



Children's Health Fund

Policy Brief

Health Reform 2009: What's In It for Kids?

December 11, 2009

Health care reform is President Barack Obama's major domestic policy initiative. Congress has been working for over a year on this issue, with major committees holding hearings on the health care system, public insurance programs, the private insurance market, and quality of care initiatives, to name a few topics.

There are currently two bills before Congress, the Senate Patient Protection and Affordable Care Act and the House Affordable Care for America Act. The House passed legislation in November while the Senate is debating the legislation as of the date of this publication.

The Children's Health Fund (CHF) supports health reform proposals that **1) provide universal health care coverage for all kids, 2) strengthen the health care workforce and 3) promote the medical home model of care for children.** This policy brief will assess how these bills measure up to the CHF's core criteria for successful health care reform.

1) Universal Health Care Coverage for All Children

In seeking universal health care coverage for all children, CHF supports mandating health insurance for children. In addition, CHF looks for characteristics of a plan that will support health care safety net programs including Medicaid and reform the private market to expand coverage options for children and families. CHF has concerns about extending coverage to all children by way of an untested tool such as a "Gateway" or "Exchange"

Universal Health Care Coverage For All Children

	Senate Patient Protection and Affordable Care Act	House Affordable Health Care for America Act
1a. Medicaid Expansions and Reforms	<p>Expands Medicaid coverage for children up to 133% of the FPL. States must already provide Medicaid to children under age six with family income up to 133% of the FPL. States must also provide Medicaid to school aged children (ages six through 18) with family income up to 100% of the FPL, and all states have chosen to provide Medicaid or CHIP above that level. Therefore, those that provide CHIP coverage to school-aged children with family income between 100 and 133% of the FPL would need to shift them to Medicaid. States will receive 100% federal funding for 2014 through 2016 for newly eligible and newly enrolled children. Beginning in 2017, financing for the newly eligible will be shared between the states and the federal government through an increase in the FMAP. Also requires states to maintain current income eligibility levels for children in Medicaid and CHIP until 2019.</p> <p><i>CHF supports Medicaid eligibility expansion and reforms that increase access and remove barriers to obtaining coverage.</i></p>	<p>Expands Medicaid coverage for children (ages six to 18) up to 150% of the FPL. States must already provide Medicaid to children under age six with family income up to 133% of the FPL. States must also provide Medicaid to school aged children (ages six through 18) with family income up to 100% of the FPL, and all states have chosen to provide Medicaid or CHIP above that level. Therefore, those that provide CHIP coverage to school-aged children with family income between 100 and 133% of the FPL would need to shift them to Medicaid. States would receive 100% federal funding for the cost of covering these children until 2015 when states would get 91%. Prohibits states from adopting more restrictive eligibility standards, methodologies, and procedures than those in effect on June 16, 2009.</p> <p>Provides for the automatic enrollment of otherwise uninsured infants into Medicaid during their first 60 days of life. The provision builds on the existing requirement that babies born to mothers on Medicaid automatically enrolled in the program. The federal government would finance 100% of the cost of enrolling babies into this new eligibility category.</p> <p><i>CHF supports Medicaid eligibility expansion and reforms that increase access and remove barriers to obtaining coverage.</i></p>
1b. CHIP and Low-income Subsidies	<p>Require states to maintain current income eligibility levels for children in CHIP until 2019. CHIP benefit package and cost-sharing rules will continue as under current law. Beginning in 2014, states will receive a</p>	<p>Requires states to maintain CHIP eligibility standards, methodologies and procedures that were in effect June 16, 2009. Allows CHIP to expire after December 31, 2013. After that date, CHIP children will be required to</p>

Universal Health Care Coverage for All Children (Cont'd)

