

THE WHITE HOUSE

Office of the Press Secretary
(Ankara, Turkey)

For Immediate Release

November 15, 1999

STATEMENT BY THE PRESIDENT

Today, I am proud to announce a new rule that will make it easier for children to get health insurance coverage -- and tougher for non-custodial parents to avoid paying for it. This regulation, issued by the Department of Health and Human Services, streamlines the process of holding non-custodial parents to child support agreements that require them to provide for their children's health care needs. The Department of Labor also published a companion regulation today providing guidance to group health plans about this new process. With these rules, we are helping to guarantee that children get the health insurance they have been promised.

These new steps build on my Administration's longstanding commitment to effective child support enforcement. Since 1992, collections have increased by 80 percent, and the number of families receiving support has increased by 60 percent. Just last year, approximately 2.8 million parents delinquent in child support payments were identified, and child support enforcement measures that I signed into law are projected to increase collections by billions of dollars over the next 10 years. We all have a responsibility for the well being of the next generation. Today's action helps ensure that parents paying child support meet that responsibility.

30-30-30

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE

Monday, Nov. 15, 1999

Contact: Michael Kharfen
(202) 401-9215
Sharon Morrissey, DOL
(202) 219-8921

NEW FEDERAL RULES TO ENFORCE THE HEALTH CARE COVERAGE PROVISIONS IN A CHILD SUPPORT ORDER

HHS Secretary Donna E. Shalala today announced a proposed rule to make it easier for children to get health insurance coverage through their non-custodial parents. The regulation creates a standard form to enforce child support agreements that require non-custodial parents to provide for their children's health care needs.

The proposal implements provisions of the Child Support Performance and Incentives Act of 1998.

"This Administration is committed to exploring every opportunity to increase the number of children with health insurance," Secretary Shalala said. "For many uninsured children, private insurance is available through their parents, but it can sometimes be difficult for employers to enforce medical support orders after a separation or divorce. That's why having a simple and standard means to obtain health insurance from non-custodial parents is so important."

The proposed rule, published in today's Federal Register, provides for a uniform manner for states to inform employers about their need to enroll non-custodial parents' children in employer-sponsored health plans. The regulation also establishes a standardized National Medical Support Notice, modeled on the existing standardized income withholding form, to make it simpler and easier for employers to enforce medical support orders.

Also today, the Department of Labor issued proposed regulations that provide guidance to the administrators of group health plans in which non-custodial parents may be enrolled or eligible for enrollment. The Department of Labor guidance provides the information necessary for health plan administrators to accept the National Medical Support Notice as a "qualified medical child support order."

Medical support orders, which require non-custodial parents to include their children under their health insurance coverage, are established and enforced by state child support enforcement agencies. Currently, nearly 60 percent of the \$14.3 billion a year in child support payments to 2.7 million families are collected through income withholding by employers. The new National Medical Support Notice is modeled on the standard income withholding form, which has been shown to facilitate the deduction of child support from paychecks.

- More -

- 2 -

"Working closely with our partners in state government, employers and the health insurance community and the Labor Department, we have developed a means to reduce some of the barriers to providing children with the health insurance they need and deserve," said Olivia A. Golden, HHS assistant secretary for children and families. "This standard nationwide notice will make it easier on employers to help parents fulfill their obligations to provide for the health and well-being of their children."

In developing the National Medical Support Notice proposal, the departments were assisted by a working group established to identify impediments to medical child support enforcement. Shalala and Labor Secretary Alexis Herman announced the formation of the National Medical Support Working Group in March. The group is studying measures that establish a non-custodial parent's responsibility to share the cost of premiums, co-payments, deductibles, or payments for service not covered under a child's existing health coverage. Other issues to be discussed include the priority of medical support withholding obligations. The group, which includes representatives of state child support and Medicaid agencies, employers, plan sponsors and administrators, will submit a report to the Secretaries in early 2000.

Since taking office, the Clinton Administration has made child support enforcement a high priority, resulting in an 80 percent increase in collections since 1992. The number of families receiving support increased by more than 59 percent during the same period, increasing to 4.5 million families in 1998. Approximately 2.8 million parents delinquent in child support payments were found last year by the National Directory of New Hires, which matches all employees, both newly hired and those already holding jobs, with a list of parents who owe child support. Paternity establishment rose to more than 1.4 million in 1998, an increase of over 300 percent since 1992. And the new child support enforcement measures included in the new welfare reform law are projected to increase collections by billions over the next 10 years.

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Note: For other HHS Press Releases and Fact Sheets pertaining to the subject of this announcement, please visit our Press Release and Fact Sheet search engine at: <http://www.os.dhhs.gov/news/press>.

Q. What exactly did HHS Secretary Donna E. Shalala announce today?

A. Secretary Shalala announced a proposed HHS regulation to make it easier for children to get health insurance coverage through their non-custodial parents. The regulation creates a standard form to enforce child support agreements that require non-custodial parents to provide for their children's health care needs. The Department of Labor also published a companion regulation today, which informs group health plans that the new National Medical Support Notice can be used as a qualified medical child support order. Together, we hope these actions will help millions of uninsured children get the health care they deserve

Q. How is child support enforcement going?

A. The Clinton administration has made child support enforcement a priority since taking office, and as a result, we've seen an 80 percent increase in collections since 1992. The number of families receiving support increased by more than 59 percent during the same period, increasing to 4.5 million families in 1998. Approximately 2.8 million parents delinquent in child support payments were found last year by the National Directory of New Hires, which matches all employees, both newly hired and those already holding jobs, with a list of parents who owe child support. Paternity establishment rose to more than 1.4 million in 1998, an increase of over 300 percent since 1992. And the new child support enforcement measures included in the new welfare reform law are projected to increase collections by billions over the next 10 years.

We hope to build on that successful record with the actions we're taking today to help these children get the health insurance they deserve.

Q. Does the new rule only apply poor families?

A. No. The regulation will help all children whose non-custodial parents have signed a legal agreement obligating them to provide for the health needs of their children.

Q. Will the employer's involvement in enforcing the parent to adhere to health care coverage provisions for children be intrusive or cumbersome?

A. We don't think so. The proposed rule, published in today's Federal Register, simply provides for a uniform manner for states to inform employers about their need to enroll non-custodial parents' children in employer-sponsored health plans. The regulation also establishes a standardized National Medical Support Notice, modeled on the existing standardized income withholding form, to make it simpler and easier for employers to enforce medical support orders. Employees already must fill out the standard medical benefits forms stating which medical plan they will use and who will be covered. In most

cases, it should be simple to add dependents to existing coverage.

Q. Why was such a plan not implemented earlier?

A. Since taking office, the Clinton Administration has made child support a high priority, improving every aspect of enforcement -- from establishing paternity to establishing a support order, and from finding a delinquent parent to collecting the overdue support.

As a result of those comprehensive efforts, paternity establishment rose to more than 1.4 million in 1998, an increase of over 300 percent since 1992. The number of families receiving support increased by more than 59 percent during the same period, increasing to 4.5 million families in 1998. Approximately 2.8 million parents delinquent in child support payments were found last year by the new National Directory of New Hires, which matches all employees, both newly hired and those already holding jobs, with a list of parents who owe child support. And overall, collections have increased by 80 percent.

Now that the system has been improved, the next logical step is to build on our efforts by helping to get children the health insurance they need and deserve.

Q: How many kids do you expect to help?

A: We don't have an exact estimate, but we believe this new effort can help millions of uninsured children get the health care they deserve. According to the Census Bureau, there are 11.5 million uninsured children, of whom approximately 4 million (35 percent) live in single-parent households. Even if we just reached a fraction of these children, it would still be a significant achievement to help them get the access to health care they need and deserve.

* 35 percent live in single-parent households,

* 73.8 percent live in families with incomes at or below 200% of the Federal poverty level.

* 55 percent live in households with primary parent working full-time, year-round.

* Adolescents are more likely to be uninsured than younger children.

* Minority children are over-represented among the uninsured.

It is expected that the National Medical Support Notice will be used not only by the State child support enforcement programs but also by the private bar. Health insurance coverage provided through a parent's employer is not a constant certainty for a child, with changes or even loss of coverage when a parent changes or loses employment. We expect that the National Medical Support Notices will ensure the coverage of millions of children each year.

Q: What is the enforcement mechanism? Are there penalties?

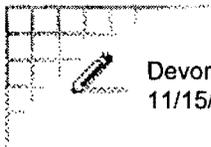
A: We expect that most employers will do the right thing by adding eligible children to their parent's health plan. We have certainly designed the Medical Support Notice to make the process as easy as possible.

But under federal and state law, an employer may be subject to sanctions or penalties for discharging an employee from employment or taking disciplinary action against any employee because of medical child support withholding, for failing to withhold income, or for failing to transmit such withheld amounts to the applicable health care plans as the notice directs.

As in child support enforcement, we expect states will follow-up with employers after a reasonable period after receipt of the notice to ensure appropriate action. States are likely to apply graduated sanctions and penalties against employers who fail to comply.

Q: You say that 60% of the \$14.3 billion a year in child support payments are collected through income withholding by employers. Is the remaining 40% collected through voluntary compliance by noncustodial parents?

A: The best statistics we have are actually for the \$13.4 billion collected by state child support agencies. Of that amount, income withholding accounted for 55.9 percent, Federal and State tax offset and unemployment intercept accounted for another 10 percent, with the remaining 34.1 percent from other enforcement techniques, including \$110 million from voluntary payments



Devorah R. Adler
11/15/99 08:42:24 AM

Record Type: Record

To: Cynthia A. Rice/OPD/EOP@EOP, J. Eric Gould/OPD/EOP@EOP, Eugenia Chough/OPD/EOP@EOP,
Andrea Kane/OPD/EOP@EOP

cc:

Subject: good AP wire story

November 15, 1999

Easy Form May Get More Kids Covered

A.P. INDEXES: TOP STORIES | NEWS | SPORTS | BUSINESS | TECHNOLOGY | ENTERTAINMENT

Filed at 12:01 a.m. EST

By The Associated Press

WASHINGTON (AP) -- Despite court orders, only one-third of the nearly 4 million noncustodial parents actually put their children on their employers' health insurance plans. Federal officials now are taking steps to simplify the process in hopes of increasing compliance.

The Department of Health and Human Services was proposing regulations Monday that would give states one simple form to send to employers after a court orders a parent to enroll a child in the parent's health insurance plan.

Also, the Department of Labor was directing the health plans it oversees to enroll these children when these forms are used.

HHS Secretary Donna Shalala said she is frustrated that private insurance often is available for children but is not used.

"That's why having a simple standard means to obtain health insurance from noncustodial parents is so important," she said in a statement being released Monday.

Meanwhile, a group of experts is working to develop a plan for children whose parents do not have health insurance at work. The idea is to enroll them in Medicaid or the Children's Health Insurance Program if they are eligible. Both programs are available to far more people than those who actually sign up.

That expert group also helped develop the single form for parents who do have insurance offered to dependents.

Historically, there have been problems with parents, their employers and their insurance companies, said Paula Roberts of the Center for Law and Social Policy, who serves on the National Medical Support Working Group.

"Individual health plans and insurers and providers all have their own idea what information they want before they'll put them on the (health insurance) plan," she said. "It just takes forever."

Under the new system, one standard form will be used across the country. States will send them to employers, who will be required to pass them onto insurers as long as they offer dependent coverage. The employer then sends the second part of the form to the insurance company, which is ordered to sign up the children.

"This tells the insurer: You have no discretion here," Roberts said.

She said she was optimistic the system will work because it was developed with input from employers and insurance companies, who are represented in the working group.

Geraldine Jensen, president of the Association for Children for Enforcement of Support, said the forms should help sign more children up, though there may still be problems getting them the health care they need.

Youngsters whose parents lack insurance should be steered to government programs, she said.

"It is a good thing," she said. "It needs to be a little better, but it's good."

