U.S. Census Bureau (2003), Kiplingers.

Rate of Uninsured Children



Rate of Uninsured Workers



Sources: Kaiser Family Foundation: State Health Facts; U.S. Census Bureau (2003).

Texas Loses \$500 Million in Matching Federal Funds

Restoring CHIP Brings Needed Dollars to Local Healthcare:

For every \$1 Texas spends on CHIP, the state receives \$2.65 in federal matching dollars. By the end of this year, Texas will have missed out on more than \$500 million in federal matching funds, as a result of CHIP cuts this biennium.

Because Texas cut CHIP spending and enrollment dropped, federal dollars are being redirected to other states. *It's time to bring those tax dollars back to Texas.*

Estimated State and Federal Dollars Lost due to CHIP Cuts, 2004-05	
Brazos	\$2,837,031
Collin	\$6,142,238
Dallas	\$70,853,626
El Paso	\$33,100,654
Harris	\$136,452,782
Hidalgo	\$42,633,489
Lubbock	\$7,267,039
Nueces	\$12,792,402
Smith	\$6,834,196
Tarrant	\$41,864,973
Victoria	\$3,599,657
Williamson	\$7,262,622

Source: Center for Public Policy Priorities analysis of HHSC budget and program data.

Bad Business. Understanding the Economic Impact of Cutting CHIP.

The CHIP cuts also hurt business and the overall Texas economy. According to a comprehensive analysis by the Perryman Group, the CHIP program contributes \$1.4 billion in Gross State Product and 22,562 jobs to the Texas economy. Texas needs to be creating jobs—not sending them away.

For every dollar cut from CHIP:



Source: The Perryman Group, April 2003.

Real Families. Real Stories.

"Anna" and "Luis" are a two-parent family and both work full-time. She makes \$8 an hour at a health clinic; he makes \$9.75 an hour catering airplanes. He lost a better-paying job after 9/11 and at \$400 per month, he can't afford his new employer's insurance. Their four children are now enrolled in CHIP, but the elimination of benefits has hit them hard because they budget to the penny every month. The family recently paid \$216 out-of-pocket for their daughter's eyeglasses, and as a result, didn't have the money to pay their electricity bill. The family lost air conditioning for two full days during the hottest month of the year and put the children in the bathtub in the middle of the night to keep them cool.

What Happens When Working Families Lose CHIP?

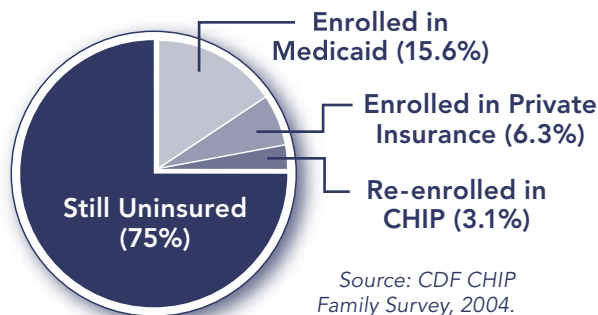
Most children who lost CHIP are uninsured

What happens when working families lose CHIP? To answer this question, the Children's Defense Fund Texas conducted in-depth interviews of 100 families with 219 children across Texas affected by the CHIP cuts. Some of the individual family stories from the survey are included in this report.

Here's what we found in the qualitative analysis:

- Most children (75 percent) that lost CHIP are now uninsured.
- The overwhelming majority (89 percent) of children who lost CHIP delayed or missed healthcare, including some children with a serious illness.
- Private health insurance is either unavailable at work or so expensive it is out of reach.
- CHIP families work, but struggle to pay basic expenses.
- CHIP families are being forced to choose between paying higher premiums or using that money to pay for dental, vision, or other medical expenses no longer covered.
- Many families are going into debt to pay for dental visits, medication, or critical medical tests for their children.