	<p style="text-align: center;">Senate Patient Protection and Affordable Care Act</p>	<p style="text-align: center;">House Affordable Health Care for America Act</p>
<p>1b. CHIP and Low-income Subsidies (cont'd)</p>	<p>23% increase in the CHIP match rate up to a cap of 100%. CHIP- eligible children who are unable to enroll in the program due to enrollment caps will be eligible for tax credits in the state Exchanges.</p> <p><i>CHF supports keeping the CHIP program authorized and funded until 2019.</i></p> <p>Provides refundable premium credits to subsidize coverage for individuals and families with incomes up to 400% FPL to purchase insurance through the Exchange. The premium credits will be set on a sliding scale such that the premium contributions are limited to 2.8% of income for those at 100% FPL to 9.8% of income for those between 300-400% FPL. In addition, cost-sharing subsidies will be offered to eligible individuals and families with incomes up to 200% FPL.</p> <p><i>CHF supports affordability credits for families. However, CHF is concerned that children with no documented adults in their families may be unable to benefit from credits. Children do not choose whether to follow their parents to this country. There is risk of serious public health consequences when children are not vaccinated for communicable diseases, or have other unaddressed health care needs in the home, school or community.</i></p> <p><i>CHF is also concerned with costs to families who make less than 400% of the federal poverty level. Even small premiums may prove to be a barrier to maintaining coverage. CHF calls on Congress to guarantee that no family experiencing poverty pays more than 8% of their</i></p>	<p>get coverage through the Exchange.</p> <p>Requires Secretary of HHS to submit a report to Congress in 2011 comparing benefits and costs of CHIP plans and those on the Exchange. The secretary will recommend changes if coverage is worse on the Exchange.</p> <p><i>CHF urges Congress to ensure that no child would lose benefits or access to services as a result of the expiration of CHIP.</i></p> <p><i>In particular, populations such as foster children, older adolescents and others in non-traditional settings may be impacted by these transitions. Additionally, children with access to EPSDT in Medicaid-expansion states funded with CHIP dollars should not lose access to those services as a result of moving to Exchange plans.</i></p> <p>Establishes “affordability credits” to subsidize coverage for individuals and families with income up to 400% of the FPL. In addition, cost-sharing credits would be offered on a sliding scale for persons who are enrolled in an Exchange plan, whose families have incomes below 400% of FPL and who are not eligible for Medicaid. The costs to a families range from 1.5% of income for a family with income below 150% of FPL up to 12% for a family making up to 400% of FPL.</p> <p>Credits may also be awarded to full time employees for the employee’s cost of employer provided coverage if plan costs exceed 12% of income.</p>

Universal Health Care Coverage for All Children (Cont'd)

	<p style="text-align: center;">Senate Patient Protection and Affordable Care Act</p>	<p style="text-align: center;">House Affordable Health Care for America Act</p>
<p>1b. CHIP and Low-income Subsidies (cont'd)</p>	<p><i>income to premiums and cost sharing.</i></p>	<p><i>CHF supports affordability credits for families. However, CHF is concerned that children with no documented adults in their families may be unable to benefit from credits. Children do not choose whether to follow their parents to this country.</i></p> <p><i>There is risk of serious public health consequences when children are not vaccinated for communicable diseases, or have other unaddressed health care needs in the home, school or community.</i></p> <p><i>CHF is also concerned with even nominal premiums placed on families who make less than 400% of the federal poverty level. Even small premiums may prove to be a barrier to maintaining coverage. CHF calls on Congress to guarantee that no family experiencing poverty pays more than 8% of their income to premiums and cost sharing.</i></p>
<p>1c. Public Insurance Option</p>	<p>Establishes a community health insurance option and permits states to choose not to offer the community health insurance option. Also establishes the Consumer Operated and Oriented Plan (CO-OP) program to foster the creation of non-profit, member-run health insurance companies in all 50 states and District of Columbia to offer qualified health plans.</p> <p><i>CHF supports a public health insurance option as a way to ensure children have an insurance option on the Exchange that includes an ideal set of pediatric benefits.</i></p>	<p>Establishes Public Health Insurance Option. The Public Option will be subject to the same rules on the Health Insurance Exchange as private insurance, including requirement that a basic, enhanced and premium plan be offered.</p> <p><i>CHF supports a public health insurance option as a way to ensure children have an insurance option on the Exchange that includes an ideal set of pediatric benefits.</i></p>

Universal Health Care Coverage for All Children (Cont'd)

