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MARCH OF DIMES

National Association of Pediatric Nurse Practitioners℠

October 7, 2021

The Honorable Charles E. Schumer
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, DC 20515

Dear Majority Leader Schumer and Speaker Pelosi,

As organizations dedicated to promoting the health of our nation's children and pregnant women, we write to express strong support for several provisions included in the House Energy and Commerce Committee's (E&C) legislative recommendations for budget reconciliation. If enacted, these provisions would strengthen children's coverage and access to care.

Thanks to Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA), our nation brought the rate of uninsured children to a record low in 2016. Unfortunately, over the last few years that progress slowed, stalled, and then reversed course. Between 2017 and 2019, 726,000 children lost health insurance, meaning much of the gain in children's coverage from the ACA's major coverage expansions implemented in 2014 was eliminated. These coverage losses occurred in a healthy economy with the lowest unemployment rate in decades prior to the economic shocks and job loss associated with the COVID-19 pandemic.

As millions of families have experienced financial stress during the COVID-19 pandemic and economic downturn, Medicaid and CHIP continue to act as an essential lifeline for children and families, ensuring children have access to vital services like vaccinations, developmental screenings, and appropriate treatment for acute, chronic, and complex conditions. Between February 2020 and April 2021, nearly 11.1 million people enrolled in Medicaid and CHIP, including 3.6 million children. The programs are cost-effective, well-suited to distribute resources quickly and equitably to areas of greatest need and were designed based on the specific needs of children.

The provisions included in the E&C recommendations would build on the success of these programs, extend and improve coverage for children and pregnant people, and make important progress in promoting the

health and wellbeing of our nation's children. Therefore, we urge Congress to enact these critical policies in the final Build Back Better package.

12-Month Continuous Eligibility for Children in Medicaid/CHIP

As you know, children make up the single largest group of people who rely on Medicaid and CHIP, including children with special health care needs and those from low-income families. Medicaid, and CHIP at state option, also provides comprehensive prenatal care, allowing millions of pregnant individuals to have healthy pregnancies and helping millions of children get a healthy start. Despite the importance of Medicaid and CHIP, serious issues must be addressed to stabilize coverage for the people they serve.

The E&C recommendations include a federal requirement to cover children in Medicaid and CHIP with 12 months of continuous and stable enrollment. Almost half of the states have taken up the option to provide 12-month continuous eligibility for children, but progress at the state level has stalled. We know that interruptions in coverage worsen health outcomes and lead to avoidable hospitalizations or emergency room care for mental health disorders, asthma, and diabetes. Coverage gaps also raise the average monthly cost of Medicaid and result in higher avoidable administrative costs for states, health care providers, and health plans. For example, continuous eligibility policies reduce administrative churn. A recent MACPAC analysis found that 8.5 percent of children enrolled in Medicaid lost coverage and re-enrolled within 12 months in states without continuous eligibility, compared to only 6 percent of children enrolled in Medicaid in states that implemented continuous eligibility.[1] Moreover, the analysis highlighted that the negative impacts of churn disproportionately affect Black/Latino populations.

Permanently expanding this provision to all states for both Medicaid and CHIP will reduce administrative costs for states and help health providers and plans more readily maintain continuity of care management, which is vital to keeping children healthier. Most importantly, continuous eligibility will lessen financial stress and offer timely access to needed care for children on Medicaid and CHIP and their families.

Postpartum Medicaid Extension and Maternal Health Improvements

In the U.S., 700 mothers die from pregnancy-related causes each year, and more than 50,000 others experience dangerous complications that could have killed them—making our nation the most dangerous place in the developed world to give birth.[2] The Centers for Disease Control and Prevention estimate that up to 60 percent of these deaths are preventable.[3] Of the 700 deaths that occur in the U.S. each year, one third occur one week to one year after a pregnancy ends.[4] For people of color, the dangers of giving birth are even more acute. Black mothers of all ages are more than three times as likely to die from pregnancy-related complications as their white peers. The rates of pregnancy-related death for Black and native persons over the age of thirty are four to five times higher than their white peers.[5]

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[1] https://www.macpac.gov/wp-content/uploads/2021/09/Associations-Between-State-Eligibility-Processes-and-Rates-of-Churn-and-Continuous-Coverage.pdf

[2] March of Dimes. *Nowhere to Go: Maternity Care Deserts Across the U.S.* October 2018. Available at: https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf.