CHIP Family Survey: Insurance Status



“ The Catholic Archdiocese of Galveston-Houston strongly supports CHIP, and we encourage our state leaders to fully restore eligibility and benefits. CHIP has made healthcare accessible and affordable to children of working parents who were otherwise unable to purchase health insurance. ”

— Archbishop Joseph Fiorenza
Archdiocese of Galveston-Houston

What Does it Mean to Miss or Delay Healthcare?

IT MEANS that a Ft. Worth child endured severe tooth pain for six months. Ultimately, the tooth was extracted in the emergency room.

IT MEANS a San Antonio teenager waited four days with intense abdominal pain before telling his Dad because he knew they couldn't afford treatment. His ruptured appendix was removed after visiting the emergency room.

IT MEANS that an Austin seventh-grader strained to see the blackboard in his classroom because his family couldn't afford to replace his eyeglasses.

IT MEANS a single mom in Lubbock whose child lost CHIP has a \$3,000 emergency room debt after her daughter suffered a concussion. She is now getting calls from creditors about the bill.

IT MEANS a child in Austin has been denied the speech therapy recommended by school nurses.

Real Families. Real Stories.

Stacie works as a paralegal for a small Austin law firm earning about \$2,300 per month. She has three children, including a newborn. She signed her children up for CHIP because she can't afford the \$1,500 a month it would cost to add them to her employer's health plan. Her 8-year old son, who is autistic, needs \$2,300 in dental work and

is on a 3-year waiting list for free dental care from a private charity. Stacie recently paid \$255 for three doctor's visits since under the new rules her newborn's CHIP coverage didn't start for 90 days. She has borrowed money from family and gone into debt to pay her medical bills.

CHIP Families are Working Families—Struggling to Pay the Bills

Private Health Insurance – Out of Reach for Most Working Texas Families

CHIP was designed for working families — like school bus drivers, pre-school teachers, and construction workers — families that work, but can't afford the rising cost of private insurance, or often do not even have health insurance available through their employer.

The CHIP Family Survey found that CHIP families struggle to pay basic monthly expenses, and must often go into debt to pay for healthcare costs for their children.

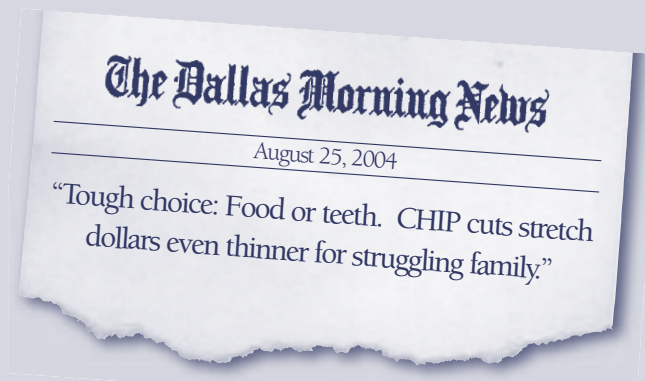
Basic Monthly Expenses for a Typical CHIP Family *Two parents working full-time with two children*

Total Monthly Income:	\$2356
Rent or Mortgage (including utilities)	\$777
Childcare	\$347
Car payment and gas	\$471
Groceries	\$401
Social Security and Medicare taxes	\$180
Federal Income Tax	\$235
Private Family Health Insurance	\$933
Total Expenses:	\$3344*
What's Left:	\$988 IN THE RED

* Budget does NOT include clothing, school supplies, out-of-pocket medical expenses, or other essential items.
Notes: Family income used is 150 percent of the Federal Poverty Line (FPL).
Sources include: Texas Department of Insurance; Texas Early Childhood Education Coalition; Kaiser Commission on Medicaid and the Uninsured.

Dental Cuts Put Strain on Families

One of the most severe setbacks to CHIP was the total elimination of dental benefits. As a result, many Texas families have been forced to choose between paying for dental care for their children or other family necessities like electric bills or food. Before the cutbacks, CHIP covered both preventive and therapeutic care, but capped benefits to control costs. Although **the U.S. Surgeon General reports that tooth decay is five times more common than asthma**—Texas kids on CHIP receive no dental benefits, not even for chronic tooth pain—a leading cause of school absences.



Real Families. Real Stories.

