American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

AAP Headquarters
345 Park Blvd
Itasca, IL 60143
Phone: 630/626-6000
Fax: 847/434-8000
www.aap.org

Reply to
AAP Washington Office
601 13th St NW, Suite 400N
Washington, DC 20005
Phone: 202/347-8600
E-mail: kids1st@aap.org

September 13, 2021

The Honorable Frank Pallone Jr.
Chairman
House Committee on Energy and Commerce
U.S House of Representatives
2125 Rayburn House Office Building
Washington, DC, 20515

Dear Chairman Pallone,

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of more than 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents, and young adults, I write to express strong support for several provisions included in the Energy and Commerce Committee's portion of the Build Back Better Act. If enacted, these provisions would strengthen children's coverage and access to care.

Thanks to Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA), our nation brought the rate of uninsured children to a record low in 2016. Unfortunately, over the last few years that progress slowed, stalled, and then reversed course. According to 2020 data from the US Census Bureau, 4.4 million children (5.7%) under age 19 lacked the health coverage they need to survive and thrive. Between 2017 and 2019, 726,000 children lost health insurance, meaning much of the gain in children's coverage from the ACA's major coverage expansions implemented in 2014 was eliminated. These coverage losses occurred in a healthy economy with the lowest unemployment rate in decades prior to the economic shocks and job loss associated with the COVID-19 pandemic.

As millions of families have experienced financial stress during the COVID-19 pandemic and economic downturn, Medicaid and CHIP continue to act as an essential lifeline for children and families, ensuring children have access to vital services like vaccinations, developmental screenings, and appropriate treatment for acute, chronic, and complex conditions. Between February 2020 and March 2021, nearly 10.5 million people enrolled in Medicaid and CHIP, including 3.4 million children. The programs are cost-effective, well-suited to distribute resources quickly and equitably to areas of greatest need and were designed based on the specific needs of children.

The provisions included in the Energy and Commerce Committee's legislative recommendations for its budget reconciliation instructions would build on the success of these programs, extend and improve coverage for children and pregnant people, and make important progress in promoting the health and wellbeing of our nation's children. Therefore, we urge Congress to include these critical policies in the upcoming reconciliation package.

Permanent CHIP Extension *(Subtitle H, Sec. 30801):*

For almost 25 years, CHIP has been an essential source of children's coverage, ensuring access to high-quality, affordable, pediatric-appropriate health care for children in working families whose parents earn too much to qualify for Medicaid, but too little to afford private health insurance. CHIP has played a critical role in reducing the number of uninsured children from nearly 15 percent in 1997 to less than five percent in 2016, while improving health outcomes and access to care for children and pregnant people.

Unlike every other insurance assistance program, CHIP has temporary funding that must be renewed periodically. As most recently displayed when CHIP funding expired in 2017, these arbitrary deadlines and funding cliffs lead to unnecessary chaos, distress, and anxiety for families across the country. Rather than continuing to single out children's coverage by placing it uniquely at risk, the Build Back Better proposal makes CHIP funding permanent, thereby eliminating the recurrent funding dilemma and allowing states to develop their programs in ways that best serve children and families. Additionally, the legislation strengthens CHIP by allowing states to expand income eligibility more easily for their programs. As we work towards our goal of ensuring all children are covered by an affordable, quality health insurance plan that allows access to comprehensive, essential care, making CHIP permanent is vital.

12-Month Continuous Eligibility in Medicaid/CHIP (*Subtitle G, Sec. 30724; Subtitle H, Sec. 30804*)

As you know, children make up the single largest group of people who rely on Medicaid and CHIP, including children with special health care needs and those from low-income families. Medicaid also provides comprehensive prenatal care, allowing millions of pregnant individuals to have healthy pregnancies and helping millions of children get a healthy start. Despite the importance of Medicaid and CHIP, serious issues must be addressed to stabilize coverage for the people they serve.

