

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



AAP Headquarters
141 Northwest Point Blvd
Elk Grove Village, IL 60007-1019
Phone: 847/434-4000
Fax: 847/434-8000
E-mail: kidsdocs@aap.org
www.aap.org

Reply to
Department of Federal Affairs
Homer Building, Suite 400 N
601 13th St NW
Washington, DC 20005
Phone: 202/347-8600
Fax: 202/393-6137
E-mail: kids1st@aap.org

Executive Committee

President
Fernando Stein, MD, FAAP

President-Elect
Colleen A. Kraft, MD, FAAP

Immediate Past President
Benard P. Dreyer, MD, FAAP

CEO/Executive Vice President
Karen Remley, MD, FAAP

Board of Directors

District I
Wendy S. Davis, MD, FAAP
Burlington, VT

District II
Warren M. Seigel, MD, FAAP
Brooklyn, NY

District III
David I. Bromberg, MD, FAAP
Frederick, MD

District IV
Jane Meschan Foy, MD, FAAP
Winston-Salem, NC

District V
Richard H. Tuck, MD, FAAP
Zanesville, OH

District VI
Pam K. Shaw, MD, FAAP
Kansas City, KS

District VII
Anthony D. Johnson, MD, FAAP
Little Rock, AR

District VIII
Kyle Yasuda, MD, FAAP
Seattle, WA

District IX
Stuart A. Cohen, MD, FAAP
San Diego, CA

District X
Sara H. Goza, MD, FAAP
Fayetteville, GA

January 6, 2017

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Paul Ryan
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Ryan, and
Minority Leader Pelosi:

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 66,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, I write to urge you to protect the needs of children as you consider changes to the Affordable Care Act (ACA) and safety net health care programs.

Medicaid, the Children's Health Insurance Program (CHIP), and the ACA are essential elements of the health care coverage landscape for children. Federal policy innovations over the last decade have driven the child uninsurance rate to its lowest point in our history. Recent studies show that insurance coverage expansions over the past decade have resulted in significant improvements in children's access to health services.¹ While the ACA is not a perfect law, the Academy believes that it made numerous policy changes that improved health care access, benefits, and coverage for children, and should not be repealed without an adequate replacement that protects children.

Despite recent advancements, there is still important progress to be made to improve the health of all children in the United States. About five percent of U.S. children still lack health insurance, jeopardizing their health and well-being.² Research has shown that affordable, comprehensive health care coverage yields a positive return on investment by preventing costly illnesses and service utilization later in life, fostering a healthier workforce, and improving the economic success of future taxpayers.³

As Congress begins to discuss changes to our current health care system, we urge you to remember that children are not just little adults. They have a unique set of health care needs that require special attention. Pediatric coverage must be designed so that it is age-

appropriate and addresses the needs of children as they grow. A comprehensive pediatric benefit package must include services such as preventive care and pediatric medical and surgical subspecialty care. Children also need access to appropriately trained providers including primary care pediatricians, pediatric medical and surgical subspecialists, and mental health care providers.

We encourage Congress to build on its record of improving children's coverage and provide long-term health care stability for children. The Academy supports proposals that invest in child health and move towards achieving the goal of ensuring that all children have health care coverage that meets their unique needs.

We look forward to working with you to advance policies that serve our shared values of promoting healthy children and families. While not a comprehensive list of all of the provisions in the ACA that have improved the health and well-being of children, what follows are the essential elements that we believe any major changes to health reform must maintain or improve upon:

Access to Pediatric Care

Access to pediatric providers. The ACA recognized how important it is for children to access the care they need when they need it. For instance, under the ACA, a family can choose their child's pediatrician; if a plan requires enrollees to designate a primary care provider, insurers must allow families to choose who it is. In the case of a child, a family can choose a pediatrician as a primary care provider. The ACA also importantly recognized that pediatric subspecialist shortages must be addressed so that children can receive timely, specialized care when they need it most, and that sufficient Medicaid payment rates are critical to ensure children's access to care in the Medicaid program.

Pediatric Appropriate Benefits

Preventive care. Prevention is integral to the practice of pediatrics, and the ACA requires coverage of preventive services and immunizations with no cost-sharing for families. For children, this means coverage of the preventive services outlined in the AAP's *Bright Futures* guidelines as well as all Advisory Committee on Immunization Practices (ACIP)-recommended childhood immunizations. This provision is essential to ensure that children are receiving needed well-baby and well-child care and lifesaving vaccines.

Essential health benefits. The ACA requires plans to provide a core package of comprehensive health care services known as essential health benefits (EHB). EHBs must specifically include pediatric services, such as dental and vision services. While this protection must be strengthened for children, it ensures plans meet minimum benefit standards and include important services for children like mental health and habilitative care.

