

OPINION

Children's Health on the Chopping Block

Stand up, speak up and say no!

BY MARIAN WRIGHT EDELMAN

Like many parents, Anne-Marie Skinner knows "accidents happen." Her active, athletic teenagers Constance and Lucas are both involved in a number of extracurricular activities, and both have unfortunately suffered sports-related injuries that required serious medical care.

One of the worst accidents happened when a basketball hit Constance in the face, requiring an emergency room visit, an MRI, and follow-up care from multiple doctors, including a pediatric eye care specialist.

Thankfully, both Constance and Lucas have been able to get the care they need because they are enrolled in Healthy Families, California's version of the State Children's Health Insurance Program (CHIP)—low-cost health insurance for children, teenagers, and pregnant women.

Healthy Families makes Constance and Lucas's care affordable for their family.



Alicia Alferez faces a different challenge—keeping up with her child's chronic health condition. Her oldest son, 14-year-old Alexei, has severe asthma.

Like Anne-Marie, Alicia is a California resident who relies on Healthy Families coverage for her three children. With his Healthy Families coverage, Alexei is able to access preventive care including a machine to administer medication to help him breathe and multiple prescription drugs to prevent and treat his asthma. Several times a year, Alexei still ends up in the emergency room. Last year Alexei suffered an asthma attack and fell to the ground while running in gym class, and was rushed to the hospital in an ambulance.

Healthy Families has made it possible for Alicia to manage Alexei's prescription drugs, doctor visits, and emergency room visits and

helped Anne-Marie through Constance's eye injury. But in recent years, changes in the state budget for Healthy Families and California's Medicaid program, Medi-Cal—including significant premium and co-payment increases—have been making it harder for families to get critical health care services for their children.

The U.S. House of Representatives approved an unfair and shortsighted budget that will assault vulnerable children and low income families.

Another round of cost-sharing increases in the state's 2011-2012 budget will cause real and lasting hardship for families like the Skinners and the Alferezes including the difficult decisions they will face if the co-payment for an emergency room visit increases to \$50 per visit.

These two families are among the millions around the country whose health coverage is "on the chop-

ping block" twice over, once because of state budget cuts and a second time because of federal budget cuts. They all risk losing the affordable, comprehensive health coverage their children need to grow up healthy and strong.

The U.S. House of Representatives approved an unfair and shortsighted budget that will assault

eight million children, are uninsured. The House budget would repeal health reform that would reach an additional 32 million people and 95 percent of all children over the next few years.

Children of color, who make up more than half of the children served by Medicaid, would fare worst and be placed at risk of preventable suffering, chronically poor health, and even death. And for what purpose? To pay for more tax cuts to the wealthiest individuals and corporations in America.

As President Obama said about the House budget, "There's nothing serious about a plan that claims to reduce the deficit by spending a trillion dollars on tax cuts for millionaires and billionaires. And I don't think there's anything courageous about asking for sacrifice from those who can least afford it and don't have any clout on Capitol Hill. That's not a vision of the America I know."

If this is not the America you want, stand up and speak up and say no!

Marian Wright Edelman is President of the Children's Defense Fund.

America Needs Single Payer Health Care

Making medical care a human right

BY KAY TILLOW

More than a year after President Barack Obama signed the Patient Protection and Affordable Care Act into law, our nation's health



care delivery and coverage remain the disgrace of the industrialized world.

There are more than 50 million uninsured Americans. Even if the health care overhaul works as planned, 23 million Americans will still lack health insurance in 2019.

The new norm is underinsurance. About 40 percent of us go without needed care because we can't afford it. The health care law won't change that, even once it's completely phased in. Our plague of medical bankruptcies will continue too.

For unions, bargaining for health care is getting tougher as employers demand cuts and shift more costs to workers. Negotiations over better health coverage will become almost impossible when the excise tax on health benefits begins in 2018.

Many who saw the reform bill as

"the best we could get" are disappointed that support for it hasn't grown. The truth is that most people agree on the reform law.

They love the parts that block insurance companies from denying coverage and care. They hate the parts that give away our tax dollars to insurance companies. They hate the mandate that will force everyone to buy insurance from the very companies whose profit motive is the source of most of our health care system's problems. They hate the escalating costs of insurance and care.

Only a single payer system can bring us the parts we love and do away with the parts we hate. It would essentially expand Medicare coverage to all Americans, providing 100 percent guaranteed coverage regardless of employment status or pre-existing conditions. That may sound expensive, but it's not.

The "potential savings on paperwork, more than \$400 billion per year, are enough to provide comprehensive coverage to everyone without paying any more than we already do," according to Physicians for a National Health Program.

Every pro-patient measure in the law brings an ugly backlash from insurance companies, because they want to remain in the driver's seat. For example, the act says children who have been sick can't be denied coverage. Insurers have responded by refusing to sell child-only policies. The act says there must be minimal standards of coverage. Yet hundreds of companies have obtained waivers after threatening to drop coverage altogether.

The legislation is designed to expand Medicaid as the main way for states to cover more people. It prohibits states from dumping people currently covered. Yet with state budgets in crisis, Medicaid is under the knife. Arizona plans on dumping 250,000. Many states propose increasing patient co-pays, thus damaging the ability of patients to find doctors and fatally undermining rural hospitals.

Some assert that healthcare reform just isn't working. Yet. Give it 10 years, and all will be fixed.

But our new health law is anchored on the private insurance industry — and that's its fatal flaw. The insurers inflict enormous and unnecessary administrative costs on our system. This amounts to hundreds of billions of dollars ev-

ery year and condemns us to spend about double, per capita, what other nations spend on health care.

Health care advocates must move beyond the health care reform law. Rep. John Conyers (D-Mich.) has reintroduced H.R. 676, the Expanded and Improved Medicare for All Act, which would bring all medically necessary care to everyone while assuring choice of physician. The bill is based on sound single-payer policy and progressive public funding.

If every other industrialized na-

tion can make health care a human right, we can do it too. Our challenge is to pass effective legislation despite the powerful private health insurance companies and other corporations whose influence often trumps democracy.

First, we must have a powerful movement. We can't build it around a shriveled dream. Only single payer, with its bolder promise of social justice, can inspire that movement.

Kay Tillow is the coordinator of the All Unions Committee for Single Payer Health Care!

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