

Let's stop playing the lottery with our children's health

Written by Marian Wright Edelman, NNPA Columnist
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As Congress drafts legislation to reform America's health care system, our Senators and Representatives must consider the impact of the unjust lottery of geography on children like Carlos Sanchez (not his real name). For five years, Carlos, 15, received pediatric care at the Upper Cardozo Health Center, one of the 39 sites that are a part of Unity Health Care, Inc., in the District of Columbia. Carlos was enrolled in Medicaid, but when his family could no longer afford the cost of housing in D.C., they moved just across the state boundary line into Maryland where rents are more affordable.

The family's income remained the same, but moving just a few miles away to a different jurisdiction made a world of difference in Carlos's health coverage. He lost his Medicaid insurance, and although he qualified for Maryland's Children's Health Insurance Program (CHIP), he had a six-month waiting period before he could get coverage.

With this change, health services had to be paid out-of-pocket since his parents couldn't afford private insurance. When Carlos injured his knee, they learned how vulnerable the change in his insurance status had left him. The family couldn't afford an MRI, visits to an orthopedist or physical therapy—expenses Medicaid would have covered in the District of Columbia.

Carlos's story is not unique. The lives and health of millions of children depends on where they live. Unfortunately and unjustly, one-third of our nation's children are enrolled in 50 different state Medicaid and Children's Health Insurance Program (CHIP) systems, each with different rules regarding eligibility, enrollment and recertification.

Children's ability to survive, thrive and develop must not depend on the lottery of geography or birth. In 29 states, Medicaid covers all children of any age in families at or above 133 percent of the Federal Poverty Level; and 12 states cover children above 200 percent. There are 33 states where children are eligible for different benefits based on their ages — so a 3-year-old and a 7-year-old in the same family could qualify for different programs, one providing comprehensive child appropriate benefits and the other (CHIP) providing some or none since CHIP is a block grant.

It's incredible that Congressional health reform proposals have suggested lowering the income eligibility levels to the point where they would actually leave many children worse off than they are today.

Because of the unjust lottery of geography, millions of children are excluded from the critical care they need. When children lose their coverage after moving to a different state, their options for purchasing health insurance can be severely limited.

At an average premium of more than \$12,500 a year for a family of four, private insurance is seldom an option, especially since many policies carry high deductibles and cost sharing. Another alternative for families financially locked out of private insurance is to try to meet medical expenses on a pay-as-you-go basis limited to what they can afford. But given the rising cost of health care, that approach often precludes well-baby/well-child care, immunizations, checkups and other forms of preventive and primary care.

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As a result, some families delay seeking treatment hoping the child will recover until their illness advances, becomes serious and requires emergency care—the most costly response. Taking a child in the early stages of an asthma attack to a doctor's office visit in Harris County, Texas, costs around \$100; taking a child to the emergency room with full-blown asthma symptoms may require a three-day hospital stay at a cost of more than \$7,300.

The loss of regular primary health coverage puts children at risk of growing up without a "medical home." Under pediatrician Danielle Dooley's care, the Upper Cardozo Health Center provided Carlos a medical home with continuity of care, checkups and screenings for vision and hearing. When providing medical home services, physicians coordinate care, track school performance, examine a child's social situation, look for indications of neglect or abuse and make referrals to specialists when required.

A medical home is crucial during a child's first 18 months when they receive a series of immunizations. Developmental milestones including speech delay or impaired vision can be monitored. Immediate intervention with therapy can make an enormous difference in a child's progress. Families without coverage often feel excluded from health providers and are less likely to seek care.

For more children to receive quality care and not be excluded from coverage, Congress must eliminate the rampant disparities in health care among states and among children by establishing a national eligibility floor for children in families at or below 300 percent of the Federal Poverty Level (\$66,150 for a family of four) so that children in every state will have the same chance to survive and thrive.

If we do not pay attention children could end up worse off and victims of illusory health reform. We have the money to accomplish this.

Our leaders must muster the political will, but only you—citizens raising your voice and using your votes can make it happen. If you believe a child is a child and each child's life is of equal value, tell your Senators, Congressman and President Obama today to act to provide a level playing field for all children in every state.

Email your Members of Congress today to let them know that affordable, comprehensive health coverage for everyone—especially children—is important to you at: www.childrensdefense.org/healthaction

Marian Wright Edelman, whose new book is *The Sea Is So Wide And My Boat Is So Small: Charting a Course for the Next Generation*, is president of the Children's Defense Fund. For more information about the Children's Defense Fund, go to <http://www.childrensdefense.org/>.