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Myths and facts of child health care

By Jennifer L. Howse and Lawrence A. McAndrews

Americans have been and remain deeply concerned about lack of health care security. The number of uninsured people continues to grow — now more than 40 million — at a time of remarkable national economic performance. Even in the most affluent of families, lack of coverage still is often only a relative, friend or colleague away. For the middle class, insurance disaster is but one paycheck or one serious illness away. Yet now that there is a bipartisan move to extend health insurance coverage to as many as 5 million more kids, some contend that things aren't really that bad for children.

There is room to debate and room to quibble over details, but the facts are clear: millions of children need health coverage and would benefit from it, but their parents can't afford to pay.

The president and congressional leaders have agreed on a multiyear commitment of $16 billion to expand health insurance for kids. Almost overnight, a move by Sens. Orrin Hatch and Edward Kennedy to write this goal into the budget agreement last month produced 45 votes from both parties despite opposition from the Hill leadership and the White House. Beyond a doubt, and beyond partisanship, the nation seems ready to take this giant step for children's needs.

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As Congress continues to debate alternative ways of improving health coverage, it is useful to review a few facts that quantify the problem and point the way toward a reasonable set of solutions. Let's take a look at just four of the myths that have sprung up among those who would minimize the seriousness of the problem.

■ Myth: Data illustrating the population of uninsured children are inflated. Most children are uninsured for less than four months.

Fact: According to two different Census surveys, there are approximately 10 million children who lack health insurance for at least the entire year. There are 3.5 million children who are uninsured for at least two years, and, it is estimated that one in three children —20 million — lack health insurance for at least one month.

■ Myth: There is no crisis requiring federal action; most parents of means are simply choosing to let their kids go uncovered.

Fact: Over the past several years, the number of uninsured children has fluctuated, but it has always been significant. For example, in 1995 there were 1.3 million more uninsured children than there were in 1990 — a 15 percent increase — and 1.6 million more than there were in 1987 — a 20 percent increase. Seventy percent of uninsured children live in a family where the income is $26,000 or less, and most of those families have parents who are employed.

■ Myth: Children don't need health coverage. They actually get health care services when they need them, even if they are uninsured.

Fact: Compared to insured children, uninsured children are nearly four times as likely to go without at least one needed service, such as medical care, dental care, prescriptions, eyeglasses or mental health care. This is especially true of children with chronic or congenital conditions. For example, more than half of the 600,000 uninsured children with asthma never see the doctor any time during the year, yet those children have higher health care expenditures. Ultimately, many of these asthmatic children are hospitalized with problems that could have been prevented.

■ Myth: The last time the federal government expanded Medicaid, costs skyrocketed, and still 10 million children are uninsured.

Fact: The increase in Medicaid spending is due primarily to the rising population of elderly and their more extensive use of the health care system. Children are almost 30 percent of the population, but they account for less than 15 percent of health care spending.

Significant health benefits to children can be attributed to bipartisan efforts during the 1980s and early 1990s to expand Medicaid coverage. For example, becoming eligible for Medicaid has lowered by more than 50 percent the odds that a child would go a year without a doctor's visit and lowered by 8.5 percent the infant mortality rate, averting nearly 4,000 infant deaths per year, and lowered the child mortality rate by 4.5 percent, averting more than 1,400 child deaths per year.

Because they are accountable to tax-paying constituents and not to children, elected officials usually vote based on economic realities, not sentimental cliches. But the economics here are simple; the health care analysis is clear: Children's health is affordable, and coverage makes a real difference in how healthy they and our nation will become.

The jury's out on jury nullification

By Ron Christie

An old, controversial trend has found new life in the American judicial system. Certain legal activists, distrustful of the government's ability to administer the law, have supported initiatives requiring state judges to instruct juries on their right to determine the law.

Is there ever a situation where jury nullification is justified? If jurors in our courts do not have to follow the law, what are they there for in the first place?

The right to trial by one's peers is a liberty that has been long preserved in modern jurisprudence. In 1215, King John was forced to sign the Magna Carta and grant wide-reaching liberties under threat of civil Most important, the Crown forbidden to imprison people without runaway slaves. Met with strong opposition from the North, many juries refused to convict abolitionists of a law they found morally offensive. As a result, Harriet Tubman and other operators of the Underground Railroad were able to elude prosecution and bring hundreds of slaves to the North and freedom.

This presents the question: Is an unjust law a law at all? If Harriet Tubman and others like her had been convicted of violating the Fugitive Slave Acts, untold scores of people would have to further endure the injustices and inhumanity of slavery. Indeed, if jurors had not followed their was arrested and put in jail for violating Montgomery's transportation laws. A jury deciding Ms. Parks' fate could have elected not to enforce the punitive and unjust transportation laws, since an unjust and immoral law is no law at all.

While jurors were able to review the evidence and acquit heroes such as Harriet Tubman, current jury nullification advocates fail to distinguish between laws that serve a legitimate legal purpose and those that are clearly unjust. A recurrent argument put forth by nullification supporters today addresses the disparity of prosecution and sentencing between crack and powder cocaine. Since the authorities seem more intent on prosecuting those in possession of crack cocaine (who tend to be black) rather than powder cocaine, the argument goes, black jurors should acquit black defendants to make up for the apparent disparity of justice.

Unlike the enforcement of Fugitive Slave laws or Jim Crow statutes, criminal prosecutions for the possession, use, and distribution of cocaine have nothing to do with morality. If anything, current advocates of jury nullification d question the morality of returning criminals to our neighborhoods. Better yet, nullification supporters should ask the brothers and fathers

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States Acting on Child Health Care

Insurance for the Working Poor May Provide Measure of Relief

By CAROLE BURNS

As Congress looks for ways to provide health insurance for children of the working poor, more than a third of the states are exploring proposals with the same goal.

