

Health

NEVADA'S SHARE OF PROVIDING POOR KIDS MEDICAL CARE TO RISE

RENO - Federally mandated welfare programs - especially an expanding medical program for poor children - will cost an additional \$49 million this year and \$70 million in fiscal 1993, a legislative committee was told Friday.

With about 50 percent of the cost paid by federal matching funds, the cost to Nevada taxpayers over the two years is estimated at \$60 million.

The Nevada Legislature's committee to study the welfare system in Nevada was told by state welfare officials that one program in particular, the child health assurance program, will add to state welfare costs through 2002.

The mandated program is projected to cost \$30.4 million this year and \$47.3 million next year. As with most welfare programs, half the cost is paid with federal funds, the other half in state general fund dollars.

Assemblywoman Vivian Freeman, D-Reno, asked state welfare officials whether there was any expectation that Congress will address the issue of increasing mandated benefits, which cost millions and frequently contribute to state budget problems.

Jeanette Hills, chief of eligibility and payments for the welfare division, said Congress instead is likely to increase

mandates, particularly for the children's health program.

Welfare programs, which encompass Medicaid, a health program for the poor; ADC, a cash grant program for families; and food stamps, among other programs, will cost Nevadans about \$360 million this year and \$460 million in fiscal 1993.

The general fund portion of the total is \$133 million this year and \$155 million next year.

Lawmakers were told mandated federal programs are a major reason for increasing welfare costs in Nevada.

An example is the health care program for children.

The program is being expanded in several directions by increasing the age to which children are eligible for coverage and increasing the income level for which families are eligible for the program.

The program expanded dramatically when the household income level was increased to 133 percent of poverty for children up to age 5, Hills said. For children 6 to 8, the eligibility level is 100 percent of poverty, she said.

But states are permitted to offer the program to families with incomes of up to 185 percent of the poverty standard, an increase Congress is likely to

mandate in the near future, Hill said.

The poverty standard is computed annually by the federal government based on an index. The rate is \$928 a month for a family of three, but will increase in February when it is recomputed.

In addition, on Oct. 1 of each year, the age to which children are eligible will increase by one year. This year the eligibility age

will increase to 9. By 2002, children through age 19 will be covered.

The impact of the mandates are seen in the numbers of children served. In 1989, an average of 213 children were served. In 1992, projections are for an average of 7,749 children a month to be served. In 1993, the monthly average is expected to hit 12,660.

PRESIDENT OF CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE JOINS NATIONAL CAMPAIGN TO FOCUS ON CHILDREN'S HEALTH ISSUES

LOS ANGELES — Citing California as having the highest number of cases of the preventable childhood disease, measles, for the past two years, Reed V. Tuckson, M.D., President of the Charles R. Drew University of Medicine and Science joined Children's Defense Fund President Marian Wright Edelman at the Martin Luther King Hospital on January 20, the Martin Luther King Birthday holiday, in releasing to the public the new national CDF report on immunizations.

The report shows that for the past two years, 40 percent of all measles cases nationally were in California. In 1990, nine of the nation's 20 counties worst hit by measles outbreaks were in Cali-

fornia, and more than one fourth of all measles cases nationally were in the Los Angeles area alone.

"These statistics show that our children are suffering unnecessarily from preventable illness at an extremely high rate," said Dr. Tuckson. "This is unacceptable and demands that all available resources must be immediately organized to properly immunize our children and protect their health."

According to the new CDF report on childhood immunizations, the health care system is failing America's children, especially low income children who

must rely on Medicaid and Medicaid. Recent statistics show a Medicaid child is more likely to get measles than a non-Medicaid child. Black and Latino children, the report points out, are especially vulnerable to this national neglect.

At 9:30 on Monday morning, Dr. Tuckson and Ms. Edelman spoke at a press conference in which the CDR immunization report was released. They were then joined by Tom Draper, Vice President of Time Warner, Lorraine Sheinberg, President of West Side Children's Center, actresses Kate Capshaw and Debra Farentino and other en-

tainment industry for a tour of the neonatal intensive care and pediatric units of King-Drew Medical Center. The tour was intended to give participants a first-hand perspective on the costs - both human and economic - of America's failure to invest in early children's programs like prenatal care immunization.

The Charles R. Drew Univer-

sity of Medicine and Science is particularly concerned with child-care issues, specifically because of the large number of children serviced by the University. The Drew Head Start project encompasses 19 educational sites throughout the community, providing child care and early education to 1,250 preschool children between the ages of three to five years old.

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