

REGULATORY INTELLIGENCE

YEAR-END REPORT - 2023

Published 18-Dec-2023
HPTS Issue Brief 12-18-23.2

Health Policy Tracking Service - Issue Briefs
Access to Health Insurance
State Children's Health Insurance Program (SCHIP)

This Issue Brief was written by a contributing writer.

12/18/2023

Introduction

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), issued guidelines that will expand coverage for specialty care for Medicaid and Children's Health Insurance Program (CHIP) beneficiaries.

As the Children's Health Insurance Program had its 30th anniversary in Pennsylvania, legislators reflected on the program's history.

Researchers from the Kaiser Family Foundation recently released an analysis of national trends in enrollment for Medicaid and CHIP, finding that enrollment continues to increase for the programs.

New Jersey Governor Phil Murphy highlighted his administration's expansion of eligibility for the state's Children's Health Insurance Program (CHIP), NJ FamilyCare, to children under the age of 19 regardless of immigration status.

Several provisions in the Omnibus Appropriations Act passed in December affect children's health insurance and related policies.

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS) approved a section 1115 demonstration amendment in California for providing pre-release services and improving access to care through Medicaid and the Children's Health Insurance Program (CHIP) for people being released from jails and prisons.

A bill pending in Idaho would expand eligibility for the Children's Health Insurance Program (CHIP) and expand Medicaid coverage for postpartum coverage from 60 days to 12 months after pregnancy.

The end of the law implemented due to the COVID-19 pandemic could lead to a significant increase in uninsured children who become disenrolled from Medicaid and the Children's Health Insurance Program (CHIP).

Colorado U.S. Senator Michael Bennet joined U.S. Senator Sherrod Brown (D-Ohio) and their colleagues recently sent a letter to the Centers for Medicare & Medicaid Services (CMS) urging the agency to safeguard the gains in reducing the number of uninsured children.

Geisinger Health announced that it will expand its Children's Health Insurance Program (CHIP) plan, Geisinger Health Plan Kids (GHP Kids) throughout the state of Pennsylvania beginning February 13.

Enrollees in the Children's Health Insurance Program (CHIP) will be subject to the same reenrollment requirements to remain covered by the programs as Medicaid enrollees will face beginning April 1 due to the unwinding of continuous enrollment implemented because of the COVID-19 pandemic.

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), announced that Oklahoma would expand health insurance coverage through Medicaid to 12 months after pregnancy.

The Centers for Medicare & Medicaid Services recently submitted a proposed rule that would expand access to government health insurance programs for DACA recipients, including access to CHIP.

In Texas, the House of Representatives passed a bill that would allow for faster enrollment for people eligible for state-administered federal health insurance programs.

The Pennsylvania Department of Human Services announced that it will head the enrollment process for the Children's Health Insurance Program.



Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), announced the approval of a state plan amendment (SPA) to provide Illinois with increased Medicaid funding to cover Medicaid health care services in schools for eligible children.

The Department of Health and Human Services released information about the Biden Administration's commitment to address the nation's mental health crisis during maternal mental health week.

Gene L. Dodaro, Comptroller General of the United States and head of the U.S. Government Accountability Office (GAO) recently announced the appointment of six new members to the Medicaid and CHIP Payment and Access Commission (MACPAC).

Highmark, one of the leading health insurance organizations in the United States, is celebrating the 30th anniversary of enrolling the first child in the Children's Health Insurance Program (CHIP) in Pennsylvania.

The Centers for Medicare & Medicaid Services (CMS) released a guide for the implementation of expanding access to health care services for children who are beneficiaries of Medicaid or the Children's Health Insurance Program (CHIP).

The Biden-Harris Administration announced that New York will expand Medicaid and CHIP postpartum coverage, bringing the total number of expansions to 35 states and the District of Columbia.

Florida Gov. Ron DeSantis signed a bill that will increase access to the Florida KidCare, the Children's Health Insurance Program (CHIP) in the state.

The American Hospital Association's (AHA) wrote a letter to the Centers for Medicare & Medicaid Services (CMS) in support of the rulemaking process aimed at ensuring continued access to Medicaid and the Children's Health Insurance Program (CHIP).

Centers for Disease Control and Prevention (CDC) recently released the results of the Youth Risk Behavior Survey, showing that mental health problems in children have increased significantly in the past ten years, highlighting the need for children's health care coverage through Medicaid and the Children's Health Insurance Program (CHIP).

Local dental practices throughout Texas joined with parent company Benevis for the eight annual Sharing Smiles Day to serve children covered by the Children's Health Insurance Program (CHIP) and other disadvantaged youth.

U.S. Senators Michael Bennet (D-Colo.) and Chuck Grassley (R-Iowa), alongside U.S. Representatives Lori Trahan (D-Mass.) and Mariannette Miller-Meeke (R-Iowa) recently introduced a bill aimed at improving access to care for children with complex medical conditions.

