

## The Politicization of American Healthcare as seen in the Reauthorization of SCHIP and its Effects on the American Public

### Introduction

The issue of health care in America has not always been at the heart of every political debate. In a study conducted during the 2004 Presidential elections, although health care ranked higher in importance among voters than most other domestic issues, it was only fourth in importance in determining their vote for president, with affordability of health care and health care insurance being chosen as the specific health related issues of greatest concern (Blendon, et al. 2004). However, health care has, at certain times, been extremely contentious and highly politicized, bringing it to the forefront of voters' attention. A current prime example would be the bitter partisan debate between the Democrats and Republicans regarding the reauthorization of the State Children's Health Insurance Program (SCHIP), an extremely volatile issue precisely because it concerns the well being of society's most vulnerable – children. SCHIP, which will be discussed in greater detail later, has brought forth a barrage of petty party bickering and accusations of politicization from both sides of the aisle. This has led to much media criticism about the futility of such political theatre and rhetoric in addressing the problem at hand. Thus, what sort of effects has the politicization of health care brought to the American people? Have these disagreements paradoxically brought about more thoroughly analyzed policies and led to pragmatic and optimum compromises or has this political theatre and exaggerated rhetoric only served to impede the improvement of healthcare due to both parties' inability to cooperate and

break the deadlock in political ideologies? The link between the variables of politicization of healthcare and its effect on the public will thus be studied with SCHIP as its main case study.

## **Background**

SCHIP was enacted as Title XXI of the Social Security Act by the Balanced Budget Act of 1997 primarily to expand insurance coverage to low-income children living in families who earned too much to qualify for Medicaid but were yet unable to afford private insurance. At that time, more than 10 million children lacked health insurance, with about seven million of them living in families with incomes below twice the federal poverty level (FPL). Although 75 percent of those uninsured children lived in a family with at least a parent who had full-time employment, and 90 percent had one parent who was employed either full or part-time, their families were either not provided with job-based health insurance or lacked the finances to buy the insurance offered (Families USA). Thus, Congress appropriated approximately \$40 billion to fund the program for 10 years. Although it was optional, within two years of SCHIP's inception, all fifty states had adopted the program to expand coverage for children. Based on steadily rising enrollment in SCHIP, rates of uninsured children from low-income families have declined 2.2 million, from 23 percent in 1997 to 14.4 percent in 2004, and the program is seen as highly successful (Pediatrics). However, in 2006 the U.S. Census Bureau reported that 9.4 million children in the U.S. did not have health coverage - one in eight being uninsured. What this meant was that after six years of improvement in the rate of health coverage for children, the number of uninsured children has again begun increasing. In 2006 alone, although SCHIP was found to provide health insurance coverage to 6.6 million children, there was found to be one million more uninsured children than two years ago (Pediatrics).

This set the stage for SCHIP to become a highly contentious issue and a political hotbed as children have always been perceived as political untouchables. Thus, the reauthorization of SCHIP is a very charged one because it has been a highly popular program that has drawn bipartisan support in the past. In fact, a survey by the Center for Children and Families at the Georgetown University Health Policy Institute has also found that nine in ten Americans say the program is important, with support for it crossing party lines (Lake Research Partners). Democrats are in support of the SCHIP reauthorization bill and have championed the fact that the SCHIP bill would cover 10 million children and be completely paid for by the tobacco tax, adding no strain on the federal budget. However, on the other side of the aisle, Republicans have felt that a \$35 billion expansion would be too great of an increase and goes “too far in federalizing healthcare.” (Pediatrics) The inclusion of a tobacco tax, purported claims of covering illegal immigrants, middle-class families and adults, and the possibility of the reauthorization adversely affecting the private insurance market are also the opposing arguments that are most often brought up by the Republican side.

The debate that has taken place in Congress over the course of the past three months is indeed a complicated affair that has seen usual legislative processes thrown out of the window. The reauthorization issue first arose in early August when the House passed the CHAMP Act in a partisan fashion 225 – 204 with primarily Democratic support, in an attempt to renew SCHIP before it expired on September 30, 2007 (Children’s Defense Fund). The CHAMP Act would provide health coverage to 4.1 million more uninsured children. Nearly \$50 billion would be needed in additional funding over the next five years and will be paid for by a 41-cent increase in the federal tobacco tax and cuts in overpayments to private Medicare plans (Children’s Defense Fund). However, the Senate’s own Children’s Health Insurance Reauthorization Act of 2007

(CHIPRA) would expand coverage to another 3.2 million uninsured children and would cost an increase in \$35 billion of the federal SCHIP contribution, from \$25 billion to \$61.4 billion over the next five years. This package is funded by a \$1.00 tobacco tax, a 61-cent increase from before. CHIPRA eventually passed 68 – 31 (Children’s Defense Fund). President Bush has expressed his opposition to both plans and promised a presidential veto if the bill passed both houses. He proposed increasing funds by a comparatively lesser \$4.8 billion over the next five years. In addition, Bush also proposed the highly unpopular move of reducing funding for states that have expanded SCHIP eligibility to children in families with yearly incomes more than 200 percent of the FPL (Pediatrics).

On September 24 this year, after nearly two months of negotiations, the House and Senate finally attained a bipartisan compromise to reauthorize SCHIP for an additional five years and cover 3.1 million more uninsured children. The compromise bill is similar to the Senate’s, but includes additional provisions adopted from the House bill. This legislation would cost \$35 billion over five years, cover a total of 10 million children, and would be paid entirely by a 61-cent increase in the tobacco tax (Children’s Defense Fund). It has also obtained the endorsement from 43 governors, and a wide range of constituencies ranging from AARP, the National Council of State Legislatures and the American Academy of Nursing. In the House, the bill passed 265 - 159 - insufficient to override a presidential veto - with 45 Republicans voting with all but eight Democrats in support of it. In the Senate, however, the bill passed veto-proof in a bipartisan manner 67 – 29. However, President Bush followed through with his promised veto, but signs a continuing resolution temporarily funding SCHIP at former levels till November 16, 2007. Thus, even though SCHIP coverage has not ceased, the ideological deadlock has placed the health

insurance coverage of the 6.6 million children currently enrolled at risk (Children's Defense Fund).

