

CONSENSUS PRINCIPLES FOR HOUSE STAFF
Children and Health Reform
June 10, 2009

- All children and youth, under the age of 21 at a minimum, and pregnant women should have a medical home and access to quality health care coverage that is affordable, accessible, seamless and portable. As it is for seniors under the Medicare program, the default for everyone under the age of 21 should be “coverage.” No one under the age of 21 should be denied health care coverage under a reformed health care system.
 - Health reform must build upon CHIPRA’s (State Children’s Health Insurance) Express Lane Enrollment provisions and move toward a system of auto-enrollment with 12 month continuous enrollment, elimination of face-to-face interviews, joint Medicaid-CHIP application processes, automatic enrollment renewal, presumptive eligibility, and no waiting periods for pregnant women and children. Health reform presents a seminal opportunity to enroll the six million currently uninsured children who are eligible for but unenrolled in Medicaid and CHIP.
- No one, particularly children and pregnant women enrolled in Medicaid and CHIP, should lose currently existing coverage or benefits as a result of health reform.
 - Health reform must build on the successes of Medicaid and CHIP, a cornerstone of the country’s health care system for low- and moderate-income children and children with special health care needs.
 - Health reform must include a strong maintenance of effort requirement and incentives to ensure that states do not cut existing optional coverage for children under Medicaid/CHIP.
 - As the Health Insurance Exchange (HIE) is developed and implemented, no child should be moved out of Medicaid and CHIP until Congress makes the determination that the HIE is strong and robust and able to meet a standard of care for children. Congress alone must be authorized to make these determinations. If these children move into the exchange, they must continue to be guaranteed the full range of benefits and assistance they received under Medicaid and CHIP.
- All children and youth must have access to age-appropriate health care, modeled after Medicaid’s Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.
 - All children up to the age of 21 must have access to a comprehensive benefit package that supports his/her developmental needs, which includes, but is not limited to, access to preventive, oral, reproductive, and mental health services to achieve and maintain optimal health and functioning.
 - Health reform must include provisions to finance long-term care services and systems of care for children and youth with special health care needs that may not be supported by a recommended benefit package, especially community-based care coordination financed through a per-member-per-month payment to the physicians who direct the medical

homes of the special needs children, as well as support effective transition to adult care for those with special health care needs.

- If a Commission, Task Force, Council, or Forum (either newly created or whose authority is expanded as a result of health reform) is empowered with assessing and/or making recommendations on coverage, benefits, or quality, it must include pediatric and obstetric representation and recognize the unique health care needs of children and pregnant women. All age-appropriate medically necessary care must also be included in a Commission-approved benefit package.
- Health reform must recognize the essential role of pediatric providers and must support a strong public health infrastructure. Health reform must ensure that payment rates are sufficient to support appropriate access to providers by making the Medicaid provider payment rates at least equal to payment rates provided under Medicare. In addition, health reform must recognize the essential role of safety net providers, including community health centers, school-based health clinics, and children's hospitals as critical access points to care for millions of our nation's children and their families.
- Health reform must include provisions to address health disparities and improve health outcomes by recognizing the social determinants of health. At a minimum, health reform should make fundamental investments in efforts to reduce infant, maternal, and child mortality rates.
- Health reform must support clinical and community prevention and promotion services as an efficient strategy for avoiding costly lifelong health and developmental consequences.
- Health reform must ensure that all women of childbearing age have access to affordable maternity coverage and the full spectrum of maternity care services (from preconception through postpartum). All pregnant women covered by Medicaid should have coverage for comprehensive tobacco cessation--counseling and pharmaceuticals--regardless of the state in which they live. Given that research indicates health services before pregnancy can improve health outcomes, and that pregnancy spacing can reduce the risk of preterm birth and other complications, states should have the option to offer Medicaid family planning expansions without a waiver.

ORGANIZATIONS IN SUPPORT OF THESE PRINCIPLES:

American Academy of Pediatrics
American Academy of Child and Adolescent Psychiatry
American College of Obstetricians and Gynecologists
Children's Defense Fund
Children's Dental Health Project
Family Voices
First Focus
March of Dimes
National Assembly of School-Based Health Centers
National Association of Children's Hospitals
The Children's Health Fund
The National Alliance to Advance Adolescent Health
Voices for America's Children