"Michelle" has worked for an Austin cardiologist for the past 4½ years. She makes about \$30,000 a year and receives a modest child support payment. She doesn't have a car, cell phone, or cable. She pays \$500 per month for childcare. Her son lost CHIP because without the income deduction for childcare, Michelle earned \$33 per month more than the income limit for

CHIP. She can't afford the extra \$343 per month to add her son to her employer's insurance plan. Shortly after losing CHIP, her son fell and sprained his neck. Michelle took him to the ER, and left with a \$1,100 hospital bill that she can't afford to pay. She knows that she could get her son insurance if she quit her job, but she doesn't want to go on public assistance.



Healthcare Costs Shift to Local Communities

While CHIP has changed, the health needs of children have not. With CHIP covering fewer children, healthcare costs have simply shifted to local communities and taxpayers.

Local communities pick up the tab.

Children from working Texas families that lost CHIP still get sick. But the care they receive in local clinics or emergency rooms is paid by local communities *without the benefit of federal matching dollars.*

Cuts to preventive care strain already overcrowded emergency rooms—and put all Texans at risk.

When parents have no other option but to seek treatment for their child’s ear infection or toothache at the local ER, all Texans are at risk that trauma beds will be unavailable for true emergencies. For example, emergency rooms in Harris County are on divert status more than 30 percent of the time. In a 2004 study, the death rate for severely injured

patients increased by 78 percent when Harris County Level I trauma hospitals were on divert status.

Emergency room treatment is far more costly than preventive care.

Research shows that emergency room care is 3-4 times more expensive than regular office visits. Uninsured children are five times more likely than insured children to use the emergency room as their primary source of medical care.

Health insurance coverage drives down inappropriate ER usage.

A long-term study of families in the Rio Grande Valley conducted by the School of Rural Public Health at the Texas A&M System Health Science Center and CDF Texas, found that *emergency room usage fell by 79 percent* when children are insured through CHIP or Medicaid. A study by the Institute for Child Health Policy found that the percent of children using the ER as their primary source of care fell dramatically—*from 20 to 2 percent*—after they were enrolled in CHIP.

Case Studies in Preventive Care: Do the Math

Preventive Care: \$94. Emergency Room: \$9,209.

According to the Harris County Hospital District, the cost of preventive treatment for an established patient’s mild asthma attack in a doctor’s office is \$94-\$103. In comparison, the average cost of treating an asthma patient who comes to the Harris County Hospital District’s emergency room with full symptoms, requiring hospitalization for three days, is \$9,209—about 100 times more expensive.

Missing School Days Drop by 91 Percent

School absences dropped by a staggering 91 percent among CHIP/Medicaid children participating in a pilot asthma treatment program at Corpus Christi’s Driscoll Children’s Hospital. Missed school days among participating kids dropped from 439 to 38 after the program was implemented. ER usage dropped from 47 visits before the start of the program to only 3 after, while the number of hospitalizations dropped from 12 to 5 days.

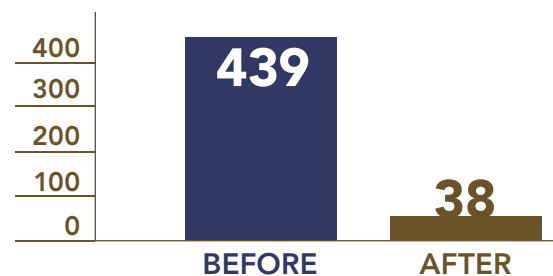
Impact of Preventive Care

Asthma Pilot Project: Before and After

Emergency Room visits



Missed school days among participating children



CHIP Cuts Bust Local Budgets: Local Communities Speak Out

TexasMonthly

(Cutting Deep) December 2004

“Whether we pay up front or on the back end, we’re still going to pay. It’s naïve to think that if we make cuts to CHIP, kids will stop getting sick.”