Following that, the House then won a procedural vote that allowed it to postpone until October 18 2007 a vote to override the veto of the SCHIP legislation. In those two weeks, congressional Democrats and their allies advanced with a paid media and grassroots campaign to pressure Republicans in vulnerable districts to vote for the override. According to *CQ Today*, the delay was intended to give Democrats and bill supporters time to "make a 'no' vote as politically unpalatable as possible for Republicans." (Kaiser Network) Public pressure and the media spotlight continue to mount as a joint survey conducted by NPR, Harvard School of Public Health, and the Kaiser Family Foundation show that 65 percent of Americans support increased funding for SCHIP, even after hearing opponents' arguments against it. On October 18 2007, the House voted 273 – 156 in an unsuccessful attempt to override President Bush's veto of the reauthorization of SCHIP, with 229 Democrats and 44 Republicans voting in favor of the override, just 13 votes shy of the two-third margin needed (Children's Defense Fund). On October 25 2007, the House again successfully passed a revised but weaker CHIPRA bill 265 - 142, again without a veto-proof majority. This bill was essentially the same as the first and would cover 10 million children, but it was altered cosmetically to pacify Republican demands. It would limit coverage to children in families with annual incomes below 300 percent of the FPL, made it less attractive for parents to switch from private to government funded insurance, phased out SCHIP coverage of childless adults within one year, and also required states to apply more thorough citizenship documentation standards to prevent undocumented immigrants from enrolling in the program (Kaiser Network). The Senate followed suit and passed the revised compromise bill as well, this time without a veto-proof majority. Bush again promised to veto

the bill if it was sent to his desk and this time went further to state that he would veto any bill that consisted of a tobacco tax increase. Therefore, in order to obtain more time for bipartisan negotiations, Congress passed and President Bush signed another continuing resolution that funded SCHIP at 2007 levels of \$5 billion a year through December 14, 2007. After reaching a stalemate in negotiations right before the two week Thanksgiving recess, the SCHIP reauthorization bill was picked up again when Congress resumed on 3 December 2007 (Kaiser Network).

## **Literature Review**

- Definition of terms

For the purpose of this study, we will define politicization according to Dictionary.com, which describes it as the bringing of political character or flavor to, as mainly partisanship – a person with an inclination to favor one group, view or opinion over alternatives. It is a commitment to the incumbency of the ideology of a particular political party. Thus, in this case, the politicization of healthcare would imply that the debate has become mostly a Democrat versus Republican battle, with precedence being given to securing political points and capital rather than focusing on the substantive content of the issue at hand. The specific effects of this form of politicization on the American public that will be analyzed in this study will be the variable of the availability of health care insurance because these have been selected by voters as issues of greatest concern (Klein 2006). The section of the American Public that will be focused upon specifically will be low-income children since SCHIP was created precisely with their well being in mind.

- Politicization of Healthcare in America Throughout History

The debacle over SCHIP is not the first time that America's healthcare has been brought into the fray of partisanship. The Clinton universal health care plan of 1993 was another highly politicized health care reform package proposed by the administration of then President Bill Clinton, and created and chaired by his wife, the First Lady of the United States Hillary Clinton (Skocpol 1995). The proposal provided guaranteed insurance coverage for all employees that was to be funded through payroll taxes and provided by tightly regulated, non-profit Health Maintenance Organizations (HMOs) (Health Economics 2007). The Clinton health care plan was estimated to create 59 new federal programs or bureaucracies, enlarge 20 others, require 79 new federal authorizations, and make substantial changes in the tax code, which critics felt would have only served to further complicate the already inefficient bureaucracy (Skocpol 1995). In line with providing universal healthcare, Clinton's plan also offered the unemployed government subsidies for enrollment into the HMOs (Health Economics 2007). Thus, on Capitol Hill, as political strategizing started kicking into gear, astute right-wing Republicans appreciated the fact that their ideological fortunes within the party itself, as well as the Republican partisan interest in undermining the Democrats as a means to securing control of Congress and the presidency, could be served by first demonizing and then completely crushing the Clinton plan (Skocpol 1995). Skocpol (1995) has found that from 1993 to 1994, hundreds of special interest groups spent more than \$100 million collectively to sway the outcome of this particular public policy issue, leading to the Center for Public Integrity calling it "the most heavily lobbied legislative initiative in recent US history."

The politicization of this health care initiative also went as far as to prompt Mr. William Kristol of the Project for the Republican Future to distribute a continual stream of private strategy memos urging an all-out partisan warfare in December 1993 (Skocpol 1995). He

remarked that “an aggressive and uncompromising counterstrategy” by the Republicans should ultimately kill, rather than amend the plan. Abolishing the plan without offering amendments was a key priority because of the potential of a Democrat-led universal health care plan to secure crucial middle-class votes and revive the reputation of the party, putting a Republican future in jeopardy (Public Broadcasting Service 1996). The timing of the memo coincided with a mounting private consensus among Republicans that a complete resistance to the Clinton plan was in their best political interest, and they did so by labeling it as a “quintessential example of Big Government Democratic liberalism run wild.” (Public Broadcasting Service).

President Clinton’s had made the assertion of a “health care system that is badly broken” and revealed his proposal in a widely acclaimed speech to Congress on September 1993. Republicans were thus keenly aware that they had to convince middle-class Americans that was both untrue and inaccurate (Skocpol 1995). Therefore, under the cover of Rush Limbaugh and other conservative right-wing anchors of hundreds of news and talk radio programs that had access to tens of millions of listeners, the Republicans through skillful political strategy and a genuine belief in their ideology promoted their cause by portraying the plan as a bureaucratic triumph by welfare-state liberals (Skocpol 1995).

As increasing partisanship ensued, moderate Republicans who had originally favored reaching a compromise began to recant in the face of anti-reform demands within their own party (Skocpol 1995). Interest groups whose leaders were initially not averse to further negotiations over reforms were soon arm-twisted by their constituents and Republican leaders to draw back from cooperating with the Clinton administration and congressional Democrats (Skocpol 1995). The distinction of party lines was also further exacerbated by the media as it increasingly focused its coverage from the content of the competing health plans under review to the partisan



clashes and strategy of the different Congressional groups that were vying for control of the reforms (Bok 1998). Therefore, the inevitable end result was an unbridgeable partisan based schism that played a significant role in the defeat of the Clinton proposal. Amidst the debate, there was no middle ground political compromise that addressed the inefficiencies of the health care system reached (Bok 1998). The creation of SCHIP later in 1997 was thus a milestone event in American social history. Not since Medicare and Medicaid were established in 1965 had Congress members worked together to pass a bipartisan bill that endorsed such a large subsidized health insurance program, reducing the number of low-income uninsured children (United States Department of Health and Human Services).