Researchers with the Kaiser Family Foundation recently studied the effect of childhood obesity on Medicaid.

The United States Department of Health and Human Services Office of Inspector General recently released a data brief showing that states that operate separate Children's Health Insurance Programs (CHIP) could save an estimated \$641 million per year if they implement mandatory drug rebate requirements.

Of the 6.4 million people disenrolled from Medicaid throughout the United States since April 2023, over 1.2 million children.

U.S. Senator Bob Casey (D-PA), Chairman of the U.S. Senate Special Committee on Aging, recently introduced the Medicaid for Every Child Act.

U.S. Senator Bob Casey (D-PA), Chairman of the U.S. Senate Special Committee on Aging, announced strong support for the announcement by the Centers for Medicare & Medicaid Services (CMS) that 30 states have paused procedural disenrollments from Medicaid and CHIP.

The U.S. Department of Health and Human Services, through the Centers for Medicare & Medicaid Services (CMS) sent a letter to states to reinforce the requirement that states provide 12 months of continuous coverage for children eligible for the Children's Health Insurance Program (CHIP) or Medicaid beginning January 1, 2024.

The Centers for Medicare and Medicaid Services (CMS) is seeking public comment regarding improving parity for mental health and substance use disorder coverage in Medicaid and the Children's Health Insurance Program (CHIP).

The American Academy of Physicians (AAP) has released its vision for changes to Medicaid and the Children's Health Insurance Program (CHIP). Both programs provide access to health care coverage for approximately half of the children and young adults in the United States.

U.S. Senator Cory Booker (D-NJ) and U.S. Representative Ayanna Pressley (D-MA) reintroduced legislation aimed at improving maternal health outcomes, reversing the trend of rising maternal mortality rates, and health equity.

U.S. Senator Sheldon Whitehouse (D-RI), Senators Sherrod Brown (D-OH), Tammy Baldwin (D-WI) and Elizabeth Warren (D-MA) introduced legislation aimed at stabilizing eligibility for Medicaid and the Children's Health Insurance Program (CHIP) for a continuous year.

HHS Expands Coverage for Specialty Care

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), issued guidelines that will expand coverage for specialty care for Medicaid and Children's Health Insurance Program (CHIP) beneficiaries.



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The new guidance will allow state Medicaid and CHIP programs to cover the cost of specialists' services directly when a beneficiary's primary health care provider asks for advice.

The specialist can receive payment for advice to another physician about the patient even if the patient is not physically present. The change ties routine care to specialty care, allowing beneficiaries to benefit from specialized knowledge from specialty care practitioners.

The guidance aligns with priorities in President Biden's Strategy to Address Our National Mental Health Crisis.

"The Biden-Harris Administration is committed to expanding access and improving quality of care for millions of families who have health insurance through Medicaid and CHIP," said HHS Secretary Xavier Becerra. "With today's action, more families will be able to access the specialty care they need - including specialty care for children and adults with mental health needs. This is a key step forward in President Biden's plan to address the nation's mental health crisis by ensuring that mental health care is as accessible as physical health care."

"This common-sense change makes good on our commitment to forge better connections to high-quality, person-centered, affordable health care coverage," said CMS Administrator Chiquita Brooks-LaSure. "Now, care for people who have complex health concerns with Medicaid or CHIP coverage can be informed by expert insights faster - reducing wait times and administrative paperwork, and increasing the prospect of better health."

The covered interprofessional consultations occur when a physician or other qualified health professional requests advice from a specialist. It ties routine care to the unique expertise of a specialist for more complex issues.

Medicaid and CHIP recipients often experience increased rates of chronic diseases and a need for specialist care.

According to CMS, "While access to specialty care has long been a challenge across a range of specialties, access to specialty care for mental health and substance use disorders remains particularly challenging. For example, in 2019 more than 55% of adults with mental illnesses and nearly 35% of those with serious mental illnesses did not receive care. Rates are even lower for Black, Hispanic, and other underserved communities."

Children and adolescents with mental health issues benefit from improved access to providers who specialize in behavioral health. Interprofessional consultations serve this need.

CMS indicated that children living in states with statewide psychiatric consultation programs are more likely to receive mental health services than children living in states without these programs. With the new policy, access to specialty care will increase for CHIP and Medicaid beneficiaries in all states.

The new policy eliminates the need for specialists to enter a separate agreement with the treating physician. Medicaid and CHIP agencies can develop payment methods to reimburse the consulting practitioners directly. By eliminating requirements that the beneficiary be physically present for the consultation removes personal and geographic barriers to specialist care.

The change will bring the current standard practice in the health care industry to Medicaid and CHIP. Medicare implemented a similar policy in 2019. ^[FN2]

Pennsylvania Lawmakers Reflect on 30 Years of CHIP

As the Children's Health Insurance Program had its 30th anniversary in Pennsylvania, legislators reflected on the program's history.