– Dr. Margo Hilliard, Administrator, Lyndon Baines Johnson General Hospital, Houston

Austin American-Statesman

Editorial (Will State Leaders Listen to Texans’ pleas for CHIP funding?) March 31, 2004

“Will state leaders listen to Texans’ pleas for CHIP funding? ...Central Texas is slated to lose \$35 million in CHIP dollars because of cuts that took effect in September.”

Waco Tribune-Herald

Editorial (Pitiful at best) August 18, 2004

“A modest state investment in CHIP holds down costs that are reflected on everyone’s hospital bills.”

Lufkin Daily News

Editorial (Texas, on the cheap) May 23, 2004

“The few pennies that the state could be spending now are a lot less than what it will cost to care for children when they get sick and end up in hospital emergency rooms.”

Houston Chronicle

January 11, 2005

“Cuts in all these areas have caused more people without health insurance to seek treatment in the region’s emergency rooms. Swamped with so many people who shouldn’t be in emergency rooms, these centers sometimes cannot care for those who truly need emergency treatment.”

– Harris County Judge Robert Eckels

Local hospitals hit hard by CHIP cuts.

As a result of cuts to CHIP and Medicaid made in 2003, hospital districts across Texas are feeling the pinch.

ESTIMATED FISCAL IMPACT

Harris County Hospital District	\$36 million in reduced CHIP/ Medicaid collections
Bexar County Hospital District	\$25 million deficit
El Paso Hospital District	\$30 million deficit, 70% increase in charity care
Lubbock University Medical Center	\$16 million in revenue losses

Real Families. Real Stories.

“Laura,” a third grade teacher in West Texas, lost CHIP coverage for her two children because her childcare expenses were no longer taken into account by CHIP. She can’t afford to add her children to the school district policy because at \$252 per month, it is too costly. For 10 years, she has been paying \$160 per month on a student

loan that enabled her to become a teacher. But because she is only paying the minimum, she has fifteen years left to pay out the loan. Her daughter had a serious case of strep throat in March and six months later, she is still paying off the medical bills. She was only able to provide medication to her daughter because the doctor gave her free samples.

FREQUENTLY ASKED QUESTIONS ABOUT CHIP

Q: Can't children who lose CHIP just switch to Medicaid?

A: No. CHIP and Medicaid are separate programs with different income eligibility and requirements. A child cannot be eligible for both and does not have a choice between programs. Most CHIP families earn between 101 – 200% of the Federal Poverty Level, anywhere from \$15,671 to \$31,340 annually for a family of three (before taxes). In comparison, Medicaid targets children in families earning 100% or below poverty level.

Historically, children have moved from CHIP to Medicaid and vice versa, especially families at the low-end of eligibility. A recent Health and Human Services Commission (HHSC) analysis documented this trend, but found that the transfer from CHIP to Medicaid was slower in 2004 than in 2003 (42 percent versus 46 percent). Despite this transfer, over 146,000 of these children were not enrolled in either Medicaid or CHIP.

Q: Why don't children who lose CHIP just sign up for private health insurance?

A: Although many families who lose CHIP earn too much to qualify for Medicaid, they usually can't afford private health insurance. A recent report by the Institute for Child Health Policy (ICHP) found that only 11 percent of children who lost CHIP in Texas obtained employer-based family coverage. That's not surprising since private insurance costs an average of \$933 per month for family coverage—unaffordable for many working Texans.

Q: Enrollment in CHIP has declined by 175,204 children, but are those children really uninsured?

A: Data from three different sources confirms that thousands of children who lost CHIP coverage are now uninsured. The ICHP study of Texas children who disenrolled from CHIP in early 2004 found that more than half (52 percent)

of these children were uninsured. Interviews with 100 families across Texas conducted by CDF Texas found that 75 percent of these children who lost CHIP were uninsured. And a recent HHSC analysis documented that of 379,009 children who left CHIP in 2004, 146,000 were not enrolled in either CHIP or Medicaid after 12 months. Based on the ICHP data reported earlier, as many as 52 percent of these children may be uninsured.

Q: Does it matter if children are enrolled in CHIP or Medicaid?