However, partisan politics has not always led to the complete destruction of beneficial initiatives for Americans. In fact, it can be argued that it is precisely such partisanship that promotes healthy democratic debates over issues. With myriad opinions from both sides being contributed through suggested amendments even on the basis of party lines, the final bill can be further refined and improved before it goes to the floor, increasing the probability of it being passed into law. This can be seen in the example of Medicare where in 1995, for the first time in 30 years, a highly public, partisan and ideologically divisive debate occurred (Oberlander 2003). The 1995 Republican Medicare reform bill championed achieving a balanced budget through large cuts in program spending by introducing a political cap on Medicare expenditures (Oberlander 2003). Democrats were opposed to such a change because they believed that this would have led to a shortfall in program finances and crippled the program, thus leading then President Bill Clinton to veto the bill, while congressional Democrats joined in solidarity to criticize the Republican Medicare proposal as abandoning its social contract with the people (Oberlander 2003). However, the 1995 defeat of the bill created the gateway for further political

compromises, and finally in 1997, Medicare reforms were passed in a bipartisan manner with the hard cap on Medicare spending that would have activated automatic spending cuts in the program being removed (Oberlander 2003). This was a key concession by the Republicans as Democrats had identified this particular cap as threatening the ability of seniors to access quality medical care and were thus strongly opposed to it (Oberlander 2003). Spending cuts were also less harsh this time around. In hindsight, these political compromises have been recognized as essential in preventing traditional Medicare from being devastated through cuts and restructuring, allowing it to continue serving its target population (Oberlander 2003). Thus in this scenario, we are able to observe how partisan politics might have served the American people.

- Assessment of Healthcare in America

Various assessments of America's current health care system have led to it being called "financially inefficient, inaccessible, and administratively wasteful" (Matcha 2004). Despite spending more per capita on health care with annual costs exceeding \$2 trillion in 2005 - an astounding 16 percent of its GDP - America is not getting a corresponding value for its money. It continues to document higher infant mortality rates, lower life expectancy, and an actual uninsured population of 45 million as of 2005 - a phenomenon virtually non-existent in the rest of the industrialized world (Klein 2006; National Coalition of Healthcare). Furthermore, the problem is slated to get worse with American health care spending projected to continue increasing at similar levels for the next decade, reaching \$4 trillion in 2015 - a sizable 20 percent of GDP (National Coalition of Healthcare). Currently, California records the largest number of uninsured - 18 percent of its residents - with 80 percent of these people being from working families with average incomes (California Teachers' Association). Without the social safety net of health insurance, their illnesses go unchecked until they become emergency concerns, further

pushing up the cost of health care (California Teachers' Association). Employers have also borne the brunt of the health care crisis, seeing their insurance premiums rise 87 percent over the last seven years. General Motors now spends more on its employees' health insurance than on its purchase of steel (National Coalition of Healthcare). Clearly, the American health care insurance system is in dire need of a massive overhaul.

In addition, in a recent survey conducted by *The Wall Street Journal* and *NBC*, those who voiced pessimism about the future were asked to identify the source of their concern. Next to the Iraq war, the inadequacies of the health care system drew the most votes (Inglehart 2007). This comes as no surprise considering the fact that one in four Americans says that his or her family has had a problem paying for medical care during the past year, an increase in 7 percent over the past nine years (National Coalition of Healthcare). A new high of 30 percent has also said that someone in his or her family has deferred medical care in the past year, even when the medical condition was considerably serious (National Coalition of Healthcare). Corroborating these statistics, national surveys have also repeatedly shown that the main reason of non-insurance has been the high cost of health insurance coverage. In fact, since 2006, annual premiums for family coverage have significantly overtaken the gross income of a full-time, minimum-wage employee who takes home \$10,712, illuminating the severity of the problem (National Coalition of Healthcare 2005).

Although Medicaid was established with the mission of providing health insurance coverage to the nation's poor, disabled and the destitute elderly people, it is currently facing a funding crisis that has seen several critical health programs reduced or abolished, and program eligibility adjusted (American Dental Association). Similarly, Medicare, which is a health insurance program for those 65 years and older, has also faced similar problems. Evidently, in

light of the variables of health care affordability and health care insurance which polled voters valued most, the administration has failed miserably in allaying the fears of the American public.

- The Relationship Between Politicization of Healthcare and its Effects on the Public

Friedman (2000) believes that in health care, there is always the inevitability of politics. She feels that while most other countries have decided on the basic rules of whether health care should consist of universal coverage, be publicly or privately controlled, and the extent of the government's role, America has yet to decide on any of those things. Therefore, partisan politics fills the vacuum and has the potential to be destructive, as witnessed in the partisan wars over Medicare and managed care (Friedman 2000). In her opinion, excessive partisanship would thus result in the two biggest crucial health care issues – an aging society and the rapidly increasing number of uninsured - remaining unaddressed until they reach crisis proportions. This does not bode well for the American people. However, others have maintained that it is exactly this politicization that encourages healthy debate and thus need not be perceived negatively.

Therefore, what has being embroiled in a larger struggle over ideologies meant for the general state of health care in America? Several trains of thoughts exist. From the above analyses, we can see that politicization of healthcare has its pros and cons, either a beneficial enlargement of the democratic debate or a possible stalemate in policy implementation due to excessive party bickering. The issue of SCHIP must thus be further analyzed to determine its effects on health care. My hypothesis is that SCHIP has become a politicized issue and that this has resulted in negative effects on low-income children.