11/10 draft

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November XX, 1999

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Medical support orders, which require non-custodial parents to include

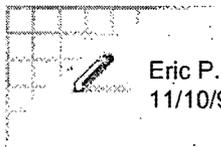
their children under their health insurance coverage, are established and enforced by state child support enforcement agencies. Currently, nearly 60 percent of the \$14.3 billion a year in child support payments to 2.7 million families are collected through income withholding by employers. The new National Medical Support Notice is modeled on the standard income withholding form, which has been shown to facilitate the deduction of child support from paychecks.

"Working closely with our partners in state government, employers and the health insurance community and the Labor Department, we have developed a means to reduce some of the barriers to providing children with the health insurance they need and deserve," said Olivia A. Golden, HHS assistant secretary for children and families. "This standard nationwide notice will make it easier on employers to help parents fulfill their obligations to provide for the health and well-being of their children."

In developing the National Medical Support Notice proposal, the departments were assisted by a working group established to identify impediments to medical child support enforcement. Shalala and Labor Secretary Alexis Herman announced the formation of the National Medical Support Working Group in March. The group is studying measures that establish a non-custodial parent's responsibility to share the cost of premiums, co-payments, deductibles, or payments for service not covered under a child's existing health coverage. Other issues to be discussed include the priority of medical support withholding obligations. The group, which includes representatives of state child support and Medicaid agencies, employers, plan sponsors and administrators, will submit a report to the Secretaries in early 2000.

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Eric P. Liu
11/10/99 12:10:33 PM

Record Type: Record

To: Cynthia A. Rice/OPD/EOP@EOP
cc: j. eric gould/opd/eop@eop, eugenia chough/opd/eop@eop, anna richter/opd/eop@eop
bcc:
Subject: Re: Child support: 1)radio address this wk? 2)HHS release Mon? 3)postpone 'til later in wk?

In fact, the radio address is up in the air right now, so there's a possibility this could work.
Cynthia A. Rice



Cynthia A. Rice

11/10/99 10:53:49 AM

Record Type: Record

To: Eric P. Liu/OPD/EOP@EOP
cc: J. Eric Gould/OPD/EOP@EOP, Eugenia Chough/OPD/EOP@EOP, Anna Richter/OPD/EOP@EOP
Subject: Child support: 1)radio address this wk? 2)HHS release Mon? 3)postpone 'til later in wk?

Hi Eric. With Karin en route to Turkey I figured I'd flag this scheduling issue for you.

The regs described below are in the pipeline to be on display at the Federal Register on Friday and published on Monday, making them available for this week's radio address or a Monday release from HHS with a POTUS statement. HHS is submitting this proposal to Cabinet affairs as part of the "good domestic news while POTUS is overseas" plan. Do you think we'll do budget for the radio address? In which case I'd be satisfied with a Monday HHS release w/POTUS statement.

Otherwise we could beg the Federal Register and probably get a temporary stay of a week or so, but probably not until the President gets back. I believe this is too small for an event.

FYI: I'm traveling out of town Friday for my brother's wedding so Eric Gould would be on call if needed.

Child Support : Medical Support Enforcement. We are ready to announce a proposed rule that would make it easier for children to get health insurance coverage through their non-custodial parents. The regulation creates a standard form to enforce child support agreements that require non-custodial parents to provide for their children's health care needs. This standard nationwide notice will make it easier on employers to help parents fulfill their obligations to provide for the health and well-being of their children. (HHS and DOL)

11/10

Melissa

HHIS medical support notice

→ so it's easy for employer

DOL

Reps to ERISA plans

→ use this new HHIS form

→ need to do this

do nothing

display Friday

publish Monday

Then could do POTUS statement

otherwise

→ Could hold a week



Cynthia A. Rice

11/10/99 10:53:49 AM

Record Type: Record

To: Eric P. Liu/OPD/EOP@EOP

cc: J. Eric Gould/OPD/EOP@EOP, Eugenia Chough/OPD/EOP@EOP, Anna Richter/OPD/EOP@EOP

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Melissa Skolfield <mskolfie@os.dhhs.gov>

11/09/99 01:09:06 PM

Please respond to mskolfie@os.dhhs.gov

Record Type: Record

To: Cynthia A. Rice/OPD/EOP

cc:

Subject: re: high performance bonus

PS on two other issues.

The HHS and DoL medical support regulations are set to be published as soon as Friday. Any possibility this could be Saturday radio address? We can't hold these for too long, and Cabinet Affairs is asking us to plan to announce "good news" when POTUS is on foreign travel. So...given difficulty of scheduling something, should I just proceed? Want to give me a call to brainstorm options?

Second, so you all have any plans/invites for Great American Smokeout 11/18?

Thanks for any guidance -- I'm trying to straighten out DES schedule for next week, and Thursday's a holiday as you know...

Original Text

From: <Cynthia_A._Rice@opd.eop.gov>, on 11/8/99 7:10 PM:

Hi. Bruce and Chris and I chatted a bit this morning about the governors issue. . . we are all somewhat ambivalent about having these four (two of them weren't even governors of their state in 1998) but aren't ready to rule anything out. By the way I believe I'm getting the briefed on the data on Wednesday, so that's when I'll officially know.

Message wise I think your release looks good (I did not share with Bruce and Chris yet -- from your note that sounded premature). I think it sounds unenthusiastic on the family formation measure; I think it would make sense to get beyond that, maybe add something about promoting two parent families to Olivia's quote (actually her quote refers explicitly to single parents now)? Also I would conceptually lump both the Food Stamp and Medicaid measure under the rubric of 'supporting working families.' i.e. we're adding measures for family formation (I'd say that instead of 'stability') and supporting working families through Medicaid/CHIP and Food Stamps . . ."

On a few more minor points --

1) We should think about what state table if any we would want to release. I assume regional press will want to know where their state ranked. Since I haven't seen the data yet, I'm not sure what makes sense, but at a



Cynthia A. Rice

11/03/99 04:21:09 PM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:

Subject: Child Support and Health Coverage Announcement

This looks like a good executive action to me -- we'll put it on the new ideas list we give to Karin Kullman. Melissa may raise at your health meeting tomorrow.

----- Forwarded by Cynthia A. Rice/OPD/EOP on 11/03/99 04:17 PM -----



Melissa Skolfield <mskolfie@os.dhhs.gov>

11/03/99 03:29:17 PM

Please respond to mskolfie@os.dhhs.gov

Record Type: Record

To: Cynthia A. Rice/OPD/EOP

cc:

Subject:

Here's another thing that just crossed by desk -- I'll mention tomorrow if we have our weekly meeting (another welfare/health crossover issue), but wanted you to have a heads up. It's a nice little announcement -- radio address level I think -- if you have the chance to get off of budget and foreign affairs message! If not, we'll just highlight from here.

Consider this a rough draft.

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The proposal, guided by by a medical child support working group at the

11/3 rough draft

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The proposal, guided by a medical child support working group at the Departments of Health and Human Services and Labor, implements provisions of the Child Support Performance and Incentives Act of 1998.

"This Administration is committed to exploring every opportunity to increase the number of children with health insurance," Secretary Shalala said. "For many uninsured children, private insurance is available through their parents, but it can sometimes be difficult for employers to enforce medical support orders after a separation or divorce. That's why having a simple and standard means to obtain health insurance from non-custodial parents is so important."

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Medical support orders, which require non-custodial parents to include their children under their health insurance coverage, are established and enforced by state child support enforcement agencies. Currently, nearly 60 percent of the \$14.3 billion a year in child support payments are collected through income withholding by employers. [MK: Do we know the percentage of families that get payments this way?] The new National Medical Support Notice is modeled on the standard income withholding form, which has been shown to facilitate the deduction of child support from paychecks.

"Working closely with our partners in state government, employers and the health insurance community, we have developed a means to reduce some of the barriers to providing children with the health insurance they need and deserve," said Olivia A. Golden, HHS assistant secretary for children and families. "This standard nationwide notice will make it easy on employers to help parents fulfill their obligations to provide for the health and well-being of their children."

Shalala and Labor Secretary Alexis Herman announced the formation of the Medical Child Support Working Group in March. In addition to finalizing the National Medical Support Notice, the working group is expected to study measures that establish a non-custodial parent's responsibility to share the cost of premiums, co-payments, deductibles, or payments for service not covered under a child's existing health coverage. Other issues to be discussed include the priority of medical support withholding obligations.

Since taking office, the Clinton administration has made child support enforcement a high priority, resulting in an 80 percent increase in collections since 1992. The number of families receiving support increased by more than 50 percent during the same period, increasing to [4.2 million?] families in 1998. [Do we have this number?] Approximately 2.8 million parents delinquent in child support payments were found last year by the National Directory of New Hires, which matches all employees, both newly hired and those already holding jobs, with a list of parents who owe child support. Paternity establishment rose to more than 1.4 million in 1998, an increase of over 300 percent since 1992. And the new child support enforcement measures included in the new welfare reform law are projected to increase collections by billions over the next 10 years.

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cc: EB
CR

FAX COVER



Income Maintenance Branch
Office of Management and Budget
Executive Office of the President
Washington, D.C. 20503



To: Genie Chough

Organization: _____

Fax Number: _____

From: Michele Aherm.

Date/Time: _____

Number of Pages: Cover + 3

Notes: Per my voice mail.

child support -
Medical Support

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United States Senate

990005331

COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS
WASHINGTON, DC 20510 6300

April 27, 1999

The Honorable Alexis Herman
Secretary
United States Department of Labor
Washington, DC 20210

Dear Madam Secretary:

We are writing to seek your support in providing additional guidance to the newly formed Medical Child Support Working Group. This panel was convened under the Child Support Performance and Incentive Act of 1998 (P.L. 105-200). Specifically, we are seeking your support in providing additional time to the working group members to accomplish the tasks we set out for them to accomplish.

One of the key provisions of the law calls for the development of a standardized medical support withholding form that all states would be required to use. This form has the strong support of the business and ERISA community, as well as child advocacy groups and state child support officials.

Unfortunately, we have learned that some timing provisions of the law are causing problems for the working group. Under the law, HHS and DOL are required to issue an "interim" proposal for the form no later than 10 months after the date of enactment. The committee is working under the assumption that the effective date of these regulations is May 16, 1999. The working group has so far convened only twice - once in early March and on an emergency basis on April 13. We have heard from various working group members that the interim proposal is not ready for publication and cannot be ready for publication on time. Although the two agencies provided a draft of their proposal to the subcommittee in time for the April 13 meeting, through a consensus process, working group members proposed a large number of changes. The group is not scheduled to meet again until May 12 and it is not anticipated that the working group members will have the opportunity to comment on the latest generation of the interim regulations before then.

Under the usual regulatory scheme, the give and take that is part of the Federal Advisory Committee Act (FACA) process would not be a problem. Ordinarily agencies develop a proposal, but it will not go into effect until the date of publication. In this case, however, the law calls for the publication of interim regulations. Members of the working group believe these interim regulations could be interpreted to have the effect of law until they are finalized. Consequently, it is important that the interim regulations be fashioned as carefully as possible to

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OFFICE OF THE SECRETARY
DEPARTMENT OF LABOR
WASHINGTON, D.C. 20210

avoid undue burdens on states and unnecessary litigation.

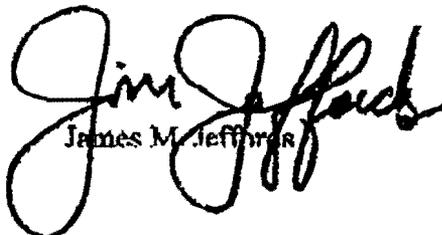
The form was originally envisioned as a tool for states to use to simplify the withholding process that withholding agents - generally employers - must follow. However, with the publication of "interim regulations", the process could become more confusing for employers. Here are the reasons why:

1. Many employers who receive medical child support orders issued from the states (in accordance with the interim regulations) could begin to question whether other orders they receive are legitimate and should be honored.
2. Employers could begin to reconfigure their automated systems to deal with the interim regulations. Meanwhile, it is anticipated that the issuing agencies will make significant changes to the interim regulations before they are finalized.
3. The final standardized form should be a product that states, as well as private attorneys, will use to guide employers through the withholding process. It is envisioned that many private attorneys will begin to use the form immediately, even before it is finalized. Indeed, many child advocates say an attorney would be negligent not to use the form, even in its interim form. Employers, however, could likely be sent various versions of the so-called "standardized" form. This will only add confusion to the process.