	Senate Patient Protection and Affordable Care Act	House Affordable Health Care for America Act
1d. Individual Mandate	<p>Includes a mandate that all children must have coverage. Penalties would apply to those without individual or family coverage.</p> <p><i>CHF supports mandated universal coverage for all children</i></p>	<p>Yes. Penalties would apply to those without individual or family coverage.</p> <p><i>CHF supports mandated universal coverage for all children.</i></p>
1e. Private Market Reforms	<p>Eliminates pre-existing condition exclusion and lifetime caps on benefits coverage. Requires guaranteed issue and renewal for insured plans. Issues insurance rating rules. Requires nondiscrimination in benefits; parity in mental health and substance abuse disorder benefits. Requires insurers who offer coverage to dependents to allow such dependants to stay on parents' policies until age 27. Prohibits plans from requiring a waiting period for coverage of more than 90 days and imposes penalties on employers that require waiting periods of between 30 and 90 days.</p> <p><i>CHF supports these provisions because it would make it easier for children with special needs to obtain coverage and for dependent children to maintain coverage.</i></p>	<p>Eliminates pre-existing condition exclusion and lifetime caps on benefit coverage. Requires guaranteed issue and renewal for insured plans. Issues insurance rating rules. Requires nondiscrimination in benefits; parity in mental health and substance abuse disorder benefits. Requires insurers who offer coverage to dependents to allow such dependants to stay on parents' policies until age 27.</p> <p><i>CHF supports these provisions because it would make it easier for children with special needs to obtain coverage and for dependent children to maintain coverage.</i></p>
1f. Insurance Purchasing Tool	<p>Establishes state-based American Health Benefit Exchanges through which individuals can purchase coverage.</p> <p><i>CHF is supportive of expanding access to health insurance through a Health Insurance Exchange.</i></p>	<p>Establishes a Health Insurance Exchange for individuals and small employers to comparison shop for health care coverage among private and public insurers.</p> <p><i>CHF is supportive of expanding access to health insurance through a Health Insurance Exchange.</i></p>

2) Strengthen the Health Care Workforce

The primary care workforce, particularly the pediatric workforce, is diminishing, with increased numbers of providers opting to go into specialty care. The impact of this trend is most pronounced in medically underserved areas, including health professional shortage areas.

Regarding strengthening the pediatric and primary care workforce, CHF supports increased funding for the National Health Service Corps and community health centers as well as new loan repayment and scholarship programs for the primary and pediatric workforce, especially those serving in shortage areas. CHF also supports increased reimbursement for primary care providers who see a majority of Medicaid and CHIP children. At minimum Medicaid rates should be equal to existing Medicare rates, as children's health care is no less important than adult health care. In addition, CHF believes payment rates for Medicaid should amply support care for children through a medical home model.

Strengthen the Health Care Workforce		
	Senate Patient Protection and Affordable Care Act	House Affordable Health Care for America Act
2a. National Health Service Corps	<p>Appropriates \$4.0 billion in additional funds through FY 2015, allows for further appropriation based on the percentage increase in costs of health professions education and percentage change of physicians residing in health professional shortage areas.</p> <p><i>CHF supports increased funding for the National Health Service Corps and other ways of incentivizing primary care practice in medically underserved areas, such as new scholarship and loan programs to build a primary care and public health workforce specifically in HPSAs and other designated shortage areas</i></p>	<p>Appropriates \$1.8 billion through FY 2015, for enhancements to NHSC including increasing maximum loan repayment benefit to \$50,000 per year, part time service allowance, and treating teaching as clinical practice part time.</p> <p>Appropriates \$1.3 billion in additional funds through FY 2019 for NHSC, starting with \$254m in FY2010 to \$306m in FY 2015</p> <p><i>CHF supports increased funding for the National Health Service Corps and other ways of incentivizing primary care practice in medically underserved areas, such as new scholarship and loan programs to build a primary care and public health workforce specifically in HPSAs and other designated shortage areas</i></p>
2b. FQHCs	<p>Increases funding for community health centers. Provides \$33.9 billion in additional funding through FY 2015. Provides for subsequent annual funding that takes into account the previous year's funding level combined</p>	<p>Increases funding for community health centers. Provides \$12 billion in additional funding through FY 2015.</p>

Strengthen the Health Care Workforce (cont'd)