Insurance Coverage for Children and Families

Insurance market reforms. The ACA prevents insurers from denying coverage to children with preexisting health conditions. This protection ensures no child is denied coverage for having a complex or chronic health issue, a lifeline for families of children with special health care needs. The law also prevents insurers from retroactively denying coverage. Before this protection, insurers could retroactively rescind children's coverage to avoid having to pay expensive claims. Finally, the ACA prohibits lifetime and annual coverage limits. These protections can be critically important for children who become sick or are injured, or who may need care for extended periods of time. These provisions prevent families of children with special health care needs or children with serious illness or injury from facing significant financial hardship—an additional burden for families whose focus should be on their child.

Dependent coverage to age 26. The ACA ensures that dependent children can continue to receive coverage through their parents' health insurance plans up to age 26. This protection offers essential coverage to a population that otherwise might forego health insurance, at a time in their lives when health risks may emerge, presenting an opportunity for early intervention and therefore improving long-term health status and costs. The law also includes an important corollary provision to provide Medicaid coverage to former foster care children up to age 26.

Affordable coverage. Under the ACA, families with incomes between 100 and 400 percent of the federal poverty level (FPL) receive premium tax credits to purchase insurance, and families with incomes between 100 and 250 percent of the FPL receive cost-sharing subsidies to help them pay out-of-pocket costs. Premium and cost-sharing subsidies are vitally important to ensure that consumers can afford coverage for children and families. Providing access to care that is not affordable puts families at risk for greater financial instability, medical bankruptcies, and, ultimately, falling into poverty.

Medicaid expansion. While the ACA's Medicaid expansion primarily impacted adults, health coverage for parents and caregivers has a positive impact on children. Parents who are enrolled in coverage are more likely to have children enrolled in coverage, and parents with coverage are also more likely to maintain their children's coverage over time. A healthy child starts with a healthy family.

Additional innovations. The ACA created the Center on Medicare and Medicaid Innovation (CMMI), which has spurred advancements in state Medicaid programs. CMMI has supported successful practices like the medical home and has worked to spread new and promising innovations. The ACA also gives state Medicaid programs the option of using health homes to provide comprehensive care to those with chronic conditions.

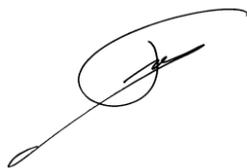
We believe that no child should be left worse off as a result of changes to our current health care system. As such, repealing the ACA without simultaneously enacting a replacement plan that would appropriately address the above elements would not serve the interests of children. Therefore, we strongly urge Congress to reject proposals that would disrupt coverage or

otherwise compromise the care children receive. The Academy urges Congress to not repeal the ACA without providing for comprehensive, affordable coverage for children and families.

In addition, Medicaid and the CHIP are cornerstones of coverage for children in the United States, collectively insuring more than 45 million children. As Congress discusses additional changes to the health care system, we urge you to enact a strong renewal of CHIP and to avoid making structural changes to Medicaid that could jeopardize existing funding levels for the program or its important benefits and protections for children.

Thank you for all of your efforts to address the needs of children and their families. The Academy looks forward to engaging in a dialogue and working together to improve the health the nation's children.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fernando Stein', enclosed within a large, loopy circular flourish.

Fernando Stein, MD, FAAP
President

FS/mdm

¹ See Paradise, J. "The Impact of the Children's Health Insurance Program (CHIP): What Does the Research Tell Us?" July 17, 2014, available at, <http://kff.org/report-section/the-impact-of-the-childrens-health-insurance-program-chip-issue-brief/>; Medicaid and CHIP Payment and Access Commission, "Use of Care Among Non-Institutionalized Individuals Age 0-18 by primary Source of Health Coverage." December 2016, available at <https://www.macpac.gov/wp-content/uploads/2015/11/EXHIBIT-39.-Use-of-Care-among-Non-Institutionalized-Individuals-Age-0%E2%80%9318-by-Primary-Source-of-Health-Coverage-2015.pdf>.

² Alker, J. and Chester, A., Georgetown University Center for Children and Families, "Children's Health Coverage Rate Now at Historic High of 95 Percent." October 2016, available at <http://ccf.georgetown.edu/wp-content/uploads/2016/11/Kids-ACS-update-11-02-1.pdf>.

³ See Goodman-Bacon, A., "The Long-run Effects of Childhood Insurance Coverage: Medicaid Implementation, Adult Health and Labor Market Outcomes." November 2016, available at http://www-personal.umich.edu/~ajgb/medicaid_longrun_ajgb.pdf; Wherry, L., et. al., "Childhood Medicaid Coverage and Later Life Health Care Utilization." February 2015, available at <http://www.nber.org/papers/w20929>.