Working group members tell me that much of the confusion could be avoided if HHS and Labor were given an additional 90 days to refine the proposal and to publish it not as an "interim" regulation, but as a "proposed regulation." This step would go a long way towards carrying out the ultimate goal of the law which is to guarantee that children who are entitled to medical child support will obtain it.

We appreciate your support on this important matter and we look forward to hearing from you at your earliest convenience.

Sincerely,


James M. Jefferson


John D. Rockefeller IV

U.S. DEPARTMENT OF LABOR

SECRETARY OF LABOR
WASHINGTON, D.C.

DRAFT

The Honorable James M. Jeffords
Chairman, Committee on Health,
Education, Labor, and Pensions
United States Senate
Washington, D.C. 20510-6300

Dear Chairman Jeffords:

Thank you for your recent letter expressing interest in the Medical Child Support Working Group and the National Medical Support Notice - initiatives we are following pursuant to the Child Support Performance and Incentive Act of 1998. I appreciate and share your desire that the National Medical Support Notice under development be fashioned as carefully as possible in order to ensure support by, and usefulness to, affected parties, such as child advocacy groups, state child support officials, and the business and employee benefits communities. We therefore appreciate your support for the agencies' taking additional time to develop the Notice.

As your letter noted, the Working Group examined a draft Notice at its April 13 meeting, and provided a number of useful comments and recommendations. The changes made in response to these comments and recommendations have improved our draft Notice. We believe that taking the additional time you suggest to allow the agencies to obtain additional input from the Working Group will further improve the Notice and will ensure its responsiveness to the needs of the affected parties. We also agree that issuing the Notice by proposed regulation, rather than by interim regulation, will lessen the likelihood of creating confusion within the "process" that plan administrators and employers must follow with respect to medical child support orders and withholding forms. Accordingly, in the interest of carrying out the ultimate goal of the legislation, we will make every effort to follow your suggestions.

Again, we thank you for your interest in this very important initiative. A similar letter is being sent to Senator Rockefeller.

Sincerely yours,

Alexis Herman

FACSIMILE TRANSMISSION

The Administration for Children and Families

DATE: 2/10

TO: **Cynthia Rice + Eric Gould**
DPC

Telephone: 456 - 7871

Fax: 456 - 7431

Number of Pages (excluding cover): 4

FROM: **Samara Weinstein**
Executive Director
Medical Supports Task Force

Telephone: (202)401-6953
 Fax: (202)401-5770

MESSAGE:

As per our earlier conversation, attached please find an update on the Medical Child Support Working Group.

Please call me if you have any questions,

Samara



Department of Health and Human Services
Administration for Children and Families
 370 L'Enfant Promenade, S.W., Washington, D.C. 20447
 Phone: (202) 401-9200

MEDICAL CHILD SUPPORT WORKING GROUP**DOL:**

Robert Doyle, Director Office of Regulations and Interpretations, PWBA
David Lurie, Office of Regulations and Interpretations, PWBA
Susan Reese, Staff Attorney, Plan Benefits Security Division, Office of the Solicitor

HHS:

David Gray Ross, Commissioner, OCSE
Paul Legler, Deputy Commissioner, OCSE
Rachel Block, Deputy Director, Center for Medicaid and State Operations, HCFA
Linda Mellgren, ASPE/OS

STATE IV-D DIRECTORS and MEDICAL CHILD SUPPORT PROGRAMS:

Sallie H. Hunt, Commissioner, Bureau of Child Support Enforcement, HHR, West Virginia
Richard Harris, Director, Division of Child Support Enforcement, DHS, Mississippi
Lee Sapienze, Director, Program Operations Unit, Office of Child Support Enforcement, DSS,
New York
Gaye McQueen, Child Support Enforcement Officer, DSHS, Washington

STATE MEDICAID DIRECTORS:

Mary Fontaine, Director, Benefit Coordination & Recoveries, Medicaid, Massachusetts
Kay Keeshan, Director, Third Party Division, Medicaid, Alabama
Robert Stampfly, Director, Managed Care Support Division, Michigan

EMPLOYERS AND HUMAN RESOURCE AND PAYROLL PROFESSIONALS:

Anthony Knetel, ERISA Industry Committee
Cornelia Gamlen, Society for Human Resource Management
Rita Zeidner, American Payroll Association
Theodore Earl, John Hancock, Inc.

PLAN ADMINISTRATORS AND PLAN SPONSORS OF GROUP HEALTH PLANS:

Elizabeth Ysla Leight, Society of Professional Benefit Administrators
Howard Bard, National Coordinating Committee for Multi-Employer Plans
Terry Humo, Association of Private Pension & Welfare Plans
Lela Foremen, Communication Workers of America, AFL-CIO
Nell Hennessy - Actuarial Sciences Associates

CHILD ADVOCACY ORGANIZATIONS:

Nancy Ebb, Children's Defense Fund
Paula Roberts, Center for Law and Social Policy
B. Ann Fallon, Attorney at Law
S. Kay Farley, National Center for State Courts
Jeffrey Johnson, National Center for Strategic Non-Profit Planning & Community Leadership
Kristina Firvida, National Women's Law Center

ORGANIZATIONA REPRESENTING STATE CHILD SUPPORT PROGRAMS:

Kelly D. Thompson, Natinoal Child Support Enforcement Association

4184-01

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Medical Child Support Working Group

AGENCY: Administration for Children and Families, DHHS

ACTION: Notice of Meeting.

SUMMARY: Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is given of the first meeting of the Medical Child Support Working Group (MCSWG). The agenda for this first meeting includes swearing-in and orientation of members, program briefings, discussions, and business related to the operation of the MCSWG.

DATE AND TIME: March 3, 1999, 3:00 PM - 6:00 PM, the Opening and Swearing-in Ceremony; March 4, 9:00 AM - 3:00 PM, and March 5, 1999, 9:00 AM - Noon, for introductions and orientation for this new work group, program briefings, discussions, and business related to the operation of the MCSWG.

PLACE: Snow Room, room 5051, fifth floor, Wilbur Cohen Bldg., 300 Independence Ave., SW, Washington, DC for 3/3/99; room 800, eighth floor, Hubert H. Humphrey Bldg., 200 Independence Ave, SW, Washington, DC, for 3/4/99 and 3/5/99.

PURPOSE: The purpose of this first of several meetings of the MCSWG will be orientation of members regarding their roles and duties, program briefings, and initial discussion of key issues. In addition, the members will discuss business related to the operation of the MCSWG.

SUPPLEMENTARY INFORMATION: The MCSWG was authorized under section 401 of the Child Support Performance and Incentive Act of 1998 (PL 105-200).

The purpose of the MCSWG is to identify the impediments to the effective enforcement of medical support by State Child Support Enforcement agencies.

The membership of the MCSWG was jointly appointed by the Secretaries of the Department of Labor (DOL) and the Department of Health and Human Services (DHHS). The membership includes representatives of: (1) DOL; (2) DHHS; (3) State Child Support Enforcement Directors; (4) State Medicaid Directors; (5) employers, including owners of small businesses, and their trade and industry representatives and certified human resource and payroll professionals; (6) plan administrators and plan sponsors of group health plans (as defined in section 607(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1167(1))); (7) children potentially eligible for medical support, such as child advocacy organizations; (8) State medical child support organizations; and (9) organizations representing State child support programs.

The MCSWG is to submit to the Secretaries of DOL and DHHS a report containing recommendations for appropriate measures to address the impediments identified by the MCSWG, including: (1) recommendations based upon assessments of the form and content of the National Medical Support Notice, as issued under interim regulations; (2) appropriate measures that establish the priority of withholding of child support obligations, medical support obligations, arrearages in such obligations, and in the case of a medical support obligation, the employee's portion of any health care coverage premium, by such State agencies in light of the restrictions on garnishment provided under title III of the Consumer Credit Protection Act (15 U.S.C. 1671-1677); (3) appropriate procedures for coordinating the provision, enforcement, and transition of health care coverage under the State programs for child support, Medicaid and the Child Health Insurance Program (CHIP); (4) appropriate measures to improve the availability of alternate types of medical support that are aside from health care coverage offered through the noncustodial parent's employer, including measures that establish a noncustodial parent's responsibility to share the cost of premiums, co-payments, deductibles, or payments for service not covered under a child's existing health coverage; (5) recommendations as to whether reasonable cost should remain a consideration under section 452(f) of the Social Security Act; and (6) appropriate measures for eliminating any other impediments to the

effective enforcement of medical support orders that the MCSWG deems necessary.

Public Participation

The meeting is open to the public with attendance limited by the availability of space on a first come, first served basis. Over the course of the MCSWG's tenure, future meetings will be dedicated to public input. Members of the public who wish to present oral statements should contact Samara Weinstein by telephone, fax machine, or mail as shown below and as soon as possible, at least four days before the meeting. The Chair of the MCSWG will reserve time for presentations by persons requesting to speak. Oral statements will be limited to five minutes. The order of persons wanting to make a statement will be assigned in the order in which the requests are received. Individuals unable to make oral presentations can mail or fax their written comments to the MCSWG staff office at least five business days before the meeting for distribution to the MCSWG membership and inclusion in the public record. Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact MCSWG staff at the address below as soon as possible.

FOR FURTHER INFORMATION CONTACT: Ms. Samara Weinstein, Executive Director, Medical Child Support Working Group, Office of Child Support Enforcement, Fourth Floor East, 370 L'Enfant Promenade, SW, Washington, DC 20447; telephone 202-401-6953; fax number 202-401-5559; email sweinstein@acf.dhhs.gov

Date: 1-29-99



David Gray Ross
Commissioner
Office of Child Support
Enforcement

DRAFT 12/15/98

MEDICAL CHILD SUPPORT WORKING GROUP

*** co-chairs

Department of Labor 3	Robert Doyle *** David Lurie Susan Rees
Department of Health and Human Services 3	OCSE - Paul Legler *** HCFA - Rachel Block ASPE - Linda Mellgren
State IV-D Directors and State Medical Child Support Programs 5	Carol Hubbard - Delaware Sallie Hunt - West Virginia * Richard Harris - Mississippi Lee Sapienza - New York * Gaye McQueen - Washington
State Medicaid Directors 2	Mary Fontaine - Massachusetts Kay Keeshan - Alabama
Employers & Human Resource and Payroll Professionals 3	Anthony Knettel - ERISA Industry Committee * Cornelia Gamlen - Society for Human Resource Management * (recommended staff who deferred to member) Rita Zeidner - American Payroll Association *
Plan administrators and plan sponsors of Group Health Plans 6	Elizabeth Ysla Leight - Society of Professional Benefit Administrators Howard Bard - National Coordinating Committee for Multi-Employer Plans Terry Humo - Association of Private Pension and Welfare Plans Lela Foreman - AFL-CIO, Communication Workers of America * (recommended Maria Fiordellisi, AFL-CIO, who deferred to Lela Foreman, Communication Workers) John Lawniczak - National Association of Insurance Commissioners Theodore Earl - John Hancock Insurance (Recommended by Rep. Nancy Johnson)

Child Advocacy Organizations 4	Nancy Ebb - CDF * Paula Roberts - CLASP * Sarah Shuptrine - Southern Institute for Children and Families Anne Fallon - CA, Family Law
Organizations Representing State child support Programs 1	Kelly Thompson - NCSEA *
OTHER 2	Jeffrey Johnson - NCPPCL Kristina Firvida - National Women's Law Center
COURTS 1	S. Kay Farley - National Center for State Courts