The program began in December 1992 in Pennsylvania. It provides health insurance coverage at no or low cost to children. The program covers children living in families that earn too much to qualify for Medicaid but not enough to afford other coverage.

Over 130,000 Pennsylvania children are currently enrolled in the program.

Beginning in the 1980s, former state Representative and state Senator Allen Kukovich, a Westmoreland County Democrat, worked to pass health care bills in Pennsylvania. In 1991 and 1992, several factors in the state allowed for the passage of CHIP legislation, according to Kukovich.

Funding the program required late-night budget disputes, when Kukovich and another legislator added a provision into the budget bill to create CHIP. It was funded by a two-cents per pack tax on cigarettes.

"So all of a sudden I had \$20 million for a program that didn't exist," Kukovich noted.

The changing political climate on health care also allowed the program to start. Kukovich credited Harris Wofford's successful run for U.S. Senate, with health care as a campaign issue.

In the state Senate, the legislation to create CHIP passed and was signed into law in December 1992. Kukovich along with other legislators designed the program after an existing charity health care program in Pittsburgh created in the 1980s to help steelworkers who lost their jobs and their health insurance.

The program was structured through insurance companies, which, according to Kukovich, "enabled me to talk about not creating a new government program, but a public-private partnership."



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CHIP grew in Pennsylvania and several other states implemented similar programs. The national CHIP program was signed into law in 1997.

“They looked at the experience of states like Pennsylvania and New Hampshire and Florida to use as a model for the National Children’s Health Insurance Program — So, Pennsylvania was absolutely a leader on this issue,” said Joan Alker, executive director at the Center for Children and Families at Georgetown University and an expert on CHIP. ^[FN3]

NJ Expands Access to CHIP to Immigrant Children

New Jersey Governor Phil Murphy highlighted his administration’s expansion of eligibility for the state’s Children’s Health Insurance Program (CHIP), NJ FamilyCare, to children under the age of 19 regardless of immigration status.

Beginning January 1, 2023, children from families meeting income eligibility requirements can access Medicaid or CHIP coverage through NJ FamilyCare, a program managed by the New Jersey Department of Human Services.

The expansion effort was part of the “Cover All Kids” campaign.

“Every child should have access to health care,” said Governor Murphy. “By helping more children get NJ FamilyCare coverage regardless of their immigration status, we are working to make New Jersey a fairer, more affordable place for all to live. This expanded eligibility is an important step in my Administration’s ongoing efforts to ensure every child in our state has access to the quality health insurance coverage they deserve.”

Under the Cover All Kids campaign, the state eliminated the 90-day waiting period for children to gain coverage after enrolling in CHIP. The state also eliminated premiums for families enrolled in CHIP. These moves were an effort to remove barriers and support connections to coverage.

The campaign sent targeted mailings to important community partners, including food pantries, libraries, family success centers, and local health departments.

The expanded eligibility for the program represents a focus on equitable access to health insurance coverage regardless of immigration status. The expanded eligibility with the elimination of immigration documentation requirements is expected to expand access to an additional 16,000 children living in the state.

New Jersey is also developing a grant program to support outreach and enrollment efforts by community organizations to help increase enrollment for eligible children who are not yet enrolled in health insurance coverage.

The Cover All Kids campaign began in 2021. Since then, over 47,000 New Jersey children who were eligible for coverage through NJ FamilyCare have been enrolled.

“Access to health care, particularly to primary care, makes kids healthier and communities stronger, and doing so is a fiscally responsible investment in our children’s futures,” said Human Services Commissioner Sarah Adelman. “Income eligible children, regardless of immigration status, can now enroll in the same FamilyCare coverage any other child has and we encourage families to sign up.”

“With this expanded eligibility, the State has reached a significant milestone in our efforts to ensure all children in New Jersey have access to more affordable coverage,” said Shabnam Salih, Director of the Office of Health Care Affordability and Transparency. “I thank the Governor for being a leader in advancing policies that prioritize health care affordability and accessibility for all, and thank Commissioner Adelman for making this new benefit a reality for the many children and families who will now have the peace of mind that comes with consistent and accessible health care coverage.” ^[FN4]

Study: CHIP Enrollment Continues to Increase

Researchers from the Kaiser Family Foundation recently released an analysis of national trends in enrollment for Medicaid and CHIP, finding that enrollment continues to increase for the programs.

From 2017 through 2019, enrollment declined for the programs. Researchers found that preliminary data for September 2022 showed an increase in enrollment for Medicaid/CHIP to 90.0 million. The increase in enrollment was 19.8 million from enrollment in February 2020, representing an increase of 27.9%.

Enrollment began to steadily increase with the COVID-19 pandemic.

