

Will health-care reform hurt Washington kids?

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The historic health-care reform bill makes for an exciting milestone but I am very nervous because it will render obsolete the State Children's Health Insurance Program (SCHIP).

Children would instead be moved into a federal "exchange" program.

Could be a smart trade-off. Or it could be the health-care-reform version of cash for clunkers.

Washington state doesn't have a clunker we need taken off our hands. We are one of only 13 states that offers health insurance to children from families earning up to 300 percent of the federal poverty level, or nearly \$55,000 for a family of three.

We need not apologize for putting smart policy where our values are. We have gotten good mileage from SCHIP as well as the Cover All Kids law passed two years ago that is on target to offering all children comprehensive health insurance by 2010.

It is not that I think a national plan for children couldn't work. After all, Uncle Sam is likely to offer higher reimbursement rates, meaning more doctors willing to treat low-income kids. Also a bonus is children's insurance no longer being at the mercy of state budget cycles.

The problem is that of the 1,000 pages that make up the health-care-reform bill, few pages address kids and their needs. When SCHIP expires in 2013, the replacement ought to make kids better off, not worse. A tall order indeed when our state's efforts are the envy of the rest of the country and lawmakers in Congress are still arguing about what their plan should look like. Plus, mention costs and Republicans and some Democrats in Congress make skid marks as they run away.

Whatever the cost of reform, if the effort does not include children's health-care options at least at the level of what Washington offers, the whole effort ought to be branded a failure. Children are the opportunity we adults have to create healthy, functioning human beings. Schools can do their jobs better, and less expensively, if we get the health-care piece right.

A national plan ought to include for children early and periodic diagnostic screenings, dental and mental health coverage and cost-sharing protections that don't consign a child to ill health because his parents are broke that month.

I have come across thoughtful ideas for how to protect children in a national health-care plan. A blueprint from the



Georgetown University Center for Children and Families includes a Center for Children's Benefit Outreach and Enrollment, just as there is for senior citizens and the disabled through Medicare. The center also recommends extending coverage to all children, including documented and undocumented immigrants.

No matter your stance on immigration reform, the latter makes for good policy. Kids are kids. Their legal status will not prevent them from needing medical care. We will pay for it one way or another; I prefer doing it through insurance.

Interpreter services is another must-have. Many hospitals and doctors still rely on children to interpret for their parents and relatives. A well-off and humane country like ours shouldn't subject children to the trauma of translating Dad's chemotherapy options or Mom's pain threshold.

Some lawmakers get it. A number of child-friendly amendments are floating around Congress. Rep. Jim McDermott, D-Seattle, is a doctor and one of the smartest legislators around on this topic. Sen. Maria Cantwell wields considerable power on the Senate Finance Committee.

It is difficult to criticize health-care-reform efforts for fear of losing momentum. At the same time, vigilance is key to keeping the gains this state has made. We can't assume lawmakers will intuitively push for children.

When lawmakers come home for the August recess, the message ought to be clear: On children's health insurance, we are not going backward.

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