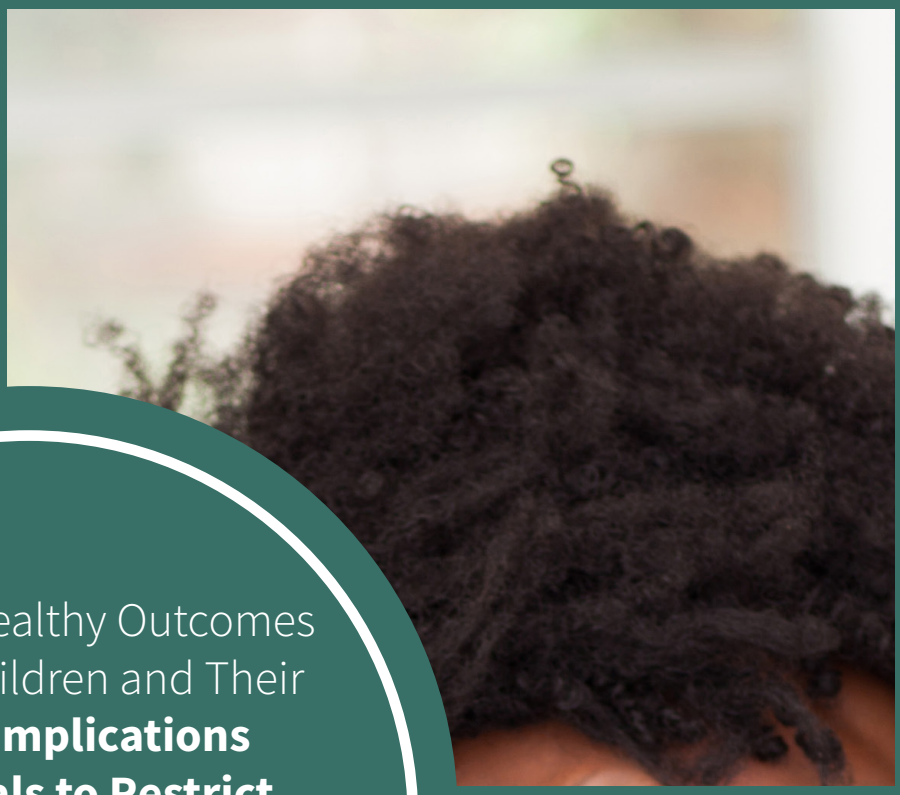
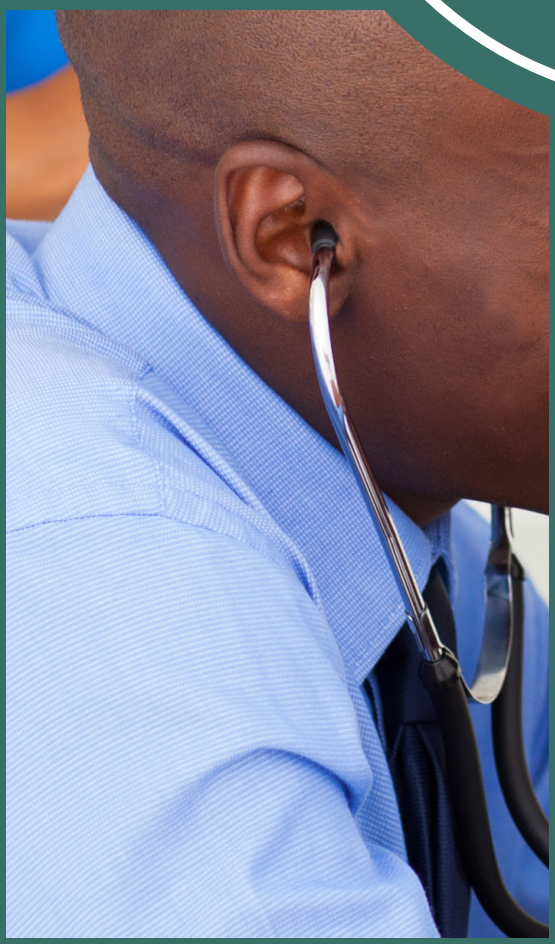
