Equity in Access to Child Health Insurance in the United States

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ABSTRACT. The Issue. In an article that appeared in the New York Times on September 10, 2000, David E. Rosenbaum explicated the paradox that continues to define US medicine.1 “In an era of unrivalled prosperity, Americans express confidence in their ability to handle most, if not all, economic concerns.” He goes on to say, “The authorities and the public have begun to doubt whether costs for medical care can ever be contained, or that a practical way exists to provide insurance for all citizens. The only economic indicator that worsened in recent years is the number of Americans without health insurance. In the United States, we can make a case that what is economically rational is politically unacceptable.” As the US and global economy vacillates in and out of recession, the opportunity to alter the course of US politics to effect significant change in access to health care for all Americans seems to be sliding further and further from our grasp. Pediatrics 2003;112:713–715; child health, universal access, health insurance, health care reform.

ABBREVIATION. AAP, American Academy of Pediatrics.

It is ironic that a political decision was made >50 years ago in the United Kingdom that there would be no financial barrier, no exchange of monies for medical services, while the United States has until this day failed to make this basic commitment to its citizens. However, despite their separate paths with respect to health care coverage, the menu of social and economic problems facing our 2 countries is essentially the same. We can take no pride in being numbers 1 and 2 in the percentage of children living in poverty among industrialized countries.

Americans are concerned about health. President Bill Clinton understood this concern when he stood before Congress at his 1993 State of the Union address waving a pen, saying, “Do not send me a bill unless it insures 100% of all Americans.” It soon became 95%, 92%, 90%, and then it became nothing. What happened to this concern?

In 1992–1993, when President and Mrs. Hillary Clinton were developing their plans to ensure access to health insurance for all people in the United States, the insurance industry, in partnership with small business, developed a brilliant $15 million advertising campaign to counter the momentum driving universal access to health insurance. The 2 characters in the campaign, Harry and Louise, appeared as middle-class Americans imploring that if universal insurance coverage came to the United States, the government would take over, pick your doctor, and decrease quality. During its 6-week run, public support for major reform dropped from nearly 80% to under 50%. All the threats of what would happen with government intervention did take place, only it was not the result of government, it was the marketplace. In January 2000, Harry and Louise returned, proposing that small businesses and insurance companies were ready to do the job. What they offered was a limited and mediocre insurance policy that met the needs of business and industry at the expense of the US public.

Concurrent with the Harry and Louise debacle, managed competition, the peculiar US marketplace solution for the rationing of health care, began to expand at a rapid rate. Despite the desire of patients to exercise their right to choose their own physician, the primary strategy used by managed competition to control costs is to enroll people in health maintenance organizations with rules, regulations, restricted services, and restricted lists of physicians. In addition to these restrictions, managed care companies, to maximize profits and sustain the illusion of cutting national health care expenditures, began to engage in what is colloquially known as “cherry-picking”—the exclusion of ill patients, those with chronic diseases or even individuals at risk for illness, from their coverage. Their whispered mantra and strategy was to improve their bottom line by caring only for those who were not in need of extensive health services. To rationalize, legitimize, and substantiate these strategies, we were subjected to an extremely well-organized, sophisticated, and disingenuous social marketing campaign about the horrors of the UK National Health Service and, more particularly and important, the failures of our neighbor Canada where long queues characterized the wait for needed services that were not available. At the same time, in New England, buses full of senior citizens were heading to Canada to purchase prescription drugs that they could not afford in the United States.

With respect to children, the issue of equity in the US health care system is best considered by asking the question, “Who is universally insured in the United States?” I am, as a citizen older than 65 years with Medicare, and so are criminals and members of the US Congress, who are guaranteed health care by
federal law. We do not have to look to the United Kingdom or to Canada and Scandinavia to determine how to remove financial barriers to health care for all of our citizens. The US Medicare program works, and there have been few complaints from our medical and congressional representatives and senators, yet >40 million other Americans, including almost 12 million children, have no health insurance, and the current estimates are that this number could be doubled with inclusion of the underinsured. Ironically, these 40 million people are mostly the working poor—the very people whom our politicians have vowed to support in their efforts to eliminate welfare in the United States.

