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of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



children's
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Continuing our Commitment to Protecting and Improving Health Coverage for *All* Children

Over the last two decades, our country has made tremendous progress ensuring children and pregnant women have access to high quality, affordable health coverage. Thanks in large part to Medicaid and the Children's Health Insurance Program (CHIP), the rate of uninsurance among children has dropped to a historic low of less than five percent. Children and pregnant women also receive health coverage through an array of other sources, including employer sponsored insurance, individual and small group commercial health insurance sold through the marketplaces, Medicaid, CHIP, and TRICARE. Despite historic progress in insuring children, close to 3.3 million children continue to lack the health coverage they need to survive and thrive. As a nation, we must build on what is working for millions of children, pregnant women and their families by keeping Medicaid and CHIP strong and enrolling all eligible children, strengthening private coverage, and working toward a health care system that meets the needs of *all* children, pregnant women, and their families, regardless of their health or immigration status, family income, or zip code.

Any changes to our health care system must further improve coverage for children and pregnant women. They must not lose ground. It must be the primary responsibility of our federal and state leaders to protect and improve children's coverage, regardless of its source, guided by the following principles:

- **All children must have health coverage that provides all medically necessary, age-appropriate benefits to promote healthy child development, and all pregnant women must have coverage for maternity and newborn care.** All children must have health coverage that provides all medically necessary, age-appropriate benefits to promote healthy child development, provided in Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Children's benefits must include the full spectrum of services and treatment – from preventive services equivalent to those outlined in the American Academy of Pediatrics' Bright Futures guidelines to specialty and subspecialty clinical interventions. Benefits covered must include comprehensive dental, vision, physical and behavioral health services, as well as appropriate services and devices for children with special health care needs — such as pediatric physical, occupational and speech therapies — without arbitrary limits or restrictions as the child grows. All plans must offer comprehensive coverage for maternity and newborn care to ensure pregnant women get the care they need to have healthy pregnancies and give birth to healthy infants.

- **All children and pregnant women must have access to health care that is affordable for their families.** Children and pregnant women must be able to get the care they need when they need it without jeopardizing their families' financial security. Deductibles as well as copays and coinsurance charges per service or treatment should not inhibit access to preventive or necessary care, regardless of the source of coverage. Reasonable out-of-pocket limits on premiums, deductibles and cost-sharing such as those in Medicaid and CHIP must be preserved. Such reasonable limits can protect families with children, especially children with special health care needs or complex conditions, from economic hardship. Financial protections are important for families across the economic spectrum, especially those who have limited resources.
- **All children must have timely access without administrative barriers to the full range of age-appropriate health care providers, including pediatric and perinatal specialists, subspecialists, and facilities.** Children require developmentally appropriate and timely care from in-network primary, specialty, subspecialty, and ancillary pediatric providers with the training and expertise to care for children, regardless of where they live, even when those providers are in another state or region. All networks must also include perinatal providers to ensure timely access to maternity and newborn care. Administrative requirements should not create obstacles for children and families and in accessing the health care they need.
- **All children and pregnant women must receive high quality care informed by robust quality measurement.** There has been notable progress in the development and reporting of child health quality measures. However, significant gaps remain, and quality improvement efforts must continue and be strengthened to help improve outcomes for children and pregnant women. All public and private health plans should be required to report on national pediatric-specific and maternity quality health care measures to assess and improve the quality of care on an ongoing basis.
- **All children and pregnant women must have continuous, consistent coverage with no gaps in care.** Health coverage for children must be reliable, stable, and consistent to prevent abrupt terminations, transitions, or waiting periods that could leave children with inadequate or no coverage. Pregnant women should have continuous coverage throughout their pregnancy with consistent access to their maternity care providers. If a change in coverage is necessary, transitions must be seamless and allow for a continuation of needed services and providers to maintain existing provider-patient relationships and ensure children and pregnant women have timely access to needed care in their medical and dental home.

Endorsing Organizations: American Academy of Pediatrics, Children's Defense Fund, Children's Dental Health Project, Children's Hospital Association, Family Voices, First Focus, Georgetown Center for Children and Families, March of Dimes, National Association of Pediatric Nurse Practitioners

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