



National Association of Children's Hospitals

1. Health policy priorities/goals in the short term

- Prevent erosion of children's coverage in Medicaid and SCHIP
 - Increase FMAP as part of the stimulus bill.
 - Reauthorize SCHIP with sufficient funds to cover eligible children.
 - Withdraw and /or overturn 6 Medicaid regulations and 1 SCHIP administrative action that undermine the health care safety net.
- Ensure future pediatric workforce capacity and address subspecialty shortages
 - Include funding for Children's Hospitals GME program in the President's FY10 budget at the program's authorized amount of \$330 million.
 - House and Senate LHHS Appropriations Subcommittees have included \$310 million for FY09.
- Implement children's hospitals eligibility to participate in the 340B drug discount program (provided in section 6004 of the Deficit Reduction Act)
 - Issue the final notice for guidelines for children's hospitals participation in the 340B program, which is now in OMB. The interim notice was published in the Federal Register on July 9, 2007.
- Increase federal leadership and investment in pediatric quality issues
 - Include the CHIPRA quality provisions and their five year funding (Section 401, H.R. 973) in SCHIP reauthorization.
 - Provide health IT investments in the stimulus bill through Medicaid as well as Medicare, to include children's health care and other safety net providers.
 - Invest in pediatric quality efforts under current authority, such as children's HCAHPS, NQF consideration of evidence-based pediatric measures, national pediatric learning collaboratives, pediatric functionality in health IT and the inclusion of pediatric quality measures in the national public reporting infrastructure.
 - Extend Medicaid state transformation grants authority, with a special emphasis for health IT and delivery system reforms for children's health care services.

2. Health policy priorities/goals in the long term

- Enact health reform that provides both coverage and system reform and ensure that it works for children.
 - Mandate health coverage for children, from birth through age 21.
 - Guarantee that coverage will be available and affordable. Establish uniform, national standards for enrollment, income determinations and minimum eligibility requirements to ensure equal access to coverage for lower income children across states.



- Ensure that coverage will be comprehensive and meet children's health and developmental needs. Add a child standard for prevention and medical necessity for SCHIP and any health benefit plans offered as part of a health insurance exchange through health reform.
 - Ensure that children's coverage will be continuous. Provide automatic default coverage, with income-adjusted premiums, to eliminate gaps in coverage.
 - Include Medicaid and SCHIP in system reform. Federal policies and investment are essential to assist states, providers and other payers in improving quality and performance in the provision of children's health care services. Medicare cannot drive system reform for children's health care.
 - Provide equity in premium assistance for eligible children, whether they are covered under public programs or their parents' employer-health insurance, to allow public and private coverage to work together for families and reduce crowd-out.
- Strengthen the pediatric workforce and delivery system for children.
 - Integrate the Children's Hospitals GME program into ongoing, stable funding for GME as part of health care reform.
 - Ensure that coverage and reimbursement patterns in public programs support, rather than provide disincentives, for appropriate and integrated care, such as: care coordination for children with chronic or developmental conditions, medical homes, and increasingly regional pediatric specialty care systems.
 - Improve Medicaid provider payments to ensure provider participation, workforce capacity, and the provision of high quality and high performance care. Link improved payment to provider participation in system reform.
 - Support national efforts to improve quality, outcomes and costs in children's health care through provider learning collaboratives, broad implementation of health IT, integrated hospital and physician efforts to improve quality and performance, and comparative effectiveness research.