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Children and Healthcare

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Catherine Arpin
Family & Work

Children and Healthcare

Health Insurance is defined as insurance against loss through illness of the insured, especially by providing compensation for medical expenses (merriam-webster). Most Americans have health insurance through their employers. But, employment is no longer a guarantee of health insurance coverage. Due to rising health insurance premiums, many small employers cannot afford to offer health benefits (NCHC.org). Since a majority of Americans work in low wage or part-time jobs, many of which do not provide health insurance, not only are they uninsured, but their children are as well. At any given moment, eight million children are without health insurance (Homeland Insecurity). These eight million children make up roughly 70% of all uninsured Americans living in the United States (amsa.org).

Of all the jobs provided in America, one in three is low paying jobs and usually does not provide benefits, such as health insurance (Glauber, 1 October). As the price of gas, food, mortgages, and clothing keeps increasing, the possibility for many Americans, especially the ones in low paying jobs, to afford health insurance for themselves, as well as for their families and children, is out of the question. More working families are experiencing double-digit increases in the costs of health insurance, more out-of-pocket costs for doctor visits and increased prices for prescriptions, forcing many Americans and their children to delay getting needed medical care.

Health insurance is a necessity for people of all ages, colors, and social economic standings, yet the statistics for those without health insurance are increasing every day. What are the consequences for the unfortunate children who are without medical insurance and what is being done to change the statistics, so that the children can receive needed medical attention provided by medical insurance? This paper goes on to answer these questions and provide some information as to what types of programs have been established to help provide health insurance for the children of America.

Researchers have found that uninsured children are almost five times more likely to delay medical attention, 70% are less likely to receive care for common conditions such as ear infections, and 30% are less likely to receive the necessary medical care when injured (healthymontanakids.org). The United States spends nearly \$100 billion per year to provide uninsured residents with health services, often for preventable diseases or diseases that physicians could treat more efficiently with earlier diagnosis (NCHC.org). Simple health problems become major ones. Immunization against preventable communicable diseases does not happen, and infections are not treated (*Homeland Insecurity*). These children can be considered twice as likely to die as insured children are (healthymontanakids.org).

Although the proportion of children not covered by health insurance varies by poverty status, race, and age, in 2006, the number of uninsured children was 8.7 million - or 11.7 percent of all children in the U.S (NHCH.org).

Of these children, more than 90% of them have one or more parents who work, and about 60% live in two-parent families (amsa.org).

There are a variety of programs and services that children are eligible for that are dedicated to changing these statistics and improving healthcare amongst children. However, many children aren't enrolled in these programs. State Children's Health Insurance Program (SCHIP) is a state block grant, which became available in 1997, and provides coverage to some 5 to 6 million children. Since the program is jointly financed by the Federal and State governments and is administered by the States, the details can vary by state and are sometimes not guaranteed. Currently, SCHIP does not cover all necessary medical care to its children (CMS).

The Center for Medicare and Medicaid Services (CMS) administers the State Children's Health Insurance Program (SCHIP). Jointly financed by the Federal and State governments and administered by the States, this program provides \$24 billion in federal matching funds to help states expand health care coverage to over five million of the nation's uninsured children (CMS).

Children's Health Insurance Program (CHIP), started in Pennsylvania. It is intended to meet the needs of working families who cannot afford necessary health insurance coverage for their children, yet they earn too much to qualify for Medicaid. This coverage is available for children aged 19 and younger who are not eligible for or enrolled in Medical Assistance and is administered by private health insurance companies that are licensed and regulated by the Pennsylvania Insurance Department. CHIP has no income limit for families,

meaning no one makes too much or too little money for a child to be insured (chipcoverspakids.com).

The state of Montana has one of the highest rates of uninsured children in America, yet it's one of only four states that deny the SCHIP coverage to its children. The uninsured children in poverty in Montana have increased from 19% to 29% in the last five years, while the national percentage has decreased from 22% to 20%. There is a plan in the works however for the uninsured children of Montana. The Health Montana Kids Plan is meant to provide health coverage to the 30,000 uninsured children who live in families that can't afford the health insurance. The plan can get 3-4 dollars from the federal government for every dollar Montana invests in covering the uninsured children in the state. All the kids in Montana can be covered for about \$20 million, which is approximately \$1700 per child per year (twice the price of insuring an adult), and is a fraction of the state's budget surplus. Roughly 70% of Montanans are supportive of this new plan to cover all children (healthymontanakids.org). The plan will embrace and expand eligibility for CHIP and Medicaid children's coverage. It will also allow eligible children (children living in families with a combined family income of about \$50,000 per year for a family of four) to be placed on a parent's employer sponsored plan, to cover more children while saving the state some money (healthymontanakids.org).

There is no specific reason as to why one child has health insurance and another does not. However an obvious reason would be a parent's employment situation. However, the Northeast and the Midwest happen to have lower

uninsured rates when compared to the West and the South, according to the 2007 Census Bureau. There are also higher rates of uninsured children living in major principal cities (DeNavas).

There has been shown to be a 25% improvement in overall health with children who have health insurance, which leads to a 68% improvement in paying attention in school and keeping up with the many school activities (healthymontanakids.org). If these many programs are properly utilized, many more children can become insured and have their health properly taken care of, leading to healthier children being able to live healthier lives.