



Complex Child E-Magazine

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Health Care for Children is a Right

by Susan Agrawal

We expect that a fire truck will arrive when our house is on fire. We expect that a policeman will respond if our house has been burglarized. We expect that an ambulance will show up if one of our children has a medical emergency. We expect that all our children have access to a free and appropriate education. We even expect our mail to be delivered each day in a timely fashion.

Why is it that we don't expect the United States government to provide us with medical insurance and basic health care?

For some reason we simply do not expect the same level of service and commitment to our health and wellbeing as we do to other--and often less important--aspects of our lives. Perhaps this is because we have never experienced national health care. The rest of the developed world, however, sees health care as no different from police service or schools. They pay taxes and expect that their most important need--their health--will be provided for when needed.

When programs are suggested or created in the United States, they are quickly denigrated as "socialized medicine." But we probably don't think about all the services that are provided for us by the government on a daily basis, nor do we consider these services to be "socialized policing" or "socialized firefighting" or "socialized mail delivery." They are services that we simply expect as citizens of the United States because we pay taxes.

Don't we have a right to adequate health care?

SCHIP

I strongly believe that health care is a right, especially when it comes to our children. Why should a child who by chance happens to be born into a wealthy family with stellar job benefits receive excellent health care, while a child who equally by chance is born to a working class single mother be uninsured? Children should be guaranteed health care without regard to their parentage, their family income, or their parents' jobs.

In the 1990s, our government tried to address this issue--this fundamental right for children to receive health care--and ultimately passed the State Children's Health Insurance Program (SCHIP). This program uses federal dollars matched by state dollars

to provide health insurance to children who do not qualify for Medicaid because their family income is higher than allowed by Medicaid. The plan initially covered children from families who typically earned up to double the poverty line, along with pregnant women, and, in some states, certain adults. Each state has its own program, with its own regulations and requirements.

This program, although slow to get going, eventually proved very successful, and states hoped to open up enrollment to children from higher-income families, children of illegal immigrants, and other selective groups of children. By 2007, when SCHIP required reauthorization to continue, both the House of Representatives and the Senate passed reauthorization, along with measures to expand the program to four million more uninsured children. While some Republicans did vote against the plan, there were wide margins in both houses, with many Republicans voting for the legislation.

As you may or may not know, President Bush vetoed the bill. Twice. The initial veto was only his fourth veto in office. Of all bills to veto, why on earth would he veto this one, which would have provided healthcare for uninsured children? One out of ten children remains uninsured! What an appalling statistic for a nation who prides itself on taking care of its citizens.

Here is what Bush wrote explaining his decision to veto the bill, which had bipartisan support and was favored by almost all Americans:

I am returning herewith without my approval H.R. 976, the "Children's Health Insurance Program Reauthorization Act of 2007," because this legislation would move health care in this country in the wrong direction.

....

This bill would shift SCHIP away from its original purpose and turn it into a program that would cover children from some families of four earning almost \$83,000 a year. In addition, under this bill, government coverage would displace private health insurance for many children. If this bill were enacted, one out of every three children moving onto government coverage would be moving from private coverage. The bill also does not fully fund all its new spending, obscuring the true cost of the bill's expansion of SCHIP, and it raises taxes on working Americans.

Attempts by the House of Representatives to override the veto failed by a mere 13 votes, since a two-thirds majority is required to override presidential vetoes.

So much for health care being a right.

A Closer Look at Struggling Families

Let's take a closer look at Bush's statement, that families earning up to \$83,000 don't need help, and that children would be moved from private to public insurance.

It is important to remember that 200% of the poverty line--the original usual "boundary" for SCHIP--is currently only about \$42,000. As we all know, it can be exceptionally difficult for families to afford health insurance, even if they earn double this amount. This is particularly true for children with complex health needs, who may not even be able to find health insurance due to pre-existing conditions, high premium costs, and other restrictions. Another important group of children with medical needs is those who have been dropped from employer-based private insurance because their medical expenses have exceeded their lifetime maximums. These children, regardless of parental income, are typically uninsurable.

Let's take a family with two self-employed parents who earn a combined \$75,000 a year and have a child on multiple prescriptions, with an average of three therapy visits and one doctor appointment a week. If this family can get health insurance at all, their premiums are likely to be as much as \$1000 a month, due to their child's pre-existing condition and a need for very comprehensive coverage. Copays, deductibles, coinsurance, and non-covered items, which all tend to be higher for these types of insurance plans, run them an average of \$15,000 a year, not really that uncommon for a family with a child with special needs. This family's income has just dropped down to \$48,000 with \$27,000 spent on healthcare per year, and that is before taxes. Add in childcare, a mortgage, and usual expenses, and this family will be lucky to break even.

Just imagine the same scenario for a family who earns \$50,000. They will have trouble just paying for prescriptions or putting food on the table.

To say that these families do not need help shows just how out of touch many members of the legislature are. They clearly do not understand the financial burden of children with special needs, particularly those who are medically complex.

Then there is the matter of underinsurance, which is perhaps the biggest problem for children with medical needs. My daughter is a prime example. Even though we have excellent health insurance and a PPO plan, my daughter's insurance does not cover a wide spectrum of her medical needs. No coverage is provided for the home nursing that allows her to live at home. They do not cover a lot of her equipment, including some of her IV pumps, her pulse oximeter, and similar items. Prescription co-pays run \$500 a month. And other non-covered items, like a lift for the home or an adapted wheelchair van, cost in the tens of thousands.

My daughter is one of the lucky children who gets additional insurance through Illinois' AllKids program. In her case, she is part of a Medicaid waiver program for children who are medically fragile and technology dependent. But our state also offers secondary insurance for children in certain income groups who have private insurance but are underinsured. You may also buy into the program by paying an income-based monthly premium, even if you earn as much as \$150,000 a year.

This is traditional Medicaid and I cannot say enough good things about it. While we have had some struggles with getting certain prescription drugs covered, the "hassle-factor" is about 1/100th that of private insurance. Supplies and procedures are simply covered without complaint or multiple appeals. If this is socialized medicine, bring it on! It has been far superior to our top-rated for-profit private insurance company, who nickels and dimes every claim, and requires multiple appeals for every charge.

Inability to obtain insurance, unaffordable insurance, and underinsurance are huge problems facing our children today, and ones that we really need to address. All children need comprehensive and affordable health insurance.

We're Getting There!

In January 2009, just a few days before Barack Obama was sworn in as president, the House and Senate again quickly passed reauthorization for SCHIP, with some bipartisan support. Using tobacco taxes to fund the legislation, it provides \$32.3 billion over 4.5 years for the seven million children already enrolled and an additional four million more children. This bill was quickly signed by now President Obama and became law.

We are on our way.

But I really have to wonder about the 139 members of the House and the 32 members of the Senate who voted against SCHIP. Is giving healthcare to children really that controversial? Some opposed the legislation because it covered children of illegal immigrants who by no fault of their own have been brought to the United States. Why punish children for their parents' crimes? Others said it was just too expensive. Can you really put a price on health? And everyone knows that providing adequate healthcare saves enormous sums of money in the long run. Others were upset that the legislation provides coverage for children who are moderate income and may even have private insurance. Have they ever tried to survive financially with a child who has extensive medical needs, private insurance or not?

There is no excuse for a country as great as the United States not to provide health insurance and services for its youngest and most vulnerable citizens: its children. Health care is a right and should be an expectation.