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HEADLINE: LAGGING HEALTH INSURANCE EFFORT

BODY:

Last year, Congress passed a \$24-billion program to help states extend health insurance to children of low-income parents. California got a huge, \$ 2.6-billion slice of that pie, and with good reason: 1.7 million California children have no health insurance, about one in six of the total uninsured children in the country. Nearly 40% of these children live in Los Angeles County.

And yet while states from Massachusetts to Tennessee have been crafting ambitious plans to use every penny of their federal allocations, Gov. Pete Wilson's administration says it will need only \$ 500 million of its share. That's because its Healthy Families program has limited eligibility to the 400,000 children whose families make too much to apply for Medi-Cal but less than double the federal poverty standard. California also has set co-payments and premiums higher than those in most other states.

The program's high premiums and highly restrictive eligibility are working against the state's best interests, for if Healthy Families fails in the next two years to use all of the \$ 2.6 billion Washington wants to give it, that money will be made available to other states that have been more ambitious in their outreach and eligibility.

The Healthy Families program is clearly falling short of even its own modest year-end goal of enrolling 200,000 children. The drive that began in June had enrolled only 16,000 children statewide by Sept. 19.

Sacramento can start building bridges to eligible children by dismantling barriers in its outreach and enrollment programs. The state has promised to pay nonprofit groups \$ 25 for each application form they help families fill out. Grants should also be distributed to effective local groups that could go out into the communities and sign up more families.

Another way of responsibly and economically enrolling tens of thousands of eligible children in Healthy Families would be to allow group eligibility, automatically qualifying children who have already been "means-tested" through school lunch and other programs aimed at low-income families.

Symbolizing the unwelcoming attitude of the program is its 27-page application packet. Four times the size of

applications in states with similarly structured programs, the packet demands burdensome documentation like Internal Revenue Service tax returns.

Nearly 60% of California children eligible for Healthy Families come from Latino families, but Sacramento has been least successful in reaching them. That's largely because many immigrant parents fear that signing their children up for these health benefits could count against them, the parents, if they seek citizenship.

State leaders should lobby the Immigration and Naturalization Service to issue a statement (as it has done for Women, Infant and Children program recipients) reassuring immigrants that they will not lose their chance of becoming American citizens if they enroll their American-born children in Healthy Families.

Programs like this one are not merely do-gooder programs, although they do a lot of good. They are cost-effective. Studies have shown that \$ 1 spent on preventive care saves at least \$ 7 on treatment down the road. Add to that the benefits of containing infectious diseases and it becomes clear that a well-run Healthy Families program is something the entire population has a stake in.

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