A: It matters to taxpayers. For every state dollar spent on CHIP, the state receives \$2.65 in matching federal dollars—compared to \$1.56 for Medicaid. What's more, if a family becomes Medicaid eligible, it means that their earnings have dropped to poverty level, which is bad news for both the family and the Texas economy.

Q: Why is 12-month continuous enrollment better for children than 6-month?

A: Although a 6-month enrollment period for CHIP saves state money by driving down enrollment, children are the ones who suffer. They may be forced to change health plans and doctors, spend months uninsured, or lose insurance all together. Six-month enrollment also doubles the paperwork for the state. In addition, HHSC data show that more children move from CHIP to Medicaid than vice versa, so by speeding up this transfer with 6-month enrollment, Texas loses millions in federal funds. The federal government allows CHIP eligibility to be made on an annual basis, upon initial enrollment or annual renewal.

Q: Doesn't the assets test keep ineligible families from enrolling in CHIP?

A: No one supports ineligible families enrolling in CHIP. But, there is no

empirical evidence to suggest that is happening. In fact, the assets test developed by HHSC hurts the very working families CHIP was designed to help by penalizing them for saving for a new home or their children's education.

In addition, thousands of potential CHIP eligible children may have had their health coverage delayed because of back-logged applications that require additional processing as a result of the asset test.

Q: Don't families drop their private insurance to enroll in CHIP to save money?

A: Rarely. A popular, but misguided criticism of CHIP is that families who qualify for the program drop their private insurance in favor of cheaper coverage under CHIP. In reality, only about one percent of Texas families drop private insurance for CHIP (according to the HHSC), and rules are already in place to address this issue.

Q: What about claims that more Texas children are enrolled in CHIP and Medicaid than ever before?

A: The fact is that CHIP rolls are down 175,000 since the 2003 cuts. In comparison, Medicaid has increased due to the growth in both population and the number of poor children that are legally entitled to coverage. When you combine CHIP and Medicaid enrollment, the total is still slightly lower today than it was in August 2003, the last month before CHIP cuts were enacted, but it is only now, after 17 months about to catch up to that level. However, combining enrollment disguises the sharp decline in CHIP rolls that has left tens of thousand of children in Texas without health insurance.

The bottom line is that Texas has the highest rate of uninsured children in the nation.