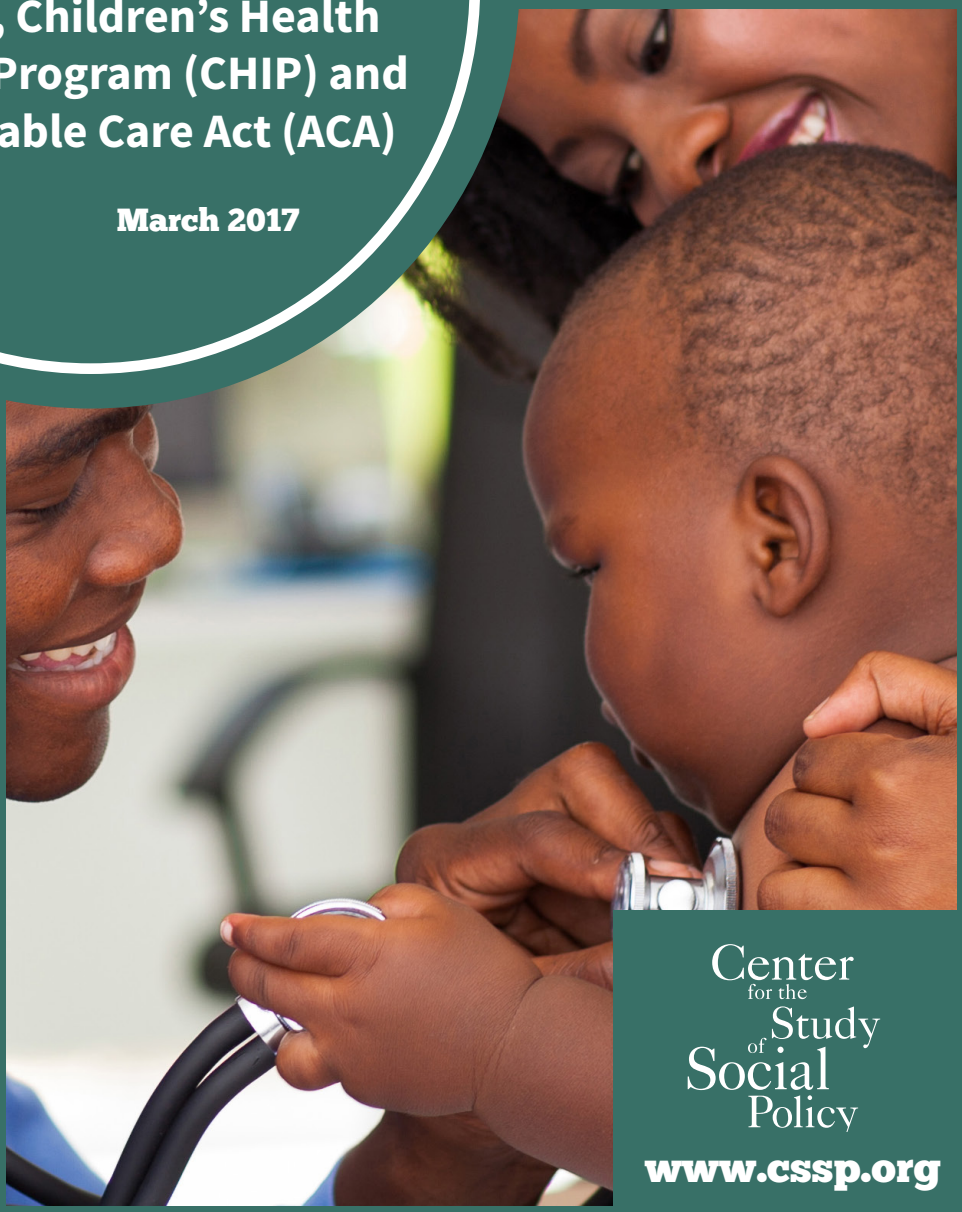