TOTAL MEMBERS: 30

* Recommended in letter from Senators Jeffords, Moynihan, Roth and Rockefeller

MEDICAL CHILD SUPPORT WORK GROUP

RESOURCE/EXPERTS:

Jeffrey P. Cohen -	Vermont *
Mary Ann Wellbank -	Montana
Alisha Griffin -	New Jersey
Deb Stipcich -	Montana
Anne Juskie -	Illinois
Mary Smith -	Arkansas
Lee Mohar -	California
Ruth B. Clark -	Service Design Associates *
Candy Schaller -	American Association of Health Plans
Cindy Mann-	CPBB
Sarah Rosenbaum -	Georgetown University, Formerly CDF
Barbara Carr -	California Medicaid (Chief, Health Insurance Section)

STATE AND LOCAL GOVERNMENT

NGA

APHSA

NCSL

NACO

USCM

FAITH BASED- RELIGIOUS ORGANIZATIONS

MINORITY CHILDREN HEALTH AND HUMAN SERVICES ORGANIZATIONS:

COSSMHO

La Raza

National Puerto Rican Coalition

Association of Asian Pacific Community Health Organizations

African American

Native American

RESEARCHERS:

-	Urban Institute
Burt Barnow -	John Hopkins University
Dan Meyers -	Institute for Research on Poverty, University of Wisconsin - Madison

COURTS/JUDICIAL:

Bill Jones -	National Council of Family Juvenile Court Judges
Hunter Heart --	National Juvenile Justice Association
Dick van Duizend -	State Justice Institute

FEDERAL GOVERNMENT/MILITARY:

Frank Titus - OPM

ADVOCATE/CALLS:

11/12 call from David Levy (202) 547- 6227 expressed interest in workgroup

11/24 call from Jim Boyd - Men's Health Network (202) 543-6461
met with Judge Ross and expressed interest in work group. Recommended Eric
Anderson for workgroup: advisor on fatherhood, custodial parent, chemist.

11/19 call from Rep. Nancy Johnson's Office regarding Theodore Earl, John Hancock Insurance,
Connecticut

MEDICAL CHILD SUPPORT WORKING GROUP

I. BACKGROUND

- Over the past five years a number of legislative changes addressing medical support enforcement have helped to remove some of the impediments to providing children with health care coverage. Still, virtually everyone agrees that much more can be done. The work of the **Medical Child Support Working Group** is to make recommendations to remove remaining impediments to enforcement and to coordinate medical support enforcement, Medicaid, and CHIP efforts to provide more children with health care coverage.
- Since 1985, State IV-D Agencies have been required (in TANF and Medicaid only child support cases) to petition the courts for child support orders that include medical support. Yet, the Census Bureau reported that in 1991 only 41 percent of parents awarded child support payments had health insurance currently included in their award and only 69 percent of custodial parents expecting to receive health benefits actually did so.
- In 1992, the General Accounting Office conducted a study which estimated that State and Federal governments could save at least \$122 million a year if non-custodial parents provided health insurance that was actually available to their children through the absent parent's employment-sponsored health plans. The study also projected that 285,000 additional children could be covered by other health insurance.
- The Omnibus Reconciliation Act of 1993 (OBRA '93) made a number of important changes in the law to strengthen medical support enforcement. It amended the Employment Retirement Income Security Act of 1974 (ERISA) to create the Qualified Medical Child Support Order, a tool to help overcome the ERISA preemption of State law to help provide health insurance for kids. It also amended Title XIX of the Social Security Act to prohibit States from discriminating in the provision of health insurance when children are born out of wedlock, do not live with the parent or are outside the insurer's service area.
- The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) also made a number of important changes in medical support enforcement in IV-D child support orders. All IV-D child support orders must now include a provision for health care coverage. Current Federal regulations require IV-D agencies to petition the court or administrative agency to include health insurance in the order that is available to the non-custodial parent at "reasonable cost". Federal regulations define reasonable cost as being employment related or other group health insurance, regardless of the service delivery mechanism.
- PRWORA also added a provision to help avoid lapses in children's health insurance coverage. If a non-custodial parent providing health care coverage for his child(ren) obtains a new job, and his new employer provides health insurance, the IV-D agency must notify the employer of the non-custodial parent's obligation, and this notice serves to enroll the children in the new health plan unless the non-custodial parent contests the notice.
- Despite these legislative changes, States have been slow to improve medical support enforcement. During the development of the Child Support Performance and Incentive Act of 1998 it was debated whether medical support enforcement ought to be one of the factors measured for incentive purposes. State child support agencies argued that it was unfair to judge their performance on medical support enforcement unless the remaining impediments to effective enforcement were eliminated.

- H.R. 3130 addressed these concerns in four ways: 1.) It required that HHS develop a performance measure for medical support enforcement, 2.) It required that HHS develop a National Medical Support Notice that will inform employers of applicable law and procedures, 3.) It required States to use the National Medical Support Notice, and 4.) It created the Medical Child Support Working Group.

II. MEDICAID AND CHIP CONCERNS

- State Medicaid Agencies are a vital part of medical support enforcement because of the Medicaid savings when the medical support obligation is met through third party liability. They are also arguably in a better position to track third party coverage and ensure that it is provided. So coordination between State child support agencies and State Medicaid agencies is critical to the success of medical support enforcement.
- CHIP offers new opportunities for low-income families to obtain health insurance for their children. Senator Rockefeller, in particular, has expressed concern that CHIP serves as the program of last resort where private health care coverage is not available. Therefore, coordination between child support enforcement, Medicaid, and CHIP will be essential.

III. LEGISLATIVE AUTHORITY

The Child Support Performance and Incentive Act of 1998 directs the Secretary of Health and Human Services and the Secretary of Labor to jointly establish a Medical Child Support Working Group. The purpose of the Working Group shall be to identify the impediments to the effective enforcement of medical support by State agencies administering the programs operated pursuant to part D of title IV of the Social Security Act. (Enclosure)

The Working Group shall identify barriers to effective Medical Support Enforcement and develop recommendations that address the following areas:

- **ASSESS NOTICE:** assess form and content of the National Medical Support Notice, as issued under interim regulations;
- **IDENTIFY PRIORITIES:** Appropriate measures that establish the priority of withholding of child support obligations, medical support obligations, arrearages, employee's portion of any health care coverage premium, in light of consumer protections;
- **COORDINATION WITH MEDICAID/CHIP:** Appropriate procedures for coordinating the provision, enforcement, and transition of health care coverage under the State programs;
- **ALTERNATES TO MEDICAL SUPPORT:** Appropriate measures to improve the availability of alternate types of medical support, aside from health care coverage offered through the noncustodial parent's health plan and unrelated to the noncustodial parent's employer. This could include measures that establish a noncustodial parent's responsibility to share the cost of premiums, co-payments, deductibles, or payments for services not covered under a child's existing health coverage;
- **REASONABLE COST:** Recommendations on whether reasonable cost should remain a consideration (under section 452(f) of the Social Security Act);

- **OTHER MEASURES/IMPEDIMENTS:** Appropriate measures for eliminating any other impediments to the effective enforcement of medical support orders that the Working Group deems necessary.

WORKING GROUP DEADLINES:

- Report to Secretaries by January 16, 2000.
- Workgroup terminates February 16, 2000.
- Secretaries report to Congress by March 16, 2000.
- Both Secretaries report to Congress on legislation regarding medical support orders by November 16, 2000.

IV. FACA

The Medical Child Support Working Group is governed by the provisions of Public Law 92-463 (Federal Advisory Committee Act), as amended (5 USC Appendix 2), which sets forth standards for the formation and use of advisory committees. FACA clarifies the following:

- Roles and Responsibilities
- Procedures for Committee Establishment
- Procedures for Nomination, Selection and appointment of Committee Members
- Meetings
- Records and Reports
- Financial Operating Plan

V. PROGRESS ON ESTABLISHMENT OF WORKGROUP

- A. Charter -- signed by Secretary Shalala (enclosure)
- B. Memorandum of Understanding between HHS and DOL (enclosure)

VI. WORKING GROUP MEMBERSHIP

The Medical Child Support Working Group will consist of not more than 30 members and be composed of representatives from:

- The Department of Labor (DOL)
- The Department of Health and Human Services (HHS)
- IV-D Child Support Directors
- State Medicaid Directors
- Employers, including both small business, trade or industry representatives and human resource and payroll professionals
- Plan Administrators and Sponsors of group health plans
- Child Advocacy Organizations
- State Medical Child Support Programs
- Organizations representing state child support programs

The preliminary list of members has been drafted. (Enclosure)

VII. ROLLOUT STRATEGY

- Public Affairs
- Legislative Affairs
- Intergovernmental Affairs

(d) **RETROACTIVITY-** The amendments made by this section shall take effect as if included in the enactment of section 202 of the Adoption and Safe Families Act of 1997 (Public Law 105-89; 111 Stat. 2125).

TITLE IV—MISCELLANEOUS

SEC. 401. ELIMINATION OF BARRIERS TO THE EFFECTIVE ESTABLISHMENT AND ENFORCEMENT OF MEDICAL CHILD SUPPORT.

(a) STUDY ON EFFECTIVENESS OF ENFORCEMENT OF MEDICAL SUPPORT BY STATE AGENCIES-

(1) **MEDICAL CHILD SUPPORT WORKING GROUP-** Within 60 days after the date of the enactment of this Act, the Secretary of Health and Human Services and the Secretary of Labor shall jointly establish a Medical Child Support Working Group. The purpose of the Working Group shall be to identify the impediments to the effective enforcement of medical support by State agencies administering the programs operated pursuant to part D of title IV of the Social Security Act.

(2) **MEMBERSHIP-** The Working Group shall consist of not more than 30 members and shall be composed of representatives of--

(A) the Department of Labor;

(B) the Department of Health and Human Services;

(C) State directors of programs under part D of title IV of the Social Security Act;

(D) State directors of the Medicaid program under title XIX of the Social Security Act;

(E) employers, including owners of small businesses and their trade or industry representatives and certified human resource and payroll professionals;

(F) plan administrators and plan sponsors of group health plans (as defined in section 607(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1167(1)));

(G) children potentially eligible for medical support, such as child advocacy organizations;

(H) State medical child support programs; and

(I) organizations representing State child support programs.

(3) **COMPENSATION-** The members shall serve without compensation.

(4) **ADMINISTRATIVE SUPPORT-** The Department of Health and Human Services and

the Department of Labor shall jointly provide appropriate administrative support to the Working Group, including technical assistance. The Working Group may use the services and facilities of either such Department, with or without reimbursement, as jointly determined by such Departments.

(5) REPORT-

(A) REPORT BY WORKING GROUP TO THE SECRETARIES- Not later than 18 months after the date of the enactment of this Act, the Working Group shall submit to the Secretary of Labor and the Secretary of Health and Human Services a report containing recommendations for appropriate measures to address the impediments to the effective enforcement of medical support by State agencies administering the programs operated pursuant to part D of title IV of the Social Security Act identified by the Working Group, including--

(i) recommendations based on assessments of the form and content of the National Medical Support Notice, as issued under interim regulations;

(ii) appropriate measures that establish the priority of withholding of child support obligations, medical support obligations, arrearages in such obligations, and in the case of a medical support obligation, the employee's portion of any health care coverage premium, by such State agencies in light of the restrictions on garnishment provided under title III of the Consumer Credit Protection Act (15 U.S.C. 1671-1677);

(iii) appropriate procedures for coordinating the provision, enforcement, and transition of health care coverage under the State programs operated pursuant to part D of title IV of the Social Security Act and titles XIX and XXI of such Act;

(iv) appropriate measures to improve the availability of alternate types of medical support that are aside from health coverage offered through the noncustodial parent's health plan and unrelated to the noncustodial parent's employer, including measures that establish a noncustodial parent's responsibility to share the cost of premiums, co-payments, deductibles, or payments for services not covered under a child's existing health coverage;

(v) recommendations on whether reasonable cost should remain a consideration under section 452(f) of the Social Security Act; and

(vi) appropriate measures for eliminating any other impediments to the effective enforcement of medical support orders that the Working Group deems necessary.