Researchers cited the following as possible reasons for the increases in enrollment: “changes in the economy, changes in policy (like recent adoption of the Medicaid expansion in the Affordable Care Act), and the temporary continuous enrollment provision created by the Families First Coronavirus Response Act (FFCRA).”

The continuous enrollment provision prevents states from disenrolling Medicaid enrollees temporarily. States received a temporary increase in the federal Medicaid match rate. The provision has prevented churning, or a temporary loss of coverage when enrollees disenroll for a short period of time and then enroll again.

The provision has also prevented loss of coverage for individuals already enrolled in Medicaid and CHIP during the pandemic.



Congress set an end date of the provision as March 31, 2023 as part of the end-of-year spending bill. States with enhanced federal Medicaid funding can begin disenrolling people in April 2023. The enhanced funding will wind down through December 2023.

States will have to meet reporting requirements and other requirements when disenrolling beneficiaries.

According to researchers, “Virtually all growth was concentrated in Medicaid, which grew by 30.4% (19.5 million enrollees) from February 2020 to September 2022 data (Figure 3). Conversely, CHIP has seen less enrollment growth since February 2020 (4.4% or 297,000 enrollees) and several states (16) have seen declines in CHIP enrollment from February 2020 through September 2022 reports. These declines in CHIP enrollment for some states could reflect changes in family income, causing children to move from CHIP to Medicaid coverage. As discussed below, all states reported increases in child enrollment for Medicaid/CHIP overall during this time period.”^[FN5]

HHS Approves Medicaid and CHIP Demonstration Amendment in California

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS) approved a section 1115 demonstration amendment in California for providing pre-release services and improving access to care through Medicaid and the Children's Health Insurance Program (CHIP) for people being released from jails and prisons.

Under the first-of-its-kind demonstration, Medi-Cal will be permitted to cover substance use treatment prior to the Medicaid beneficiary being released from jail, prison, or a youth correctional facility. The state will also be able to help people connect to community-based Medicaid providers 90 days prior to release from incarceration.

This change is aimed at helping people continue treatment when they return to the community.

“The Biden-Harris Administration is focused on expanding access to health care across the country and doing so with equity in mind,” said HHS Secretary Xavier Becerra. “In partnership with HHS, the state of California is leading the way in providing coverage to justice-involved individuals. This is the first time in history Medicaid will be providing coverage to justice-involved individuals before they're released. It is a step forward in closing gaps in services this underserved community experiences, and I encourage other states to follow California's lead.”

“Today, we achieved a significant milestone in the expansion of health care coverage,” said CMS Administrator Chiquita Brooks-LaSure. “This demonstration allows us to make historic changes for incarcerated individuals who are eligible for Medicaid or CHIP. By helping these individuals access essential services and care coordination prior to release, we will also prevent gaps in care as they rejoin their communities.”

California will be able to cover pre-release services to incarcerated people under this approval. The demonstration opportunity is allowed under section 5032(b) of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act.

According to CMS, “This work also builds on President Biden's February 2022 executive order to expand affordable, quality health care coverage, which includes strengthening Medicaid and the Affordable Care Act, and his May 2022 historic executive order to advance effective, accountable policing and criminal justice practices, which includes improving treatment and rehabilitation in jails, prisons, and other correctional settings, and supporting successful entry.”

The demonstration is the first time Medicaid will cover a limited set of health care services to incarcerated individuals prior to release.

Under the approval, California will increase and sustain provider payment rates and Medicaid managed care payment rates in obstetrics, primary care, and behavioral health as a conditions of the approval of authority to receive funding that gives the state access to federal matching dollars to some health-related services that were previously paid for by the state.^[FN6]

Provisions In Omnibus Spending Bill Affect Children's Health Care

Several provisions in the Omnibus Appropriations Act passed in December affect children's health insurance and related policies.

The American Rescue Plan Act gave states an option to provide 12 months of postpartum coverage under Medicaid. The Omnibus will make the option for states to choose the 12-month coverage permanent. As long as states opt in, they will receive federal funding for postpartum coverage.

The Omnibus also requires that all states provide 12 months of continuous eligibility for children under age 19 under Medicaid and the Children's Health Insurance Program (CHIP) beginning in 2024. Twenty-four states previously opted in to 12 months of continuous coverage for eligible children. The new requirement extends this coverage to eligible children in every state.

The law includes investments for mental health. It creates grant programs focused on maternal mental health and substance use. It also improves coverage of incarcerated youth. It requires that states publish public directories beginning in 2025 of mental health service providers accepting Medicaid.

The law provides for technical assistance to states, including assistance for crisis response services.

The Omnibus also increases investments in children's health and nutrition programs. It reauthorizes coverage for maternal, infant and early childhood home visit programs.



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The law extends federal funding for the Children's Health Insurance Program (CHIP) through 2029. Without the law, federal funding for CHIP would have expired in 2027. The move provides more stability for families with children who rely on the program for health insurance coverage.

