

Why Children Need SCHIP

by Madeline Drexler

Just after Christmas 2006, Dedra Lewis faced a stark choice. Alessiana, Lewis's young daughter, was going blind from a rare eye disorder called uveitis, and losing mobility from juvenile rheumatoid arthritis: part of a devastating syndrome that had suddenly struck the year before. Together, these conditions required steroid eye drops every hour, other medications throughout the day, and doctors' appointments three times a week.

Lewis, who manages a federally subsidized housing project in Springfield, Massachusetts, had to choose between staying at her full-time job and thereby stinting on Alessiana's care -- or cutting back her work hours to care for her daughter, thereby losing her family's health insurance. "Any mother is going to pick her child," Lewis said.

Two days later, her insurance was cancelled. The costs for Alessiana's medications alone: about \$450 per week. As Lewis recalls, "Everything crashed."

What saved Alessiana, now nine, was the State Children's Health Insurance Program, or SCHIP -- the same program the Bush administration now threatens, fearful that it would usher in government-run health care. Launched in 1997, the federal/state collaboration was intended to cover children of the "working poor": families whose income was too high to qualify for Medicaid, but too low to afford private insurance -- a group that was disproportionately uninsured.

It succeeded beautifully: Today, SCHIP covers 6.6 million kids. From 1997-2005, SCHIP and Medicaid together contributed to a reduction in the rate of uninsured children by one-third, from 22.3 percent down to 14.9 percent. SCHIP has reduced racial and ethnic disparities in care, because a disproportionate number of enrollees are black, Hispanic and native American.

Buoyed by this success, 18 states expanded the program to cover, in some cases, families earning up to 350 percent of the poverty level, a seemingly generous cutoff that still includes the "working poor." That's because since 1996, the year before SCHIP's creation, the average cost of a premium for a family plan has grown five times as fast as the federal poverty level, according to the Kaiser Family Foundation. Mirroring this trend, from 1997-2005, the percentage of higher-income uninsured children actually rose, as private, employer-based coverage eroded.

President Bush now wants to rein in this singularly successful government collaboration. This summer, the Senate and House of Representatives passed bills that raise SCHIP funding by \$35 billion over five years when the program expires at the end of this month. But in August, during a Congressional recess, federal officials slapped onerous new rules on the program. States cannot cover children in families above 250 percent of the federal poverty level -- currently \$42,929 for a family of three. Children must be uninsured for a year before they can enroll, to protect private insurers from losing customers. And each state must prove that it has enrolled 95 percent of children below 200 percent of the federal poverty level -- a historically unachievable target.

President Bush promises to veto any proposed legislation that substantially expands the program. "I believe this is a step toward federalization of health care," he said on September 20. Just days ahead of the September 30 deadline, the Senate and

House have slightly revised their bills, but not enough to escape the President's veto threat. SCHIP's very existence is now in jeopardy.

To understand SCHIP's success, it helps to go beyond political rhetoric and examine it close up, through the eyes of physicians who work with mostly poor and marginalized patients. One such doctor is Alexy Arauz Boudreau, M.D., instructor of pediatrics at Harvard Medical School. Among her many SCHIP patients is the daughter of legal immigrants -- a mother who toils at a local farm, a father who drives a truck. The daughter was born with gastroschisis, a life-threatening defect in the abdominal wall. With emergency surgery and close monitoring for complications, she survived; without SCHIP-funded care, her complex follow-up treatment would have been spotty, and her medical bills would have reached tens of thousands of dollars. Now seven, the girl is a stellar student who herself wants to be a doctor.

SCHIP doesn't just save the day in emergencies. It also eases children's chronic suffering. In poor city neighborhoods, where housing stock is often vermin- and mold-infested, asthma abounds in children. The only way to contain the problem is through daily controller medications, administered even when symptoms have subsided. Cast-strapped parents are usually tempted to save the drugs for when the child is desperately sick: a prescription for emergency hospitalization. Not only does the ER end up costing government thousands of dollars in free care, but severe episodes of childhood asthma cast a shadow in adulthood, leading to chronic pulmonary problems and often premature death.

SCHIP can help avert these complications, by ensuring access to both the drugs and the doctors who can explain the proper medical regimen. A 2006 study in the journal *Pediatrics* found that in New York State, uninsured children with asthma fared dramatically better after a year's enrollment in SCHIP; they had fewer asthma-related attacks than before, fewer doctor's visits, and fewer hospitalizations.

SCHIP pays for mental health care -- another urgent need among poor and immigrant groups, who suffer high rates of depression and behavioral problems. "In urban areas, you have children with post-traumatic stress disorder -- usually the result of domestic violence, being a witness to violence," said Philip Severin, M.D., medical director at Boston's Codman Square Health Center. "Those are issues that are difficult to treat, in general -- but impossible to treat without insurance backup." Arauz Boudreau has found that trauma is also common among her young immigrant patients. "Your second or third visit with them, you realize that this child has a very dark history. The withdrawing and tiredness and timidity in this 15-year-old girl has much more to do with a traumatic past than the fact that she's adjusting to a new culture." In all these cases, SCHIP pays for evaluation, diagnoses, psychological therapy, psychiatric care, and medication. According to Arauz Boudreau, "You can see a child being freed from her demons."

SCHIP also prevents disease from striking in the first place, in routine well-child visits. By paying for scheduled immunizations and booster shots from infancy through young adulthood, it helps stave off once-familiar infectious scourges: measles, chicken pox, bacterial pneumonias. In a world where national borders are increasingly porous, these illnesses will never be relics of the past in the U.S. "Oftentimes, these children are part of immigrant groups. They're at higher risk for coming into contact with new immigrants who have these infections to start with," said Paul Gustafson, M.D., staff pediatrician at the oldest urban community health center in the country, Boston's Geiger

Gibson Health Center. Unimmunized or inadequately vaccinated children can then transmit the diseases to schools, day care facilities and to their neighbors.

The Bush administration's rule that kids must be uninsured for a year before becoming SCHIP-eligible is irrational: medically, fiscally and socially. "Healthy children translates into healthy adults," said Stephanie Hale, M.D., a neonatologist at Boston's Beth Israel Deaconess Medical Center, and co-author of a recent report by the Commonwealth Fund that analyzes SCHIP's benefits. "The concept is: Into school ready to learn, leave school ready to work. Everyone talks about the business case, but it's a broader societal goal. SCHIP doesn't just benefit the children it directly affects -- it benefits all of society. Either you pay for it upfront, or you pay for it in the end."

If SCHIP expires, millions of American families will pay for it both upfront and long term. "For families of kids to be without any kind of insurance -- you never know what's going to happen tomorrow or the next day," said Dedra Lewis. "If I had to wait a year before I became eligible for SCHIP, my daughter would have been blind."

"We're talking about children -- we're not just talking about numbers," added Mass General's Arauz Boudreau. From her vantage point, the difference between 200 percent of federal poverty level and 400 percent is meaningless. "I understand why we have to have certain cutoffs. But when you're looking at a child, you're not looking at a cutoff."

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