(B) REPORT BY SECRETARIES TO THE CONGRESS- Not later than 2 months after receipt of the report pursuant to subparagraph (A), the Secretaries shall jointly submit a report to each House of the Congress regarding the recommendations contained in the report under subparagraph (A).

(6) **TERMINATION-** The Working Group shall terminate 30 days after the date of the issuance of its report under paragraph (5).

(b) PROMULGATION OF NATIONAL MEDICAL SUPPORT NOTICE-

(1) **IN GENERAL-** The Secretary of Health and Human Services and the Secretary of Labor shall jointly develop and promulgate by regulation a National Medical Support Notice, to be issued by States as a means of enforcing the health care coverage provisions in a child support order.

(2) **REQUIREMENTS-** The National Medical Support Notice shall--

(A) conform with the requirements which apply to medical child support orders under section 609(a)(3) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1169(a)(3)) in connection with group health plans (subject to section 609(a)(4) of such Act), irrespective of whether the group health plan is covered under section 4 of such Act;

(B) conform with the requirements of part D of title IV of the Social Security Act; and

(C) include a separate and easily severable employer withholding notice, informing the employer of--

(i) applicable provisions of State law requiring the employer to withhold any employee contributions due under any group health plan in connection with coverage required to be provided under such order;

(ii) the duration of the withholding requirement;

(iii) the applicability of limitations on any such withholding under title III of the Consumer Credit Protection Act;

(iv) the applicability of any prioritization required under State law between amounts to be withheld for purposes of cash support and amounts to be withheld for purposes of medical support, in cases where available funds are insufficient for full withholding for both purposes; and

(v) the name and telephone number of the appropriate unit or division to contact at the State agency regarding the National Medical Support Notice.

(3) **PROCEDURES-** The regulations promulgated pursuant to paragraph (1) shall include appropriate procedures for the transmission of the National Medical Support Notice to employers by State agencies administering the programs operated pursuant to part D of title IV of the Social Security Act.

(4) **INTERIM REGULATIONS-** Not later than 10 months after the date of the enactment of this Act, the Secretaries shall issue interim regulations providing for the National Medical Support Notice.

CHARTER

Medical Child Support Working Group

Purpose

Section 401(a) of the Child Support Performance and Incentive Act of 1998 (P.L. 105-200) directs the Secretary of Health and Human Services and the Secretary of Labor to jointly establish a Medical Child Support Working Group. The purpose of the Working Group shall be to identify the impediments to the effective enforcement of medical support by State agencies administering the programs operated pursuant to part D of title IV of the Social Security Act.

Authority

Public Law 105-200; Section 401(a) of the Child Support Performance and Incentive Act of 1998. The Working Group is governed by the provisions of Public Law 92-463 (Federal Advisory Committee Act), as amended (5 USC Appendix 2), which sets forth standards for the formation and use of advisory committees.

Function

The Medical Child Support Working Group shall identify any impediments to the effective enforcement of medical support by State agencies administering the programs operated pursuant to part D of title IV of the Social Security Act and shall submit a report to the Secretaries containing recommendations for appropriate measures to address such impediments including --

- 1) recommendations based on assessments of the form and content of the National Medical Support Notice, as issued under interim regulations;

2) appropriate measures that establish the priority of withholding of child support obligations, medical support obligations, arrearages in such obligations, and the in the case of a medical support obligation, the employee's portion of any health care coverage premium, by such State agencies in light of the restrictions on garnishment provided under title III of the Consumer Credit Protection Act (15 U.S.C. 1671-1677);

3) appropriate procedures for coordinating the provision, enforcement, and transition of health care coverage under the State programs operated pursuant to part D of title IV of the Social Security Act and titles XIX and XXI of such Act;

4) appropriate measures to improve the availability of alternate types of medical support other than health coverage offered through the noncustodial parent's health plan and unrelated to the noncustodial parent's employer, including measures that establish a noncustodial parent's responsibility to share the cost of premiums, co-payments, deductibles, or payments for services not covered under a child's existing health coverage;

5) recommendations on whether reasonable cost should remain a consideration under section 452(f) of the Social Security Act; and

6) appropriate measures for eliminating any other impediments to the effective enforcement of medical support orders that the Working Group deems necessary.

Structure

The Working Group shall consist of not more than 30 members, jointly appointed by the Secretary of Health and Human Services and the Secretary of Labor, including the chair(s), one of whom shall be appointed by the Secretary of Health and Human Services and one of whom shall be appointed by the Secretary of Labor. The Working Group shall be composed of representatives of -- children potentially eligible for medical support, such as child advocacy organizations; the Department of Labor; the Department of Health and Human Services; State directors of programs under part D of title IV of the Social Security Act; State directors of the Medicaid program under title XIX of the Social Security Act; employers, including owners of small businesses and their trade or industry representatives and certified human resource and payroll professionals; plan administrators and plan sponsors of group health plans (as defined in section 607 (1) of the Employee Retirement Income Security Act of 1974) 29 U.S.C. 1167(1)); State medical child support programs; and organizations representing State child support programs.

Administrative support services shall be provided jointly by the Department of Health and Human Services, Federal Office of Child Support Enforcement, and the Department of Labor, Pension and Welfare Benefits Administration. The Working Group may use the services and facilities of either such Department, with or without reimbursement, as jointly determined by such Departments. This includes the Designated Federal Official, as jointly appointed by both Departments.

Meetings

Meetings shall be held approximately six times per year at the call of the Chair(s). The Designated Federal Official shall approve the agenda and be present at all meetings.

Meetings shall be open to the public except as determined otherwise by the joint decisions of the Secretaries or other official to whom the authority has been delegated. Proper notice of all meetings shall be given to the public.

Meetings shall be conducted, and records of the proceedings kept, as required by applicable laws and Departmental regulations.

Compensation

The members shall serve without compensation.

Annual Cost Estimate

Estimated annual cost for operating the Working Group, including travel expenses for members but excluding staff support, is \$73,892. Estimate of annual person years of staff support required is 3.0 at an estimated annual cost of \$275,501.

Reports

Not later than eighteen months after enactment of Public Law 105-200; Section 401(a) of the Child Support Performance and Incentive Act of 1998, the Working Group shall submit to the Secretary of Labor and the Secretary of Health and Human Services a report containing recommendations for appropriate measures to address the impediments to the effective enforcement of medical support by State agencies administering the programs operated pursuant to part D of title IV of the Social Security Act identified by the Working Group.

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Memorandum of Understanding

INTRODUCTION

This Memorandum of Understanding between the Department of Labor and the Department of Health and Human Services (the Agencies) contains the agreements of the two Agencies on the operation of the Medical Child Support Working Group (the Working Group) jointly established by the Agencies as mandated by Section 401 of the Child Support Performance and Incentive Act of 1998 (the Act).

1. Each Agency shall appoint as a Co-Chair a member who is an employee of that Agency.
2. The Agencies agree that the Working Group is a representational advisory committee covered by the Federal Advisory Committee Act (FACA). Each Agency is responsible for complying with its responsibilities under FACA except to the extent provided below and in the attached Working Group Operating Procedures.
3. The Agencies agree that one Designated Federal Officer (DFO) as described in FACA section 10(e) will represent both Agencies by reporting to the Co-Chairs and receiving from the Co-Chairs the agenda for approval. The DFO will also:
 - A. Assist the Department of Labor (DOL) Advisory Committee Management Officer (CMO) to fulfill DOL duties under FACA sections 8(b), 10(b), 11(a), and 12(a).
 - B. Prepare and transmit material, as needed, for the annual report of the President under FACA section 6(c), and to the Administrator of General Services, as needed, under FACA section 7(b).
 - C. File the Working Group Charter on behalf of both Agencies as required in 41 CFR 101-6.1013, and file the Working Group report with the Library of Congress as required by FACA section 13.
 - D. Prepare for joint publication in the Federal Register a notice of each meeting at least 15 days in advance of each meeting as required by FACA section 10(a)(2) and 41 CFR section 101-6.1015(b).
 - E. Assure that the requirements of FACA section 10© and 41 CFR 101-6.1025 regarding keeping detailed and accurate minutes of all meetings are met.

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- F. Provide the report required by section 10(d) of FACA and 41 CFR 101-6.1035© in the event that any Working Group meeting or a portion thereof is closed to the public.
4. The Agencies will jointly invite and appoint the members. The members will be selected based on their ability to fairly represent one of the constituency groups identified in section 401(a)(2) of the Act.
 5. The Agencies agree that the attached Working Group Operating Procedures will be presented by the Co-Chairs to the Working Group for adoption. The Working Group members may consider any alteration to the Operating Procedures, and if the Co-Chairs jointly determine that a proposed change supported by a majority of the members does not effect the Agencies' ability to fulfill their obligations under the Act or FACA the change may be adopted.
 6. The Agencies agree that FACA applies where the Act is silent, and that HHS Operating Procedures will apply to the extent adopted in Working Group's Operating Procedures.
 7. The Agencies agree that the number of meetings suggested in the Charter is only an estimate, and that the Co-Chairs may determine when the Working Group shall meet in accordance with the adopted Operating Procedures and in consultation with the Working Group members.
 8. The Co-Chairs will jointly determine whether a member of the public may speak at a full Working Group meeting. Any interested member of the public may submit written comments.
 9. The Co-Chairs shall jointly determine whether a request should be made to the Agencies to close a meeting or any portion thereof in accordance with section 10(d) of FACA and 41 CFR 101-6.1023.
 10. Each Agency will be responsible for its own administrative support, including technical assistance and its own staff support expenses, and will be jointly responsible for the expenses of the Working Group such as the travel and accommodation expenses of the members and any expense related to the use of non-governmental facilities for meetings, except that HHS will use its child support technical assistance budget for special projects to hire an outside contractor to provide administrative services for the Working Group proceedings such as

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- 11. The Working Group meetings will be held in Washington, D.C., in the meeting rooms of either Agency, where feasible, unless the Co-Chairs jointly determine otherwise.**
12. Vacancies on the Working Group will be filled in the same manner as the original appointments. The Co-Chairs will jointly determine whether any vacancy requires appointment of a new member.
13. The Co-Chairs may establish such subgroups, or task forces, as may be needed to provide research and drafting assistance. Such subgroups will have as participants at least one employee of each of the Agencies, and at least one Working Group member, such participants to be determined by the Co-Chairs.
- 14. Each Agency will attempt to provide interpretation of their substantive area of authority to the extent reasonable and necessary for the Working Group.**

GAO study

~~285,000~~

~120 mi savings (Medicaid)
Cover 285,000 medicaid

12/16

Medical
child
support

Christus Foundation

- HHS to develop factors
 - National Medical support notice
 - States to use notice
 - Medical child support working group
-

Barriers

Ensuring IVD-employ IVD-Medical Communication

(2) (4)

→ Lack of follow-up

⇒ IVD don't see savings

Ensuring employers know rules ERISA preemption

(3) (4)

→ notice will others

→ removes discretion from employer

~~1) 2-NRM~~

1) 2-NRM
to be addressed by
work group

(1) (4)

Ensuring IVD agency

→ performance
includes medical support ^{monitors}
in the order TBD

(although many men don't have insurance)

(cross-state issues)

have data - what % orders

have medical support

ASPE funded project will analyze SIPP data

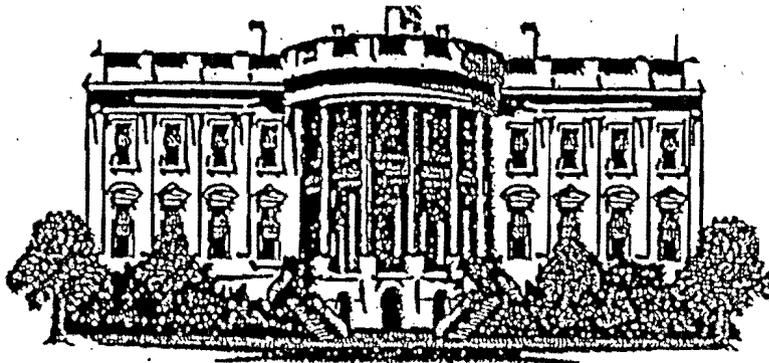
④ Interstate issues

→ compacts / issues

Hope to have first mtg late Jan.