The Omnibus also ended protections from disenrollment from Medicaid and CHIP that began during the COVID-19 public health emergency. The law severed the protections from disenrollment from the public health emergency. States will have to begin the process of determining if enrollees in the programs still qualify beginning on April 1, 2023.

Children who are not re-enrolled in CHIP will lose coverage under the program. Some children who are eligible for the program but are not properly re-enrolled are expected to lose coverage after the states begin the redetermination process. ^[FN7]

Report: Child Uninsurance Rate Could Increase Significantly with End of Continuous Enrollment

The end of the law implemented due to the COVID-19 pandemic could lead to a significant increase in uninsured children who become disenrolled from Medicaid and the Children's Health Insurance Program (CHIP).

According to recent research by Georgetown University's Health Policy Institute Center for Children and Families, over half of children in the United States are insured through Medicaid and CHIP. The law that prevented states from disenrolling these children from the programs that give them access to health insurance will gradually be lifted beginning April 1, 2023.

Researchers found that the programs became a "critical lifeline" for children and families. Restarting re-enrollment requirements will "expos[e] children and families to a greater risk of becoming uninsured."

Congress and former President Trump enacted the bipartisan provision aimed at stabilizing access to health coverage for low-income children and families in March 2020. It increased the federal government's contribution to state Medicaid programs. It also required states to maintain continuous coverage for all Medicaid and CHIP beneficiaries during the COVID-19 public health emergency.

Under the recent Consolidated Appropriations Act, the continuous coverage provision will no longer be linked to the public health emergency and will end beginning April 1.

The enhanced federal funding will wind down over 2023.

States must complete the eligibility checks for Medicaid and CHIP by May 2024. Currently, 83.5 million people, including over 34.2 million children are enrolled in Medicaid. About 4 million children enrolled in CHIP will also need to renew eligibility for the program.

Researchers noted that millions of people are expected to lose coverage during the re-enrollment period because either their income has increased making them no longer eligible for the programs, or families will fail to properly renew coverage due to lack of communication or support from the state.

Researchers estimated that up to 6.7 million children are at risk of losing health insurance coverage due to the re-enrollment requirements. Of those children, 72% are likely to remain eligible for Medicaid but will lose coverage because of bureaucratic requirements. Inadequate staffing could lead to a doubling of uninsured children in some states.

From February 2020 to August 2022, enrollment in Medicaid and CHIP increased by 28%. In some states, particularly states that do not offer coverage to adults who are not pregnant or disabled, children make up most of the enrollment increases.

Researchers indicated, "In states that have not adopted the Affordable Care Act Medicaid expansion, the unwinding process will primarily put at risk coverage for children, very poor parents, and new mothers." ^[FN8]

Idaho Bill Would Expand CHIP Eligibility

A bill pending in Idaho would expand eligibility for the Children's Health Insurance Program (CHIP) and expand Medicaid coverage for postpartum coverage from 60 days to 12 months after pregnancy.

The Idaho House Health and Welfare Committee introduced the bill sponsored by Rep. Megan Blanksma, R-Hammett. The nonprofit organization Idaho Voices for Children helped to draft the bill. The organization released a report last August detailing the changes as legislative priorities.

The Idaho CHIP program offers low-cost health insurance coverage for children under age 19 whose families do not qualify for Medicaid coverage. Currently, eligibility is limited to families earning 138% or lower than the federal poverty level. The new legislation would increase eligibility to families earning up to 205% of the federal poverty level. A family of four making \$63,000 would be eligible.

Only Idaho and North Dakota currently have CHIP eligibility levels lower than 200% of poverty level.

"We currently are basically at the very bottom in the nation when it comes to eligibility for pregnant women and children," Hillarie Hagen, health policy associate for Idaho Voices for Children, noted. "In order to increase health care access for children and pregnant or postpartum women, first they really need access to an affordable health coverage source, and this bill is a great first step in addressing some of our maternal and infant health care trends that are quite concerning in the state."

Advocates for the legislation expect the Idaho House to hear the bill by the end of February.

The legislation would also extend postpartum coverage through Medicaid for 12 months after pregnancy.



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Approximately 35% of mothers were covered by Medicaid at the time of giving birth. In some counties, coverage was as high as 44% for southwestern Canyon County and 53% for northern Lewis County as well as 61% for eastern Lincoln County.

Currently, eligibility is up to 133% of the federal poverty level. The legislation would increase eligibility to up to 205% of the federal poverty level. Idaho is currently one of 13 states that have not extended postpartum coverage to 12 months.

States can lengthen postpartum eligibility without applying for a waiver because of the federal American Rescue Plan Act. ^[FN9]

Hospital Organization Expands CHIP Plan in PA

Geisinger Health announced that it will expand its Children's Health Insurance Program (CHIP) plan, Geisinger Health Plan Kids (GHP Kids) throughout the state of Pennsylvania beginning February 13.