### **Research Design/ Data Collection**

The research design of content analysis was used in evaluating my hypothesis. A total of 33 newspaper articles from the weeks starting 5 September 2007 to 18 November 2007 (11

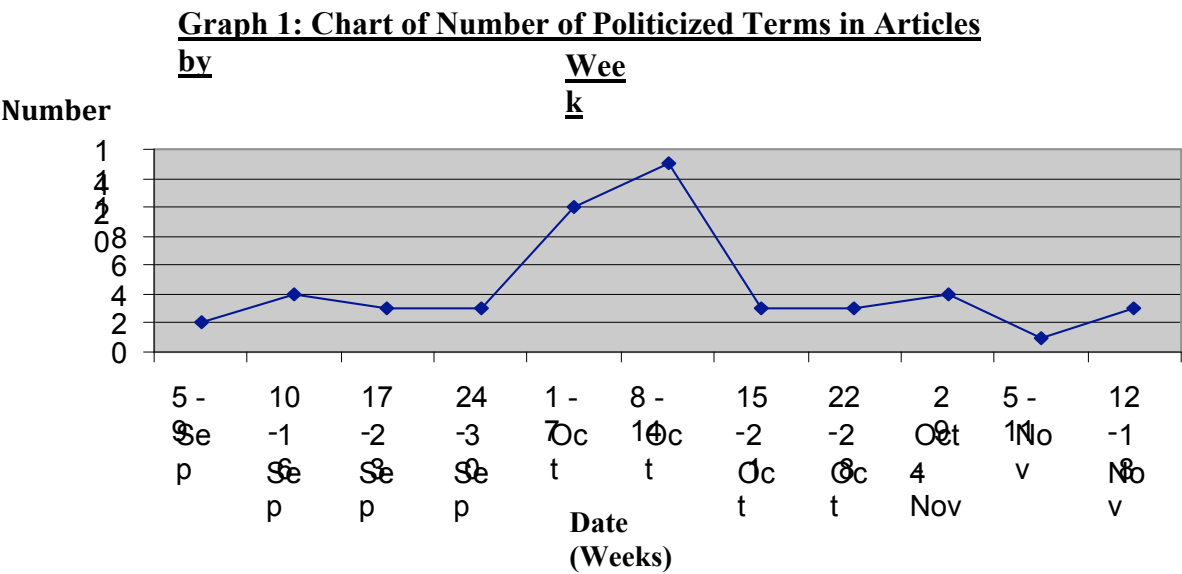
weeks) were used to determine if politicization of SCHIP was reported and if it was perceived to have been detrimental for low-income children. I had to decide to stop my collation of articles just before Congress went on its Thanksgiving recess because the SCHIP legislative process is an ongoing one. I also chose such forms of publication for content analysis because I feel that it best represents what permeates the public sphere and influences the perception of the people the most. Specifically, congressional newspapers and publications (*Roll Call*, *The Hill*, *Politico*, *Congress Daily*, *Congressional Quarterly*) were chosen for analysis as not only are its reporters most attuned to the workings of Congress, they also provide up-to-the-minute news of the daily legislative and political maneuvers that take place on Capitol Hill. However, editorials were left out as I felt that they represented more personal points of view and lacked the objectivity that I felt was essential in conducting a fair content analysis. Thus, out of all the relevant SCHIP related articles collated, three were randomly chosen from each of the 11 weeks that analysis was being conducted upon. A standardized coding sheet (Appendix 1) was then applied to each of them to measure the presence of politicization in the SCHIP issue, the perspective from both sides of the aisle, and also the reported effects on low-income children. The articles were coded by paragraphs with the options in each question of the coding sheet designed to be mutually exclusive so that reliable data could be obtained. Inter-coder reliability was also established in the coding of these articles.

An example of what might be a disputed coding scenario would be the classification of the term “erosion in Republican territory” in the fight to expand healthcare coverage for children in an article in *The Hill* on 7 September 2007 titled, “House Dems See Political Win on SCHIP.” Ambiguity might result from the decision whether to classify it under politicization in the generic party context (Question 1) or in the context of the political standing of an individual

Congressman (Question 2). Thus, in such a situation, I have consistently classified this as politicization in the party context. I have done so is because although the term “erosion in Republican territory” implies that individual Congress members will be adversely affected through the losing of their House seats, the usage of “Republican territory” exudes a more general collective party feel and thus should be coded as the Republican party as a whole bearing the brunt of the negative ramifications.

Findings

Several interesting findings have surfaced from the content analysis which provides us with an insight into the evidence of politicization of SCHIP and the possible impacts on children from low-income families.



\* 18 out of the 33 articles analyzed were coded positively for the presence of politicized terms.

First, slightly more than half of the 33 articles were found to contain terms that suggest politicization such as “political theatre,” “scoring political points,” or “voting along party lines,” with 72 percent of these emphasizing it in more than one paragraph. In addition, as seen in the

above graph, it was also found that the greatest number of politicization terms used was found in the week from 8 to 14 October 2007. A total of 13 paragraphs with politicized terms were found in the three coded articles of that week, approximately three times the weekly average of 4.5 terms. It is interesting to note that this trend fell during the two-week postponement of the veto override vote in which Democrats and outside lobbying groups cooperated in a media blitz to pressure Republicans who voted against the veto override. Radio ads were broadcast and a new technique of sponsoring traffic and weather updates at local radio stations that allowed the deejay to read the ads rather having them pre-taped was adopted to call into question the Republicans' votes. Thus, predictably, Republicans voiced their displeasure and dismissed the ads as further evidence of Democrats using the children's health issue for political advantage (Kady 2007).

**Table 1: Number of Articles and Paragraphs that Fulfill Politicization Criteria**

	SCHIP Passes		SCHIP Fails to Pass	
	Advantage	Disadvantage	Advantage	Disadvantage
Democratic Party	3 (3)	0 (0)	1 (1)	2 (2)
Republican Party	0 (0)	2 (2)	0 (0)	2 (2)
	Votes for SCHIP		Votes against SCHIP	
	Advantage	Disadvantage	Advantage	Disadvantage
Democratic Member	6 (8)	1 (1)	0 (0)	1 (2)
Republican Member	1 (1)	0 (0)	0 (0)	15 (28)

\* A total of 21 articles coded positively for at least one of these 16 categories. 8 of these coded positively for more than one category.

\* Numbers indicate total number of articles while those in parentheses represent total number of article paragraphs that fulfill stated criteria.

Sixty-four percent (21 out of 33) of the articles implicitly suggest politicization by stating how the SCHIP process has either inadvertently politically advantaged or disadvantaged the political parties or their respective Congress members (Questions 1 and 2). As seen in the above table, out of the 21 articles that coded positive for these two questions, the option that gathered the most votes at 28 paragraphs mentioned specifically "Republicans voting against SCHIP

would lead to disadvantageous consequences.” Trailing second with eight paragraph mentions was the option stating “Democrats voting for SCHIP would lead to advantageous consequences.”

