Editor's Note

Insurance Coverage and the States

Years ago in a television advertisement for a major brand breakfast cereal, a group of kids eyed the new concoction with considerable wariness. They then all looked at the youngest boy at the table and came to the same conclusion: "Let Mikey eat it!" In the long and unsuccessful search for universal health insurance coverage in the United States—a seemingly delectable proposition but potentially fraught with despairing complexity—we repeatedly hear, if only implicitly, a similar refrain: "Let the states do it!" After all, Mikey turned out to like his new cereal and downed it with gusto, soon followed by his previously skeptical friends and siblings. So, too, state efforts at insurance expansion?

When President Bill Clinton's proposed Health Security Act and competing plans for comprehensive health care reform proved too much to swallow, advocates and observers turned their attention to the states, a few of which appeared to be well along in developing their own versions of reform. Alas, with the nationwide Republican electoral revolution of 1994 and changing economic tides, these efforts also proved unpalatable and were thwarted or rescinded (States—The Policy Crucible 1997). Perhaps the states could tinker with their laws governing the individual insurance market, transforming this residual category of insurance into a more effective opportunity for coverage. More Pop Tarts than a meal, even these plausibly more edible policy morsels failed to advance very far the objective of improving coverage (Individual Health Insurance Market 2000).

More recently, Daniel Fox, the president of the Milbank Memorial

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Fund, commissioned leading experts on state health care policy making to conduct a small set of studies investigating the latest round of state activities designed to bring more uncovered dependents into the realm of the insured. This special issue, initiated when I was editor of the journal, presents these examinations of the efforts of four states: California and Oregon, by Howard Leichter; Maryland, by Thomas Oliver; and Wisconsin, by Michael Sparer. Combining federal resources from programs such as Medicaid and SCHIP (the State Children's Health Insurance Program) with a number of their own entrepreneurial initiatives, these states have been active in seeking to broaden the insured population. But have they offered a recipe for moving the nation forward? Do they reveal one or more effective methods for solving, or at least seriously ameliorating, one of the most enduring and pernicious problems in the U.S. health care system?

All four articles—based on extensive empirical research in the states, vetted by core participants in the policy-making process, and subjected to anonymous peer review—both identify extensive engagement by state policy makers and underscore just how difficult it is to fulfill the promise of insurance expansion through state-level efforts. Gains are achieved in coverage, to be sure, but the incrementalist approaches that states pursue fall victim to all of the policy pathologies one would anticipate. Expansion of insurance coverage is slow and modest, at best. Different categories of individuals end up with vastly different types of benefits, coverage, and access to medical care. Often the same individuals are eligible for a confusing array of multiple and quite divergent programs, or members of the same family have mutually exclusive access to different programs. In addition, insurance status waxes and wanes as individual circumstances change. One cannot characterize these states as bringing inclusiveness, consistency, coherence, or stability to health insurance coverage.

Two other stark lessons also emerge from the examination of these four states. First, because many in the population do not understand or are skeptical of the value of insurance, offering coverage does not translate into people accepting it. Add this consideration to the inherent complexities engendered by incrementalism, and it becomes clear that the insurance model itself is not sufficient to ensure real access to needed and appropriate health care services. Second, in some states the politics of health insurance is directly influenced by the politics and effects of immigration. The analytic story about the uninsured in California, for example, cannot be complete without giving significant consideration to the size of the immigrant population and general political responses to it (as well as the rising role of immigrant groups in the politics of the state).

In addition to the articles themselves, this special issue is enriched by the inclusion of commentaries written by two other scholars who have contributed importantly to the study of state health policy making: Glenn Beamer and Christopher Stream. Taken together, the articles and commentaries—while celebrating the ideas and energy brought to the issue by many policy makers—further substantiate the serious limitations of relying on state-level policy making to rectify the central failings of health care financing and coverage in America (see also Who Shall Lead? 2003). Try as they might, the states cannot do it on their own.

Mark A. Peterson

References

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