



CHILDREN NOW



Continuing our Commitment to Providing and Improving Health Coverage for All California Children

While we have made great progress towards health coverage for all children in California with 97% covered, up to one in four children may experience gaps in coverage at some point during the year. The majority of California children - 56% - are insured through Medicaid or the Children's Health Insurance Program (together in California known as Medi-Cal), but children also get health coverage through employer sponsored insurance, individual and small group commercial health insurance sold through Covered California, and TRICARE. To ensure that every California child has the opportunity to develop to healthy adulthood and realize his or her potential, we must build on what is working for millions of children and their families by keeping Medicaid and CHIP strong, continue to focus on increasing and improving enrollment, strengthening private coverage, and working toward a health care system that meets the needs of all children regardless of their health, immigration status, family income, zip code, language, race, gender, sexual orientation or disability.

Children have unique health care needs, and any changes to health coverage must first do no harm to children's current coverage. At a minimum, any changes must not dilute or undermine the level of benefits and affordability protections provided to children today through programs like Medi-Cal. However, as work toward health reform continues, efforts should *further improve* children's health coverage, enrollment, access, and care utilization. Currently, child health coverage in California's Medi-Cal has comprehensive child-centric benefits with zero to low cost-sharing. It must be a priority for California policy makers to pay particular attention to ensuring any proposed health system changes meet children's unique health care needs by providing child-specific coverage for children - as distinct from adult coverage - regardless of its source. Notably, proposals that promote family coverage with less robust benefits or higher cost sharing for children's care may not meet this standard. Any changes to California's health coverage and care landscape must put a greater emphasis on recognizing and responding to the social determinants impacting children's health and well-being.

To ensure that any state or federal changes to health coverage and systems will work for California children, the California Child Health Coverage Coalition believes the following principles must apply:

COMPREHENSIVE BENEFITS: All children must have health coverage that provides all medically necessary, age-appropriate services that promote prevention and healthy development.

- All children must have health coverage that guarantees coverage for all medically necessary, age-appropriate benefits to promote healthy child development, consistent with Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.
- Children's coverage must include the full spectrum of services and treatment, including comprehensive dental, vision, physical, mental and behavioral health services, as well as appropriate services and devices for children with special health care needs without arbitrary limits or restrictions as the child grows.
- All pregnant women must have comprehensive coverage for maternity and newborn care to ensure healthy pregnancies and infants and reduce disparities in outcomes.

AFFORDABLE COVERAGE: All children must have access to both health coverage and care that is affordable for their families.

- All children must be able to get the coverage and care they need when they need it without jeopardizing their families' financial security through excessive premiums and cost sharing, including families that must buy multiple insurance products to cover different household members.
- No category of children should be arbitrarily ineligible for coverage or assistance.
- Reasonable out-of-pocket limits on premiums, deductibles and cost-sharing such as those in Medicaid and CHIP must be preserved, and similarly reasonable limits must be extended to children in all sources of coverage, particularly for families that have children with special health care needs or complex conditions.

TIMELY ACCESS TO CARE: All children must have timely access to care without administrative barriers to the full range of age-appropriate health care providers, including pediatric and perinatal specialists, subspecialists, and facilities.

- Financing and payment structures must consider the unique needs of children and the importance of early intervention.
- Children are not little adults: they require developmentally appropriate and timely care from in-network primary, specialty, subspecialty, and ancillary pediatric health and mental health providers with the training and expertise to care for children, regardless of where they live.
- Pediatric provider payments must be carefully monitored and adjusted to ensure that timely access is assured for all children regardless of their unique health care needs.
- Pediatric workforce issues should be considered and invested in as part of any reform effort to ensure an adequate network and distribution of pediatric providers in the state.

CONTINUOUS COVERAGE/ENROLLMENT: Half of all uninsured children in California are eligible for coverage but are not enrolled. All children must be continuously enrolled in consistent coverage without gaps in coverage or care.

- Reform proposals must make it easier, not harder, for children to get enrolled and stay enrolled in reliable, stable, and consistent health coverage, in part by encouraging the use of state-of-the-art technology in enrollment and retention.

- Improvements to health enrollment/retention systems should be carried over to other social service programs such as SNAP and WIC to allow seamless enrollment for eligible children and families in other services that contribute to children's health and well-being.
- Ideally, policy change would create pathways for longer-term coverage (e.g., continuous coverage from birth through age five) without interruptions such as lockouts or waiting periods, frequent recertification hurdles, or the need to change health insurance products when a family moves across county lines.
- If a change in coverage is necessary, transitions must be seamless and allow for a continuation of services, medications, and providers whenever possible to maintain existing provider-patient relationships and ensure children have timely access to needed care.

HIGH-QUALITY HEALTH SERVICES: All children must receive high quality care informed by robust quality evaluation.

- Quality improvement efforts must continue and be strengthened to help improve health outcomes for children and pregnant women.
- Health care system reforms efforts should invest in and promote delivery systems that identify and respond to social determinants of health with an emphasis on children's integrative care such as school-based integrative care models.
- Health outcomes for children and families can depend on access to culturally competent providers, so policy changes should encourage the growth of a pediatric health care workforce that is more ethnically and linguistically diverse, and more balanced with respect to gender and sexual orientation with the goal of reducing health disparities, particularly for children of color.
- 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 for all children on an ongoing basis.
- Any reform must include appeals, grievances and oversight to address quality-related challenges for children and families.

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