Promoting Healthy Outcomes for Young Children and Their Families: **Implications of Proposals to Restrict Medicaid, Children's Health Insurance Program (CHIP) and the Affordable Care Act (ACA)**

March 2017





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A range of proposals are currently being considered to restructure the foundations of health insurance coverage for low-income children and families, including changes to Medicaid (Title XIX), the Children's Health Insurance Program (CHIP) and the Affordable Care Act (ACA). Medicaid and the Children's Health Insurance Program (CHIP) ensure that 35.8 million low-income children receive the health care they need and are critical tools for promoting health and developmental outcomes for all children and reducing disparities in coverage and health outcomes for young children of color. In order to ensure that children have a healthy start in life, health care must remain high-quality and accessible for families with young children, particularly for those facing the greatest barriers.

In the context of federal policy proposals to restructure Medicaid (see CSSP's brief The Race Equity Implications of Proposals to Restrict Medicaid, CHIP and the ACA), advocates and state and local policymakers are mobilizing to protect policies that promote the health and well-being of young children and their families. The actions highlighted here, while not exhaustive, can promote positive outcomes for young children and families by ensuring that the essential health care services now provided through Medicaid, CHIP and the ACA remain intact.

For more information on the vital role that Medicaid, CHIP and the ACA have played in promoting equity for children and families of color by improving coverage and health care access, see CSSP's brief **The Racial Equity Implications of Proposals to Restrict Medicaid, CHIP and the ACA**.

1. **Preserve and promote access to high-quality preventive care and early treatment**
2. **Implement presumptive eligibility policies for pregnant women and ensure access to timely and quality prenatal care**
3. **Continue to support coordinated care through medical homes**
4. **Preserve and expand the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program**
5. **Protect and continue to improve access to comprehensive health care, including behavioral health care, for children and their caregivers**

Preserve and promote access to high-quality preventive care and early treatment

Together, the ACA, Medicaid and CHIP provide access to preventive care and early interventions that help children thrive from the earliest years into adulthood, with a goal of improving health and reducing costs later in life. These services include not only basic vaccinations and well-child visits, but also screenings and interventions available through Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Given the flexibility that the benefit allows for in providing treatment options for both children and their families, policymakers and advocates must ensure that the EPSDT benefit is preserved for children.

The EPSDT benefit ensures all young children can obtain medical, mental health, vision, hearing and dental screenings, as well as any necessary treatment to ameliorate conditions detected through a screening. Because young children of color are more likely than white children to experience barriers in accessing care, including specialty and mental health services,[1] the EPSDT benefit is an important tool for states to address racial disparities in health outcomes for young children. In some instances, the EPSDT benefit can also be used to fund screenings and treatment for conditions like maternal depression, which directly impact a young child's healthy development (as discussed later in this document) even though the child may not be the primary patient.[2] Schools also use the EPSDT benefit to receive Medicaid reimbursement for providing health services – an efficient way to expand access to timely health care for young children while also reducing school absences. Efforts to reduce Medicaid or CHIP funding at the federal level are likely to severely impact the reach of these services and treatments, ultimately harming young children and their families, and undermining efforts to advance health equity.

Implement presumptive eligibility policies for pregnant women and ensure access to timely and quality prenatal care

Prenatal care is vital to the health of both mothers and their babies – serving as a preventive measure and improving health outcomes for both the mother and child while also reducing health care costs associated with lack of coverage. Eligible low-income pregnant women are able to meet their prenatal health care needs through Medicaid and CHIP, a provision that is particularly important for women of color and their infants, who are at higher risk for poor birth outcomes, including pre-term birth and low birth weight. Additionally, health care providers who meet with these mothers on a regular basis also have the ability to connect them to additional services that would assist them during this time. As a direct result of the Medicaid expansion coverage provided through the ACA, more low-income parents, including presumably pregnant women, became eligible for health care coverage.

Prior to the ACA, some states had implemented presumptive eligibility policies within Medicaid, allowing authorized health care providers to begin serving pregnant women when they first seek prenatal care rather than waiting several weeks for the state to determine their Medicaid eligibility. The ACA enabled states with presumptive eligibility policies to also extend these decisions to parents and adults covered under Medicaid while also allowing hospitals – an important point of contact for pregnant women who may have either learned of their pregnancy through a hospital visit or who may not have been reached through other efforts to connect them to prenatal care – to begin making presumptive eligibility determinations. Undermining Medicaid will limit the reach of programs intended to serve pregnant women and their children.

Protecting Immigrant Access to Health Care

Notable achievements made through the CHIP Reauthorization Act of 2009 – such as allowing states to provide Medicaid or CHIP coverage for lawfully residing children and pregnant women (including coverage within the first five years for those of certain legal status) need to be protected.

Continue to support coordinated care through medical homes

Largely due to reforms established by the ACA, the medical home model – also known as the patient-centered medical home or advanced primary care – while not new to health care, has been increasingly adopted in recent years throughout the country to promote comprehensive health care treatment. By 2013, 43 states had adopted policies to promote the medical home model in Medicaid and CHIP with an eye toward improving the quality of health care for children and families while also reducing costs. Evidence from these pilot programs indicates that the medical home model improves access to care and health outcomes, and reduces emergency room visits. Because young children of color experience reduced access to care and are more likely to receive lower quality care as compared to white children, the medical home model is an important tool in advancing health equity.

Efforts to undermine Medicaid, to repeal the ACA and to reduce access to CHIP could significantly impede the progress that these programs have made in improving the quality of health care available to low-income young children and families, particularly children and families of color. The medical home model has been endorsed by the American Academy of Pediatrics and other medical professional associations because it promotes high-quality, accessible health care for children and families by delivering primary care in a way that is accessible, comprehensive, family-centered and culturally effective.