"Every child should have access to affordable healthcare," indicated Kurt Wrobel, president of Geisinger Health Plan. "Expanding our services throughout Pennsylvania will give kids access to GHP Kids so they have access to quality care that is affordable for their family."

The program currently serves over 11,000 children in Pennsylvania. All uninsured children up to age 19 are eligible. There is no eligibility limit on household income. The plans offer comprehensive coverage at low or no cost.

Services covered include routine doctor visits; preventive services; dental, vision and hearing exams; emergency care; and hospital care, as well as prescriptions.

Geisinger Health urged consumers to call the company or visit the organization's website. The company stated, "All children deserve quality coverage at an affordable price."

To sign up for the plan, children must be enrolled in CHIP with the Department of Human Services.

Geisinger currently serves over 1 million people of all ages. It was founded over 100 years ago and now has ten hospital campuses and a health plan with over 500,000 beneficiaries. It also supports a research institute and the Geisinger Commonwealth School of Medicine. ^[FN10]

Senators Ask CMS to Help Prevent Loss of Children's Health Insurance

Colorado U.S. Senator Michael Bennet joined U.S. Senator Sherrod Brown (D-Ohio) and their colleagues recently sent a letter to the Centers for Medicare & Medicaid Services (CMS) urging the agency to safeguard the gains in reducing the number of uninsured children.

Since the beginning of the COVID-19 public health emergency, there has been a nationwide reduction in the number of uninsured children due to Medicaid and Children's Health Insurance Program (CHIP) policies. With the impending unwinding of those enrollment policies, a significant number of children who are eligible for those programs stand to lose coverage because of re-enrollment requirements.

Under the Families First Coronavirus Response Act (FFCRA), Congress acted to require states to keep individuals in Medicaid and the Children's Health Insurance Program (CHIP) continuously enrolled in coverage through the end of the COVID-19 public health emergency.

The provision helped millions of people, including over 40 million children, keep health insurance coverage during the pandemic.

"Thanks to Congressional efforts to protect coverage during the COVID-19 pandemic, the uninsured rate for children has declined by more than five percent since 2019. As a result of the bipartisan Families First Coronavirus Response Act (FFCRA)'s continuous enrollment provision for Medicaid and CHIP and the American Rescue Plan (ARP)'s enhanced Affordable Care Act (ACA) subsidies and state option for postpartum coverage, over the past two years, uninsured rates among adults dropped from 14.5 percent to 11.8 percent and fell from 6.4 percent to 3.7 percent for children," wrote the senators.

States will begin Medicaid redeterminations in April 2023. Due to disenrollment, children could churn in and out of coverage. Estimates show that 5.3 million children will likely lose coverage. Almost 3.9 million of those children will likely lose coverage because of churn.

Children going in and out of health coverage negatively affects their health and the ability of healthcare professionals to care for them effectively and continuously.

"These children do not lose coverage because they become ineligible for the program in the long term. Instead, they are often disenrolled from the program because their parents picked up an extra shift at work or missed a phone call or piece of mail," wrote the senators.

A provision of the omnibus funding bill passed late last year requires states to keep children enrolled in continuous coverage for 12 months at a time. However, the requirement will not go into effect until January 1, 2024.

The senators wrote to CMS asking the agency to work with states that have not yet implemented continuous eligibility for children, which is an option for state under Medicaid and CHIP. Choosing this option before Medicaid redeterminations would reduce churn for children.



“Unfortunately, as nationwide continuous eligibility for children will not be effective until January 1, 2024, there will be a gap where children in the remaining holdout states could once again be at risk of churning when redeterminations begin,” wrote the senators. “Therefore, we urge CMS to take action now to work with those states that have yet to adopt the children’s continuous eligibility state option for both Medicaid and CHIP to take up this option before Medicaid redeterminations commence.”

In addition to Bennet and Brown, the letter was signed by U.S. Senators Tammy Baldwin (D-Wis.), Richard Blumenthal (D-Conn.), Cory Booker (D-N.J.), Ben Cardin (D-Md.), Bob Casey (D-Pa.), Tammy Duckworth (D-Ill.), Alex Padilla (D-Calif.), Bernie Sanders (I-Vt.), Chris Van Hollen (D-Md.), Raphael Warnock (D-Ga.), Elizabeth Warren (D-Mass.), Peter Welch (D-Vt.), and Sheldon Whitehouse (D-R.I.).

According to the Senators, “If the remaining holdout states adopted the continuous eligibility state option before the federal requirement’s effective date, millions of children across the country could continue to rely on their coverage through the end of the year.” ^[FN11]

Oklahoma Expands Postpartum Coverage

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), announced that Oklahoma would expand health insurance coverage through Medicaid to 12 months after pregnancy.