**Table 2: Democratic and Republican Perspective of the Optimum SCHIP Bill**

	Reasons for Opposition	Article Mentions
Republican	Covers adults	12 (36%)
	Covers illegal immigrants	12 (36%)
	Covers too high a percentage of poverty level	6 (18%)
	Too expensive an expansion	5 (15%)
	Socialized medicine	4 (12%)
	Adversely affects private market	4 (12%)
	Tobacco tax	3 (9%)
	Reasons for Support	Article Mentions
Democratic	Coverage of 10 million children	6 (18%)
	No fiscal strain on budget	1 (3%)

\* Figures represent the number of articles that mentioned the particular reason while figures in parentheses represent the percentage out of the 33 articles coded that mentioned it.

The table above also illustrates the different perspectives of what each side has defined as optimum. Republicans were opposed to the SCHIP bill for myriad reasons. Some said the SCHIP expansion would cover illegal immigrants, adults and families earning too high of a percentage above the FPL and was a step towards socialized medicine. Others were opposed to the increase in the federal tobacco tax, claimed that it was too expensive of an expansion, and alleged that it would adversely affect the private insurance market. Thus, although Republicans expressed a general support for the SCHIP bill, they felt that this particular bill was flawed and needed to be



renegotiated in a bipartisan manner since it would not provide the best health care for children from low-income families – the intended beneficiaries of the program. Content analysis showed the top three reasons, ranked in order, against the SCHIP reauthorization bill as being the disputed areas of coverage for children in families earning too high of a percentage over the FPL, coverage for illegal immigrants and lastly coverage of adults. Thirty-six percent of all coded congressional publications mentioned the first two factors, with one in three of the articles that brought up illegal immigrants demanding specifically for tighter provisions verifying citizenship status. Eighteen percent also mentioned providing health insurance coverage for adults as a shortcoming in the SCHIP bill. These were frequently brought up by Congress members on the House floor during scheduled vote debates.

The Democrats, on the other hand, were mostly supportive of the passage of the SCHIP bill. They repeatedly brought up the fact that the SCHIP bill would cover 10 million children, 3.4 million more than the year before, as their main push for the program. Eighteen percent of all coded articles mentioned this factor as the Democratic rationale for supporting SCHIP. The fact that SCHIP would place no strain on the fiscal budget, since it was going to be paid for by an increase in the tobacco tax, was also another factor mentioned by the Democrats in an attempt to garner support for the program.

Lastly, in the five articles that mentioned the specific effects of the SCHIP debate on children from low-income families, two of these articles reported Republican members suggested an eventual negative effect on uninsured children. They felt that if the bill was passed in its current form without the inclusion of Republican demands such as better citizenship documentation and the immediate exclusion of health insurance coverage for adults, low-income children will not be able to reap the full benefits of SCHIP. Another Republican felt that the

general politicization of the issue was detrimental to children while two articles reported on how Democratic members felt that the passage of the bill would be beneficial for low-income children. It is also interesting to note that three out of five of these articles that mentioned these effects were published during the period of 4 to 18 October, which was the time period in which the two-week delay of the override vote was scheduled and where politicization was found to be most intense. This correlation may suggest a link between politicization and its effects, whether positive or negative, on the well being of children from low-income families.

## Discussion

The term “politicization” has often been a loaded term with a largely negative connotation, with most assuming that its end result is usually a harmful one. Although my hypothesis assumes such, this paper thus questions if that assumption holds true or if politicization can ever lead to a betterment and improvement of society. Before we further this discussion, it is imperative to be aware that James Madison, Alexander Hamilton and John Jay - the founders of this country who crafted *The Federalist Papers* - had already envisioned the inevitability of conflicting factions in government. They believed that it was human nature to pursue short-term self-interest often at the cost of long-term benefits and were concerned that factions formed around these areas of immediate self-gratification might eventually demolish the moral foundations of civil government. However, Madison, often referred to as the architect of the Constitution, dismissed the quixotic notion of entirely eliminating factions since it would either destroy liberty or entail everyone having “the same opinions, the same passions, and the same interests.” (Anderson 2005) He thus championed an extended republic – a larger and more diverse society - with “each representative...chosen by a greater number of citizens,” believing that while a small republic might be torn apart by factions, the larger number of representatives

chosen would “guard against the cabals of a few.” (Anderson 2005) He also believed that an extended republic would reduce the likelihood of one faction advancing its agenda to the omission of others. The usage of popular vote would also make it difficult for undeserving candidates to further their personal agendas at the expense of society at large. In addition, the “pluralist” reading of Madison's theory also suggests that the government would be a platform in which myriad interests of the society could be acknowledged, with public policy birthed through conflicts and compromises - the push and pull that often defines legislative politics. It is thus this ideology that frames the current American political system and process (Anderson 2005). Therefore, could politicization - defined as partisan conflict - actually be what the founding fathers of America envisioned for it and a much maligned term?

- SCHIP Politicization by Both Parties

From the research findings obtained, it can thus be inferred that the politicization of the SCHIP issue did indeed take place. More than one in two of all the coded articles had terms explicitly suggesting that the issue had taken on an overtly political agenda. These were comments either made by the journalists themselves, by Congress members, their spokesperson, or lobbying groups. Rosenbaum (2007) has asserted that this effort at political framing has greatly distorted the matter at hand, leaving the public with a convoluted mass of contradictory information as both sides attempt to present their stance as being most favorable to society.

As a widely received, highly popular program, SCHIP reauthorization should have been a rapid and relatively uncluttered political process. However, the ideological vitriol that has invaded the discussion as seen in the data in the content analysis is also reflected in the politics of real life, corroborating the statistical claims of politicization (Rosenbaum 2007). An example of politicization can be defined as the act of keeping the debate alive in order to score political

points rather than trying to resolve it in the fastest manner possible. This is exemplified in the Democrats' exercise of a rare procedural tool to postpone for two weeks the override vote even though an immediate override vote could be scheduled. In this period, the Democratic Congressional Campaign Committee ran 60-second radio spots and "robocalls" targeting Republican House members in vulnerable districts. This inevitably drew sharp criticism from Republicans who accused them of needlessly riding out the political debate. Don Steward, a spokesman for Senate Minority Leader Mitch McConnell (R-KY) put it most aptly when he commented, "The idea that this is about health care is gone...It's about 30-second ads in congressional districts." (Kady 2007) However, Republicans have similarly used the same tactic and have ran radio advertisements against vulnerable Democrats such as Ohio Rep. Zach Space for voting for the House bill (Kady 2007).