TOTAL STATE AND FEDERAL DOLLAR LOSSES

Due to CHIP Cuts, 2004-05, by County in Texas

COUNTY NAME	DOLLARS LOST	COUNTY NAME	DOLLARS LOST	COUNTY NAME	DOLLARS LOST	COUNTY NAME	DOLLARS LOST
Anderson	\$1,406,001	Ector	\$5,903,733	King	\$11,778	Sabine	\$407,814
Andrews	\$814,156	Edwards	\$135,447	Kinney	\$98,641	San Augustine	\$319,479
Angelina	\$2,301,131	El Paso	\$33,100,654	Kleberg	\$1,166,024	San Jacinto	\$628,652
Aransas	\$868,629	Ellis	\$3,024,007	Knox	\$267,950	San Patricio	\$3,527,517
Archer	\$234,088	Erath	\$1,113,023	La Salle	\$262,061	San Saba	\$298,867
Armstrong	\$75,085	Falls	\$434,314	Lamar	\$1,410,418	Schleicher	\$163,420
Atascosa	\$1,856,510	Fannin	\$1,004,076	Lamb	\$956,964	Scurry	\$758,210
Austin	\$812,683	Fayette	\$926,047	Lampasas	\$744,960	Shackelford	\$179,615
Bailey	\$350,396	Fisher	\$220,838	Lavaca	\$859,795	Shelby	\$933,408
Bandera	\$652,208	Floyd	\$404,869	Lee	\$624,235	Sherman	\$103,058
Bastrop	\$2,251,074	Foard	\$86,863	Leon	\$739,071	Smith	\$6,834,196
Baylor	\$241,449	Fort Bend	\$10,161,487	Liberty	\$3,171,232	Somervell	\$351,868
Bee	\$973,159	Franklin	\$359,230	Limestone	\$727,293	Starr	\$4,487,426
Bell	\$5,079,271	Freestone	\$457,871	Lipscomb	\$129,558	Stephens	\$538,844
Bexar	\$46,486,374	Frio	\$915,741	Live Oak	\$315,062	Sterling	\$95,696
Blanco	\$354,813	Gaines	\$1,435,446	Llano	\$703,737	Stonewall	\$73,613
Borden	\$16,195	Galveston	\$6,479,383	Loving	\$0	Sutton	\$273,839
Bosque	\$833,295	Garza	\$263,533	Lubbock	\$7,267,039	Swisher	\$340,090
Bowie	\$1,553,226	Gillespie	\$970,214	Lynn	\$312,118	Tarrant	\$41,864,973
Brazoria	\$8,250,503	Glasscock	\$79,502	Madison	\$278,256	Taylor	\$4,457,981
Brazos	\$2,837,031	Goliad	\$169,309	Marion	\$379,841	Terrell	\$22,084
Brewster	\$250,283	Gonzales	\$796,489	Martin	\$219,366	Terry	\$602,151
Briscoe	\$98,641	Gray	\$743,488	Mason	\$181,087	Throckmorton	\$110,419
Brooks	\$422,536	Grayson	\$3,000,451	Matagorda	\$1,804,982	Titus	\$1,401,584
Brown	\$1,065,911	Gregg	\$4,306,339	Maverick	\$3,546,656	Tom Green	\$3,767,494
Burleson	\$547,678	Grimes	\$666,930	McCulloch	\$496,149	Travis	\$18,232,375
Burnet	\$1,604,755	Guadalupe	\$2,393,883	McLennan	\$5,651,977	Trinity	\$398,980
Caldwell	\$1,534,087	Hale	\$1,414,835	McMullen	\$14,723	Tyler	\$952,547
Calhoun	\$842,128	Hall	\$153,114	Medina	\$1,360,361	Upshur	\$1,467,836
Callahan	\$583,012	Hamilton	\$440,204	Menard	\$148,698	Upton	\$172,254
Cameron	\$19,745,851	Hansford	\$269,422	Midland	\$4,812,794	Uvalde	\$1,145,412
Camp	\$546,206	Hardeman	\$163,420	Milam	\$824,461	Val Verde	\$1,700,452
Carson	\$167,837	Hardin	\$2,201,018	Mills	\$135,447	Van Zandt	\$2,012,569
Cass	\$1,076,217	Harris	\$136,452,782	Mitchell	\$344,507	Victoria	\$3,599,657
Castro	\$478,482	Harrison	\$1,863,872	Montague	\$918,686	Walker	\$820,045
Chambers	\$709,626	Hartley	\$41,223	Montgomery	\$8,862,960	Waller	\$1,280,860
Cherokee	\$1,796,148	Haskell	\$344,507	Moore	\$504,983	Ward	\$562,400
Childress	\$220,838	Hays	\$3,088,786	Morris	\$437,259	Washington	\$678,708
Clay	\$279,728	Hemphill	\$123,669	Motley	\$54,473	Webb	\$13,712,560
Cochran	\$204,643	Henderson	\$3,010,756	Nacogdoches	\$1,341,222	Wharton	\$1,824,121
Coke	\$153,114	Hidalgo	\$42,633,489	Navarro	\$761,155	Wheeler	\$195,810
Coleman	\$398,980	Hill	\$1,369,195	Newton	\$594,790	Wichita	\$2,759,001
Collin	\$6,142,238	Hockley	\$1,002,604	Nolan	\$850,962	Wilbarger	\$343,035
Collingsworth	\$129,558	Hood	\$1,403,057	Nueces	\$12,792,402	Willacy	\$1,301,471
Colorado	\$845,073	Hopkins	\$1,227,859	Ochiltree	\$379,841	Williamson	\$7,262,622
Comal	\$2,193,656	Houston	\$618,346	Oldham	\$111,891	Wilson	\$1,188,108
Comanche	\$666,930	Howard	\$1,065,911	Orange	\$3,074,063	Winkler	\$522,650
Concho	\$185,504	Hudspeth	\$210,532	Palo Pinto	\$1,195,469	Wise	\$1,925,706
Cooke	\$987,881	Hunt	\$2,111,210	Panola	\$683,125	Wood	\$1,417,779
Coryell	\$1,023,216	Hutchinson	\$955,492	Parker	\$2,564,664	Yoakum	\$525,594
Cottle	\$61,835	Irion	\$94,224	Parmer	\$485,843	Young	\$817,100
Crane	\$262,061	Jack	\$369,535	Pecos	\$641,902	Zapata	\$778,822
Crockett	\$220,838	Jackson	\$444,620	Polk	\$1,441,335	Zavala	\$793,544
Crosby	\$403,397	Jasper	\$1,470,780	Potter	\$3,723,327		
Culberson	\$139,864	Jeff Davis	\$45,640	Presidio	\$306,229		
Dallam	\$397,508	Jefferson	\$7,433,403	Rains	\$469,649	FEDERAL DOLLARS LOST:	\$537,620,826
Dallas	\$70,853,626	Jim Hogg	\$334,201	Randall	\$2,355,604		
Dawson	\$686,070	Jim Wells	\$2,220,157	Reagan	\$348,924	STATE DOLLARS LOST:	\$206,700,000
Deaf Smith	\$954,020	Johnson	\$4,245,976	Real	\$142,808		
Delta	\$141,336	Jones	\$828,878	Red River	\$491,732		
Denton	\$7,560,017	Karnes	\$563,873	Reeves	\$652,208		
DeWitt	\$597,735	Kaufman	\$2,377,688	Refugio	\$312,118		
Dickens	\$98,641	Kendall	\$790,600	Roberts	\$16,195		
Dimmit	\$733,182	Kenedy	\$23,556	Robertson	\$541,789		
Donley	\$150,170	Kent	\$32,390	Rockwall	\$1,021,743		
Duval	\$764,099	Kerr	\$1,747,564	Runnels	\$588,901		
Eastland	\$1,074,744	Kimble	\$254,700	Rusk	\$1,507,587		
						TOTAL DOLLARS LOST:	\$744,320,826

