



## Children's Health Care Reform Objectives

Health care reform is a key initiative for the Obama administration to tackle. Children's health care advocates are hopeful for a system that incorporates affordable, accessible quality care for all children, families and adults; we recognize the opportunity reform affords to improve our current system and build on its successes.

Creating a system where children, families and individuals have access to the care they need when they need it requires some thought about three basic elements of a coverage system: universality of coverage and access to care; equity in treatment with regards to both eligibility and care; and comprehensiveness and quality of care provided.

Heretofore, health care reform has been discussed primarily from a systems perspective – we have identified issues that must be addressed – what will families get, who will pay for it, how will it be delivered? Because adults make these decisions and pay for health care however it is delivered, through their employer, via taxes or out of their pockets, the perspective of children is often lost. To the extent that our country feels the imperative to support our children, to ensure that they grow into a strong next generation of doctors, teachers, leaders and innovators, their needs should be incorporated in every way within the broader context of health care reform.

***Children are not little adults. They have a different set of needs that we must ensure are included in the context of overall health reform.***



## Overall Reform Concepts

*As the conversation on reform matures, communities have identified three objectives.*

### 1. *Universality of coverage and access to health care*

One of the most basic goals of a new health care system is to ensure that no person goes without needed care. One mechanism to achieve this is building on our current health insurance framework, whereby a large group of individuals pay into a pool and receive a defined package of benefits. Risk is distributed and providers are paid to deliver the services to policyholders.

For children, some initial questions arise: is coverage required? What are the eligibility criteria for coverage options? Are the types of services children need guaranteed to be available when and where they are needed?

Universality and access principles for kids' coverage:

- Coverage should be guaranteed for every child regardless of ability to pay, their pre-existing conditions or their legal status.
- Coverage for children must be portable and seamless so that a child in either private or public coverage can receive the same coverage and treatment if they move to another state, another income bracket or if their parents move from job to job.
- Coverage for children must be continuous so as to minimize disruptions in care and promote long-term relationships and care coordination. Parents must be able to count on coverage for their children throughout their childhood.
- Payment systems must be reformed to account for the specific needs of children. Payment to providers should incentivize prevention of conditions, coordination of care, including sharing of medical records and outcomes, and promotion of access for children's services in rural and underserved areas.
- Strong public health systems, school health systems and family and community-based social networks must be developed to provide the community with preventive health education as well as to deliver care to children for whom traditional systems are inaccessible or unaffordable. This should include additional federal funding for child and maternal health and school health services.
- States and localities should be encouraged to blend what have been very distinct funding streams that often overlap or that could be more impactful if leveraged. A federal entity should be created to coordinate child-serving programs.

## 2. *Equity in treatment of children*

Though every child's needs differ, there is clear agreement that all children need some basic set of health care opportunities. Screenings, immunizations and periodic exams, for example, have been shown to prevent or detect and ameliorate potentially threatening conditions like hearing loss or developmental delays. Every child should have access to these basic services and efforts to reduce variation in benefits between coverage options or programs should be made to minimize disruptions in care, and to establish an equitable system that provides for all children. Additionally, children should not be penalized because of the actions, inactions or inabilities of their parents.

Equity principles for kids' coverage:

- A basic level of coverage must be defined and provided for all children regardless of the mechanism through which it is funded. If we are to build on employer sponsored insurance and both Medicaid and SCHIP, we must ensure that benefits are equitable from one program to the next and that necessary services are available to all children regardless of income or ability to pay.
- Children should receive the full range of developmental and preventive care services through age 21. For many children and families, including those transitioning out of foster care, provision of health coverage up to age 18 is not sufficient.
- Cost sharing, particularly for low-income children and families, must be reasonable and preventive services must be included as basic services for no cost.
- Affordability must be defined as a measure that accounts for the real costs of living that families incur, not simply based on the mechanisms of the federal poverty level. Affordability must take into account geographical variations; costs of housing, child care and other necessities; and must be updated periodically to reflect economic changes.
- Coordination of care should be an integral part of all practices so as to promote and facilitate the provision of care within a medical home.
- For many of our most vulnerable families, parents might not have the ability to read applications, understand medical terminology or otherwise fully engage in their child's health care management. Simplification and translation or interpretation of applications and auto-enrollment or other program-initiated efforts should be promoted.
- The causes of health care disparities for low-income children and children of color should continue to be studied; practices that reduce disparities should be tested and disseminated. The direct correlations between health outcomes and the social, environmental, and financial realities of particular groups should continue to be evaluated and factored into health care improvements.

### 3. *Comprehensive and quality care*

Perhaps the biggest difference in health care coverage for children compared to adults comes in the discussion of what will be provided for. The growth of physical and mental assets is greater in childhood than at any other time in a person's life. It is imperative that a system provides quality services that ensure proper development, prevent or reverse harmful conditions, and set a course for lifelong health and well-being.

Quality principles for kids' coverage:

- Preventive services must be covered with little to no cost sharing. Dental, vision care and behavioral health care must also be included, as key developmental stages occur throughout childhood and through adolescence. The services covered for children should be based on current EPSDT requirements in Medicaid.
- There should be no exclusion of persons due to pre-existing conditions, particularly for children with birth-related conditions or for pregnant women.
- A comprehensive quality package of benefits must be available to all children and must provide for accessible and affordable wraparound care for children who need additional services.
- Prenatal care must be provided for all women. Early quality prenatal care can discover and correct potential health issues for a child quickly and parents can receive guidance from a doctor on risk avoidance and healthy behaviors.
- Care should be coordinated through a medical home, including what is provided by dental and behavioral health providers, primary care doctors, schools, public health providers or other service agencies. Health information technology should be a key mechanism through which care is coordinated and should take into account the type of information helpful to a child health provider, including family history.
- Care should be delivered in a manner that is culturally appropriate and should account for the specific characteristics of all populations, particularly those for whom disparities persist.
- Evidence based research should be disseminated to providers quickly and accurately. A mechanism through which information can be shared so that providers can implement emerging effective care should be developed and maintained.
- Data collection and analysis is key to continuous quality improvement. Methods of data collection at national, state and local levels should be appropriately funded so that communities can determine effective ways to meet their children's and families' needs.

*Within the scope of health care reform, children's needs must be met. Incorporating these principles -which are based on many of the same tenets of large-scale initiatives -- will go a long way toward ensuring that our children grow up to be healthy adults.*