→ Fed Report announcement
→ possible press release

Rockefeller
Jeffords
Roth
Moynihan



THE WHITE HOUSE

Domestic Policy Council

DATE: 9/25

FACSIMILE FOR: John Mahahan, HHS

FAX: 201-9678
PHONE:

FACSIMILE FROM: Cynthia Rice, Special Assistant to the President for Domestic Policy

FAX: 202-456-7431
PHONE: 202-456-2846

NUMBER OF PAGES (INCLUDING COVER): 11

COMMENTS: ① Have you all implemented this working group yet as required by HR 3130, enacted ~~10/1/00~~ in July?
Who @ DOL is working on it?
~~② ~~Who @ DOL is working on it?~~~~

TITLE IV—MISCELLANEOUS

SEC. 401. ELIMINATION OF BARRIERS TO THE EFFECTIVE ESTABLISHMENT AND ENFORCEMENT OF MEDICAL CHILD SUPPORT.

(a) STUDY ON EFFECTIVENESS OF ENFORCEMENT OF MEDICAL SUPPORT BY STATE AGENCIES.—

(1) **MEDICAL CHILD SUPPORT WORKING GROUP.**—Within 60 days after the date of the enactment of this Act, the Secretary of Health and Human Services and the Secretary of Labor shall jointly establish a Medical Child Support Working Group. The purpose of the Working Group shall be to identify the impediments to the effective enforcement of medical support by State agencies administering the programs operated pursuant to part D of title IV of the Social Security Act.

(2) **MEMBERSHIP.**—The Working Group shall consist of not more than 30 members and shall be composed of representatives of—

- (A) the Department of Labor;
- (B) the Department of Health and Human Services;
- (C) State directors of programs under part D of title IV of the Social Security Act;
- (D) State directors of the Medicaid program under title XIX of the Social Security Act;
- (E) employers, including owners of small businesses and their trade or industry representatives and certified human resource and payroll professionals;
- (F) plan administrators and plan sponsors of group health plans (as defined in section 607(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1167(1)));
- (G) children potentially eligible for medical support, such as child advocacy organizations;
- (H) State medical child support programs; and
- (I) organizations representing State child support programs.

(3) **COMPENSATION.**—The members shall serve without compensation.

(4) **ADMINISTRATIVE SUPPORT.**—The Department of Health and Human Services and the Department of Labor shall jointly provide appropriate administrative support to the Working Group, including technical assistance. The Working Group may use the services and facilities of either such Department, with or without reimbursement, as jointly determined by such Departments.

(5) **REPORT.**—

(A) **REPORT BY WORKING GROUP TO THE SECRETARIES.**—Not later than 18 months after the date of the enactment of this Act, the Working Group shall submit to the Secretary of Labor and the Secretary of Health and Human Services a report containing recommendations for appropriate measures to address the impediments to the effective enforcement of medical support by State agencies administering the programs operated pursuant to part D of title IV of the Social Security Act identified by the Working Group, including—

(i) recommendations based on assessments of the form and content of the National Medical Support Notice, as issued under interim regulations;

(ii) appropriate measures that establish the priority of withholding of child support obligations, medical support obligations, arrearages in such obligations, and in the case of a medical support obligation, the employee's portion of any health care coverage premium, by such State agencies in light of the restrictions on garnishment provided under title III of the Consumer Credit Protection Act (15 U.S.C. 1671-1677);

(iii) appropriate procedures for coordinating the provision, enforcement, and transition of health care coverage under the State programs operated pursuant to part D of title IV of the Social Security Act and titles XIX and XXI of such Act;

(iv) appropriate measures to improve the availability of alternate types of medical support that are aside from health coverage offered through the noncustodial parent's health plan and unrelated to the noncustodial parent's employer, including measures that establish a noncustodial parent's responsibility to share the cost of premiums, co-payments, deductibles, or payments for services not covered under a child's existing health coverage;

(v) recommendations on whether reasonable cost should remain a consideration under section 452(f) of the Social Security Act; and

(vi) appropriate measures for eliminating any other impediments to the effective enforcement of medical support orders that the Working Group deems necessary.

(B) REPORT BY SECRETARIES TO THE CONGRESS.—Not later than 2 months after receipt of the report pursuant to subparagraph (A), the Secretaries shall jointly submit a report to each House of the Congress regarding the recommendations contained in the report under subparagraph (A).

(6) TERMINATION.—The Working Group shall terminate 30 days after the date of the issuance of its report under paragraph (5).

(b) PROMULGATION OF NATIONAL MEDICAL SUPPORT NOTICE.—

(1) IN GENERAL.—The Secretary of Health and Human Services and the Secretary of Labor shall jointly develop and promulgate by regulation a National Medical Support Notice, to be issued by States as a means of enforcing the health care coverage provisions in a child support order.

(2) REQUIREMENTS.—The National Medical Support Notice shall—

(A) conform with the requirements which apply to medical child support orders under section 609(a)(3) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1169(a)(3)) in connection with group health plans (subject to section 609(a)(4) of such Act), irrespective of whether the group health plan is covered under section 4 of such Act;

(B) conform with the requirements of part D of title IV of the Social Security Act; and

(C) include a separate and easily severable employer withholding notice, informing the employer of—

(i) applicable provisions of State law requiring the employer to withhold any employee contributions due under any group health plan in connection with coverage required to be provided under such order;

(ii) the duration of the withholding requirement;

(iii) the applicability of limitations on any such withholding under title III of the Consumer Credit Protection Act;

(iv) the applicability of any prioritization required under State law between amounts to be withheld for purposes of cash support and amounts to be withheld for purposes of medical support, in cases where available funds are insufficient for full withholding for both purposes; and

(v) the name and telephone number of the appropriate unit or division to contact at the State agency regarding the National Medical Support Notice.

(3) PROCEDURES.—The regulations promulgated pursuant to paragraph (1) shall include appropriate procedures for the transmission of the National Medical Support Notice to employers by State agencies administering the programs operated pursuant to part D of title IV of the Social Security Act.

(4) INTERIM REGULATIONS.—Not later than 10 months after the date of the enactment of this Act, the Secretaries shall issue interim regulations providing for the National Medical Support Notice.

(5) FINAL REGULATIONS.—Not later than 1 year after the issuance of the interim regulations under paragraph (4), the Secretary of Health and Human Services and the Secretary of Labor shall jointly issue final regulations providing for the National Medical Support Notice.

(c) REQUIRED USE BY STATES OF NATIONAL MEDICAL SUPPORT NOTICES.—

(1) STATE PROCEDURES.—Section 466(a)(19) of the Social Security Act (42 U.S.C. 666(a)(19)) is amended to read as follows:

“(19) HEALTH CARE COVERAGE.—Procedures under which—

“(A) effective as provided in section 401(c)(3) of the Child Support Performance and Incentive Act of 1998, all child support orders enforced pursuant to this part which include a provision for the health care coverage of the child are enforced, where appropriate, through the use of the National Medical Support Notice promulgated pursuant to section 401(b) of the Child Support Performance and Incentive Act of 1998 (and referred to in section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 in connection with group health plans covered under title I of such Act, in section 401(e)(3)(C) of the Child Support Performance and Incentive Act of 1998 in connection with State or local group health plans, and in section 401(f)(5)(C) of such Act in connection with church group health plans);

“(B) unless alternative coverage is allowed for in any order of the court (or other entity issuing the child support order), in any case in which a noncustodial parent is required under the child support order to provide such health care coverage and the employer of such noncustodial parent is known to the State agency—

“(i) the State agency uses the National Medical Support Notice to transfer notice of the provision for the health care coverage of the child to the employer;

“(ii) within 20 business days after the date of the National Medical Support Notice, the employer is required to transfer the Notice, excluding the severable employer withholding notice described in section 401(b)(2)(C) of the Child Support Performance and Incentive Act of 1998, to the appropriate plan providing any such health care coverage for which the child is eligible;

“(iii) in any case in which the noncustodial parent is a newly hired employee entered in the State Directory of New Hires pursuant to section 453A(e), the State agency provides, where appropriate, the National Medical Support Notice, together with an income withholding notice issued pursuant to section 466(b), within two days after the date of the entry of such employee in such Directory; and

“(iv) in any case in which the employment of the noncustodial parent with any employer who has received a National Medical Support Notice is terminated, such employer is required to notify the State agency of such termination; and

“(C) any liability of the noncustodial parent to such plan for employee contributions which are required under such plan for enrollment of the child is effectively subject to appropriate enforcement, unless the noncustodial parent contests such enforcement based on a mistake of fact.”.

(2) CONFORMING AMENDMENTS.—Section 452(f) of such Act (42 U.S.C. 652(f)) is amended in the first sentence—

(A) by striking “petition for the inclusion of” and inserting “include”; and

(B) by inserting “and enforce medical support” before “whenever”.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall be effective with respect to periods beginning on or after the later of—

(A) October 1, 2001; or

(B) the effective date of laws enacted by the legislature of such State implementing such amendments,

but in no event later than the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the preceding sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

(d) NATIONAL MEDICAL SUPPORT NOTICE DEEMED UNDER ERISA A QUALIFIED MEDICAL CHILD SUPPORT ORDER.—Section 609(a)(5) of the Employee Retirement Income Security Act of 1974

(29 U.S.C. 1169(a)(5)) is amended by adding at the end the following:

“(C) NATIONAL MEDICAL SUPPORT NOTICE DEEMED TO BE A QUALIFIED MEDICAL CHILD SUPPORT ORDER.—

“(i) IN GENERAL.—If the plan administrator of a group health plan which is maintained by the employer of a noncustodial parent of a child or to which such an employer contributes receives an appropriately completed National Medical Support Notice promulgated pursuant to section 401(b) of the Child Support Performance and Incentive Act of 1998 in the case of such child, and the Notice meets the requirements of paragraphs (3) and (4), the Notice shall be deemed to be a qualified medical child support order in the case of such child.

“(ii) ENROLLMENT OF CHILD IN PLAN.—In any case in which an appropriately completed National Medical Support Notice is issued in the case of a child of a participant under a group health plan who is a noncustodial parent of the child, and the Notice is deemed under clause (i) to be a qualified medical child support order, the plan administrator, within 40 business days after the date of the Notice, shall—

“(I) notify the State agency issuing the Notice with respect to such child whether coverage of the child is available under the terms of the plan and, if so, whether such child is covered under the plan and either the effective date of the coverage or, if necessary, any steps to be taken by the custodial parent (or by the official of a State or political subdivision thereof substituted for the name of such child pursuant to paragraph (3)(A)) to effectuate the coverage; and

“(II) provide to the custodial parent (or such substituted official) a description of the coverage available and any forms or documents necessary to effectuate such coverage.

“(iii) RULE OF CONSTRUCTION.—Nothing in this subparagraph shall be construed as requiring a group health plan, upon receipt of a National Medical Support Notice, to provide benefits under the plan (or eligibility for such benefits) in addition to benefits (or eligibility for benefits) provided under the terms of the plan as of immediately before receipt of such Notice.”

(e) NATIONAL MEDICAL SUPPORT NOTICES FOR STATE OR LOCAL GOVERNMENTAL GROUP HEALTH PLANS.—

(1) IN GENERAL.—Each State or local governmental group health plan shall provide benefits in accordance with the applicable requirements of any National Medical Support Notice.

