

POLICY & PRACTICE

Voters to Feds: Let's Insure Children

In a poll of 800 likely voters, 65% said the federal government should take financial responsibility to cover uninsured children; of those, 80% said they would be willing to pay more in taxes to help cover the cost. Conversely, 28% of respondents said the federal government already provides enough assistance to children. The poll—conducted for the Catholic Health Association of the United States by Public Opinion Strategies of Alexandria, Va.—was unveiled at a news conference called to announce the Campaign for Children's

Health Care. The campaign seeks to impact next year's reauthorization of the State Children's Health Insurance Program (SCHIP), according to Geraldine Henrich, a spokeswoman for the advocacy group and for coalition member Families USA. Retaining the children who currently are enrolled in SCHIP would cost \$10 billion to \$12 billion in additional funds over the next 5 years, said Ron Pollack, executive director of Families USA. Expanding it to cover 9 million uninsured children would require additional funds, he said. States have also been good labo-

ratories for child coverage, and some, such as Illinois and Massachusetts, have been particularly creative, Mr. Pollack said. To raise public awareness of the need to cover children, the campaign plans activities over the next year, including town hall meetings and a national online petition.

Back to Sleep in Child Care

State regulations for care of infants outside the home have improved since 2003, according to a study by Dr. Rachel Moon of the Goldberg Center for Community Pediatric Health, Washington, and her colleagues. More than half of the regulations written since then mandate a nonprone

sleep position, and include restrictions on soft bedding in the crib.

Contradictions exist: For example, bumper pads are prohibited in 11 states, but Nebraska requires them in all cribs.

States were far more likely to have sleep positions written into their regulations if they were enacted in 2003 or later, according to the study. The findings suggest that the Healthy Child Care America Back to Sleep Campaign launched that year by the American Academy of Pediatrics, building on the initial campaign launched by the National Institute of Child Health and Human Development, was somewhat successful.

However, despite the decline in the incidence of sudden infant death syndrome (SIDS) and prone sleeping overall, the proportion of SIDS deaths occurring in child care settings has remained constant at about 20%, the authors said. The study was published in the July 2006 issue of Pediatrics.

Newborn Screening Rate Up

The newborn screening rate for 20 life-threatening disorders has nearly doubled since last year, a survey for the March of Dimes has found.

Nearly two-thirds of all babies born in the United States in 2006 are expected to be screened for certain metabolic disorders and hearing deficiency, according to the survey.

"However, disparities in state newborn screening programs mean some babies will die or develop brain damage or other severe complications from these disorders because they are not identified in time for effective treatment," the group said in a statement.

Only five states—Iowa, Maryland, Mississippi, New Jersey, and Virginia, as well as the District of Columbia—have comprehensive programs encompassing all 29 disorders recommended for scrutiny by the March of Dimes and the American Academy of Pediatrics. The states improving most in 2006 were California, Florida, Kentucky, and Utah, as well as the District of Columbia.

Medicaid-Funded School Programs

Legislation to preserve access to Medicaid-funded school programs for low-income children, including those with disabilities, was introduced in Congress in mid-July. Sen. Edward Kennedy (D-Mass.) and Rep. John Dingell (D-Mich.), Rep. George Miller (D-Calif.), and Rep. Ed Whitfield (R-Ky.) wrote the bills to shield the programs from proposed cuts in the president's fiscal year 2007 budget, which seeks to reduce reimbursement to school districts by \$3.6 billion over the next 5 years.

The House Committee on Education and the Workforce provided examples of fund use: A small district in Kentucky hired school nurses who could refer children to physicians; an Illinois district bought a special computer for a blind student. Districts have also used the funds to transport children to medical appointments, and to identify children who need special medical and learning services. The American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry, among others, support the bill.

—Nancy Nickell

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