The focus on presenting compelling political images or rhetoric, which often skims the surface of the policy by overlooking the substantive issues, is also another form of politicization observed in the SCHIP debate. One Democratic House member has termed the White House as part of the "axis of evil" in attempt to tarnish Bush's public image while Senate Majority Leader Harry Reid (D-Nev) has stood in front of pallets of fake hundred dollar bills to symbolize the millions wasted in Iraq while America's children go without health care (Kady 2007). During a House debate on whether to override Bush's veto, Iowa Rep. Steve King also declared that SCHIP stands for "Socialized Clinton-style Hillarycare for Illegals and their Parents." (Sustar 2007) In their quest for a gripping political storyline, Democrats also recruited 12-year-old Graeme Frost to tout the reauthorization during the two-week postponement. Frost, from the city of Baltimore, Maryland, received SCHIP benefits in 2004 after a massive car accident (Kady 2007). He gave one of the Democratic radio addresses in September, offering a passionate

argument to expand the program to more children. However, conservative blogs investigated the Frost family. The family home was watched and the GMC Suburban parked in their driveway was reported upon. In addition, the Majority Accountability Project, financed by a previous top aide at the National Republican Congressional Committee, dug up property records and a *New York Times* wedding announcement to raise questions regarding the family's net worth (Kady 2007). Democrats, however, responded to these attacks by releasing a point-by-point refutation of the criticisms of the Frost family, showing that the children were on scholarship to private school and the family of six made only \$45,000 a year (Kady 2007). Although Republican congressional offices maintain that they were far removed from the investigative reporting work of the bloggers, they failed to distance themselves from the result of that work which accused a valid SCHIP recipient of being ineligible to qualify for a government program (Kady 2007). Thus, from the Republican response it is also evident that the desire to outwit the Democrats has shifted the focus from what should be the key issue of providing healthcare to uninsured children to a partisan based strategizing and manipulation.

Lastly, accusations of politicization, defined by taking an uncompromising and unreasonable partisan stance, made by both Democrats and Republicans, have also been asserted. Democrats claim that the Republicans have voted blindly in lockstep with the Republican President without considering the welfare of the American public (Kady 2007). Republicans have also similarly maintained that Democrats have voted solely along party lines, refused to come to a bipartisan compromise in an attempt to drag out the debate so as to score political points for the 2008 elections, and have thus failed to identify and correct the shortcomings in the bill. This has thus led to SCHIP being unable to obtain a veto-proof passage through the House.

- The Ideological Divide

This issue is precisely such a contentious one because ideological differences exist over what is to be defined as optimum for children's healthcare. The top three reasons will thus be more extensively discussed. Republicans say that the bill allows illegal immigrants to benefit from SCHIP because it considerably weakens the requirement of proof of citizenship or nationality. In addition, the inclusion of a state option which permits "express enrollment" for SCHIP benefits without proper documentation of citizenship has been denounced by Republicans who feel that this would be siphoning away resources from the intended beneficiaries, children from low-income families (House Republican Leader). However, Democrats maintain that any change to the citizenship requirement might make it too difficult for inaccessible yet eligible populations to get benefits. They say that the SCHIP reauthorization bill is sufficient as it prohibits payments to illegal immigrants and allows coverage only to citizens and legal immigrants who have been in the U.S. for at least five years. Furthermore, Democrats also oppose the inflexible citizenship requirements which would require even newborns born in the U.S., who are automatically U.S. citizens, to have their citizenship proven before being given SCHIP benefits (Johnson 2007).

Republicans also say that they oppose the fact that taxpayer dollars are being used to fund SCHIP for adults through 2012, when waivers that allow for alternative uses of SCHIP funds end. Instead, they want parents receiving SCHIP to be phased into Medicaid at an accelerated rate. Through waivers, 11 states currently use SCHIP funds to cover parents. Four states cover childless adults, and 11 states use SCHIP funds to cover pregnant women through the prerogative to define a fetus as an unborn child. Democrats are in support of this clause because they believe that allowing states to have the choice of covering low-income pregnant women and providing essential prenatal care would eventually lead to healthier babies, which will reduce the

long-term cost of SCHIP (Office of Majority Leader). They also state that the states that have obtained waivers to cover adults have been allowed to do so because they had already done a good job of finding the children that needed coverage. In addition, Democrats are unwilling to attempt a one year transition of parents to Medicaid as it would mean that beneficiaries would have their insurance yanked away from them (Johnson 2007). However, the current compromise bill prevents states from covering any more pregnant adults and requires them to phase out adults who are covered.

The claim that children from middle-income families, earning too high of a percentage above the FPL, are being covered is also a disputed issue. Republicans such as Rep. Thomas Reynold (R-N.Y.) has said that the party had to “stand on conservative principles” and vote against an increased coverage that would allow middle-income families to latch onto a government entitlement meant for the poor (Kady 2007). They favor a hard-cap on income eligibility at or near the 300 percent level (Johnson 2007). Democrats, however, maintain that less than 10 percent of children currently covered by SCHIP live in a family of four earning more than \$41,000 annually, and that this will be maintained under the new SCHIP bill (Office of Majority Leader). They also reasoned that different regions in the U.S. have significantly different standards and cost of living and thus there needs to be flexibility in determining the income-cap. A report by the Economic Policy Institute has showed that a family trying to make ends meet in New York in 2004 would need \$58,656 - three times the federal poverty amount in that year (Vermont Foodbank). However, in latest negotiations, Democrats have agreed to put the income-cap at 300 percent of the FPL.

Republicans are also against a tobacco tax as they say that it would disproportionately burden low-income Americans, be both a regressive and declining source of revenue, and have

the negative condition of requiring 22.4 million new smokers by 2017 in order to fund the expansion. However, Democrats cite the Campaign for Tobacco-Free Kids which has found that a 61-cent increase in the tobacco tax would mean that 1,873,000 fewer children will take up smoking (Office of Majority Leader). They are also uncompromising with the psychologically important benchmark of 10 million children being covered under the reauthorized SCHIP.

- The impact on children from low-income families: Possible scenarios

Findings from the content analysis have shown that three out of five of the articles that mentioned specific effects on children from low-income families have either purported negative effects from the politicization of the issue or advantageous benefits on America's uninsured children if the bill is passed. However, it has to be noted that two articles presented Republican views that it was a positive move to hold off on passing a bill, which they believed was insufficient and inadequate in addressing the health care insurance problem. Thus, with such inconclusive statistical evidence, the crux of the issue, which was first brought up in the introduction, is whether these disagreements have paradoxically brought about more thoroughly analyzed policies and led to pragmatic and optimum compromises or has this political theatre and exaggerated rhetoric only served to impede the improvement of healthcare?