The American Academy of Pediatrics (AAP) has developed a Task Force on Health Insurance Coverage and Access to Care and proposals as to how to insure all US children. Why begin with only children, and not families and others without health insurance? Over the last 75 years, beginning with President Franklin Roosevelt and continuing with presidents Harry Truman, Lyndon Johnson, Richard Nixon, and, of course, Bill Clinton, many presidents have failed in their attempts to provide universal access to health insurance for Americans. They have attempted to make radical alterations in health policy in a system that generally tolerates only incremental change. Recognizing the reign of incrementalism in the US political system, the approach of the AAP has been to focus only on children, and not to try to force the radical changes that have foiled all previous attempts at implementing universal health insurance. The AAP approach is simple. It models Medicare. If you are a child, then you are covered, the same as if you are 65 years or older. There are no other eligibility requirements, there are no forms, and there are no 30-day waiting periods or necessity for reenrollment. Despite the simplicity of the proposed program and after many meetings with Congress to seek sponsorship and draft legislation, there has been little progress.

It is important to understand the challenges being undertaken by the AAP in the context of US history. The history of US medicine in this regard is a very disturbing one. In the 1930s, when President Roosevelt implemented our Social Security program, the American Medical Association fiercely opposed the inclusion of medical insurance as a benefit. Although we look back at that time as being one of momentous change, almost everything that President Roosevelt implemented was ultimately declared unconstitutional by the Supreme Court. Despite the failure of his attempted policies on medical insurance, he overcame the inertia of US politics and began an incremental momentum of change. In 1947, President Truman succeeded in an upset election campaigning against what he called the “do-nothing” Republican Congress. He subsequently could do nothing with his attempts at extending health insurance to Americans. His commitment was such that he would have rather accomplished health insurance, lost the next election, and gone back to Missouri knowing that he was responsible for providing health insurance for all Americans, than not.

Despite organized medicine’s historic opposition to universal health insurance, there has been some change in its position led by a consortium of >20 professional medical organizations that have come together to state that all Americans must have health insurance. Unfortunately, the organizations do not agree as to how this should be accomplished, and the United States continues to spend $2 billion a day, heading to $4 billion. Within 5 years, the United States will be spending $2 trillion a year on health, approximately 18% of its gross national product.

It is unconscionable that the United States does not insure all of its citizens. It is even more unconscionable that the United States does not insure all of its children. There are few, if any, more glaring inequities and disparities in our society. A child with health insurance has a healthier childhood and becomes a healthier and more productive adult. This should be sufficient in a rational world to persuade people that financial barriers to health insurance and access to care must be removed, but we do not live in a rational world.

In many ways, this is among the most challenging political periods that we have faced in recent US history. There are parallels that perhaps could be drawn to 1947, when, after the United Kingdom changed from a Conservative to Labor government, the decision was made to implement the National Health Service. This decision came after a war when people were looking for an optimistic future. The United States is now in a type of war. We have dissipated a sustained economic explosion with budget surpluses that could have eliminated our national debt and instead are now dealing with the aftermath of a real recession. Resolving the inequities in children’s access to health insurance and quality health care will be much more difficult in today’s political environment than it might otherwise have been.

CONCLUSIONS

As president of the AAP, I traveled >300 000 miles and saw much of the country. In the baggage claim at Dulles Airport in Washington, DC, was a quotation from Alexis de Tocqueville, the historian who wrote about US democracy in the mid-19th century. He said, “America is great because America is good; when America stops being good, America will no longer be great.” This is the challenge for us in our country today, and our response will determine our contemporary legacy—“How good will we be?” At the turn of the previous century, the United States set a precedent for the world in passing legislation to protect children against child labor, and we have continued since in many aspects of child advocacy. However, we have lost much of this momentum. As we progress in this new century, it is time for the United States to catch up with the rest of the world on child health.
REFERENCE


SUGGESTED READING


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