U.S. Election 2006 – Health Care and Uninsured Children

MA and CHIP Provide Much Needed Coverage
Health insurance coverage is essential to providing access to appropriate and necessary health care for children. Currently, about 1.1 million or one in three Pennsylvania children are enrolled in Medical Assistance (MA—Pennsylvania’s Medicaid program) or the Children’s Health Insurance Program (CHIP). The vast majority of these children, approximately 925,000, are enrolled in MA. CHIP enrollment is about 140,000. Of those children enrolled in CHIP, roughly 131,000 children receive free CHIP coverage, while 9,000 Pennsylvania children receive reduced-cost CHIP coverage.

The Commonwealth finances CHIP and MA with both federal and state funds. About 55 cents of every dollar spent on MA in Pennsylvania comes from the federal government. Nearly 69 cents of every dollar spent on CHIP in Pennsylvania comes from the federal government.

Pennsylvania was one of the first states in the nation to establish an insurance program for children in 1992, with the enactment of CHIP. Congress passed landmark legislation creating the State Children’s Health Insurance Program (SCHIP) in 1997. SCHIP was modeled after the successful CHIP program in Pennsylvania. Congress is scheduled to reauthorize SCHIP in 2007.

The Uninsured
According to the Pennsylvania Department of Insurance, 92 percent of Pennsylvanians, or more than nine in ten citizens, have some type of health care coverage. The majority of coverage, 66 percent, is from private health insurance. Health care coverage from publicly funded programs is roughly 29 percent.1

Though CHIP and MA provide much-needed health care coverage to a great number of Pennsylvania children, approximately 133,600 children in the Commonwealth are uninsured. Of these, approximately 108,000 are eligible for MA and CHIP, while 25,600 of the uninsured children in Pennsylvania are ineligible for any publicly funded health care coverage.

The Benefits of Coverage and Pitfalls of Lacking Coverage
Health insurance status is the single most important factor in determining whether or not a child will have access to health care. The American Academy of Pediatrics recommends annual medical care visits for all children ages 2-18 and more frequent visits for children from birth to 2 years of age. However, in 2003, one-third of uninsured children in America went without any medical care for an
entire year. Conversely, nearly 88 percent of their insured counterparts received medical care during the same period.

New risks can emerge for the uninsured teenager. According to the Pennsylvania Department of Insurance, approximately, 68 percent of Pennsylvania’s uninsured children are ages 11-18.

Nationwide, nearly 80 percent of uninsured children live with working families. The parents of uninsured children live with the fear of what might happen if injury or illness strikes. In a 2001 survey, nearly 70 percent of parents with uninsured children responded that they worry about whether they will have the money to pay for medical bills if their kids become sick or injured. The survey also found that one in five parents with uninsured children kept a child out of athletic activities for fear of injury.

Low-income women, who have the fewest financial resources, are the most likely to lose pay when caring for a sick child. Two-thirds of low-income women (family incomes below 200 percent of the federal poverty income guidelines (FPIG)) and 75 percent of very poor women (less than 100 percent FPIG) do not get paid when they miss work to care for a sick child.

Providing health care coverage to children improves access to health care and thereby improves the health outcomes of children. Children who have health insurance are more likely to be immunized, receive regular check-ups and get prompt treatment for common childhood ailments, such as ear infections and asthma. Uninsured children are less likely to see a doctor on a regular basis and they are less likely to see a doctor when symptoms develop. The uninsured are nine times more likely to be hospitalized for a preventable problem.

Children who have health insurance generally have a relationship with a primary care physician. The insured are less likely to use costly emergency room services for common childhood ailments. In June 2006, the Institute of Medicine released a report indicating that the nation’s emergency rooms are overburdened. According to the report, one of the main problems contributing to overburdened emergency rooms is the growing number of uninsured patients.

**Academic Success Linked to Health Coverage**
Children’s health is important to their academic success. Because children with health insurance are more likely to avoid preventable childhood illnesses, they generally have better school attendance. A Florida study showed that uninsured children are 25 percent more likely to miss school.

Several studies in other states have also shown that providing children health care improves their school performance. A 2002 impact evaluation study
conducted on the California Healthy Families Program found that children enrolled in public coverage experienced a 68 percent improvement in school performance and school attendance. A study conducted in Vermont showed that reading scores doubled after those without insurance were provided health care coverage.

