SCHIP Aids Access; Ped Rheum Care Hard to Find

BY MARY ELLEN SCHNEIDER

Nearly 11 million low-income children will receive health coverage under the reauthorization and expansion of the State Children's Health Insurance Program, which was recently signed into law by President Barack Obama.

The legislation (H.R. 2), which received broad support in both the House and Senate, was signed on Feb. 4. The State Children's Health Insurance Program (SCHIP) is now reauthorized through September 2013 and will provide coverage to the approximately 6.7 million children currently covered by the program, as well as 4.1 million new children.

"This bill is only a first step," Mr. Obama said at a signing ceremony for the SCHIP law. "The way I see it, providing coverage to 11 million children through [SCHIP] is a down payment on my commitment to cover every single American. And it is just one component of a much broader effort to finally bring our health care system into the 21st century."

Dr. Thomas J.A. Lehman, chief of the division of pediatric rheumatology at the Hospital for Special Surgery in New York, praised the passage of the SCHIP law, saying that it would benefit many children by helping to improve their access to care.

But the bill falls short for children with rheumatic diseases, he said, because it fails to address the shortage of trained pediatric rheumatologists in the United States.

"Even before the passage of this bill, children with rheumatic disease faced difficulty finding a pediatric rheumatologist to care for them, and long waits for available new-patient appointments if they did find one," he said. "SCHIP may make care more affordable for children with rheumatic disease, but it will not make care more available."

On the same day he signed the SCHIP law, Mr. Obama directed the Centers for Medicare and Medicaid Services to rescind a Bush administration directive that limited the flexibility of states to set higher income eligibility standards for their SCHIP programs.

Under the newly enacted SCHIP law, states are allowed to cover children in families earning up to 300% of the federal poverty level while retaining access to full federal matching funds. It also gives states the option to cover prenatal care for pregnant women. However, it also requires states to phase out coverage of any low-income parents and childless adults currently covered under the program.

The new law eliminates the 5-year waiting period for legal immigrant children and pregnant women to gain access to SCHIP benefits, a change supported by the American Academy of Pediatrics.

In an effort to measure and improve health care quality, the law calls for development of an initial core set of child health quality measures for children enrolled in SCHIP and Medicaid by Jan. 1, 2010. The measures would be designed to assess the effectiveness and availability of preventive services, prenatal care, and treatments for acute and chronic conditions.

Excluded from the law was a House-passed provision that would have prohibited the construction of new physician-owned specialty hospitals or expansion of existing physician-owned hospitals.

While SCHIP has enjoyed wide support in Congress, members of the House and Senate had a vigorous debate over the last month about whether such a significant expansion of the program was appropriate.

Some Republicans in the House objected to the legislation, saying that it would undermine the original intent of the SCHIP legislation by expanding the program to adults, illegal immigrants, and families with higher incomes.

While the legislation bars the coverage of illegal immigrants, Republicans who spoke out against the legislation said that the lack of an adequate system to verify citizenship status would result in illegal immigrants gaining access to coverage.

The SCHIP law, which will infuse more than $30 billion into Medicaid over 5 years, will be paid for in large part through a 62-cent-per-pack increase in the federal tax on cigarettes, with proportional increases for other tobacco products. ■