The extended coverage is possible through the American Rescue Plan. The option was made permanent under the Consolidated Appropriations Act of 2023 (CAA, 2023).

Oklahoma became the 30th state to receive approval for the extended coverage.

According to CMS, “Today’s announcement marks critical progress in implementing the CMS Maternity Care Action Plan, which supports the Biden-Harris Administration’s Maternal Health Blueprint, a comprehensive strategy aimed at improving maternal health, particularly in underserved communities.”

An additional 14,000 people living in Oklahoma could become eligible for health insurance coverage through Medicaid for a full year after pregnancy. Currently throughout the United States, Medicaid covers 41% of all births and over half of all children. The expanded access to postpartum coverage will bring coverage to an estimated 464,000 Americans in 30 states and the District of Columbia.

If all states expanded postpartum coverage, up to 720,000 people throughout the nation could be eligible for Medicaid and Children’s Health Insurance Program (CHIP) coverage for 12 months postpartum.

“I applaud Oklahoma and all of the 30 states and Washington, D.C., who have extended postpartum coverage for a full year after pregnancy, a vital step to improve maternal health,” said HHS Secretary Xavier Becerra. “Inspired by the leadership of President Biden and Vice President Kamala Harris and their determination to confront the nation’s maternal mortality and morbidity crisis, we will continue to support policies to help ensure the health of mothers and babies. I urge all states yet to extend postpartum coverage to do so.”

Expanding access to affordable health care has been a top priority for the Biden-Harris Administration. Due to the ARP and other efforts, the rate of people with health insurance is the highest it has ever been in the United States. Extending postpartum coverage is part of those efforts.

“We commend Oklahoma for extending coverage to a full year after pregnancy in Medicaid - a key to connecting more communities and families to the health care coverage they need,” said CMS Administrator Chiquita Brooks-LaSure. “Under the Biden-Harris Administration, we’ve built a firm foundation to support the health and wellbeing of women and families. That foundation now forms the bedrock for a growing majority of states that are prioritizing maternal health improvement, and advancing care for our communities as a result.”

The expansion allows states to extend postpartum coverage under Medicaid and CHIP from the mandatory 60-day period to 12 months. Oklahoma joins the following states in the expansion: Alabama; California; Colorado; Connecticut; Florida; Georgia; Hawaii; Illinois; Indiana; Kansas; Kentucky; Louisiana; Maine; Maryland; Massachusetts; Michigan; Minnesota; New Jersey; New Mexico; North Carolina; North Dakota; Ohio; Oregon; Pennsylvania; South Carolina; Tennessee; Virginia; Washington; Washington, D.C.; and West Virginia.

CMS indicated that it continues to work with other states that have proposed adopting the ARP option to extend postpartum coverage to 12 months.

The new option to extend postpartum coverage is part of efforts to address maternal health outcome disparities. Biden’s 2024 budget includes \$471 million to support the ongoing implementation of the White House Blueprint for Addressing the Maternal Health Crisis, and would require all states to provide continuous Medicaid coverage for 12 months postpartum. ^[FN12]

CHIP Enrollees Subject to Reenrollment Requirements

Enrollees in the Children’s Health Insurance Program (CHIP) will be subject to the same reenrollment requirements to remain covered by the programs as Medicaid enrollees will face beginning April 1 due to the unwinding of continuous enrollment implemented because of the COVID-19 pandemic.



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The Department of Health and Human Services estimates that 15 million people might lose health insurance coverage at the end of the continuous enrollment provision, both under Medicaid and CHIP.

The continuous coverage was authorized under the Families First Coronavirus Response Act, a measure aimed at COVID-19 relief passed in March 2020. In November 2022, over 90 million people were covered under Medicaid, including almost 7 million children covered under CHIP. This increase represents a 28.5% enrollment bump from February 2020, when 71.2 million people were enrolled.

Some agencies will take up to 12 months to initiate renewals and another two months to complete renewals. The reenrollment is necessary due to the Consolidated Appropriations Act, the year-end omnibus spending bill that Congress passed in December. The federal law severed Medicaid continuous enrollment from the COVID-19 public health emergency, which is scheduled to end in May.

The unwinding process will be the largest health coverage transition since the implementation of the Affordable Care Act (ACA) with the first open enrollment period. It is expected to send many current enrollees into a coverage gap. Fifteen million people are at risk of losing coverage, while 6.8 million of those people will remain eligible for the programs, they will face administrative barriers to keeping coverage.

Experts predict that children and other vulnerable populations receiving coverage through the continuous coverage provision are the most at risk for losing coverage even though they remain eligible for coverage through the programs. ^[FN13]

Texas Bill to Fasttrack Enrollment in Health Insurance Programs

In Texas, the House of Representatives passed a bill that would allow for faster enrollment for people eligible for state-administered federal health insurance programs.