- Scenario 1: The revised SCHIP bill passes.

The second revised bill (H.R. 3963), which underwent cosmetic changes, is different from the initial one (H.R. 976) in various ways. First, it permits states to receive federal funding only for children with family incomes up to 300 percent of the FPL. Thus, New York is no longer allowed to extend its program to 400 percent FPL. However, the bill does retain the provision that allows New Jersey, which provides coverage to families up to 350 percent FPL, to continue its program (Senate Republican Policy Committee). It also phases out coverage of



adults after a year instead of two and allows states to receive performance bonuses for recruiting the lowest-income uninsured children. In addition, it also clarifies the role of the Social Security Administration (SSA) in verifying citizenship for eligibility purposes. Instead of cross-checking the name and SSN provided for invalidity, applications will now be verified to determine if they are inconsistent with the records maintained by the Commissioner of SSA. This would thus allow the Commissioner to use supplementary information, such as birth place records, to determine the citizenship of the applicant (Senate Republican Policy Committee). However, both bills would provide 10 million uninsured children with healthcare insurance.

Various studies have found that the passage of the bill will be highly beneficial to children from low-income families. The Congressional Budget Office (CBO) has found that the bill will allow 1.3 million children, who would otherwise lose insurance coverage, to retain their SCHIP coverage because adequate funding over baseline levels is provided for states to maintain their current programs. An estimated 78 percent of the children who would have been uninsured in the absence of the SCHIP bill will also have incomes below 200 percent of the FPL (Kenney 2007). Furthermore, an estimated 70 percent of all children who would gain or retain SCHIP coverage, including those who move from private to public coverage, were found to have incomes below 200 percent of the FPL. A substantial number of children targeted under the bill will also have incomes below 100 percent of the FPL while very few will have incomes above 300 percent of the FPL because so few states currently have or are projected to have eligibility thresholds above 300 percent of the FPL (Kenney 2007).

Thus, the politicization of the SCHIP issue might actually have served to benefit their intended beneficiaries. President Bush had initially proposed a \$5 billion increase for SCHIP for the next five years, an amount the CBO and the Center on Budget and Policy Priorities both

found insufficient to maintain even current enrollment (Kenney 2007). However, because the issue has taken on such a partisan turn with Democratic ideology being fiercely pitted against Republicans', it might have led to the Democrats developing their uncompromising stance of seeing 10 million children obtain health insurance. If the bill eventually passes, their stubborn refusal to budge on this key aspect would thus have advantaged these children. Politicization, which also led to the original bill becoming revised, might have also resulted in positive effects on low-income children. With tighter regulation through the use of refined terminology, it has become more likely that illegal immigrants will not be covered under SCHIP and draw away limited funds. Nonetheless, politicization definitely also has its flip side. It is this same politicization that has caused progress on the SCHIP issue to come to a standstill as both sides endeavor to forward their ideology in an attempt to appeal to voters. Thus, until a true bipartisan compromise is reached, health insurance coverage expansion for eligible children is stalled and millions of low-income children are being negatively affected by remaining uninsured.

Legal immigrants have also borne the brunt of this politicization. Democrats are often viewed as being champions of social equality and more pro-immigration while Republicans are perceived as more nationalistic and anti-immigration. Thus, the fractious politics of immigration has also permeated the SCHIP issue. Immigrants, whether legal or illegal, have now been painted with a broad brush. The SCHIP bill specifies that legal immigrants in the country for less than five years will not be covered under Medicaid and SCHIP even if they meet income eligibility requirements (The Kaiser Commission). Thus, while a number of states with large immigrant populations have provided state-funded coverage, the lack of federal funding makes this coverage vulnerable to cuts during economic recessions. This is an especially salient issue considering that the number of immigrants living in the U.S. has continued to increase.

Therefore, children from low-income legal immigrant families have been most adversely affected by the politicization of SCHIP (The Kaiser Commission).

- The revised SCHIP bill fails to pass but is maintained through a Continuing Resolution till September 2008.

Essentially, if SCHIP is not renewed, 6.6 million children stand to lose their health care insurance coverage instantly. From the perspective of a government's moral obligation to its people, Rosenbaum (2007) states that to reverse the government's role in creating a dependable social safety net for children and to leave financially limited families to fend for their children in the individual market would be a regrettable step in the course of America's social progress. This could lead to enrollment denials for newborns and exclusions for children with physical, mental, and developmental conditions. Thus, in her opinion, exposing children at any income level to the full force of the individual market is an unfair path for any nation to ask its families to take.

In terms of financial implications, Georgetown University's Health Policy Institute has found that the SCHIP bill, if passed, would have provided states with more than \$8.9 billion in the 2008 fiscal year, compared to the previous \$5 billion, as the federal contribution to defray the program's cost. This, together with the nearly \$3.8 billion in unspent SCHIP funding that states can carry over, would have given states over \$12.7 billion in federal money this fiscal year for the SCHIP program (Hess 2007). This is in stark contrast to the \$1 billion per year increase over five years that the administration originally wanted. The CBO also told lawmakers that President Bush's offer would lead to a loss of 1.4 million eligible children from the program (Hess 2007). In fact, some of the affected parties worry that the deadlock will eventually lead to a simple continuing resolution for a year till just before the 2008 Presidential elections. Inevitably, this would bring about a setback in the number of covered enrollees as compared to what the bill

originally proposes (Hess 2007). Joy Wilson, a healthcare specialist with the National Conference of State Legislatures, has said that the biggest and most immediate concern is the uncertainty that states are confronted with as the fate of SCHIP hangs in the balance while Congress battles it out (Hess 2007). If the funds that the continuing resolution allots are much lesser than the SCHIP bill, some states might be forced to drop covered children from their SCHIP roll.

The current continuing resolution in place, which extends the SCHIP program until mid-December, funds these programs at last year's levels. That is at least \$1.6 billion short of what is required. A recent report from the Congressional Research Service has also indicated that more than \$6.6 billion would be required to ensure no state faces a deficit in fiscal year 2008. Furthermore, if funding remains at current levels, 21 states will also not have the resources to cover their projected SCHIP spending next year, putting the health care of 1.4 million children and pregnant women at risk. In addition, at least nine states could run completely out of funds as soon as March 2008. Therefore, many states have begun taking negative and restrictive measures to prevent that from happening, which has been harmful for low-income children (First Focus).

