

Ensuring Health Reform Works for America's Children: Recommendations for Improvements to Tri-Committee Bill

For health care reform to be viewed as a success it must ensure that everyone has access to high-quality, affordable coverage -- that includes the millions of children who remain uninsured or aren't getting the care they need to grow and thrive. The Tri-Committee bill makes enormous strides in providing access to coverage to millions more people and transforming the country's health care delivery system, but it could be even stronger in ensuring that all children have access to high-quality, affordable coverage.

Recommendations for Improving Children's Coverage in Tri-Committee Bill

- **Make sure children are better off – not worse off – if they are moved from CHIP into Exchange plans under health reform.** The House bill should guarantee that the cost-sharing protections and benefits for children in Exchange plans are as strong as in Medicaid and CHIP. Along with designing comparable coverage for children in Exchange plans, the House should specifically require the Secretary of Health and Human Services to certify that the coverage is as good in practice -- and not just on paper -- before the CHIP program is dissolved. This may require extending the CHIP program past September 30, 2013 to allow for a meaningful certification process and smooth transition of children from CHIP to Exchange plans.
- **Eliminate red-tape barriers to coverage for children.** Nearly two-thirds of the nine million children without coverage in this country are already eligible for Medicaid or CHIP. The easiest, fastest and most cost-effective way to secure coverage for these children is to eliminate the red-tape barriers that keep many of them uninsured. To this end, the House bill should establish “no wrong door” enrollment for families seeking coverage; provide all Medicaid beneficiaries with 12-months of stable coverage; require use of simplified, electronic verification of eligibility information; and make maximum use of auto-enrollment strategies.
- **Eliminate the five-year waiting period for legal immigrant children and pregnant women in need of coverage.** The House should eliminate the five-year waiting period that can be imposed at state option on legal immigrant children and pregnant women (and that must be imposed on other legal immigrants). Especially in the context of national health reform, there is no justification for making people wait five years for health care coverage. For children, in particular, a five-year waiting period can mean a lost opportunity to identify and treat simple issues that otherwise might develop into significant problems and affect their trajectory in life.
- **Give families greater control over the choice of Medicaid versus Exchange plans.** In 2018, the House bill calls for giving Medicaid beneficiaries the choice whether to enroll in Medicaid or to move to the new Exchange plans. This is a sweeping new change to how Medicaid has operated, and its consequences are unknown. In light of the uncertainty of how it will work, families should have the maximum flexibility needed to make the best choice for their children, including the opportunity to move back into Medicaid as needed if they find it would work better for their children.

There are no do-overs for childhood. There will likely be no do-overs for health reform. For health reform to be truly successful in the eyes of the American public, it will need to ensure that all of our children have high quality, affordable care that addresses their unique developmental needs.