



FIRST FOCUS

MAKING CHILDREN & FAMILIES THE PRIORITY

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ESSENTIAL ELEMENTS FOR CHILDREN IN HEALTH REFORM

With 47 million Americans, including 9 million children, without health coverage, First Focus urges the Obama Administration and Congress to make improving health care access and coverage a leading policy priority in 2009. As a first step toward focusing the nation’s attention on the health coverage crisis, we urge the Obama Administration to take immediate action to improve children’s health coverage by calling on Congress to:

Secure the early passage of a strong and robust five-year State Children's Health Insurance Program (SCHIP) reauthorization bill, including key provisions to: allow states to provide Medicaid or SCHIP coverage for legal immigrant children, allow states to improve enrollment using Express Lane Eligibility determination processes, improve outreach and enrollment activities through grants to community-based organizations, and improve dental coverage for low-income children.

Until health reform is enacted, the Obama Administration and Congress must maintain full support for the existing public programs that serve as a lifeline for our nation’s most vulnerable children. With state budgets already being stretched to the breaking point, it is critical now more than ever to enact a five-year SCHIP reauthorization to ensure a steady and reliable funding stream for states to continue to administer their SCHIP and Medicaid programs.

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As the Obama Administration begins to explore issues to be addressed as part of health reform, we urge you to ensure that any new policy proposals recognize that children are not “little adults.” Children have unique health and developmental issues that must be addressed in any policy proposals undertaken to improve our nation’s health care system. Sadly, while children make up nearly one-quarter of the U.S. population – 73.7 million of the total U.S. population of 301 million are children under the age of 18 – their unique needs often go unmet. Health reform provides a watershed opportunity to design a system that truly reflects the health needs of our most precious national resource, our children.

First Focus calls on the Obama Administration and Congress to ensure that any proposals on national health care reform include the following principles for children:

Coverage for Children Must be Universal. Every child in America must be guaranteed access to health coverage.

Coverage Must Reflect Children’s Unique Health Care Needs. Health coverage must be appropriate to ensure that every child is able to get health care services that reflect their age, health and developmental needs. For example, newborns and infants require more frequent medical visits than do adults; children need access to preventive services including vaccines and early treatment and screening for chronic health issues that if left unaddressed will result in more serious and costly health conditions down the road. In addition, children with disabilities often have ongoing medical needs that are not typically taken into account in standard health plans, such as lifetime limits on durable medical equipment (which children outgrow repeatedly) and intensity of services (children cannot be left unattended), etc. Such caps and limitations on

coverage are simply inappropriate for children. Along these lines, basic benefits packages must be available for all children to ensure access to comprehensive and age appropriate medical and development health services. Along these lines, health reform for children must maintain and improve on the existing Early, Periodic, Screening, Diagnosis and Treatment requirements, ensuring that a child-focused benefit is available to all children. Finally, benefits packages for children must include access to comprehensive oral health and mental health services.

Coverage Must Be Accessible and Affordable. Coverage for children must be accessible and affordable. With two-thirds of uninsured children eligible but unenrolled in SCHIP or Medicaid, it is clear that any health reform proposal must include a focus on outreach and enrollment activities to ensure that all children who are eligible for public programs actually get enrolled. Bureaucratic barriers that suppress enrollment must be eliminated through federal efforts to streamline enrollment processes, incentivize continuous enrollment, and to eliminate other barriers that thwart coverage including burdensome documentation and paperwork requirements and face-to-face interviews that cause interruptions in care for children. In addition, families who earn too much to qualify for coverage must be permitted the opportunity to buy into public coverage if private coverage remains unaffordable. Similarly, underinsured families must be permitted to allow public coverage to “wrap around” private coverage so that children have access to the health services they need. New policies and programs established through health reform must build on and not diminish existing coverage provided for our nation’s lowest income children under SCHIP or Medicaid.

Health Reform Should Establish Platforms to Facilitate the Use of Information Technology. Programs like SingleStop or Express Lane Eligibility reduce bureaucratic barriers to enrollment in public coverage programs, ensuring better coordination of benefits and making government more family-friendly. First Focus urges the Administration to allow states to adopt simplified enrollment processes to determine a child’s eligibility for public coverage programs. Expedited enrollment processes allow states to target outreach and help facilitate the enrollment of low-income children by making connections between programs with similar income eligibility requirement such as Medicaid, SCHIP, the National School Lunch Program, WIC, Food Stamps, and federal child care programs. Just as our nation’s seniors have default and automatic coverage under Medicare, federal programs that support children also should begin to move toward a default and automatic system.

Subsidies to Improve Coverage Must Reflect Family Size. Any proposal to improve access to coverage through tax credits or subsidies must be structured to reflect the true costs of coverage. In recent years, health-related tax credit proposals have not reflected that family coverage on average costs 2.7 times the cost of individual coverage. In fact, most proposals along these lines only double the amount of the credit available for families. Any tax credit/subsidy approach to making coverage available and affordable must be variable to reflect real costs and family size.

Comparative Effectiveness is Not Appropriate for Children. While we appreciate that any effort to reform our health system must also focus on cost containment and quality improvement measures, so-called “comparative effectiveness” strategies typically require product testing and efficacy measures that are not appropriate for children. Current data limitations related to children’s health present additional challenges. Children should not be subject to efficacy testing and the delivery of health care to children should not in any way rely on the availability or applicability of comparative effectiveness data.

Improve Investments in Health System Reporting for Children. Lack of quality data on children’s health and outcomes is a significant shortcoming of the current health system. Health

reform presents an important opportunity to develop appropriate quality measures for children and to invest in health system reporting that reflects care provided to children. To date, federal health system reporting programs (e.g., value-based purchasing) are often implemented through the Medicare program and, as such, do not provide data relevant for children. Through the development of child-specific quality reporting measures we would be able to improve care and outcomes for children.

Reform Must Include Community-Based Strategies to Address Public Health

Concerns. Any effort at health reform must include strong community and prevention-based approaches. This is particularly important for children whose illnesses and conditions are often preventable, manageable, and treatable. For example, with proper education and access to care children with chronic conditions, such as asthma or diabetes, are able to manage their illnesses and avoid costly emergency room visits or lengthy hospital stays. In addition, community-based settings are often the first line of defense in identifying and addressing a broad range of public health concerns, including programs for prenatal care and infant mortality prevention, mental health services, obesity prevention and early-stage treatment, and family planning and reproductive health services. Children also have unique environmental health concerns (e.g. plastics in baby products and lead paint). A strong and appropriately-funded public health infrastructure that focuses on education, prevention, and screening will provide individuals with important health resources and will save precious federal dollars in the long term. Community-based approaches to improve children's health must be a critical component of health reform.

FOR MORE INFORMATION about this and other child health issues
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