[3] Berg CJ, Harper MA, Atkinson SM, et al. Preventability of pregnancy-related deaths: results off a Statewide review. Obstet Gynecol 2005;106(6):1228-1234.

[4] Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. Available at: http://dx.doi.org/10.15585/mmwr.mm6818e1.

[5] Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007-2016. MMWR Morb Mortal Wkly Rep 2019;68:762–765. Available at: http://dx.doi.org/10.15585/mmwr.mm6835a3external.

Our organizations recognize that ensuring continuous access to care for pregnant people before, during, and in the months following pregnancy is critical to addressing our nation's growing rates of maternal mortality and severe maternal morbidity. Ensuring continuity of coverage for people of child-bearing age presents the opportunity to address any ongoing health concerns, including those unrelated to pregnancy, before any subsequent pregnancies. This is especially important for people on Medicaid or CHIP who are more likely to have had a prior preterm birth or low birthweight baby, and to experience certain chronic conditions.[6] The American Rescue Plan took an important step by creating a temporary state plan option under Medicaid to extend postpartum coverage from 60 days to one year after the end of pregnancy. The E&C recommendations build on this policy by guaranteeing that all pregnant and birthing people who rely on Medicaid or CHIP for pregnancy-related care have access to continuous coverage throughout the full 12-month postpartum period. In addition, the American Families Plan includes historic investments in maternal health. The E&C recommendations show a clear commitment to invest federal resources in maternal health, paving the way for key policies included in the *Black Maternal Health Momnibus Act of 2021 (H.R. 959/S. 346)*. We applaud this initial and important first step in improving maternal health, specifically for Black and Indigenous people, and urge Congress to include the president's request and pass additional legislation. The Momnibus Act takes needed steps to strengthen our health care systems by investing in community-based partners that center the needs, preferences, and voices of Black birthing people.

We appreciate the demonstrated commitment from Congress to addressing our nation's maternal mortality crisis, which disproportionately impacts Black and Indigenous people, through bold policies that will help us ensure that pregnant and postpartum people have access to critical resources, health care coverage, community- based and social supports, and the high-quality health care they need in order to thrive.

Permanent CHIP Funding Extension

For almost 25 years, CHIP has been an essential source of children's coverage, ensuring access to high-quality, affordable, pediatric-appropriate health care for children in working families whose parents earn too much to qualify for Medicaid, but too little to afford private health insurance. CHIP has played a critical role in reducing the number of uninsured children from nearly 15 percent in 1997 to less than five percent in 2016, while improving health outcomes and access to care for children and pregnant people and reducing racial disparities in health care coverage and access.

Unlike every other insurance assistance program, CHIP has temporary funding that must be renewed periodically. As most recently displayed when CHIP funding expired in 2017, these arbitrary deadlines and funding cliffs lead to unnecessary chaos, distress, and anxiety for families across the country. Rather than continuing to single out children's coverage by placing it uniquely at risk, the E&C recommendations would make federal CHIP funding permanent, thereby eliminating the recurrent funding dilemma and allowing states to develop their programs in ways that best serve children and families. Additionally, the E&C recommendations would strengthen CHIP by allowing states to expand income eligibility more easily for their programs. As we work towards our goal of ensuring all children are covered by an affordable, quality health insurance plan that allows access to comprehensive, essential care, making CHIP permanent is vital.