The Build Back Better proposal includes a federal requirement to cover children in Medicaid and CHIP with 12 months of continuous and stable enrollment. Despite an existing state option for 12-month continuous eligibility for children, only 23 states have implemented this policy in Medicaid and only 25 have done so in CHIP. We know that interruptions in coverage worsen health outcomes and lead to avoidable hospitalizations or emergency room care for mental health disorders, asthma, and diabetes. Coverage gaps also raise the average monthly cost of Medicaid and result in higher avoidable administrative costs for states, health care providers, and health plans. Stability in Medicaid and CHIP coverage will cut bureaucracy for states conducting screening and eligibility determinations and relieve excessive burden on providers that strive to ensure their patients retain coverage and access to care. This policy will help health providers and plans more readily maintain continuity of care management, which is vital to keeping children healthier. Most importantly, continuous eligibility will lessen financial stress and offer steady access to needed care for children on Medicaid and CHIP and their families.

Permanent Postpartum Medicaid Extension (*Subtitle G, Sec. 30723; Subtitle H, Sec. 30804*)

In the U.S., 700 mothers die from pregnancy-related causes each year, and more than 50,000 others experience dangerous complications that could have killed them—making our nation the most dangerous place in the developed world to give birth.[1] The Centers for Disease Control and Prevention estimate that up to 60% of these deaths are preventable.[2] Of the 700 deaths that occur in the U.S. each year, one third occur

[1] March of Dimes. *Nowhere to Go: Maternity Care Deserts Across the U.S.* October 2018. Available at: https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf.
[2] Berg CJ, Harper MA, Atkinson SM, et al. Preventability of pregnancy-related deaths: results off a Statewide review. Obstet Gynecol 2005;106(6):1228-1234.

one week to one year after a pregnancy ends.[3] For people of color, the dangers of giving birth are even more acute. Black mothers of all ages are more than three times as likely to die from pregnancy-related complications as their white peers. The rates of pregnancy-related death for black and native persons over the age of thirty are four to five times higher than their white peers.[4]

The AAP recognizes that ensuring access to continuous care for pregnant people before, during, and in the months following pregnancy is critical to addressing our nation's growing rates of maternal mortality and severe maternal morbidity. Ensuring continuity of coverage for people of child-bearing age presents the opportunity to address any ongoing health concerns, including those unrelated to pregnancy, before any subsequent pregnancies. This is especially important for people on Medicaid who are more likely to have had a prior preterm birth, low birthweight baby, and experience certain chronic conditions.[5] The American Rescue Plan took an important step by creating a temporary state plan option under Medicaid to extend postpartum coverage from 60 days to one year after the end of pregnancy. The Build Back Better proposal builds on this policy by guaranteeing that all pregnant and birthing people who rely on Medicaid for pregnancy-related care have access to continuous coverage throughout the full, one-year postpartum period.

Medicaid Reentry Act (*Subtitle G, Sec. 30725*)

Justice-involved youth face unique challenges and, in many cases, have unmet physical, developmental, and mental health needs. Multiple studies have found that some of these health issues occur at higher rates than in the general adolescent population.[6][7] Most justice-involved youth have been exposed to childhood trauma or adversity, which both contribute to their involvement with the justice system and negatively impact their health and well-being.[8] Therefore, continuity of care, both on entering the facility and when transitioning back to the community, is crucial for youth in the juvenile corrections system.

Justice-involved youth should receive the same level and standard of care as all other youth, which entails access to comprehensive and coordinated physical and mental health care during confinement and in their communities. However, federal law prohibits the use of Medicaid funds for inmates of a public institution. As a result, many jurisdictions terminate Medicaid eligibility at the time of entry into secure detention facilities. In 2018, Congress passed legislation prohibiting states from terminating Medicaid eligibility for incarcerated young people. While states may suspend Medicaid coverage during incarceration, they must conduct a redetermination of eligibility before the individual is released and restore coverage, if eligible.[9]

The Build Back Better proposal improves on this policy by allowing Medicaid coverage to automatically begin 30 days prior to an individual's release from incarceration, ensuring that community reentry, including for

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[3] Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. Available at: http://dx.doi.org/10.15585/mmwr.mm6818e1.

[4] Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007-2016. MMWR Morb Mortal Wkly Rep 2019;68:762–765. Available at: http://dx.doi.org/10.15585/mmwr.mm6835a3external.

