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Groups worry about possible veto of children's health insurance bill

BY: Kellie Houx, Associate Editor

Members of an area social justice organization, a U.S. representative and a hospital leader worry that President George W. Bush may veto a bipartisan plan to expand the State Children's Health Insurance Program or under fund the program.

The program, known as SCHIP, insures children who live in poverty but do not qualify for Medicaid.

Bush has called the plan as a step toward "government-run health care for every American."

In March, a delegation from Church Community Organization, now called Communities Creating Opportunities, visited with U.S. Sens. Claire McCaskill and Kit Bond and U.S. Reps. Sam Graves and Emanuel Cleaver II. CCO is located in Kansas City from the midtown area to south Kansas City.

Linda Jones, who is affiliated with St. Luke's United Methodist Church, south Kansas City, said the delegation believed Missouri's representatives and senators

supported the children's health insurance renewal, as did many other states' leaders.

"We were there when Sen. McCaskill returned from a budget meeting and said the committee had agreed to \$50 billion," Jones said. "The senator was so excited to share this with us. Then we came back to Missouri and planned the April health care summit to get our state's children health insurance program version, called MC+, in front of people."

States receive federal funds and must match some of those funds. Jones said the plan for Missouri is not enough.

"It is not sitting well with me that the President wants to veto this," she said.

The expanded funding could come from an increase in tobacco taxes. The federal excise tax on cigarettes would increase to \$1 from 39 cents.

"President Bush said he is worried that families will drop their private insurance and go on government subsidized health insurance," Jones said. "I really don't see that happening. I mean, statistically, about 84 percent of the American public wants to see this approved. They want to help children and the President is ignoring us."

Jones said children need to be cared for and not made pawns.

"If we do not start children out with good health care, we will see declining education and that just snowballs into other problems in a cycle of despair and poverty," she said.

Carol Thrane, who works with CCO and area Presbyterian affiliates, also traveled to Washington to lobby.

"We advocate for children," she said. "I went back and looked at President Bush's comments during his 2004 re-election, and he said he wanted to maintain a commitment to children and their health care needs."

Thrane said support for children's health care crosses economic and party lines, and does not take away from private industry. She said the children's health insurance program is a government program that works.

"I think we are seeing the brakes put on any discussion for universal health care," Thrane said. "I am stunned. The private health system is not working and having health insurance does not mean you have health care. There should be nothing holding parents back from taking children to doctors. It should be a competitive issue. What happened to compassionate conservatives?"

Thrane said most people not using the children's health insurance program are unaware.

"From a social justice issue, we need to support our families in the country struggling to provide for their children," she said. "We must do better. The President seems to be opposing this policy for ideological reasons, but he needs to stand by his own commitment. This is a bipartisan effort."

Thrane said she supports the cigarette tax, but suggested exploring the tax cuts for the wealthy.

"I don't think it is right for kids to suffer," she said. "I don't want cuts if children are ill or schools are not being supported. Americans need to wake up and speak their minds."

Cleaver said he is proud of the new Congress for making a commitment to protect and provide for the nation's children.

"Central to that promise is addressing the national need for comprehensive health coverage for every child in America," he said. "More than 9 million children are uninsured in our nation and millions more are underinsured. It is simply unconscionable that in a country as wealthy as the United States there are so many uninsured children – arguably our

most vulnerable citizens – without access to the most basic medical services. It is long past time to address this failure and pursue the goal of providing health coverage for all children.”

Cleaver said Congress took the first action to reauthorize and fund the SCHIP. In the 10 years since SCHIP, a number of states have extended coverage to uninsured children. Today, 40 states, including Missouri, cover children through Medicaid or SCHIP, compared to just three before SCHIP started.

“Since its inception, SCHIP has provided quality care for 6 million children,” Cleaver said. “From the beginning, the President’s 2008 budget proposal shortchanged SCHIP by \$7 billion to \$10 billion, threatening health insurance coverage for millions of low-income children.

“And yet, the President has moved forward with a push to extend his federal tax cuts for the wealthy. ... It is morally unacceptable to cut essential services for children to pay for massive new tax cuts for the rich. I strongly oppose using children’s health care funding as an offset for extending these taxes.”

In the budget resolution passed by the Senate and the House in March, both chambers set aside \$50 billion – on top of the current funding level of \$25 billion – for SCHIP over the next five years. Cleaver said with \$50 billion in additional federal funding for SCHIP and Medicaid, SCHIP reauthorization could bring Missouri about \$966.9 million in new federal funding for children’s health coverage.

“This would result in the state getting three times the amount it would have otherwise gotten for SCHIP. This would go a long way towards covering the 121,442 Missouri children who still have no health insurance,” he said. “Children’s health care is not a partisan issue – it is a matter of morality, human decency and America’s promise to protect all our children.”

CCO members worry how existing health care facilities and safety net providers could handle the lack of children’s insurance.

“Kids and families should not depend on emergency rooms,” Jones said. “When people are dying from fixable illnesses, we are failing. We have a faith responsibility. These families are those that cannot afford private insurance nor do they qualify for Medicaid. Having the funds gives them a chance to receive medical attention.”

Carondelet Health Interim President Bob Frazier said if cuts are made, more families will be accepted through the Emergency Department.

“If they need help, we will treat them and then they may possibly move on to specialists,” he said. “As part of the national group known as Ascension Health, we are seeking access to health care for as many people as possible. If folks use the ER, they will take the highest cost of medical care. It further acerbates those who don’t have insurance.”

Frazier said hospital staff has produced a brochure defining where area clinics are located.

“As part of Ascension Health, we are working on the national and local level, but so many are uninsured,” he said. “They deserve the right kind of care. With the heritage of the Sisters of St. Joseph, we are directed to help people. However, it would be better if we are providing quality, not crisis care.”

Frazier said he is glad to see presidential candidates from both parties focusing on health care.

“There needs to be an honest debate on how we take care of all Americans,” he said. “It is not just about insurance, ER rooms, or those who do not have insurance. It is about health care for all. Reform will have to come at all levels – federal, state and local. The children’s insurance program is another part of the health care crisis.”

The program, which insured up to 7.4 million people in the last year, is set to expire Sept. 30. The U.S. Senate’s Finance Committee approved the plan 17-4. The four dissenting votes came from Sens. Jim Bunning, Kentucky; John Ensign, Nevada; Jon Kyl, Arizona; and Trent Lott, Mississippi.

The full Senate should look at the issue in two weeks.

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