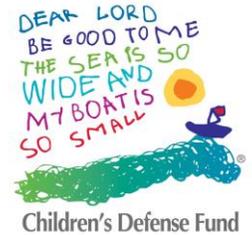


# Children's Defense Fund Principles for Health Coverage Reform Proposals



February 2018

Since 1997, the rate of uninsurance among children has dropped by more than 68 percent and is at an historic low. We have come too far to turn back, and it is time to finish the job. *All* children in America should have access to health and mental health coverage and care that is comprehensive, affordable, child-appropriate, and easy to get and keep regardless of income, zip code, place of birth or immigration status. To achieve this goal, the Children's Defense Fund (CDF) will evaluate health coverage/reform proposals based on their specific treatment of and impact on *child* health coverage and care.

First and foremost, the proposal must do no harm to children and build on progress already made in expanding children's coverage. Today, 57 percent of children in America are enrolled in Medicaid or CHIP, where coverage is affordable, comprehensive, and child-appropriate, which is what children need.

*CDF believes any health reform proposal must:*

## **Guarantee Children Coverage That Is Comprehensive and Pediatric-Appropriate.**

The Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefit guaranteed to all children enrolled in Medicaid calls not just for children to be screened for health conditions and developmental progress, but most importantly requires coverage for all medically necessary services children need to treat or ameliorate mental or physical concerns identified in those screenings. CDF believes this should be the coverage standard for all children, regardless of their source of coverage, and any proposal that chips away at this principle must be rejected. At a minimum, child health benefits should be pediatric appropriate, including habilitative services (as opposed to the rehabilitative standard more appropriate to adults) to ensure children are able to develop their full potential, and inclusive of a full array of health services, including medical, dental, vision, hearing, and mental/behavioral health services. Any benefit standard must have a strong national floor to ensure children receive full coverage regardless of where they live.

## **Ensure Coverage And Care Is Affordable.**

Medicaid and CHIP do a good job protecting families from excessive premium and out of pocket costs. Existing affordability protections must be preserved and in some cases enhanced for children. Similarly appropriate protections should be applied to children along the income ladder so cost is not a barrier to care for any family. Special attention must be given to

protecting children with greater health care needs from unreasonable out of pocket costs that may accrue as a result of their higher service use.

### **Address Both Quality of and Access to Care.**

All children must have access to the full range of age-appropriate health and mental health care providers, including pediatric and perinatal specialists, subspecialists, and facilities. Children are not little adults. They require developmentally appropriate care from in-network primary, specialty, subspecialty, and ancillary providers with the training and expertise to care for children. All networks must include all of the pediatric providers necessary to maintain existing provider-patient relationships and ensure children have timely access to needed care. This will require careful monitoring and adjustment of pediatric provider payment rates to ensure access is assured for all children regardless of their unique health care needs.

### **Improve Continuity of Coverage.**

Children are best served when they have continuity of care and do not cycle in and out of coverage. Reform proposals must make it easier, not harder, to get and keep health coverage and provider relationships, and to make any transitions between types of coverage or coverage systems as seamless as possible if needed. Ideally, reform proposals would create pathways for longer-term coverage (e.g. continuous coverage from birth through age five) without interruptions such as lockouts or waiting periods, frequent recertification hurdles, or the need to change health insurance products when a family moves within or to a new state. Children and caregivers eligible for coverage should be able to get enrolled and stay enrolled.

### **Protect the Most Vulnerable Children.**

Children with disabilities or other special health care needs, children of color, immigrant children including undocumented children, low-income children and those who are in foster care, are homeless or are otherwise experiencing high levels of toxic stress may have greater health care needs than their peers. Any reform proposal should explicitly guarantee – at a minimum – affordability protections and comprehensive benefits such as those in Medicaid for these vulnerable children. Ideally, reform proposals should recognize the important role of social determinants in health outcomes and facilitate access to other supports for children and families.

### **Eliminate the Lottery of Geography.**

Currently, children's options for health coverage and care too often depend on where they live. Reform proposals should reduce inequities in income eligibility for coverage, benefits, and access to care regardless of where children live. To reduce or eliminate health disparities, reforms should set and maintain strong federal requirements for eligibility, affordability, benefit and access standards for children.