[5] Medicaid and CHIP Payment and Access Commission. Access in Brief: Pregnant Women and Medicaid. ber 2018. Available at: https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf

[6] Sedlak AJ, McPherson KS. Youth's needs and services. OJJDP Juvenile Justice Bulletin. 2010;April:10–11. Available at: www.ncjrs.gov/pdffiles1/ojjdp/227728.pdf.

[7] US Department of Justice, Office of Juvenile Justice and Delinquency Prevention. *Juvenile Suicide in Confinement: A National Survey*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention; 2009. Available at: www.ncjrs.gov/pdffiles1/ojjdp/213691.pdf.

[8] Health Care for Youth in the Juvenile Justice System. Committee on Adolescence. Pediatrics Dec 2011, 128 (6) 1219-1235; DOI: 10.1542/peds.2011-1757. https://pediatrics.aappublications.org/content/128/6/1219?ijkey=751acc8cba97c306e4b2b0bd456ddee8f17de6e5&keytype2=tf_ipsecsha

[9] SUPPORT for Patients and Communities Act, HR 6, 115th Cong (2017–2018). Available at: https://www.congress.gov/bill/115th-congress/house-bill/6

those with substance use disorders, is accompanied by uninterrupted treatment of existing health conditions and immediate connection to community-based care. Identifying and connecting youth with a medical home before release may have long-term benefits to their overall health and well-being.[10] We applaud the Committee for incorporating this important proposal into its work and encourage you to extend this policy to apply to CHIP coverage as well.

Medicaid Coverage Gap (*Subtitle G, Sec. 30701*)

While Medicaid expansion was intended to expand access to more adults, research has shown that covering more parents, caretakers, and other adults helps increase children's coverage rates too.[11] As a result, state decisions to forgo expansion also act as a further impediment to covering all children. More than 2 million uninsured adults who live below the poverty line are denied health care because their states did not expand Medicaid. Latino children and families are disproportionately impacted by their state's decisions not to expand Medicaid. In 2019, nearly all non-expansion states had Latino child uninsured rates higher than the national average for Latino children (9.3 percent). This coverage disparity means that out of every 100 school aged Latino children living in non-expansion states, 17 are uninsured compared to just seven out of every 100 living in expansion states – a difference of 10 children.[12]

Research also demonstrates that when parents have health insurance, children are more likely to get the care they need. Increases in adult Medicaid eligibility levels were associated with a greater likelihood that children in low-income families received at least 1 annual well child visit.[13] These findings reiterate the importance of parental coverage in ensuring that children can get the care they need to learn, grow, and thrive. As such, the Academy supports the goals of the proposal to permanently expand Medicaid eligibility to millions of Americans who previously fell within the Affordable Care Act (ACA) coverage gap.

Thank you again for your leadership on expanding health care coverage and access for children and families. If the AAP can be of any further assistance, please do not hesitate to contact Stephanie Glier, Director, Federal Advocacy, at sglier@aap.org in our Washington, D.C. office.

Sincerely,

Lee Savio Beers, MD, FAAP
President

LSB/nw

[10] Advocacy and Collaborative Health Care for Justice-Involved Youth. Mikah C. Owen, Stephenie B. Wallace, COMMITTEE ON ADOLESCENCE. Pediatrics Jul 2020, 146 (1) e20201755; DOI: 10.1542/peds.2020-1755 https://pediatrics.aappublications.org/content/146/1/e20201755

[11] Hudson, J. L., & Moriya, A. S. (2017). Medicaid Expansion For Adults Had Measurable 'Welcome Mat' Effects On Their Children. *Health Affairs, 36*(9), 1643-1651. doi:10.1377/hlthaff.2017.0347, available at https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2017.0347

[12] Whitener, K., Snider, M., Corcoran, A., (2021, June 29). *Expanding Medicaid Would Help Close Coverage Gap for Latino Children And Parents*. Center For Children and Families. https://ccf.georgetown.edu/2021/06/29/expanding-medicaid-would-help-close-coverage-gap-for-latino-children-and-parents/.

[13] Venkataramani, M., Pollack, C. E., & Roberts, E. T. (2017). Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services. *Pediatrics*. doi:10.1542/peds.2017-0953, available at http://pediatrics.aappublications.org/content/pediatrics/early/2017/11/09/peds.2017-0953.full.pdf