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Silicon Valley Insures 98% of its Children - Why Not All U.S. Children?



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Category: [General News](#)

November 01,
2007

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The wealthiest country in the world fails to fund basic health care for more than 6 million children. The \$35 billion bill for the State Children's Health Insurance Program, with its bi-partisan Congressional support, would have covered some 4 million more uninsured children nationwide and an estimated 600,000 California kids, according to media reports.

This should not be a debate about dollars. Yet President Bush, who has spent us into ruinous debt, vetoed SCHIP behind closed doors on the basis of cost, ignoring compelling moral values and overwhelming public support to insure children.

When 45 million uninsured Americans are injured or fall to disease, they suffer without aid. They are not just the unemployed and their families, but people caught in the void: single parents, children who have been rejected by carriers because their conditions are uninsurable, families between jobs and the self-employed who have no access to group policies. A few have some protections: those injured on the job and are covered by workman's compensation. For a handful of people injured outside of work who have valid legal claims, attorneys can secure medical care from a dwindling supply of doctors willing to work and be paid out of a future recovery.

The picture is brighter in Silicon Valley for poor children because of two visionary community organizations, People Acting in Community Together and Working Partnerships, and brave governmental leaders such as California Assemblyman Jim Beall and Bob Sillen, former chief of the county health system. Together they are the creators of one of the most revered and successful programs in the nation: Healthy Kids and the Children's Health Initiative of Santa Clara County.

Established in 2001, CHI provides care for those families without health insurance. As a result, 98 percent of the county's children are insured, through private insurance, Medi-Cal and California's Healthy Families, as well as 13,000 kids enrolled in Healthy Kids who don't qualify for coverage under any State plan.

Healthy Kids welcomes all qualified children, regardless of immigration status.

Children whose families earn 300 percent of the Federal Poverty Level, or nearly \$62,000, and are not eligible for the state's programs are covered. Healthy Kids provides health, dental and vision coverage with monthly premiums ranging from \$4 to \$6 per child, up to a maximum of \$18 per family.

After six years of success, it is no surprise that Healthy Kids is improving public health. A June 2007 study showed that during the program's first three years, preventive care for these kids grew while the percentage of sick children who visited doctors fell from 33 percent to 25 percent. Multiple visits from sick children fell from 20 to 10 percent.

The proportion of children who missed three or more school days because of illness fell by half, from 11 to 5 percent according to the evaluation conducted by Mathematica Policy Research, UC San Francisco and the Urban Institute. And the proportion of parents reporting their child was in fair or poor health fell after the first year in Healthy Kids from 18 to 12 percent.

Initial funding sources included \$3 million in county funds, provided by the Tobacco Settlement Fund. Similarly, the bill vetoed by Mr. Bush would have relied on an increase in federal tobacco taxes of 61 cents per pack.

The president's view is to cut off all coverage to kids in households that are between 200 and 300 percent of the Federal Poverty Level, a move that would force countless children to lose the coverage they have.

This week the House passed the latest version of the bill, after falling 13 votes short of overriding a potential Bush veto. The more House Republicans fail to identify this crisis and acknowledge the overwhelming support among Americans for this program, the more likely they will be voted out. It is a disgrace that this country does not provide for its poor children. Santa Clara County's model has been emulated in other counties in California, and it should be adopted at the federal level. If one county can provide medical care for nearly all children, surely our country can do the same.

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