[6] Medicaid and CHIP Payment and Access Commission. Access in Brief: Pregnant Women and Medicaid. October 2018. Available at: https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf

Permanent Extension of Express Lane Eligibility Option

Together, express lane eligibility (ELE) and state enrollment incentive provisions have been critical in bringing down the rate of uninsurance among children. Many states have taken advantage of the ELE option to streamline enrollment. ELE leverages government resources efficiently by allowing families to use enrollment procedures for one program, like SNAP or WIC, to confirm eligibility for another. Adequate outreach and enrollment resources and "no wrong door" policies continue to be vital to improving children's coverage. The Urban Institute estimates that 57.4 percent of the uninsured children in 2018 were eligible but not enrolled in Medicaid or CHIP.[7] Our organizations support the permanent extension of the express lane eligibility state option to streamline Medicaid and CHIP enrollment for children, a policy that has been endorsed by MACPAC.[8]

Closing the Medicaid Coverage Gap

While Medicaid expansion was intended to expand access to more adults, research has shown that covering more parents, caretakers, and other adults helps increase children's coverage rates too.[9] As a result, state decisions to forgo Medicaid expansion also act as a further impediment to covering all children. Latino children and families are disproportionately impacted by their state's decisions not to expand Medicaid. In 2019, nearly all non-expansion states had Latino child uninsured rates higher than the national average for Latino children (9.3 percent). This coverage disparity means that out of every 100 school-aged Latino children living in non-expansion states, 17 are uninsured compared to just seven out of every 100 living in expansion states – an inequitable outcome for children who cannot choose their state of residence, nor vote for elected officials.[10]

Research also demonstrates that when parents have health insurance, children are more likely to get the care they need. Increases in adult Medicaid eligibility are associated with a greater likelihood that children in low-income families received at least one annual well child visit.[11] These findings reiterate the importance of parental coverage in ensuring that children can get the care they need to learn, grow, and thrive. As such, our organizations support the goals of the E&C recommendations to permanently expand coverage to millions of Americans who currently fall within the Medicaid coverage gap by first temporarily making available marketplace subsidies and then establishing a permanent federal coverage program.

Funding for Home and Community-Based Services

Children's need for home and community-based services (HCBS) has increased significantly as enormous advances in neonatal, pediatric, and surgical care have led to the survival of a greater number of children and youth with special health care needs who can be cared for at home. High-quality HCBS enhance the ability of children with disabilities or special health care needs to live in the community with their families, rather than in institutional settings. Unfortunately, state and federal governments have not adequately invested in these services over the past few decades, and today many individuals and families are left on waitlists for essential services, or unable to access needed services at all.

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[7] Haley, J. M., Kenney, G. M., Pan, C. W., Wang, R., Lynch, V., & Buettgens, M. (2020, October). *Progress in children's coverage continued to stall out in 2018*. Urban Institute. https://www.urban.org/research/publication/progress-childrens-coverage-continued-stall-out-2018.

[8] https://www.macpac.gov/wp-content/uploads/2017/03/The-Future-of-CHIP-and-Childrens-Coverage.pdf

[9] Hudson, J. L., & Moriya, A. S. (2017). Medicaid Expansion For Adults Had Measurable 'Welcome Mat' Effects On Their Children. *Health Affairs, 36*(9), 1643-1651. doi:10.1377/hlthaff.2017.0347, available at https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2017.0347

[10] Whitener, K., Snider, M., Corcoran, A., (2021, June 29). *Expanding Medicaid Would Help Close Coverage Gap for Latino Children And Parents*. Center For Children and Families. https://ccf.georgetown.edu/2021/06/29/expanding-medicaid-would-help-close-coverage-gap-for-latino-children-and-parents/.

[11] Venkataramani, M., Pollack, C. E., & Roberts, E. T. (2017). Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services. *Pediatrics*. doi:10.1542/peds.2017-0953, available at http://pediatrics.aappublications.org/content/pediatrics/early/2017/11/09/peds.2017-0953.full.pdf

The E&C recommendations would take a huge step toward correcting the historic underinvestment in HCBS. Consequently, it is imperative that this legislation explicitly acknowledge the unique needs of children and families in HCBS and ensure that they are being directly considered in addition to adult populations throughout the legislation. As Congress considers ways to improve the availability and quality of HCBS for the Medicaid population, it should also ensure CMS implements basic oversight mechanisms to evaluate the current state of access to pediatric home care, including uniform access and delivery for home-based care as an EPSDT-mandated service, whether HCBS providers have pediatric-specific training, and current racial and ethnic disparities that lead to inequities.