New census data has consistently showed an increase in the numbers and rate of uninsured children, which are often driven by declines in employer sponsored coverage. Thus, in the face of such a trend, SCHIP will not be able to support current program levels or expand to cover the additional six million children that are said to be eligible if enough money were available (The Kaiser Commission). On 12 December 2007, Bush again privately vetoed the second bill with an accompanying statement that said, "This bill does not put poor children first, and it moves our country's health-care system in the wrong direction." (Kady 2007) In response, congressional leaders have said that they would try to extend SCHIP well into 2008 in its current

form. The House also voted 211 - 180 to put off until 23 January 2008 a vote on overriding Bush's veto. Republicans have again cried foul and accused the Democrats of scheduling the override vote strategically to coincide with the week that Bush comes to Congress for the State of the Union address (Kady 2007).

Therefore, much uncertainty plagues this scenario. It depends on how Congress acts over the next few weeks, especially when the continuing resolution expires on 14 December 2007, that will determine if low-income children will see a beneficial expansion of the program or a continuing resolution that will detrimentally limit enrollment. Thus, even though the jury is still out on this issue, the impact so far has been a negative one.

## **Conclusion**

Through the course of my research, several key findings have emerged. First, the reauthorization of SCHIP has been shown through content analysis to have been a politicized issue. However, the term “politicization,” although often viewed negatively, has been found to be beneficial for low-income children in certain aspects of the SCHIP reauthorization legislative process. For example, it has allowed for stricter citizenship documentation procedures to be implemented, ensuring that illegal immigrants do not get access to limited SCHIP funds. In addition, politicization has also allowed the Democrats to hold fast to their ideologically significant 10 million children targeted for health insurance. Thus, not only was this idea of “politicization” – for factions to oppose each other so as to prevent a monopoly of ideas - the intention of America’s founders for the democratic political process, it has indeed at times led to a more optimum outcome as seen in SCHIP. Therefore, even though politicization might seem counterproductive, we are able to appreciate the fact that allowing the political system to be inefficient does allow for the checks and balances that are imperative in every well functioning

government to exist. Yet, at the same time, politicization has also been shown to have impeded the political process and been detrimental to SCHIP's intended beneficiaries – children from low-income families. The delay in the passage of the bill has meant that while politicians wrangle over certain minor technicalities, millions of low-income children are going uninsured and lacking vital health care coverage. Therefore, through this realization of the disadvantageous effects that politicization has on SCHIP, we can become more analytical about various policy issues and start pressuring our representatives through our votes and various other feedback mechanisms to come up with effective bipartisan bills that can be most beneficial for society at large. My hypothesis, which states that the politicization of SCHIP has led to solely negative ramifications for low-income children, is thus not supported.

However, there were certain limitations to my project and I faced various difficulties through the course of my research. First, I had a rather small sample size of 33 articles which I had used to analyze the SCHIP legislative process. Thus, this might have been insufficient to draw concrete results from. It is also hard to generalize the findings from the result of my SCHIP content analysis to every legislative issue taking place in Congress. Politicization might exert different effects on different issues. Also, the fact that the SCHIP bill pertained to the well-being of children, who are often perceived as political untouchables because they represent the most vulnerable in society, needs to be taken into consideration. This fact might have made the SCHIP issue particularly highly charged and politicized, especially when framed in the context of the extremely competitive upcoming 2008 Presidential elections. Thus, all these external factors and influences might have culminated and provided the SCHIP bill with a greater incentive to be turned into a politicized issue than usual. Lastly, in the coding of the congressional publications, I found only five articles specifically mentioning the effects of the SCHIP debate on low-income

children. Thus, it made it difficult for me, with a small sample size of five, to draw any reliable statistical conclusions. This might have occurred because I had intentionally excluded editorial and opinion pieces in my sample, on the assumption that these were more subjective pieces that might reflect the biases of the author. Thus, in an attempt to be objective and leave out personal predictions, the articles I coded might have refrained from casting personal opinions about the effects politicization might have on low-income children.

Since SCHIP is currently an ongoing issue and I had to stop my analysis midway, it was difficult for me to draw definitive findings about the effects of this politicization. Thus, future research projects can definitely look towards reexamining this issue once it has blown over. Also, I would be interested to know which issues are most often politicized and if my assumptions that they are issues pertaining to political untouchables such as social security, veterans and children are correct. A further area of research could also be to determine if the use of politicization did indeed result in any significant election gains or losses for any of the political parties.

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## **Appendix 1**

### **The SCHIP Debate**

Publication:

Date:

Author:

Headline:

#### **Politicization Scale**

1. Party
  - a. Republicans advantaged by the ability to pass SCHIP
  - b. Republicans disadvantaged by the ability to pass SCHIP
  - c. Democrats advantaged by the ability to pass SCHIP
  - d. Democrats disadvantaged by the ability to pass SCHIP
  - e. Republicans advantaged by the failure to pass SCHIP
  - f. Republicans disadvantaged by the failure to pass SCHIP
  - g. Democrats advantaged by the failure to pass SCHIP
  - h. Democrats disadvantaged by the failure to pass SCHIP
2. Individual (Congress)
  - a. Democrats voting against SCHIP lead to negative ramifications
  - b. Democrats voting for SCHIP lead to negative ramifications
  - c. Republicans voting against SCHIP lead to negative ramifications
  - d. Republicans voting for SCHIP lead to negative ramifications
  - e. Democrats voting against SCHIP lead to positive ramifications
  - f. Democrats voting for SCHIP lead to positive ramifications
  - g. Republicans voting against SCHIP lead to positive ramifications
  - h. Republicans voting for SCHIP lead to positive ramifications
3. The use of terms that suggest politicization such as “political theatre,” “political gain,” “voting along party lines,” etc.

#### **The perspective of optimum from both sides**

4. Republicans
  - a. Socialized Medicine
  - b. Cigarette Tax
  - c. Illegal immigrants being covered

- d. Covers adults
  - e. Covers too high a percentage of poverty level
  - f. Too expensive of an expansion
  - g. Adversely affects private insurance market
5. Democrats
- a. Covering 10 million children
  - b. No added strain on fiscal budget
6. Specific effects on low income children
- a. Democrats suggest positive effects on low income children
  - b. Democrats suggest negative effects on low income children
  - c. Republicans suggest positive effects on low income children
  - d. Democrats suggest negative effects on low income children