Source: Center for Public Policy Priorities analysis of HHSC budget and program data. Revised with Mental Health Restorations.



Children's Defense Fund

316 W. 12th St., Suite 105
Austin, TX 78701

NONPROFIT ORG.
U.S. POSTAGE
PAID
PERMIT NO. 3003
AUSTIN, TX

SOME OF THE ORGANIZATIONS THAT SUPPORT FULL RESTORATION OF CHIP

Metro 8 Alliance • The Greater San Antonio Chamber of Commerce • Texas Medical Association • Texas Dental Association • United Ways of Texas • Greater Houston Partnership • Ft. Worth Chamber of Commerce • Greater Austin Chamber of Commerce • Texas Hospital Association • Texas Pediatric Society • Texas Nurses Association • Mental Health Association of Texas and local affiliates • Texas Catholic Conference and Catholic Bishops • United Methodist Women of Texas • Texas Association of Public & Nonprofit Hospitals • Children's Hospital Association of Texas • Methodist Healthcare Ministries • National Council of Jewish Women • Texans Care for Children • Texas Counseling Association • Center for Public Policy Priorities • Consumers Union • Texas Dental Hygienists Association • Texas Impact • The Freedom and Justice Foundation • March of Dimes, Texas Chapter • Mission Presbytery • American Jewish Congress, Southwest Region • American Jewish Committee, Dallas Chapter • El Paso Chamber of Commerce • Greater Dallas Chamber • Children's Defense Fund Texas

CONTACT YOUR LEGISLATOR Join the Campaign to Restore CHIP

Contact your state legislators to let them know your position on CHIP restoration, or to share a story on how the cuts to CHIP have affected your family or your community.

For more information or to join the Campaign, contact:

Children's Defense Fund Texas

316 West 12th, Suite 105
Austin, Texas 78701

Phone: (512) 480-0990

Fax: (512) 480-0995

peveritt@cdf-texas.org
www.cdf-texas.org