

WEEKEND

SECTION
D
WEDNESDAY,
SEPT. 2, 1998

State mustn't retreat on kids' health care

By GARY DOMBRUFF
and ALEX HILDEBRAND

America's robust economy has finally prompted the federal government to address a problem that has received precious little attention over the years: the extraordinarily high numbers of children of working poor families who do not have health insurance.

While children living below 100 percent of the federal poverty level may already qualify for the Oregon Health Plan, the new Children's Health Insurance Program is offering substantial new federal money to subsidize state plans to cover children above 100 percent and up to 200 percent of the federal poverty level who don't have private insurance. Here's the catch: Oregon won't receive this money unless we agree to match it at 28 percent.

The implementation of the new program on July 1 marked the beginning of a new era in national support for improving the health of children. Originally, Oregon's version of the program was designed with the capacity to cover up to 16,000 children through age 19 who had fallen between the cracks in the past — their families had too much income to qualify for the Oregon Health Plan, but not enough to afford private insurance premiums. But Oregon is now expected to grossly underfund this program in its next state budget, giving up tens of millions of federal dollars and allowing thousands of our children to go without health coverage.

How is this happening in Oregon, a state with a national reputation for its progressive health

policies? Under the Oregon Health Plan, significant numbers of low-income families have gained access to health insurance and critical health care. Yet at the same time, children in families living between 100 percent and 200 percent of the federal poverty level have become the group with Oregon's highest rates of uninsurance. The numbers are appalling: 50,000 children living under 200 percent of the federal poverty level completely lack health insurance and one out of every three persons under 200 percent of the federal poverty level was uninsured at some point in the last year. Sadly, even for many children who are fortunate enough to have some kind of private insurance, inadequate benefits may prevent access to the health care they need.

The origination of the Children's Health Insurance Program and the separate state-funded Family Health Insurance Assistance Program have provided an exciting opportunity to ensure that Oregon's working poor families gain much needed access to health services. But will Oregon rise to the occasion in a tight budget year?

While backing away from the original commitment to cover 16,000 children, state planners have also created barriers that will prevent otherwise eligible children from enrolling in the Children's Health Insurance Program. For example, even if a family is financially eligible today, their children need to have been uninsured for at least six months before they can be covered to see a doctor (planners don't want employers to kick kids out of private insurance plans just because some of these kids could get the Children's Health Insurance Program right away instead). But requiring all children to go

without insurance for at least six months is surely not the way to make employers play fairly; besides, other states have already figured out that employers don't really act like this, anyway.

Also, Oregon does not allow obviously low-income children in special state or federal programs to simply be presumed eligible. While this would cut down on months of waiting to see a doctor and prevent some serious childhood maladies (and rarely would such a targeted child be later found ineligible), the efficiency of getting children into the Children's Health Insurance Program this way would cost state matching dollars we're apparently not ready to spend. Other states use "presumptive eligibility" routinely to get their kids needed health care. And many states guarantee that kids will continue to be eligible for at least 12 months to ensure that medical care is not prematurely interrupted. Not in Oregon.

Why is Oregon retreating from its commitment to aggressively meet the health care needs of its economically disadvantaged and most physically vulnerable children? All eyes will be on our state as we answer this question, with help from Secretary Donna Shalala, U.S. Department of Health and Human Services, at the Children's Healthcare Summit in Portland on Sept. 14. Even in a tight budget year, our children's health must be a top priority.

Gary Dombroff, Ph.D., is executive director and Alex Hildebrand is a policy associate at Children First for Oregon, a private, nonprofit, statewide child advocacy organization.