Preserve and expand the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Authorized in 2010 by the ACA, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program allocates federal grants to states, tribal organizations and nonprofit organizations to support evidence-based home visiting services. The ACA currently provides localities with the ability to provide in-home services to expectant families or families with young children – particularly those with multiple or complex issues that cannot be easily addressed in the course of more routine care. These opportunities serve to reduce disparities in access to care and to continue progress toward eliminating health disparities.

Home visiting, which offers parenting education, opportunities for skill-building and access to additional resources to support the health of parents, is a particularly promising strategy. While home visiting programs vary, they have

been shown to improve parental behaviors in addition to overall child and family well-being outcomes. Additionally, when home visitors are drawn from or reflect the community being served, interventions have the ability to be more culturally responsive to families' needs while also increasing family engagement.

Looking ahead, while MIECHV's authorizing language is found in the ACA, it was last extended in the Medicare Access and CHIP Reauthorization Act of 2015. It is unclear whether proposals to repeal the ACA will threaten MIECHV's authorization. While the path forward is uncertain, it is critical that advocates continue to make the case for MIECHV and its vital role in supporting families, and in particular, low-income families of color. Congress should ensure that the program is not only preserved, but expanded.

Protect and continue to improve access to comprehensive health care, including behavioral health care, for children and their caregivers

In order for young children to thrive, they, their parents and their caregivers must be able to access needed behavioral health care. Behavioral health care is often out of reach for many in the U.S., particularly those with low incomes and families of color – less than half[3] of children with diagnosable mental health problems and less than 45 percent[4] of adults with any mental illness receive the treatment they need. Although children of color are reported to need behavioral health care at similar rates to their white peers, data indicate that black and Hispanic children are far less likely to receive treatment – receiving about half as many behavioral health care visits as white children.[5]

Parents also need access to behavioral health care in order to create the supportive environments children need to grow and thrive, however, families of color are often less likely to be able to access services when needed. For instance, research suggests that while prevalence rates for maternal depression are similar for women of color and white women, a disproportionate number of black women and Latinas who suffer from postpartum depression do not receive needed services, likely resulting from poor outreach, detection and service provision, among other factors.[6] Recent CMS guidance highlighting the prevalence of maternal depression and its negative impacts on infants and young children informs states that they can allow pediatric health care providers to bill for maternal depression screening and treatment[7] under the child's Medicaid insurance during well-child visits.

States should ensure that their Medicaid programs implement this guidance to increase access to screenings and treatment. Additionally, in light of recent national efforts to combat substance abuse disorders, including opioid addiction, policymakers must ensure that access to behavioral health care is not reduced, particularly for low-income families of color, who have historically lacked access to the same level and quality of care as white families.

A Call to Action

As policy proposals continue to threaten Medicaid, and the outlook for CHIP reauthorization and the ACA (including Medicaid expansion) remain uncertain, advocates and policymakers must be vocal about the vital role that Medicaid, CHIP and the ACA play in ensuring a healthy start for young children and their families. Other CSSP briefs in this series highlight the role these programs play in advancing equity and promoting the health and well-being of other populations, including children, youth and families in the child welfare system.

Acknowledgements

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Endnotes

1. Urban Institute. (2013). *Racial and Ethnic Differences in Access to Care and Service Use for Children with Coverage through Medicaid and the Children's Health Insurance Program*. Washington, DC: Kenney, G. M., Coyer, C. & Anderson, N. Retrieved from http://www.urban.org/sites/default/files/publication/32676/412781-Racial-and-Ethnic-Differences-in-Access-to-Care-and-Service-Use-for-Children-with-Coverage-through-Medicaid-and-the-Children-s-Health-Insurance-Program.PDF
2. Centers for Medicare and Medicaid Services, Center for Medicaid and CHIP Services. (2016). *Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children.* Baltimore, MD: Wachino, V. Retrieved from https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf
3. Increasing Access and Coordination of Quality Mental Health Services for Children and Adolescents. (2017). Retrieved from http://www.apa.org/about/gr/issues/cyf/child-services.aspx
4. Mental Health in America – Access to Care Data. (2017). Retrieved from http://www.mentalhealthamerica.net/issues/mental-health-america-access-care-data
5. Marrast, L., Himmelstein, D. U., & Woolhandler, S. (2016). Racial and Ethnic Disparities in Mental Health Care for Children and Young Adults: A National Study. International Journal of Health Services, 46(4), 810-824.
6. Kozhimannil, K. B., et al. (2011). Racial and Ethnic Disparities in Postpartum Depression Care Among Low-Income Women. *Psychiatric Services 62*(6), 619-625. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3733216/
7. States may allow pediatric health care providers to bill Medicaid to cover treatment related to maternal depression under the child's Medicaid insurance if the child is present and if the treatment directly benefits the child.

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