

PERINATAL & CHILD HEALTH



Ensure each birthing person and child in Pennsylvania has the opportunity for affordable, quality health care access. Everyone, especially children and individuals during pregnancy into the postpartum period, should have health insurance and the access to quality health care that is necessary for healthy birth outcomes, improved physical and mental health of a new mother, and for a child's healthy development into adolescence and through adulthood. Our perinatal and child health care policy agenda aims to close gaps for those without health insurance by expanding eligibility and strengthening benefits—including physical and mental health services—and increasing access to nutritious food.

DATA POINTS

Pennsylvania has the 8th highest number of uninsured children in the country, with

126,000 without health insurance.

The statewide uninsured rate for children improved to

4.4% FROM **4.6%** over the last 2 years.

Pennsylvania is

1 OF 4 states to offer a CHIP buy-in program that allows higher income families to purchase health insurance through the state.

NEARLY HALF (46.5%)

of all Pennsylvania children are enrolled in Medicaid or CHIP coverage.

42,360 infants and toddlers in Pennsylvania receive services through Early Intervention Part C.

Non-Hispanic Black women in Pennsylvania experienced pregnancy-associated deaths at a rate **2X** that of Non-Hispanic White women.

In 2018, there were **85** pregnancy-associated deaths in Pennsylvania.

Only **50%** of eligible infants, young children, and women participate in the Pennsylvania WIC program.

Only **29%** of children in Medicaid receive their required two lead screens by age 3.

POLICY PRIORITIES:

1. Extend access to prenatal and postpartum services within Medicaid and CHIP for pregnant adults to ensure expecting mothers, infants, and toddlers start and stay healthy.

- Monitor the implementation of postpartum coverage extension to 12 months for pregnant women enrolled in Medicaid and CHIP, including access to and utilization of prenatal and postpartum services.
- Promote behavioral health prenatal and postpartum screenings that include evidence-based depression screenings and increase coordination to ensure follow-up services occur for proper treatment.
- Support doula service reimbursement in Medicaid to improve birth outcomes.
- Expand CHIP to include pregnant adults who are not eligible for Medicaid due to their immigration status since access to good health care is a crucial factor in positive birth outcomes.

2. Build on the success of Medicaid and CHIP to ensure every Pennsylvania child is insured.

- Monitor the unwinding of the continuous coverage provision within Medicaid and policy flexibilities within CHIP when the federal Public Health Emergency declaration ends to minimize the loss of health insurance for children and to transition those no longer eligible for Medicaid to CHIP.

- b. Improve enrollment and renewal policies to minimize unnecessary delays or gaps in coverage by strengthening automated (ex-parte) renewals and expanding 12-month continuous eligibility for children ages 4 through 21 in Medicaid who are currently without the continuous coverage provided to infants and toddlers in Medicaid and all children in CHIP. Explore multi-year continuous eligibility policies for all children.
- c. Monitor the state-based exchange Pennie™ to ensure a “no wrong entry” to Medicaid and CHIP.
- d. Support expanding eligibility within either Medicaid or CHIP to include every child living in Pennsylvania regardless of immigration status by advancing legislation to implement the Cover All Kids initiative fully.

3. Promote positive health outcomes for children as a direct result of Medicaid, CHIP, and the Affordable Care Act.

- a. Ensure adequate federal and state funds to maintain Medicaid and CHIP eligibility standards without compromising one program in exchange for another. Ensure messaging of CHIP builds on the shoulders of the success of the Medicaid program.
- b. Advocate at the federal level to make CHIP a permanently funded program.
- c. Promote Medicaid and CHIP as lifelines for working families, providing free or affordable comprehensive coverage for their children.
- d. Defend against attempts at the federal level to repeal or undermine the ACA and efforts to cap Medicaid spending through block grants or per capita caps.

4. Ensure children enrolled in Medicaid and CHIP have adequate benefit packages to meet their needs and that they are appropriately receiving the well-child visits, immunizations, and screenings necessary for their healthy development, as well as accessing mental and dental health services.

