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## Truth elusive in public debate

By Mike Owen, The Iowa Policy Project

It was baseball great Stan Musial who told us, "When a pitcher's throwing a spitball, don't worry and don't complain, just hit the dry side like I do."

Good advice heading toward World Series time. It's pretty good advice for policy discussions as well – if only it were so easy.

On the "dry side" of public debate, facts are presented accurately and arguments compete on that foundation. Hey, umpire, toss in a fresh ball.

With our eye on a dry ball, we can evaluate need, examine current policy, consider options and make sensible changes. The situation for children's health insurance is clear:

- Private insurance can be great if you can get it, but many cannot. Fewer employers offer it, and it has become too expensive for many whether offered through employment or sought independently. If "affordable," it may not cover enough of a family's needs.
- This not a new trend. In "The State of Working Iowa 2007," Iowa Policy Project researchers note that Iowa's meager job growth in recent years has come in sectors that tend to offer less pay and fewer benefits than our declining job sectors.
- Congress moved in bipartisan fashion a decade ago with the State Children's Health Insurance Program – known as SCHIP, which funds Iowa's *hawk-i* program – to fill that gap created by the limited reach of both the private market and Medicaid.

That is the dry side of the children's health-care debate, but the Bush administration has so doctored up the ball that it can be hard to find a dry spot, let alone a whole dry side.

Administration representatives and President Bush himself have misled about the issues at stake, up to and after the president's veto of legislation passed with wide bipartisan majorities to expand SCHIP. They've exaggerated what that expansion meant, and how their own proposal would affect the target audience: America's 9 million uninsured children.

SCHIP simply pays for care for more people in our current system; it doesn't give us a "government-run" health care system. It is part of our safety net to catch low-income working folks dropped by the private sector and missed by Medicaid. An expansion doesn't change that – it targets help to more kids who are currently eligible but not reached.

Overwhelming bipartisan majorities in the House and Senate have seen through the spin of the spitballs. They recognize a fundamental understanding of the facts:

- SCHIP covers 6 million kids and the congressional package would cover nearly 4 million more – about two-thirds of whom would not otherwise have health insurance, according to the nonpartisan Congressional Budget Office.
- The president's plan would (1) cut off hundreds of thousands from the current program by underfunding what is needed to maintain current services, (2) attempt to guarantee business for private insurers regardless of the cost or quality of their product, and (3) offer subsidies to families that already have insurance.

If our goal is to reach kids in households that have just too much income to be eligible for Medicaid and not enough to afford insurance, SCHIP is a proven success. The \$35 billion increase over five years proposed by Congress would allow it to reach 4 million more.

As we watch the House attempt to override the president's veto this week, many will make their pitch, some with the facts, some without. Keep your eye on the ball – the dry side.

*Mike Owen is assistant director of the Iowa Policy Project, a nonpartisan, nonprofit research and policy analysis organization based in Mount Vernon. IPP reports on budget, employment, energy and environmental issues available at [www.iowapolicyproject.org](http://www.iowapolicyproject.org).*