

GUEST EDITORIAL

CHILDREN'S HEALTH CARE NOW: MISSING AN OPPORTUNITY

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Though it came into existence less than 50 years ago via The 1965 Amendments to the Social Security Act (Public Law 89-97, Title XVIII),¹ Medicare is an institutionalized centerpiece of this country's commitment to its senior population. Small additions and changes were made over the years until the recent addition of prescription drugs.² While further changes can be expected over time, Medicare will remain as an integral part of the nation's social fabric.

I propose that the same cannot be said about the nation's social commitment to the health of its children.³ In the private sector, children have health insurance coverage through the employer of one or both parents. As recent data from the 2006 Census has shown, the employer base for health insurance coverage is significantly declining. Moreover, the aforementioned 1965 statute also ushered into public policy the federal-state partnership health program for the poor, Medicaid.² But, the state to state commitment varies and, thereby, so does the depth and extent of care for poor children. (Medicaid-Public Law 89-97, Title XIX)

As evidence mounted that there were major gaps in children's health coverage under Medicaid, a new federal-state partnership was enacted in 1997, the so-called "S-CHIP" (State Children's Health Insurance Program) (Title XXI, the Balanced Budget Act of 1997).⁴ This program was enthusiastically popular among the states because it was so badly needed and because of its favorable funding formula. Its reauthorization by Congress has been debated with some considerable contention over the extent of the program's potential reach.

The S-CHIP surely will be reauthorized but not to the extent that its advocates desire, nor to the estimated needs that have been advanced.⁵ It is a casualty of history and circumstance that the nation's public policy that defines its social fabric never extended to children to the same extent that it did to the elderly. A crass political explanation is that children don't vote while the elderly certainly do. The debate about health care for children (unfortunately it is a mini-debate) comes against the 2006 Census findings, escalating overall health care costs and the extent of the country's uninsured, which is now over 47 million.¹ A reliable estimate of the underinsured population is not available. Moreover, that the escalation of costs is reported to be 7% each year (from the year 2000 through 2006) is itself a daunting backdrop to the matrix of health care problems that this nation faces.¹

But now we are in the midst of a national primary and election season of intense and not infrequent rancorous debate in both political parties. Multiple issues are on the agendas, not the least of which are the Iraq War and energy costs. In my view, the Iraq War and energy costs have drowned out the issue of health care. However, despite grand and grandiose pleadings to the contrary, the most that can be expected from the Congress is some renewal, albeit with very modest enhancements, to the S-CHIP.

Since the implementation of Medicare and Medicaid, incremental change has been the national theme, notwithstanding deteriorating overall health care indices. The political primary debates offer an opportunity for a bold, but limited, public policy change. That change should be in children's health care. The ill-fated debate

about this critical subject could have taken place in 1993-1994, but it did not and as a result nothing was done. Thus, it is long overdue that this great nation should make a major commitment to the health and well being of its children. A national health care policy commitment to children is a splendid and critical starting point with dramatic payoffs as children mature. A new consolidated program for all children up to the age of 18, and continued for full time college students to age 23, would represent a significant initiative. All existing children's programs in Medicaid and in S-CHIP and in other programmatic efforts could then be phased out for a Medicare-type single payer program for children. All children would receive identical coverage, including all important preventive care. The states would be relieved of both the financial and programmatic burdens with regard to children's health. It is reasonable to propose that the private sector employer sponsored health coverage would be strengthened when such coverage is relieved of the responsibility for children.

I strongly have advocated this position in print³ and at meetings of New York's prestigious Hermann Biggs Society, which is a health and social public policy organization. Now, so serious are the deteriorating health care indices that conservative columnist David Brooks addressed the issue in a recent essay.² He discusses the proposal of Dr. Stuart Butler of the Heritage Foundation. Butler's proposal is, in my view, a complicated public policy that is contorted in its structure and deftly seeks to avoid the single payer concept. In the context of my discussion about health care for children, a single payer system,

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It is, indeed, sad that the nation's other pressing concerns crowd out a very serious debate on children's health. Adding a sense of urgency to the overall health care crisis, the Mayo Clinic has advanced the outline of a proposal.⁴ All current participants would play a role with the federal government undertaking a larger responsibility for the poor and the working poor. Children, however, were not singled out for special attention. This was pointed out by Helen Darling, president of the National Business Group on Health, and whose organization represents the large corporate employer interests.⁵ She summarized the crisis from her organization's view. "Looking forward 5 to 10 years, most people agree that we don't have a sustainable system. However, I respectfully disagree with Ms. Darling: The current system, with 47 million lacking coverage, is already in crisis. That the 47 million uninsured also represent millions of children is a national disgrace.

The time for a major debate on children's health is now. A solution is needed now. It should not be delayed until we get around to the overall national debate on the future of the American system of health care.

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