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THE VOICE FOR HEALTH CARE CONSUMERS

What Children and Families Need From the 117th Congress: Policy Recommendations to Improve their Health and Well-Being

As our nation continues to manage the multiple devastating impacts of the COVID-19 pandemic, there is no denying that our children are struggling. School has been disrupted; children have lost access to regular child care and are missing critical routine health and developmental screenings and services, including milestone well-child visits and vaccines; and parents have lost jobs and, with them, their health insurance coverage. Children also are experiencing increased stress, anxiety, and other mental health effects stemming from social isolation and increased economic insecurity in their families. While there is hope that the COVID-19 crisis is improving, children's lives and health have been upended in consequential dimensions.

As the 117th Congress continues to respond to the ongoing health and economic crises stemming from COVID-19, it is critical that lawmakers address the unique challenges facing children. In March, Congress passed the landmark American Rescue Plan Act (ARPA) (P.L. 117-2), which included critical provisions to increase funding for the Child Tax Credit and the Supplemental Nutrition Assistance Program (SNAP). While these poverty reduction measures provide essential relief, additional legislative action is needed to protect the health, developmental, and social needs of children and families. As families are recovering from the COVID-19 crisis, now is a critical time for Congress to act — to strengthen and modernize Medicaid and the Children's Health Insurance Program (CHIP), and to scale and invest in evidence-based programs focused on long-term prevention, systems improvements, and data collection.

Families USA urges Congress to prioritize the needs of children in the year ahead by taking action on the following legislative priorities for children and families:

Ensure comprehensive, affordable coverage is available for children when they need it by:

- **Permanently authorizing CHIP.** CHIP insures approximately 10 million children in low-income working families. Despite its 25-year track record of success in providing comprehensive, cost-effective coverage, CHIP is the only federal insurance program that is not permanently authorized. Congress must secure CHIP's future through permanent authorization so it can continue to serve the needs of children in low-income working families without interruption.
- **Eliminating Medicaid and CHIP premiums and cost-sharing for children and pregnant women.** Congress should require states to eliminate premiums and cost-sharing for all care in Medicaid and CHIP — beyond care related to COVID-19 — to ensure that low-income families who are struggling financially do not face cost barriers to caring for their children.

- **Eliminating waiting periods in Medicaid and CHIP.** Congress must eliminate all waiting periods that prevent children from enrolling in coverage. This includes waiting periods for CHIP (13 states still have waiting periods up to 90 days — Arizona, Arkansas, Florida, Illinois, Indiana, Iowa, Louisiana, Maine, New Jersey, South Dakota, Texas, Utah, and Wyoming). There is also a five-year waiting period before lawfully present immigrant children and pregnant women can enroll in Medicaid and CHIP.

Address health disparities and improve equity and health care quality for children and pregnant and postpartum women by:

- **Permanently extending Medicaid coverage for all postpartum women for at least 12 months after delivery, with increased Federal Medical Assistance Percentage at 100% for the first five years, reduced to 90% thereafter.** Medicaid provides essential coverage for pregnant women, covering more than 40% of all births in the U.S. Medicaid coverage significantly improves birth outcomes by increasing access to care. But Medicaid currently covers only 60 days of postpartum care. While the ARPA recently provided states the option to extend coverage to 12 months postpartum, alarming rates of maternal mortality and morbidity require congressional action. Twelve months of postpartum coverage must be equally accessible in every state. All individuals covered by Medicaid must be assured of continued access to coverage for at least 12 months postpartum.
- **Requiring and incentivizing the collection of patient and social and behavioral risk data through Medicare, Medicaid, and commercial insurance.** Accurate collection of data on race, ethnicity, primary language, geographic location, socioeconomic status, gender identity, sexual orientation, age, and disability status has emerged as a difficult but critical step in implementing equity payment incentives in health care.