(2) ENROLLMENT OF CHILD IN PLAN.—In any case in which an appropriately completed National Medical Support Notice is issued in the case of a child of a participant under a State or local governmental group health plan who is a noncustodial parent of the child, the plan administrator, within 40 business days after the date of the Notice, shall—

(A) notify the State agency issuing the Notice with respect to such child whether coverage of the child is available under the terms of the plan and, if so, whether such child is covered under the plan and either the effective date of the coverage or any steps necessary to be taken by the custodial parent (or by any official of a State or political subdivision thereof substituted in the Notice for the name of such child in accordance with procedures applicable under subsection (b)(2) of this section) to effectuate the coverage; and

(B) provide to the custodial parent (or such substituted official) a description of the coverage available and any forms or documents necessary to effectuate such coverage.

(3) **RULE OF CONSTRUCTION.**—Nothing in this subsection shall be construed as requiring a State or local governmental group health plan, upon receipt of a National Medical Support Notice, to provide benefits under the plan (or eligibility for such benefits) in addition to benefits (or eligibility for benefits) provided under the terms of the plan as of immediately before receipt of such Notice.

(4) **DEFINITIONS.**—For purposes of this subsection—

(A) **STATE OR LOCAL GOVERNMENTAL GROUP HEALTH PLAN.**—The term “State or local governmental group health plan” means a group health plan which is established or maintained for its employees by the government of any State, any political subdivision of a State, or any agency or instrumentality of either of the foregoing.

(B) **ALTERNATE RECIPIENT.**—The term “alternate recipient” means any child of a participant who is recognized under a National Medical Support Notice as having a right to enrollment under a State or local governmental group health plan with respect to such participant.

(C) **GROUP HEALTH PLAN.**—The term “group health plan” has the meaning provided in section 607(1) of the Employee Retirement Income Security Act of 1974.

(D) **STATE.**—The term “State” includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, and American Samoa.

(E) **OTHER TERMS.**—The terms “participant” and “administrator” shall have the meanings provided such terms, respectively, by paragraphs (7) and (16) of section 3 of the Employee Retirement Income Security Act of 1974.

(5) **EFFECTIVE DATE.**—The provisions of this subsection shall take effect on the date of the issuance of interim regulations pursuant to subsection (b)(4) of this section.

(f) **QUALIFIED MEDICAL CHILD SUPPORT ORDERS AND NATIONAL MEDICAL SUPPORT NOTICES FOR CHURCH PLANS.**—

(1) **IN GENERAL.**—Each church group health plan shall provide benefits in accordance with the applicable requirements of any qualified medical child support order. A qualified medical child support order with respect to any participant or beneficiary shall be deemed to apply to each such group health plan which has received such order, from which the participant or beneficiary is eligible to receive benefits, and with respect to which the requirements of paragraph (4) are met.

(2) **DEFINITIONS.**—For purposes of this subsection—

(A) CHURCH GROUP HEALTH PLAN.—The term “church group health plan” means a group health plan which is a church plan.

(B) QUALIFIED MEDICAL CHILD SUPPORT ORDER.—The term “qualified medical child support order” means a medical child support order—

(i) which creates or recognizes the existence of an alternate recipient’s right to, or assigns to an alternate recipient the right to, receive benefits for which a participant or beneficiary is eligible under a church group health plan; and

(ii) with respect to which the requirements of paragraphs (3) and (4) are met.

(C) MEDICAL CHILD SUPPORT ORDER.—The term “medical child support order” means any judgment, decree, or order (including approval of a settlement agreement) which—

(i) provides for child support with respect to a child of a participant under a church group health plan or provides for health benefit coverage to such a child, is made pursuant to a State domestic relations law (including a community property law), and relates to benefits under such plan; or

(ii) is made pursuant to a law relating to medical child support described in section 1908 of the Social Security Act (as added by section 13822 of the Omnibus Budget Reconciliation Act of 1993) with respect to a church group health plan,

if such judgment, decree, or order: (I) is issued by a court of competent jurisdiction; or (II) is issued through an administrative process established under State law and has the force and effect of law under applicable State law. For purposes of this paragraph, an administrative notice which is issued pursuant to an administrative process referred to in subclause (II) of the preceding sentence and which has the effect of an order described in clause (i) or (ii) of the preceding sentence shall be treated as such an order.

(D) ALTERNATE RECIPIENT.—The term “alternate recipient” means any child of a participant who is recognized under a medical child support order as having a right to enrollment under a church group health plan with respect to such participant.

(E) GROUP HEALTH PLAN.—The term “group health plan” has the meaning provided in section 607(1) of the Employee Retirement Income Security Act of 1974.

(F) STATE.—The term “State” includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, and American Samoa.

(G) OTHER TERMS.—The terms “participant”, “beneficiary”, “administrator”, and “church plan” shall have the meanings provided such terms, respectively, by paragraphs (7), (8), (16), and (33) of section 3 of the Employee Retirement Income Security Act of 1974.

(3) INFORMATION TO BE INCLUDED IN QUALIFIED ORDER.—A medical child support order meets the requirements of this paragraph only if such order clearly specifies—

(A) the name and the last known mailing address (if any) of the participant and the name and mailing address of each alternate recipient covered by the order, except that, to the extent provided in the order, the name and mailing address of an official of a State or a political subdivision thereof may be substituted for the mailing address of any such alternate recipient;

(B) a reasonable description of the type of coverage to be provided to each such alternate recipient, or the manner in which such type of coverage is to be determined; and

(C) the period to which such order applies.

(4) RESTRICTION ON NEW TYPES OR FORMS OF BENEFITS.—

A medical child support order meets the requirements of this paragraph only if such order does not require a church group health plan to provide any type or form of benefit, or any option, not otherwise provided under the plan, except to the extent necessary to meet the requirements of a law relating to medical child support described in section 1908 of the Social Security Act (as added by section 13822 of the Omnibus Budget Reconciliation Act of 1993).

(5) PROCEDURAL REQUIREMENTS.—

(A) TIMELY NOTIFICATIONS AND DETERMINATIONS.—In the case of any medical child support order received by a church group health plan—

(i) the plan administrator shall promptly notify the participant and each alternate recipient of the receipt of such order and the plan's procedures for determining whether medical child support orders are qualified medical child support orders; and

(ii) within a reasonable period after receipt of such order, the plan administrator shall determine whether such order is a qualified medical child support order and notify the participant and each alternate recipient of such determination.

(B) ESTABLISHMENT OF PROCEDURES FOR DETERMINING QUALIFIED STATUS OF ORDERS.—Each church group health plan shall establish reasonable procedures to determine whether medical child support orders are qualified medical child support orders and to administer the provision of benefits under such qualified orders. Such procedures—

(i) shall be in writing;

(ii) shall provide for the notification of each person specified in a medical child support order as eligible to receive benefits under the plan (at the address included in the medical child support order) of such procedures promptly upon receipt by the plan of the medical child support order; and

(iii) shall permit an alternate recipient to designate a representative for receipt of copies of notices that are sent to the alternate recipient with respect to a medical child support order.

(C) NATIONAL MEDICAL SUPPORT NOTICE DEEMED TO BE A QUALIFIED MEDICAL CHILD SUPPORT ORDER.—

(i) IN GENERAL.—If the plan administrator of any church group health plan which is maintained by the employer of a noncustodial parent of a child or to

which such an employer contributes receives an appropriately completed National Medical Support Notice promulgated pursuant to subsection (b) of this section in the case of such child, and the Notice meets the requirements of paragraphs (3) and (4) of this subsection, the Notice shall be deemed to be a qualified medical child support order in the case of such child.

(ii) ENROLLMENT OF CHILD IN PLAN.—In any case in which an appropriately completed National Medical Support Notice is issued in the case of a child of a participant under a church group health plan who is a noncustodial parent of the child, and the Notice is deemed under clause (i) to be a qualified medical child support order, the plan administrator, within 40 business days after the date of the Notice, shall—

(I) notify the State agency issuing the Notice with respect to such child whether coverage of the child is available under the terms of the plan and, if so, whether such child is covered under the plan and either the effective date of the coverage or any steps necessary to be taken by the custodial parent (or by the official of a State or political subdivision thereof substituted for the name of such child pursuant to paragraph (3)(A)) to effectuate the coverage; and

(II) provide to the custodial parent (or such substituted official) a description of the coverage available and any forms or documents necessary to effectuate such coverage.

(iii) RULE OF CONSTRUCTION.—Nothing in this subparagraph shall be construed as requiring a church group health plan, upon receipt of a National Medical Support Notice, to provide benefits under the plan (or eligibility for such benefits) in addition to benefits (or eligibility for benefits) provided under the terms of the plan as of immediately before receipt of such Notice.

(6) DIRECT PROVISION OF BENEFITS PROVIDED TO ALTERNATE RECIPIENTS.—Any payment for benefits made by a church group health plan pursuant to a medical child support order in reimbursement for expenses paid by an alternate recipient or an alternate recipient's custodial parent or legal guardian shall be made to the alternate recipient or the alternate recipient's custodial parent or legal guardian.

(7) PAYMENT TO STATE OFFICIAL TREATED AS SATISFACTION OF PLAN'S OBLIGATION TO MAKE PAYMENT TO ALTERNATE RECIPIENT.—Payment of benefits by a church group health plan to an official of a State or a political subdivision thereof whose name and address have been substituted for the address of an alternate recipient in a medical child support order, pursuant to paragraph (3)(A), shall be treated, for purposes of this subsection and part D of title IV of the Social Security Act, as payment of benefits to the alternate recipient.

(8) EFFECTIVE DATE.—The provisions of this subsection shall take effect on the date of the issuance of interim regulations pursuant to subsection (b)(4) of this section.

(g) REPORT AND RECOMMENDATIONS REGARDING THE ENFORCEMENT OF QUALIFIED MEDICAL CHILD SUPPORT ORDERS.—Not later than 8 months after the issuance of the report to the Congress pursuant to subsection (a)(5), the Secretary of Health and Human Services and the Secretary of Labor shall jointly submit to each House of the Congress a report containing recommendations for appropriate legislation to improve the effectiveness of, and enforcement of, qualified medical child support orders under the provisions of subsection (f) of this section and section 609(a) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1169(a)).

(h) TECHNICAL CORRECTIONS.—

(1) AMENDMENT RELATING TO PUBLIC LAW 104-266.—

(A) IN GENERAL.—Subsection (f) of section 101 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1021(f)) is repealed.

(B) EFFECTIVE DATE.—The amendment made by subparagraph (A) shall take effect as if included in the enactment of the Act entitled “An Act to repeal the Medicare and Medicaid Coverage Data Bank”, approved October 2, 1996 (Public Law 104-226; 110 Stat. 3033).

(2) AMENDMENTS RELATING TO PUBLIC LAW 103-66.—

(A) IN GENERAL.—(i) Section 4301(c)(4)(A) of the Omnibus Budget Reconciliation Act of 1993 (Public Law 103-66; 107 Stat. 377) is amended by striking “subsection (b)(7)(D)” and inserting “subsection (b)(7)”.

(ii) Section 514(b)(7) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1144(b)(7)) is amended by striking “enforced by” and inserting “they apply to”.

(iii) Section 609(a)(2)(B)(ii) of such Act (29 U.S.C. 1169(a)(2)(B)(ii)) is amended by striking “enforces” and inserting “is made pursuant to”.

(B) CHILD DEFINED.—Section 609(a)(2) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1169(a)(2)) is amended by adding at the end the following:

“(D) CHILD.—The term ‘child’ includes any child adopted by, or placed for adoption with, a participant of a group health plan.”

(C) EFFECTIVE DATE.—The amendments made by subparagraph (A) shall be effective as if included in the enactment of section 4301(c)(4)(A) of the Omnibus Budget Reconciliation Act of 1993.

(3) AMENDMENT RELATED TO PUBLIC LAW 105-33.—

(A) IN GENERAL.—Section 609(a)(9) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1169(a)(9)) is amended by striking “the name and address” and inserting “the address”.

(B) EFFECTIVE DATE.—The amendment made by subparagraph (A) shall be effective as if included in the enactment of section 5611(b) of the Balanced Budget Act of 1997.

