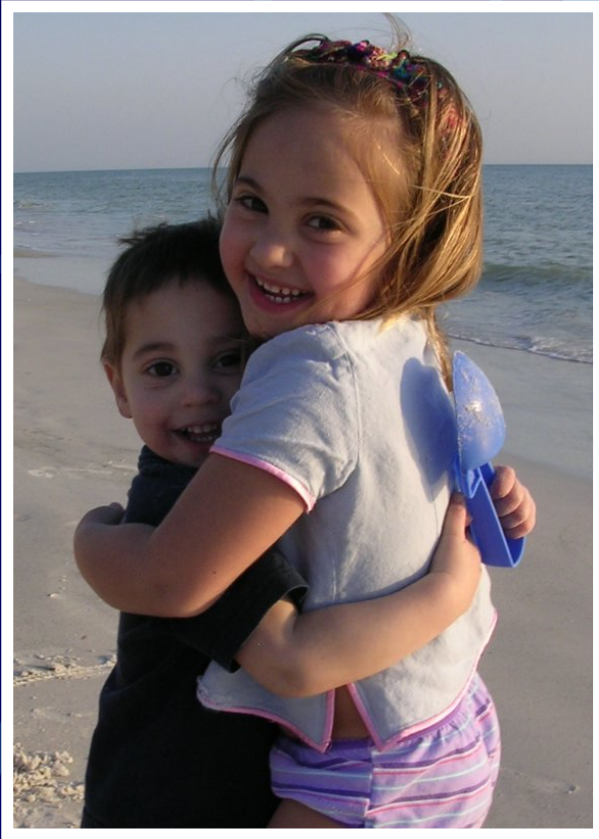


Update on Children's Coverage: The Role of Medicaid and SCHIP for Children and Families



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January 23, 2009

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Access Principles

1. Every child must have quality health insurance.*
2. Quality health insurance should be a right, regardless of income, for every child, pregnant woman, their families, and ultimately all individuals.
3. All health insurance plans should have a comprehensive age appropriate benefits package directed to the special needs of the pediatric population as recommended by the American Academy of Pediatrics (AAP).
4. Every child should receive care in a medical home with a primary care pediatrician, and access to pediatric medical subspecialists, pediatric surgical specialists, pediatric mental and dental professionals, and hospitals with appropriate pediatric expertise.
5. All health plans should have payment rates that assure that children receive all recommended and needed services.

* The concept of quality health insurance includes portability, continuous coverage, streamlined and simplified administrative aspects, choice of clinician(s), and coordination with existing maternal and child health programs to ensure maximum health benefits to families.



The rationale for providing coverage through public programs

Too many children have no health insurance

There are 78 million children in the US below 19 years; 90 million children and young adults below 22 years

12.8M (14%) through age 21 were uninsured during 2006

9.3M (12%) US children through age 18 were uninsured during 2006

Uninsured can still get care, but it's expensive, fragmented and inappropriate for children, who mostly need prevention



The rationale for providing coverage through public programs

It is a good investment

Access to health care should be a right, just like education

Children cannot control their economic and social circumstances



Children need different health services: EPSDT

National security history

Designed to target health conditions and problems for which growing children are at risk, such as:

iron deficiency,
lead poisoning,
obesity, and
dental disease

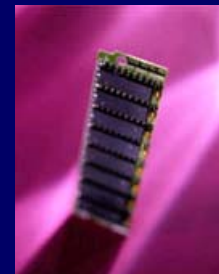
Also intended to detect and correct health conditions that can hinder a child's development, such as vision and hearing problems



CHIP Reauthorization

- **CHIP Reauthorization: Why Now?**

- Unfinished business, reform down payment and with economic downturn millions have lost coverage



- **Does not meet AAP Principles**

- Not a right, nor does it cover all
- Benefit does not have to be EPSDT
- Payment rates can limit access



- **But,**

- Continues program, improves Medicaid (clarifies EPSDT post-DRA)
- Covers 4 million, lifts 5 year bar, improves benefits
- Quality/Health IT, MACPAC



Medikids: The ultimate safety net

Public/private partnership with choice for parents to keep private or other coverage

Pays at least Medicare rates for a new program that will cover every child who has no coverage

Child specific benefits package (EPSDT)



