

Scenarios show emergency room visit is no cure-all for many children

COMPASS: Other points of view

By SEN. BETTYE DAVIS

(07/23/10 21:23:29)

While stories of the governor's veto of Senate Bill 13 and the funding for the expansion of the state's Denali KidCare program faded from the media, just under 1,300 children and over 200 pregnant women will be faced with the daily reality of not having basic insurance coverage. That is why I sponsored this legislation, and that is where my interest in this remains.

Some may argue that they still have the ability to seek treatment at an emergency room. While that is true, let's look at some scenarios that Denali KidCare would cover with a less costly visit to a doctor's office.

Try taking your 6-month-old to an emergency room for checkups that include hearing or vision tests, immunizations and other various well-baby screenings instead of a pediatrician's office. They can't help you with that at the emergency room.

Perhaps while talking to your 2-year-old child, you notice he can only imitate speech or actions but doesn't produce words or phrases spontaneously. Without speech language therapy, his speech could fall further behind his peers' as he grows older. You can't get speech therapy in an emergency room.

We all know smart children who seem to lose interest or can't follow things in class, who we later learn couldn't see the visuals the teacher used because they didn't know they needed glasses. You can't get glasses in an emergency room.

How about not being able to eat or concentrate during school or at home because of a toothache? The emergency room doesn't offer dental checkups, cleanings and fillings.

Your 14-year-old breaks her leg while engaged in sports and goes to the emergency room for treatment. In this instance she will no doubt receive outstanding care, but what about follow-up physical therapy? You can't get that in an emergency room.

There are many other great services offered through Denali KidCare, such as mental health therapy, substance abuse treatment, chiropractic services, foot doctor's services and the fundamentally important but many times forgotten medical transportation services. I haven't even touched upon the prenatal services available to pregnant women that are critical to the wellbeing of the mother and birth of a healthy child.

Let me make it clear that I believe that we have some of the most highly trained, caring and compassionate professionals staffing our emergency rooms statewide and I am highly supportive of them. But an emergency room is designed for just what it pronounces itself to be: a place to treat people during emergencies. While either a doctor or an emergency room visit for your child can provide you with laboratory tests, prescription drugs or, in a worst-case scenario, hospitalization for a major traumatic event, the costs for these services could easily be a financial nightmare for any family. If the family cannot pay most or any of the bills, those costs are spread throughout the health care system to

those with insurance, whose premiums go up accordingly. And if those services are done exclusively at an emergency room, the costs are even higher.

So while some individuals want to take this valuable program and use it as a touchstone for their opinions on government spending or philosophical battles, I remain focused on helping to bring health care to those who have no real interest in politics but just need assistance to see a doctor. For those women and children, the fact that the veto of SB 13 is no longer headline news doesn't change their needs.

Sen. Bettye Davis, an Anchorage Democrat, has represented District K in the state Senate since 2001.

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