Enact important delivery and payment reforms to improve maternal and child health outcomes by:

- **Directing the Centers for Medicare and Medicaid Services to implement a demonstration program for freestanding birth centers in order to develop innovative and sustainable payment models for low-risk maternity care.** In the U.S., women with low-risk pregnancies who give birth at home or birth centers, compared to those who have chosen a hospital birth, have consistently lower rates of intervention and intervention-related maternal complications.
- **Creating a new Primary Care Child Development Initiative (PCCDI).** This will enable a child development specialist to be placed in every community health center in the country.
- **Requiring the Center for Medicare and Medicaid Innovation to design and test new delivery and payment models focused on early intervention and prevention for children, along with models for perinatal care,** using evidence-based interventions by creating incentives for quality affordable services centered on health outcomes and value rather than volume of care.
- **Requiring Medicaid coverage for evidence-based home visiting programs.** Programs such the Nurse Family Partnership, or those included in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, have been shown to reduce costs and improve outcomes in both the short and long term for children and families.

Eliminate red tape barriers to coverage by streamlining eligibility and enrollment processes by:

- **Making the Express Lane Eligibility (ELE) option permanent.** ELE is a state option that allows state Medicaid and CHIP agencies to use eligibility findings from other public programs (Head Start; SNAP; Special Supplemental Nutrition Program for Women, Infants, and Children; Low Income Home Energy Assistance Program; National School Lunch Program; Section 8 housing; child care subsidies; and/or tax return data to identify, enroll, or re-enroll children in Medicaid and CHIP. Once a family has demonstrated its eligibility for a needs-based public program, that data is transmitted to all federal programs so those families need not submit duplicate data to access other programs for which they are eligible. Years of state success with ELE have shown its ability to reduce paperwork barriers to getting kids enrolled in coverage.
- **Ensuring all newborns are enrolled in health coverage at birth.** All newborns without a private coverage option should be automatically enrolled into Medicaid or CHIP. No child should leave the hospital without some form of insurance coverage so they can receive the care they need for healthy development. Enrollment at birth ensures that all children have access to critical newborn screening and health care services, setting them on a positive trajectory to good health and well-being.
- **Requiring continuous eligibility in Medicaid and CHIP for children aged 0–5 years.** Congress should give states the option to provide continuous eligibility in Medicaid and CHIP for children aged 0–5, ensuring that all children have seamless and continuous coverage during the critical early years of childhood development. This policy would prevent eligible children from losing coverage due to frequent renewals or paperwork barriers.

Modernize and improve Medicaid and CHIP to reflect the latest data and research on what works for children and families by:

- **Expanding Medicaid coverage for services provided by community-based health workers and the perinatal workforce,** including home visiting provided under MIECHV, as well as doulas, perinatal community health workers, and other peer support service providers; and requiring reimbursement parity for maternity care services provided by midwives.
- **Requiring Medicaid and CHIP coverage of** child-parent supports, including evidence-based parenting support programs, home visiting services by licensed practitioners, whole person care and community integration services, and dyadic therapy treatment for children and adolescents at risk for or with an attachment disorder, or as a diagnostic tool to determine an attachment disorder.

Children and families are counting on Congress to prioritize their critical health needs

Our nation is at a pivotal crossroads. The COVID-19 pandemic has demonstrated that access to high-quality, affordable, equitable health care and other supports is essential to ensure a strong foundation of health. In particular for children, the evidence is clear:

When children have the supports and services they need for a healthy childhood, the result is not only improved health but also positive long-term health outcomes. The ARPA contains important provisions to address the devastating health care and economic impacts of COVID-19, including improved access to affordable coverage and efforts to reduce child poverty, but this relief is only temporary. Congress must take additional steps to make these key provisions permanent and continue to enact policies that give every child in America the opportunity for a healthy childhood.

For the sake of children and families, and for the sake of our nation's future prosperity, Families USA urges the 117th Congress to follow the evidence and prioritize the needs of children. Our children, our families, and our national economy reap significant benefits when every child has a healthy trajectory to adulthood. We owe it to our children and our nation's future prosperity to invest in and prioritize children.

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