

# State Children's Health Insurance: The Canary in the Coal Mine?



**BY JEFF TIEMAN**  
Mr. Tieman is director, Covering a Nation, Catholic Health Association, Washington, D.C.

*Editor's note: The following column by Jeff Tieman originally appeared as an op-ed in the Nov. 4 edition of the Peoria Journal Star. Letters to the editor and guest columns in newspapers are one way Catholic health ministry supporters can help spread the word in their local markets about the need for health care reform, especially in this presidential campaign season.*

**E**arly coal mines were not equipped with adequate ventilation systems, or with any kind of detection mechanism that could alert miners to the presence of toxic fumes. Common canaries became that mechanism: they are highly sensitive to methane and carbon monoxide. When the canary stopped singing, it was time to get out of the coal mine.

As people who care about the future of our nation, we have to hope that the recent debate over the popular State Children's Health Insurance Program (SCHIP) is not poisoning the canary in the coal mine of health care reform. At this writing, Congress and President George W. Bush have been unable to bridge their differences on a critical piece of legislation to renew the program, leaving millions of low-income families unsure of their children's health coverage status. Both camps agree that the decade-old SCHIP program is good public policy. The disagreement is over level of commitment. Under the proposal approved by Congress, the program would provide health insurance to 10 million children, the vast majority of them in poor families with working parents, and it would do so at a reasonable cost — an additional \$35 billion over five years, less than a quarter of what we spend *each* year in Iraq.

Despite White House rhetoric to the contrary, the SCHIP bill that Congress recently passed with a strong bipartisan majority would set reasonable income limits on eligibility to create a safety net

that catches those who need it most.

Most importantly, the bill would enable millions of poor children to get routine preventative care and potentially avoid getting sick in the first place. Low-income families with sick children could focus on getting their kids well without worrying that needed treatment could trigger financial catastrophe.

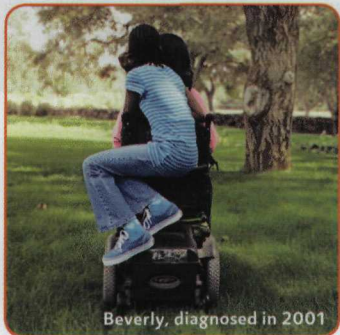
If Congress and President Bush cannot agree on a proposal to renew health insurance coverage for children in low-income families, it is difficult to imagine how we will solve the bigger problem: a health care system that costs more per person than that of any other country in the world, but leaves tens of millions without guaranteed access.

I'd be arrogant and dishonest if I claimed to know how to summon the public will and consensus to fix this massive problem. I am sure of one thing, though: It is essential to include the American public in this important dialogue. The big health reform debate of the early 1990s was doomed by special interests because the public did not have a real, sustained voice in the conversation.

This time around, the circumstances are worse and the stakes even higher (more are uninsured, costs are higher, employers acutely feel the strain and fewer hard-working people can afford health care). To help engage the nation and its leaders in a serious and open discussion on how to move forward, the Catholic Health Association and its members have developed a *Vision for U.S. Health Care*. The *Vision* establishes criteria that should be met by reform, starting with a requirement that everyone have access to medical care. (The *Vision* can be found at [www.chausa.org/healthreform](http://www.chausa.org/healthreform).)

Adherence to these principles will move U.S. health policy in the right direction. The hope is that the *Vision*, and other documents and efforts like it, can spark and fuel the dialogue we must have as a nation, especially as another election season approaches.

It will take patience and persistence to agree on how to move forward in a way that preserves what works and repairs what does not. Although no plan or legislation will ever be perfect, we have to work together toward change and consensus — and we have to hope that the recent squabbles over SCHIP are not the public policy equivalent of toxic fumes in the coal mine. To keep the reform effort moving forward, each of us must raise our voice in support of a sensible health care system that strikes a reasonable balance between quality, cost and access. ■



Beverly, diagnosed in 2001

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**Catholic Campaign for Human Development**

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