SEC. 402. SAFEGUARD OF NEW EMPLOYEE INFORMATION.

(a) PENALTY FOR UNAUTHORIZED ACCESS, DISCLOSURE, OR USE OF INFORMATION.—Section 453(l) of the Social Security Act (42 U.S.C. 653(l)) is amended—

(1) by striking “Information” and inserting the following:

Obtaining Health Care Coverage Through Child Support

Since 1985, state child support (Title IV-D) programs have been required to take steps to ensure that children receive any health care coverage available to the non-custodial parent through an employer, union or other group policy. This coverage – known as medical support – must be established as part of a child support order, and is generally enforced by directing employers to enroll non-custodial parents' children in their group health plans and making appropriate premium deductions from parents' wages. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 built on previous legislation that aimed to strengthen this part of child support.

Medical support is administratively demanding, as state IV-D agencies must comply with interacting federal and state statutes around health care and consumer credit protection, and determine whether health care coverage is available to the non-custodial parent at a reasonable cost. Moreover, the federal funding formula for rewarding states' child support efforts is based on monetary collections and does not reflect successful enforcement of medical support. According to 1991 Census Bureau data, only 40% of child support orders also provided for medical support, and of that portion, health insurance was not made available to children under about a third of those orders (Roberts, 1997).

For many states, enforcing medical support is the weakest part of their IV-D system. Since many of the children who should receive medical support are also eligible for Medicaid, failure to enforce medical support means that state and federal Medicaid costs are higher than they might otherwise be. The new Children's Health Insurance Program (CHIP) also underscores the need for effective medical support enforcement, since children are ineligible for CHIP if they already have access to health care coverage through their non-custodial parents' group health plans. CHIP's authorizing legislation (the Balanced Budget Act of 1997, which created a new Title XXI of the Social Security Act) also requires that states have a coordinated, interagency approach in identifying children without access to health insurance when implementing CHIP. State IV-D agencies may be able to participate in data matching systems or other formal mechanisms to ensure that states do not have duplicative information systems and are reaching children eligible for the new health program.

States also are seeking partnerships with employers, insurance companies, HMOs and vendors who pursue third-party Medicaid claims to improve enforcement of medical support. Increased automation and new state-wide IV-D computer systems have facilitated these arrangements.

Publications and Electronic Resources

Child Support and Children's Health Care: An Underutilized Opportunity, by Children's Partnership, *Next Generation*, January 1997. Contact (310) 260-1220 or see http://www.childrenspartnership.org/next_gen/0197/opportunity.html.

Child Support Incentives: Moving Forward, testimony by Nancy Ebb, Children's Defense Fund, before the Subcommittee on Human Resources, House Ways and Means Committee, Sept. 10, 1997. Contact T'wana Lucas at the Children's Defense Fund, (202) 662-3542.

Coordination Between the Child Support and Children's Health Insurance Programs in Order to Obtain Health Insurance Coverage for Children, by Paula Roberts, Center for Law and Social Policy (CLASP), November 1997. Contact (202) 328-5140 or see <http://epn.org/clasp/971114.html>.

Health Insurance and Child Support, by Daniel R. Meyer, *Health Affairs*, Vol. 16, March/April 1997. (Earlier version of the article: Discussion Paper 1042-94, Institute for Research on Poverty. Contact (608) 262-6358, or see <http://www.ssc.wisc.edu/irp/dpabs94.htm#DP1042-94>.) This paper summarizes research on the number of child support awards containing medical support orders, the proportion that is successfully enforced, and the extent to which non-custodial parents can readily access health insurance coverage.

Improving Health Care Coverage in the Child Support Systems, by Paula Roberts, CLASP, April 1997. This publication looks at the steps the child support system could take, within the confines of existing law, to ensure more children receive health care coverage. Contact (202) 328-5140 or see <http://epn.org/clasp/csup613.html>.

Implementation of the Income Withholding and Medical Support Provisions of the 1984 Child Support Enforcement Amendments, by Anne Gordon, in *Child Support and Child Well-Being*, edited by Irwin Garfinkel, Philip Robins and Sara McClanahan, Urban Institute Press, 1994. Contact (800) 462-6420.

Medicaid: Ensuring That Non-Custodial Parents Provide Health Insurance Can Save Costs, U.S. General Accounting Office, GAO/HRD-92-80, June 1992. Contact (202) 512-6000.

Medicaid Sanctions Under the New Welfare Law: Key Issues for State Implementation, by Joel D. Ferber, Gateway Legal Services, Aug. 7, 1997. This paper addresses sanctions related to custodial parents' non-cooperation in obtaining medical support. Contact (314) 534-0404.

Medical Support Enforcement: Results of a Ten-State Survey, by Patricia Billen, N.Y. State Office of Child Support Enforcement, September 1997. This survey of ten states that enforce the greatest number of medical support orders identified enforcement methods (including penalties for employers who fail to cooperate), perceived problems in enforcement and possible solutions. Contact WIN or the N.Y. OCSE at (518) 474-9081.

Resource Contacts

American Public Welfare Association, Kelly Thompson, (202) 682-0100, <http://www.apwa.org>

Center for Law and Social Policy, Paula Roberts, (202) 328-5140, <http://www.clasp.org>

Children's Partnership, Dawn Horner, (310) 260-1220, <http://www.childrenspartnership.org>

Institute on Family Law and Policy, Ruth Bell Clark, (617) 338-9449

Office of Child Support Enforcement, Administration for Children and Families, HHS, Nehemiah Rucker, (202) 401-9282, <http://www.acf.dhhs.gov/ACFPrograms/CSE/>

Public Consulting Group, Ben Bobo, (617) 426-2026, <http://www.pcgus.com/>

What States and Counties Are Doing

California, Sacramento County IV-D Kids Program: The Sacramento County District Attorney's Office (the local IV-D agency) arranged for Kaiser Permanente and Blue Shield to offer low-cost health care plans to non-custodial parents who are ordered to provide medical support. The IV-D agency enforces the order by withholding premiums from the wages of non-custodial parents who are employed. The insurance carriers contract with a third party administrator, Total Compensation Systems, to track the wage assignments issued, bill the parents when wage assignments are not used, and coordinate enrollment for the non-custodial parents. Currently, about 350 children are covered by this program. Contact Dean Cannon, Sacramento County Bureau of Family Support, Office of the District Attorney, (916) 875-7230, or Geoff Kischuck, President of Total Compensation Systems, (805) 496-1700.

Massachusetts: Massachusetts' state IV-D agency (the Department of Revenue) and the Medical Assistance Division began a state-wide initiative in October 1995 to use data matching to identify non-custodial parents with access to employer-provided health care coverage. The agencies first locate cases in the state's child support system where medical support orders have been issued and then use a state wage and earnings system to determine whether employers offer health insurance. When a match is made, the agencies send a letter to the employer requesting that the child(ren) be added to the non-custodial parent's policy. The IV-D agency estimates that the state saved \$3.4 million through Medicaid cost avoidance in the first year. Contact Laurie Ray, Division of Child Support, Department of Revenue, (617) 577-7200, ext. 30463.

New York: In 1998, the state-wide automated IV-D system will use new hire reporting to enhance medical support efforts. When the system receives information about a newly-hired non-custodial parent, it will automatically trigger a notice to the employer that the parent's child(ren) must be covered by any employer-provided health plan (as long as the premiums combined with child support payments do not exceed certain federal guidelines). The system also will collect information about whether employers offer health insurance to employees. Contact Lee Sapienza, N.Y. Office of Child Support Enforcement, (518) 474-9081.

Ohio: Like many states, Ohio's Medicaid Bureau had been contracting with a company to identify Medicaid recipients who had private health care coverage (third party liability) when the state IV-D agency discovered a clause in the contract providing for coordination with child support. Ohio began a pilot in two counties to identify non-custodial parents' access to employer-based health care coverage for children in the child support system through data matches with the state Medicaid program, commercial insurance files and national commercial carrier files (to include out-of-state insurance coverage). The contractor – Public Consulting Group – is paid a percentage of the collections used to reimburse the Medicaid program. The state hopes to eventually add other counties and expand the contract to include non-Medicaid cases. Contact Barbara Saunders, Assistant Deputy Director in Ohio's Department of Human Services, (614) 752-6561.

Texas: Although the federal IV-D formula provides no incentive funds for medical support enforcement, an arrangement in Texas has made it possible for the child support agency to be financially rewarded for the enforcement of medical support orders. The Office of the Attorney General (OAG) – the state IV-D agency – has an interagency contract with the state agency responsible for recouping Medicaid costs that should have been covered by insurance companies or other private plans (third party liability). The OAG receives incentive funds to identify children in the child support system: (1) who have access to private health care coverage through the non-custodial parent or (2) whose private coverage lapses. These payments are financed through the savings in Medicaid costs that the state accrues when insurance companies cover those expenses

instead. The state returns its share of the savings to the Medicaid agency, who then compensates the OAG for its efforts. (The federal government is reimbursed for its share of Medicaid costs as well.) These state payments to the OAG leverage additional federal funds for child support, because the OAG receives an additional \$2 in IV-D federal financial participation (FFP) for every \$1 it earns in state incentives. In FY 1997, the OAG received \$2.3 million from the state through this arrangement, generating a total of \$6.9 million with FFP. Contact Michael Generali, Interagency Liaison, Child Support Division, OAG, (512) 460-6286.

WIN Staff Contact: Jessica Yates, e-mail: yateswin@welfareinfo.org

The Welfare Information Network appreciates the assistance of Paula Roberts, Ruth Bell Clark and the many other individuals who contributed to this list of resources.

TRACKING STUDIES

The Welfare Information Network is attempting to identify state or local level efforts to describe the characteristics of TANF recipients who are leaving the roles and to track what happens to these recipients once cash assistance is terminated. If you are aware of such studies, please send us a fax at (202) 628-4206 or e-mail at welfinfo@welfareinfo.org.

Public/Private Partnerships for Child Care

WIN is cooperating with The Finance Project, the Families and Work Institute, and the National Governors' Association to help assemble a database of state and community public/private partnerships for child care and comprehensive early childhood development. We are interested in identifying:

- Partnerships initiated by and/or including governments, businesses, philanthropies, community groups, and/or other representatives of the private sector;
- Partnerships to improve the availability and/or quality of child care and early education;
- Partnerships to improve the quality of, or access to, critical systems affecting young children's health, safety, and development (e.g., integrated service delivery systems, formal or informal support systems); and/or
- Partnerships that involve program, general support, or capital, financial, or other support through any number of different mechanisms (e.g., investment funds; loan or bond programs; tax credits, check-offs, or property tax reforms; in-kind contributions—technical assistance, volunteerism, lobbying, advocacy).

If you are aware of any public/private partnerships, we would appreciate your sharing your knowledge with us. The following information would be most helpful:

- | | |
|---|---|
| • Name of Partnership | • Relevance to Child Care |
| • Partnership Location | • Contact Name |
| • Partners Involved
(Names and Numbers of
Involved Parties) | • Contact's Affiliation with
Partnership |
| | • Contact Phone/Fax/E-mail |

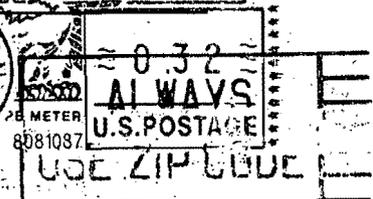
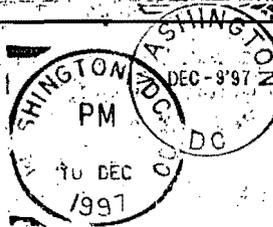
While we ultimately hope to have complete information for these (and additional) data sets, we would appreciate your providing us with as much information as you know at this time, even if that is simply the partnership name, location, and a rudimentary description of its relevance to child care. Many thanks, in advance, for your assistance.

Information should be sent to:

- April Kaplan, Welfare Information Network (Fax: 202/628-4206, E-mail: akap@welfareinfo.org)

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