

Health Care and Children: What's Next?

Historic Legislation

On March 23rd, 2010 President Obama signed momentous health care reform legislation, the Patient Protection and Affordable Care Act, into law. This legislation is a historic and far-reaching accomplishment, especially for America's children and families. In addition to mandating universal coverage for all children, the new law contains a number of other important provisions to extend coverage to all kids.

While the new law includes important gains for children, we need to acknowledge the remaining barriers facing children trying to access health care. Even with health insurance, children are not guaranteed access to comprehensive health services. The newly enacted health reform legislation was a huge step forward for children's health, but more work remains to ensure all children have access to the comprehensive and coordinated care that they need.

Enhanced Medical Home

Every child deserves a medical home, which is care that is accessible, continuous, comprehensive, coordinated, family-centered, compassionate and culturally effective. For medically underserved children, the medical home model should be enhanced to effectively meet their complex health care needs. The enhanced medical home model builds on coordination by the primary care provider by including access to pediatric subspecialists, mental health services

and oral healthcare. In addition, it uses electronic health Records to facilitate the use of best practice guidelines to treat chronic diseases. Regular evidence-based screening in the medical home ensures healthy growth and optimal development of a child.

Millions of children still receive care that is episodic and superficial. The emergency room is the only "usual source of care" many children have ever known. While the new health care reform law encourages the use of the medical home, removes costs for preventive services, and seeks to bolster the primary care workforce, more needs to be done to reduce non-urgent use of hospital emergency rooms.

The medical home model addresses the whole child and can benefit millions of children, but only if supported by public policy and insurance frameworks. Adequate reimbursement is essential to allow comprehensive visits with patients so that care can truly be high quality and coordinated. Through our programs and through advocacy, CHF is committed to improving the health outcomes of all children through quality care provided in a medical home setting. and when warranted, the enhanced medical home.

Workforce Shortages

Nearly 65 million people live in health professional shortage areas, where there are not sufficient numbers of primary care doctors and nurses to meet the most basic needs of the population.

Challenges facing children trying to access healthcare services still remain. The newly enacted health reform legislation was a huge step forward for children's health, but it is not the end. More work is left to be done to ensure all children actually receive the care that they need and deserve.



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Having insurance in these areas is not enough to assure timely access to health care.

The existing shortage of primary care providers coupled with a historic increase of an estimated 32 million newly insured people seeking primary care, must be addressed through comprehensive workforce policy. In addition, there are 45 million people living in dental shortage areas and 80 million people living in mental health shortage areas. Problems are especially severe for children because there is a critical shortage of pediatric mental health providers and dentists that will treat children. Especially in rural communities, where workforce shortages are greatest, the workforce pipeline needs to be able to replace retiring pediatricians, nurses and other health professionals. The current outlook is grim, even with increased investment in the National Health Service Corps and funding for graduate medical education provided for in the legislation.

Access to health care is also often an issue for those with insurance coverage through the Medicaid program. Low reimbursement rates, compared to private insurance, often result in fewer providers accepting Medicaid patients. The new health reform law boosts payment levels for primary care services through Medicaid starting in 2013, but only for two years. These increased payment rates should be sustained permanently and applied to all services Medicaid covers, including mental and oral health care.

Immigrant status

Immigrant children, regardless of documentation status, face numerous challenges accessing health-care services. Legal, language and cultural barriers often hinder parents from knowing about, and signing their children up for, public healthcare programs to which they qualify. In addition, undocumented parents are often hesitant to enroll their legal, citizen children in public programs or even to take them to the doctor, for fear of being deported.

Currently lawfully present immigrant children face a 5-year waiting period to qualify for Medicaid, and in many states, the same applies for the Children's

Health Insurance Program. Children with an undocumented status have no access to these types of safety net programs. The new health reform law will help low-income families buy health insurance coverage; however, legal children with undocumented parents will have difficulty obtaining this new help. Providing all children with access to these programs and subsidies is not only the right thing to do, it will save money over time by ensuring these children have access to preventive care and rely less on expensive emergency room care.

Transportation

Transportation is often a barrier for children in both urban and rural areas. Where public transportation is unavailable and the only means to get to the doctor is also the only means for the family breadwinner to get to work, health access is severely disrupted, medical appointments go by the wayside and specialist visits are out of reach. Access difficulties are exacerbated in transportation-disadvantaged communities that are also designated health professional shortage areas. To address transportation access concerns, CHF will continue to work with partners in the health policy and transportation policy communities to develop initiatives that increase resources to underserved communities and bolster capacity of community-based health providers to coordinate available transportation resources. Additionally, CHF will continue to explore innovative ways of reaching children who face transportation barriers, including telemedicine and regional pediatric partnerships.

Conclusion

The new health reform law makes huge strides in providing health insurance coverage for children, but there is still much work to be done. Getting all children an insurance card is a great first step, but providing real access to health care services is the next challenge. CHF will continue to be a voice for children with the Administration and Congress to address remaining obstacles in the way of access to comprehensive health care for all children.