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In the June 2, 1999 issue of the Journal of the American Medical Association, researchers Stephen Long and Susan Marquis look at the potential of states' Children's Health Insurance Programs (CHIP) for improving access. In "Geographic Variation in Physician Visits for Uninsured Children: The Role of the Safety Net," Long and Marquis report encouraging results, based on analysis of data from the 1993-94 Robert Wood Johnson Foundation Family Health Insurance Survey. The study examines the 10 states that were part of the survey -- Colorado, Florida, Minnesota, New Mexico, New York, North Dakota, Oklahoma, Oregon, Vermont, and Washington. There is a wide variation in the percentage of low-income, uninsured children across these states, as well as variation in access to care, measured as the average annual number of physician visits. When the authors statistically simulate expanded eligibility under CHIP, access to physician services improves significantly, by an average of 105 percent across the 10 states. There is variation among the states even in this improvement, however: predicted increases in physician visits as a result of expanded eligibility range from 41 percent in Minnesota up to 189 percent in Oregon.

Long and Marquis suggest that much of the variation in access to physician services, for children who are uninsured or covered by public programs, can be explained by differences in safety net capacity from state to state. They compare the three states with the highest level of access (average number of physician visits) for uninsured children -- Colorado, Minnesota and New York -- with the three lowest access states -- New Mexico, Oregon and Vermont. On each of five measures of safety net capacity, the "high access" states exceed the "low access" states, by magnitudes ranging from 20 percent (on the measure of total emergency department and outpatient visits per low income people) to 120 percent (for public hospital beds as a percent of total hospital beds).

This suggests that potential improvements to access by expanding coverage through the CHIP program, though significant overall, can be most significant in states where the safety net capacity for serving the uninsured is less. In other words the greatest improvements come in the states where access depends more on having coverage and less on the availability of safety net services like public hospitals and community health centers.