- a. Monitor and review compliance of managed care requirements in both the Medicaid and CHIP contracting process and through enhanced partnerships with managed care organizations (MCOs).
- b. Ensure that Medicaid and CHIP are implemented with fidelity by measuring the quality and

performance of mandatory benefits, including within the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.

- c. Research and advocate for changes within physical and behavioral health benefits as necessary, including exploring the integration of physical and behavioral health services within Medicaid and identifying policies to improve childhood mental health.
- d. Monitor utilization of well-child visits and screenings at recommended intervals according to the AAP’s Bright Futures periodicity schedule.
- e. Monitor immunization rates to ensure that children stay current on routine vaccinations to prevent childhood diseases.
- f. Assure that children enrolled in Medicaid and CHIP receive dental care, as oral health is a measure of overall health.
- g. Explore expanding Medicaid reimbursement for medically necessary services, including mental/behavioral health services, provided to Medicaid-enrolled children in school settings.

5. Promote efforts to identify and prevent lead exposure in children to ensure their healthy development.

- a. Improve the measurement to effectively monitor that the required EPSDT lead testing is occurring for children in Medicaid and CHIP.
- b. Examine future amendments to strengthen Act 150 of 2022.
- c. Advance policies for young children with high or elevated levels of lead exposure to ensure care coordination and appropriate referrals to early intervention.
- d. Advance the implementation of continuing medical education credits for providers to educate them on the importance of lead screening for children.

6. Advance policies that support children identified with developmental delays and disabilities through early intervention programs while also providing ongoing support to parents and providers.

- a. Strengthen outreach, referral, and enrollment processes to serve all children who can benefit from Part C early intervention.
- b. Ensure Part C Early Intervention services offer the quality needed to make a difference.

PERINATAL & CHILD HEALTH

- c. Ensure equitable access for all eligible children in Part C Early Intervention.
- d. Strengthen supports to address the mental health needs of infants and toddlers participating in Part C Early Intervention.
- e. Partner with Medicaid to improve Part C Early Intervention.
- f. Research a policy framework that focuses on providing necessary services for young children eligible for Part B early intervention services.

7. Increase access to healthy nutrition for women and young children to ensure healthy development.

- a. Support the financial stability and modernization of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to increase participation among Pennsylvania mothers and children.
- b. Implement ongoing flexibility of telehealth services to minimize or eliminate barriers to enrolling and retaining WIC.
- c. Explore policy improvements for children participating in the Supplemental Nutrition Assistance Program (SNAP) or other similar nutrition programs.

SIGNIFICANT ACTIONS IMPACTING POLICY PRIORITIES:

- Proposed state legislation that would automatically connect children of women who screen positive for depression or anxiety to early intervention services.
- Submission of a state plan amendment that would allow doulas to be reimbursed for services by Medicaid.
- Proposed federal Child Nutrition Reauthorization legislation that would expand eligibility for WIC, as well as modernize and improve the WIC program.
- Opportunities for state and federal funding streams to address lead remediation.
- Maternal Mortality Review Commission 2022 Legislative Report.
- Progress on the state's Perinatal Quality Collaborative Maternal Depression (MOMD) Package.
- DOH WIC Bureau's plan to allow clients to have their benefits loaded remotely each month through an online benefits system.
- Data agreement between DHS and DOH to assess the referral gap between children with elevated blood levels and those enrolled in Early Intervention.
- Impacts to Medicaid and CHIP due to the continuation and eventual end of the federal COVID-19 Public Health Emergency.
- DHS' plan to merge CHIP enrollment into the county assistance offices beginning April 2023.
- Upcoming procurement process for CHIP managed care organizations whose contracts expire in December 2022.



200 North Third Street, 13th Floor
Harrisburg, PA 17101-1589

717-236-5680 | www.papartnerships.org