Increased Funding for Children's Hospitals Graduate Medical Education

The Children's Hospitals Graduate Medical Education (CHGME) program is our most vital national investment in strengthening the pediatric physician workforce. CHGME supports the training of half of the nation's pediatricians and most pediatric specialists, with 7,000 pediatric residents trained annually at children's hospitals. The inclusion of a $250 million increase in CHGME funding within the Build Back Better Act represents a critical investment to strengthen and grow the pediatric workforce. Increased funding for pediatric workforce training programs is even more important as we respond to the spread of COVID-19 within our communities and a worsening mental, emotional and behavioral health crisis among children and adolescents.

Medicaid Reentry Act

Justice-involved youth face unique challenges and, in many cases, have unmet physical, developmental, and mental health needs. Multiple studies have found that some of these health issues occur at higher rates than in the general adolescent population.[12,13] Most justice-involved youth have been exposed to childhood trauma or adversity, which both contribute to their involvement with the justice system and negatively impact their health and well-being.[14] Therefore, continuity of care, upon entering the facility and when transitioning back to the community, is crucial for youth in the juvenile corrections system.

Justice-involved youth should receive the same level and standard of care as all other youth, which entails access to comprehensive and coordinated physical and mental health care during confinement and in their communities. However, federal law prohibits the use of Medicaid funds for inmates of a public institution. As a result, many jurisdictions terminate Medicaid eligibility at the time of entry into secure detention facilities. In 2018, Congress passed legislation prohibiting states from terminating Medicaid eligibility for incarcerated young people. While states may suspend Medicaid coverage during incarceration, they must conduct a redetermination of eligibility before the individual is released and restore coverage, if eligible.[15]

The E&C recommendations improve on this policy by allowing Medicaid coverage to automatically begin 30 days prior to an individual's release from incarceration, ensuring that community reentry, including for those with substance use disorders, is accompanied by uninterrupted treatment of existing health conditions and immediate connection to community-based care. Identifying and connecting youth with a medical home

[12] Sedlak AJ, McPherson KS. Youth's needs and services. OJJDP Juvenile Justice Bulletin. 2010;April:10–11. Available at: www.ncjrs.gov/pdffiles1/ojjdp/227728.pdf.
[13] US Department of Justice, Office of Juvenile Justice and Delinquency Prevention. *Juvenile Suicide in Confinement: A National Survey*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention; 2009. Available at: www.ncjrs.gov/pdffiles1/ojjdp/213691.pdf.
[14] Health Care for Youth in the Juvenile Justice System. Committee on Adolescence. Pediatrics Dec 2011, 128 (6) 1219-1235; DOI: 10.1542/peds.2011-1757. https://pediatrics.aappublications.org/content/128/6/1219?ijkey=751acc8cba97c306e4b2b0bd456ddee8f17de6e5&keytype2=tf_ipsecsha
[15] SUPPORT for Patients and Communities Act, HR 6, 115th Cong (2017–2018). Available at: https://www.congress.gov/bill/115th-congress/house-bill/6

before release may have long-term benefits to their overall health and well-being.[16] We urge Congress to incorporate this important proposal into its work and encourage you to extend this policy to apply to CHIP coverage as well.

Together, the above provisions would meaningfully improve the health and well-being of children across the country. We urge you to continue to prioritize expanding health care coverage and access for children and families. If our organizations can be of any further assistance, please do not hesitate to contact Stephanie Glier, Director, Federal Advocacy, at sglier@aap.org at the American Academy of Pediatrics.

Sincerely,

American Academy of Pediatrics
Children's Defense Fund
Children's Hospital Association
Family Voices
First Focus Campaign for Children
March of Dimes
National Association of Pediatric Nurse Practitioners

[16] Advocacy and Collaborative Health Care for Justice-Involved Youth. Mikah C. Owen, Stephenie B. Wallace, Committee On Adolescence. Pediatrics Jul 2020, 146 (1) e20201755; DOI: 10.1542/peds.2020-1755 https://pediatrics.aappublications.org/content/146/1/e20201755