

Asthma Awareness Month offers great opportunities to connect relevant federal policy choices with the health of local children. An “op-ed” is a great way to connect the dots for readers on an important and timely policy debate: the future of Medicaid.

For most newspapers, an op-ed should be no longer than 650 words. To understand the guidelines for submitting a letter that are specific to your newspaper, check the paper’s website or call the editorial page staff. To maximize flexibility, this sample op-ed is drafted at about 600 words. If you need to cut the sample back, consider dropping the second-to-last paragraph. If your paper welcomes longer letters, consider adding a family story to strengthen your op-ed’s local connection.

Placeholders that you can fill in are listed below in *Italics*. And, of course, if your state’s CHIP program is just called CHIP, you can shorten the third paragraph accordingly.

May is Asthma Awareness Month and many in our community are focused on the needs of an estimated *Number State* children living with asthma. When it comes to asthma, the evidence is clear -- when kids with asthma have health insurance they are able to manage their disease, be healthy, and stay out of the hospital. As we celebrate asthma month we also celebrate that more than 95% of children in the U.S. today have some form of health coverage. However, legislation is making its way through Congress, the American Health Care Act (H.R. 1628), that could jeopardize this success and make it more difficult and expensive for kids with asthma to have their health needs met.

Medicaid is a fifty-year old insurance program that is operated jointly by the federal government and the states. It provides coverage for 37 million children, including 6.3 million children with asthma, making sure that children with chronic conditions, children with disabilities and children in low-income families can get the care they need. Medicaid – and *CHIPName*, *State’s* version of the Children’s Health Insurance Program – are critical because almost half of all children with asthma rely on Medicaid and CHIP for their coverage.

Medicaid coverage for kids with asthma makes good economic sense. Children can get the regular doctor visits and medications they need, plus parents can learn how to mitigate the household and community “triggers” of asthma attacks. That combination of routine care and asthma management education often costs just a few hundred dollars a year, avoiding hospitalizations that can cost thousands apiece.

You’d think that if an initiative responded effectively and efficiently to an important problem affecting real people, Congress would rush to protect – even strengthen – it. Instead, the U.S. House of Representatives just passed legislation that would cut funding for Medicaid by a staggering 25 percent and cap funding to states through block grants or per capita caps; this would end Medicaid’s consistent and dependable coverage.

Proponents say block-granting or capping Medicaid would offer states flexibility, but the opposite is actually true. By definition, federal block grants arbitrarily cap federal funding to states. Medicaid funding for decades from now would be locked in today, without regard for future need, costs, economic circumstances, or even population changes.

So what happens when things change or if – and I know this is hard to believe – Congress doesn't get it exactly right? Costs above the Washington-knows-best federal funding cap would simply be shifted to low-income children, the disabled, and the elderly. That road leads to just one destination: health care rationing. A federally-imposed formula and state politicians would choose winners and losers.

Block grants and per capita caps also ignore the reality that health care needs can change radically overnight.

A block-granted or capped version of Medicaid wouldn't step up with additional funding in response to an economic or natural disaster. So a downturn in the *StateIndustry* industry or a *TypicalDisaster* means a Medicaid funding shortfall, and the state must either cover the costs of any additional assistance for affected families or cut them loose.

Legislative proposals that cut Medicaid funding would most certainly result in greater numbers of uninsured children and reduced access to quality care. Medicaid cuts will lead to more children with unmanaged asthma and increase the economic and human burden of the disease. Congress must reject changes to Medicaid that would result in reductions in coverage, higher out-of-pocket costs, or fewer benefits or services for children with asthma.

You can make a difference, and Asthma Awareness Month is the perfect time. Call your Senators and urge them to reject any legislation that cuts hundreds of billions in funding from Medicaid or any proposal that includes a Medicaid block-grant or per capita cap. As Congress considers new ways to reform our nation's health care system, they must not gamble with children's health. With your help, *State* kids with asthma – and the families who love them – can make sure their Members of Congress know that cuts to Medicaid jeopardize the health and well-being of children with asthma, indeed all children.