	Senate Patient Protection and Affordable Care Act	House Affordable Health Care for America Act
2b. FQHCs (cont'd)	<p>with the average percentage increase in costs incurred per patient served and average percentage increase in number of patients served.</p> <p><i>CHF supports increased investment in community health centers.</i></p>	<p><i>CHF supports increased investment in community health centers.</i></p>
2c. Reimbursement Rates	<p>Provides 10% payment bonus for primary care practitioners practicing in underserved areas. Does not improve Medicaid payments for primary care long term.</p> <p><i>CHF supports a Medicaid payment requirement of at least 100% of Medicare rates. Children's health care is as important as adult health care. In addition, CHF believes payment rates for Medicaid should support care for children through a medical home model.</i></p>	<p>Increases Medicaid reimbursement rates for primary care services to 100% of the Medicare rate, but after 2015, decreases reimbursement to 90%.</p> <p><i>CHF supports a Medicaid payment requirement of at least 100% of Medicare rates. Children's health care is as important as adult health care. In addition, CHF believes payment rates for Medicaid should support care for children through a medical home model.</i></p>
2d. Loan Repayment Programs and Scholarships	<p>Establishes pediatric specialty loan repayment program in which eligible individuals agree to be employed full time for no less than 2 years, providing pediatric medical sub specialty, pediatric surgical specialty or child and adolescent mental and behavioral health care, in a health professional shortage area or serving a medically underserved population. Appropriates \$50 million per year for FY 2010 through 2014.</p> <p>Establishes public health workforce loan repayment program. Establishes allied health professional loan program. Establishes grants for state and local programs for training and workforce retention.</p>	<p>Establishes a loan repayment program for primary care students. Loan funds to be repaid by service in a health professional needs area for 2 years or longer, during which time the program will make loan payments toward undergraduate or graduate loans.</p> <p>Establishes grant program to eligible entities (medical schools) to provide traineeships and fellowships for doctors who choose primary care fields. Provides grants to entities that produce a large or improved number of primary care physicians who serve in underserved areas or areas with high rates of health disparities</p> <p>Modifies existing student loan program (NHSC) by increasing amount of award, allows half-time service to</p>

Strengthen the Health Care Workforce (cont'd)

	<p align="center">Senate Patient Protection and Affordable Care Act</p>	<p align="center">House Affordable Health Care for America Act</p>
<p>2d. Loan Repayment Programs and Scholarships (cont'd)</p>	<p>Extends loan repayment programs to schools of nursing.</p> <p>Establishes grant program to provide need-based financial assistance in the form of traineeships and fellowships to medical students, interns, residents and practicing physicians who practice, train or teach family medicine, general internal medicine or general pediatrics.</p> <p><i>CHF supports funding for ways of incentivizing primary care practice in medically underserved areas, such as new scholarship and loan programs to build a primary care and public health workforce specifically in HPSAs and other designated shortage areas.</i></p>	<p>repay loan.</p> <p>Establishes a loan repayment and scholarship program to address health care needs in geographic areas not currently recognized as health professional shortage areas. Expands eligibility to non- physician health professionals.</p> <p>Modifies an existing student loan program to make it more attractive for students to pursue careers in primary care by reducing loan repayment rate to 2% below interest rates, allows less than 10 years of service if loan is repaid in full, and provides for penalties if service requirements are not met.</p> <p>Establishes a loan repayment and scholarship program at HRSA to address health care needs in geographic areas not currently recognized as health professional shortage areas. Physicians and other health professionals that do not qualify to participate in the National Health Service Corps, such as dentists, are eligible for this program.</p> <p><i>CHF supports funding for ways of incentivizing primary care practice in medically underserved areas, such as new scholarship and loan programs to build a primary care and public health workforce specifically in HPSAs and other designated shortage areas.</i></p>
<p>2e. Ready Reserve Corps</p>	<p>Establishes a Ready Reserve Corps within the Commissioned Corps to meet both routine public health and emergency response missions.</p> <p><i>CHF supports the establishment of a Ready Reserve Corps to assist in times of disaster.</i></p>	<p>Does not address the issue of establishing a Ready Reserve Corps.</p> <p><i>CHF encourages the inclusion of a provision to establish a Ready Reserve Corps to assist in times of disaster.</i></p>

3) Promote the Use of the Medical Home Model

The medical home concept was first developed by the American Academy of Pediatrics to define a level of care for children with special health care needs. Several states have adopted the medical home model of care as a way to focus on prevention and save costs, often for populations that do not include children.