Many states already have modest programs to insure children whose parents earn too much to qualify for Medicaid, and a handful, like Massachusetts and Minnesota, have started comprehensive programs for uninsured children. The new state proposals would expand coverage to as many as 800,000 additional children, according to the National Governors' Association.

At least three states, including New York, are considering plans to cover children in families that earn more (up to 300 percent of the Federal poverty level in some cases), and Arkansas and Virginia adopted such measures in March. At least 12 other states are considering programs with a lower income threshold.

Although most states have been cutting welfare costs, these proposals have drawn broad support as lawmakers grapple with twin issues: the scarcity of health benefits for families in low-paying jobs, and changes in welfare laws that may compound the problem.

These programs are popular because they focus exclusively on children and because they are relatively inexpensive. In Arkansas, when Gov. Mike Huckabee, a Republican, signed legislation in March to extend Medicaid to another 80,000 children, he said, "There's not a single piece of legislation that I am more proud to be a part of signing."

Many states, including Connecticut, will cover at least half their costs by seeking Federal reimbursement to expand their Medicaid programs. Lawmakers estimate that insuring an additional 5,000 children would cost Connecticut about $5 million. The state spends nearly $1 billion a year on all Medicaid for nursing home residents, the disabled and poor families.

Yet critics say that the state programs will have minimal impact and that a comprehensive national solution is needed. "To suggest that we're going to reduce the number of uninsured children by 50 or 75 percent is totally unrealistic," said Michael S. Sparer, an assistant professor at the Columbia University School of Public Health.

A study released May 1 by the National Governors' Conference estimated that the new state proposals would cover only 800,000 of the 10 million uninsured children in the country.

Although a measure sponsored by Senator Orrin G. Hatch, Republican of Utah, and Senator Edward M. Kennedy, Democrat of Massachusetts, to pay for a child health insurance plan by raising the cigarette tax failed in the Senate this week, about $16 billion remains in the budget proposal to cover some program of this kind.

Several recent studies have found that as the number of uninsured people has increased, children have been affected the most.

Eight years ago, 73 percent of children were covered under private health insurance, according to a February report by the General Accounting Office. By 1995, that number had dropped to 66 percent. For working-age adults, the drop was more modest, falling from 76 percent eight years ago to 73 percent in 1995.

While the state plans vary, Connecticut's is typical in seeking to expand Medicaid coverage for children to include families with higher incomes than are currently allowed. Connecticut, with 80,000 uninsured children, would cover all children whose families make under 185 percent of the poverty level.

New York is looking at expanding its popular Child Health Plus program, which provides insurance policies for poor families on a sliding scale. A proposal would expand that program to children of families that earn up to 300 percent of the poverty level, compared with 185 percent now.

> Critics say a national plan to cover young people is needed.

Under this plan, the children of a family of three making $39,990 would be eligible for Child Health Plus; the limit now is $24,661, and the poverty level is $13,330.

New York would pay for that with a nickel-a-pack increase in the cigarette tax and Federal matching money, said State Assemblyman Richard N. Gottfried of Manhattan, chairman of the Assembly's Health Committee and the bill's sponsor. He hopes to reach 60,000 children of the 620,000 uninsured children in the state.

In New Jersey, with about 100,000 uninsured children, Gov. Christine Todd Whitman, a Republican, is proposing that the state use public and private money to set up a fund to help low- and middle-income parents buy health insurance.

Studies point to structural economic changes as one reason for the growing number of the uninsured. Manufacturing jobs are being replaced by service industry jobs that often do not include health benefits. Fewer employers offer benefits because of the high cost, and fewer employees can afford the increased share of the fees their companies are requiring them to pay.

Children's advocates say they are also concerned that recent welfare changes will increase the number of uninsured children further.

As more families leave welfare for work, it is likely that additional families will be working in jobs that do not provide health care coverage, said Judith Solomon, executive director of the Children's Health Council, a child advocacy group in Connecticut.

"Uninsured parents say they experience the effects every day."

Diana Landino of Branford, Conn., who says her ex-husband has not paid for health insurance for their five daughters, has a daughter suffering from depression. When she shows up at a hospital or clinic for treatment, Mrs. Landino said, "The first thing out of their mouths is 'Do you have insurance?'"

Melanie M. Clark, who works at an orchard, says she worries about what bill will go unpaid, or what food she won't buy, when one of her three children needs to see a doctor.

At least eight states are considering or have passed plans to expand their Medicaid programs to cover more children: Alaska, Arkansas, California, Connecticut, Maine, Oklahoma, Texas and Virginia, according to the Health Policy Tracking Service of the National Conference of State Legislatures. At least 12 states are looking at other ways to increase coverage of uninsured children: California, Colorado, Florida, Louisiana, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Texas and Vermont.

Massachusetts has adopted a program called the Children's Medical Security Plan to insure children whose parents earn too much to be eligible for Medicaid but who cannot afford private health insurance. The program is financed by a 25-cent-a-pack increase in the state cigarette tax.

In raising the threshold for eligibility for Medicaid to 200 percent from 133 percent of the Federal poverty level, Arkansas made 80,000 more children eligible — about 80 percent of the state's uninsured children.

In California, with 1.8 million uninsured children, legislators are proposing to raise the threshold to 200 percent of the poverty level from the current range of 85 percent to 133 percent for most children.

Critics in Connecticut and other states say that employers, not government, should foot the bill for health insurance, and that the new state programs may encourage more employers to drop health benefits for low-paying jobs.

Ted Marmor, a professor of public policy at the Yale School of Management, also expressed doubts about the state efforts.

"These are not high-minded people," he said of the sponsors of the state proposals. "There's an equivalent of fashion and fad in politics. It happens that child talk is useful at the moment."