Quite simply, if you are not in school, your chances of academic success are less than those who do attend. And if your health needs are not met, your chances of academic success are less as well.

**The Costs of the Uninsured**

The uninsured (children and adults) can afford to pay an average of only 35 percent of their medical bills. According to a national health advocacy organization, U.S. uncompensated health care (for children and adults) totaled $43 billion in 2005. Pennsylvania’s uncompensated care (children and adults) in 2005 was estimated at $1.4 billion.

There is no definitive data on uncompensated care for children in Pennsylvania. However, we can better comprehend the dollar amount involved by reviewing related data. According to the Pennsylvania Health Care Cost Containment Council, there were 4,332 inpatient hospital discharges for children (ages 0-18) classified as “self pay” in 2004 at a cost of $25.4 million. Most “self pay” cases end up as uncompensated care.

Furthermore, the Pennsylvania Department of Public Welfare provides payments, from tobacco settlement funds, to hospitals for uncompensated care cases that exceed more than 2.5 times the amount of the hospital’s average uncompensated care. These are known as “extraordinary expense” cases. According to the Department and the Health Care Cost Containment Council, there was a total of $15.4 million in “extraordinary expense” cases involving children in FY 2003-2004.

**The Solution is Clear**

Children in Pennsylvania, and those nationwide, must have access to health care coverage through SCHIP programs. Congress must reauthorize SCHIP in 2007 in order to address the health care needs of our nation’s uninsured children. Congress must ensure that SCHIP has the necessary funding for the program’s successes to continue to grow and to allow more children to receive quality health care coverage. Furthermore, Congress must act to maintain and expand Medicaid for children. Medicaid is the backbone of publicly-funded health care for children in America.

Together, SCHIP and Medicaid provide numerous benefits to our nation’s children, including:
• Enhancing productivity. Coverage for children provides parents with peace of mind, allowing them to focus on workplace responsibilities while at work.
• Meeting the overall health needs of all our children and giving them a better chance to lead healthy, fulfilling lives.
• Improving students’ school attendance and thereby their academic performance, by meeting their health needs.
• Reducing the number of children with unmet health care needs through access to preventative and responsive care.
• Reducing the number of emergency room visits for non-emergency care.

Support is Strong
A 2006 IssuesPA Poll showed that reducing health care costs is the health care issue that will be most important in determining respondents’ votes in this year’s elections. Addressing the uninsured was the second major health care concern expressed in the survey; in fact, 96 percent of respondents stated that the candidates’ positions on how to provide health insurance for uninsured children were very important or somewhat important in determining their votes.

Pennsylvania has a tradition of leadership on providing children with low-cost health care coverage. The issue of uninsured children is of concern to us all and crosses the political spectrum. It is time for all those seeking public office to embrace providing health care coverage to all Pennsylvania children.

The Time is Now
In this election season, those seeking office in the U.S. House and Senate must pledge to continue make the economic, social, health, and academic benefits of health care coverage available to our nation’s children via meaningful reauthorization of SCHIP and the protection and enhancement of Medicaid. Flat-funding SCHIP and cutting Medicaid is not an option, because health care costs continue to rise and more children lack employer-sponsored health care coverage. Otherwise, states will be forced to scale back their SCHIP programs. Pennsylvania helped lead the nation when it comes to health care coverage for children. Maintaining that role means that Congress must ensure that the federal government continues to provide sufficient funds for SCHIP and Medicaid. When the many benefits of health care coverage are taken into consideration, making key investments in important programs like SCHIP and Medicaid is both modest and wise.

1 Pennsylvania Department of Insurance, The Health Insurance Status of Pennsylvanians: Statewide Survey Results, May 9, 2005
2 Robert Wood Johnson Foundation, “Going Without: America’s Uninsured Children” August 2, 2005
3 Ibid.
4 Campaign for Children’s Healthcare, “America’s Uninsured Children” July 2006
7 Henry J. Kaiser Family Foundation, Kaiser Women's Health Survey, 2001
9 Institute of Medicine, “Hospital-Based Emergency Care: At the Breaking Point” June 14, 2006
10 Ibid.
12 Health Status Assessment Project-First Year Results, Data Insights Report No. 10 (2002) Children’s Health Assessment
13 Building Bridges to Healthy Kids and Better Students (2002) Council of Chief Safe School Officers
14 Families USA, “Paying a Premium: The Increased Cost of Care for the Uninsured.” June 8, 2005
15 Ibid.
16 Ibid.