The Children’s Health Fund advocates for an enhanced medical home model of care, taking the standard a step further. In the enhanced medical home, pediatric primary care providers have an expanded scope of practice to include evidence-based protocols for chronic disease management (e.g., for asthma), and on-site access to services that are necessary and often difficult to access, like nutrition interventions, oral health and mental health services, and assistance receiving care from other pediatric specialists when needed.

In seeking support for care through the enhanced medical model, CHF looks for medical home pilot programs, incentives for use of health information technology, particularly technology crafted for pediatric populations, and that support prevention and wellness initiatives. CHF supports Congress in establishing a benchmark for health care benefits, however CHF urges Congress to consider the unique needs of children in establishing these benchmark benefit designs. CHF recommends establishing a separate pediatric care council to determine benchmarks for children’s benefits.

Promote the Use of the Medical Home Model		
	Senate Patient Protection and Affordable Care Act	House Affordable Health Care for America Act
3a. Medical Home	<p>Establishes community health teams to support patient centered medical homes and grants to support such teams.</p> <p>As part of quality measures and reporting, health insurance plans must report on efforts to improve patient outcomes, such as through the use of the medical home model.</p> <p>Within newly formed grant program to aid medical professionals who are training, practicing or teaching family medicine, general internal medicine or general pediatrics, establishes demonstration projects to provide training relevant to providing care through patient centered medical homes, developing tools and curricula</p>	<p>Establishes a new medical home pilot program funded at up to \$6 million for FY 2010 through 2014 in addition to \$325 million available for reimbursement payments under the program</p> <p><i>CHF supports the development and widespread adoption of the medical home model of care.</i></p>

Promote the Use of the Medical Home Model (cont'd)

	<p align="center">Senate Patient Protection and Affordable Care Act</p>	<p align="center">House Affordable Health Care for America Act</p>
<p>3a. Medical Home (cont'd)</p>	<p>relevant to patient-centered medical homes and providing continuing education to primary care physicians relevant to patient centered medical homes.</p> <p><i>CHF supports the development and widespread adoption of the medical home model of care.</i></p>	
<p>3b. Health Information Technology</p>	<p>Requires the Secretary to establish health IT enrollment standards and protocols for federal and state health and human services programs.</p> <p><i>CHF supports and supports the creation and use of a uniform set of content for electronic health records, specifically for pediatric populations.</i></p>	<p>Establishes within DHS an Assistant Secretary for Health Information whose responsibilities include to ensure the collection, collation, reporting, and publishing of information on key health indicators regarding the health and performance of the Nation's health care; facilitate and coordinate the collection, collation, reporting, and publishing of information; develop standards for the collection of data regarding the Nation's health; provide support to Federal departments and agencies whose programs have a significant impact upon health for the collection and collation of information; ensure the sharing of information among agencies; facilitate the sharing of information by Federal departments and agencies whose programs have a significant impact upon health; identify gaps in information; facilitate and coordinate identification and monitoring by the agencies of the Department of health disparities to inform program and policy efforts to reduce such disparities; consistent with privacy, proprietary, and other appropriate safeguards, facilitate public accessibility of datasets by means of the Internet; and award grants or contracts for the collection and collation of information</p> <p><i>CHF supports and supports the creation and use of a uniform set of content for electronic health records, specifically for pediatric populations.</i></p>

Promote the Use of the Medical Home Model (cont'd)

	<p align="center">Senate Patient Protection and Affordable Care Act</p>	<p align="center">House Affordable Health Care for America Act</p>
<p>3c. Pediatric Benefits</p>	<p>Charges Secretary of Health and Human Services to define essential benefits, based on following outline. All qualified health benefit plans on newly created Exchange (health insurance marketplace) are mandated to provide essential benefits and services.</p> <p>The bill lists categories of services to be covered: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use services, rehabilitative and habilitative services, preventive and wellness services and pediatric services, including oral and vision care.</p> <p>Requires the scope of the essential health benefits be equivalent to the scope of benefits provided under a typical employer plan. Mandates certain categories of pediatric services, to be more clearly defined by the Secretary of Health and Human Services. In defining benefits, the Secretary is required to take into account health needs of certain populations, including children.</p> <p>Prohibits cost sharing by health insurance plans on evidence-based items as recommended by the U.S. Preventive Services Task Force, immunizations, and evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (includes Bright Futures).</p> <p>Allow children up to age 26 to remain on their parents insurance.</p> <p><i>CHF supports the inclusion of well baby and well child care, oral health, vision, and hearing services,</i></p>	<p>All qualified health benefit plans (except certain grandfathered individual and employer-sponsored plans) would be required to provide at least an “essential benefits package” defined as coverage, consistent with standards to ensure the provision of quality health care and financial security, that-(1) provides payment for the items and services in accordance with generally accepted medical (2) limits cost-sharing for such covered health care items and services (3) does not impose any annual or lifetime limit on the coverage of covered health care items and services; (4) complies to network adequacy; and (5) is equivalent to the average prevailing employer-sponsored coverage.</p> <p>A Council, chaired by the Surgeon General, will make recommendations on specific services to be covered by essential benefits package as well as cost-sharing levels.</p> <p>Defines essential benefits, to be required of all plans available of the Exchange, as: inpatient hospital services, outpatient hospital services, physician services, equipment and supplies provided incident to physician services, preventive services, maternity services, prescription drugs, rehabilitative services, well baby and well child visits and oral health, vision, and hearing services for children under the age of 21, durable medical equipment, prosthetics, orthotics and related supplies, mental health and substance abuse services, including behavioral health treatments.</p> <p><i>CHF supports the inclusion of well baby and well child care, oral health, vision, and hearing services, equipment, and supplies at least for children under 21 years of age in the standards for the essential benefits.</i></p>

Promote the Use of the Medical Home Model (cont'd)

	<p align="center">Senate Patient Protection and Affordable Care Act</p>	<p align="center">House Affordable Health Care for America Act</p>
	<p><i>equipment, and supplies at least for children under 21 years of age in the standards for the essential benefits. However, we respectfully suggest the age limit be raised to cover children up to the age of 26. CHF also suggests that Bright Futures, a national health promotion initiative dedicated to collaborative efforts for pediatric health practice, is specifically referenced to confirm that well child and well baby visits meet the appropriate standard.</i></p> <p><i>In addition, CHF urges Congress to exempt pediatric benefits from the list of benefits that the HBAC is to examine and instead, create a pediatric committee of experts to make recommendations regarding these benefits. Since the configuration of HBAC so strongly reflects a dominate focus on adult benefits, with only one pediatrician, there is little assurance that children's needs would be appropriately addressed.</i></p>	<p><i>However, we respectfully suggest the age limit be raised to cover children up to the age of 26. CHF also suggests that Bright Futures, a national health promotion initiative dedicated to collaborative efforts for pediatric health practice, is specifically referenced to confirm that well child and well baby visits meet the appropriate standard.</i></p> <p><i>In addition, CHF urges Congress to exempt pediatric benefits from the list of benefits that the HBAC is to examine and instead, create a pediatric committee of experts to make recommendations regarding these benefits. Since the configuration of HBAC so strongly reflects a dominate focus on adult benefits, with only one pediatrician, there is little assurance that children's needs would be appropriately addressed.</i></p>
<p>3d. Prevention and Wellness</p>	<p>Creates National Prevention, Health Promotion and Public Health Council and coordinating Prevention and Public Health Fund to support clinical and community preventive services and education and outreach campaigns regarding preventive benefits.</p> <p>Seeks to increase access to clinical preventive services through school based health centers, oral healthcare prevention activities, improvements to Medicare and Medicaid and incorporating incentives for prevention of chronic diseases in Medicaid.</p>	<p>Establishes a National Prevention and Wellness Strategy. Requires the Secretary to submit a national strategy designed to improve the nation's health through evidence-based clinical and community-based prevention and wellness activities.</p> <p><i>CHF supports prevention and wellness expansion and encourages Congress to consider the standards set forth in Bright Futures.</i></p>

Promote the Use of the Medical Home Model (cont'd)

	<p style="text-align: center;">Senate Patient Protection and Affordable Care Act</p>	<p style="text-align: center;">House Affordable Health Care for America Act</p>
<p>3d. Prevention and Wellness (cont'd)</p>	<p>Prohibits insurance plans from implementing cost-sharing for evidence informed preventive care and screenings for infants, children and adolescents as provided for in the comprehensive guidelines supported by the Health Resources and Service Administration (includes Bright Futures).</p> <p><i>CHF supports prevention and wellness expansion and encourages Congress to consider the standards set forth in Bright Futures.</i></p>	