State Rep. John Bucy III, D -Austin introduced House Bill 1599. It creates an Express Lane Eligibility program. The program would help eligible people enroll in Medicaid and the Children's Health Insurance Program (CHIP).

According to Bucy, passing the bill was "a giant leap forward for Texas children."

"Getting kids coverage and enabling access to healthcare, especially preventative medicine, lays the foundation for healthy lives," he said. "This is a common-sense, bipartisan solution that creates efficiencies, reduces redundancies and achieves cost savings."

Medicaid is available to low-income individuals and families. CHIP is available to children in families that earn too much to qualify for Medicaid but not enough to afford private health insurance.

Under the bill, the state will be able to use information that has already been verified from the Supplemental Nutrition Assistance Program, the Temporary Assistance for Needy Families program, and other programs identified by the Health and Human Services Commission to quickly determine eligibility for the health insurance programs.

Just under 1 million children living in Texas are uninsured. Approximately 400,000 of them are eligible for coverage under either CHIP or Medicaid but are not enrolled in those programs.

Texas has both the highest rate of uninsured children and the highest number of uninsured children in the country. Over 1 in 5 children lacking health insurance live in Texas. Texas is one of two states with a double-digit rate of uninsured children (11.8%). The average rate of uninsured children in the United States is 5.4%.

'HB1599 is an opportunity to increase efficiency across agencies that will help address our workforce shortages while improving the process for children that are eligible for Medicaid but not enrolled,' said David Balat, director of the Right on Healthcare initiative at the Texas Public Policy Foundation.

Alec Mendoza, Senior Policy Associate for Health at Texans Care for Children, indicated that the bill was a "smart, bipartisan approach to start tackling the state's unacceptably high children's uninsured rate."

"We're thrilled to see so much support from both sides of the aisle and from so many different kinds of organizations. Texas is now one step closer to making sure more kids can go to check-ups, get back to school quickly when they're out sick, or find mental health support if they need it," Mendoza said.

The House voted in favor of the bill 106 to 40. It will go next to the Senate for consideration. ^[FN14]

Biden Administration Opens Access to Coverage for DACA Recipients

The Centers for Medicare & Medicaid Services recently submitted a proposed rule that would expand access to government health insurance programs for DACA recipients, including access to CHIP.

HHS Secretary Xavier Becerra released a statement on the proposal.

Today, the Centers for Medicare & Medicaid Services (CMS) submitted a proposed rule that expands access to health coverage by removing a barrier to health care faced by DACA recipients, known as Dreamers. If finalized, the rule would allow DACA recipients to enroll in Medicaid, the Children's Health Insurance Programs (CHIP), and the Affordable Care Act's Health Insurance Marketplaces.



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Dreamers come from every corner of this planet, but the United States is their home. They are students, teachers, social workers, doctors, nurses, and more importantly, they are Americans. But, of the nearly 580,000 Dreamers who arrived in this country as children and currently have DACA protections, an estimated 34 percent do not have health insurance coverage. Today's rule would change that.

The path to a prosperous life starts with having access to good health. And the path to a prosperous nation starts by extending access to health care to every American. Today's announcement of the proposed rule would improve health outcomes for DACA recipients and would in turn improve the economic and productive capacity of America. It would also give these Dreamers and their families the peace of mind that comes with having access to care.

The Biden-Harris Administration continues to urge Congress to provide a pathway to citizenship for Dreamers and give them the ultimate peace of mind they need and deserve. ^[FN15]

United States Senator Corey Booker also praised the move to allow DACA recipients to qualify for health insurance through Medicaid and Affordable Care Act marketplaces. He is a member of the Senate Judiciary Committee.

"I applaud the Biden-Harris administration's decision to expand health care access for DACA recipients. The current barriers to health coverage force many individuals and families to go without the care they need, including essential preventative services and life-saving treatments. Health care is a human right, and DACA recipients deserve this right, the same as all other Americans. This is a long overdue step toward providing DACA recipients the support and justice they need."

Booker and 83 of his colleagues wrote a letter in November encouraging the U.S. Department of Health and Human Services to remove barriers to accessing coverage for DACA recipients. ^[FN16]

HHS Approves Plan to Provide Medicaid Care in School

Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), announced the approval of a state plan amendment (SPA) to provide Illinois with increased Medicaid funding to cover Medicaid health care services in schools for eligible children.

The approval will help to expand school-based health services for children. Improving access to health care has been a focus of the Biden-Harris Administration. The administration is particularly focused on improving access to youth mental health services.

The action is part of the agency's efforts to address the mental health crisis especially among children in the United States.

"Today we celebrate the historic action taken by Illinois to expand access to critical health care services in schools for eligible children," said HHS Secretary Xavier Becerra. "The Biden-Harris Administration is committed to meeting children where they are to provide care that addresses the challenges our nation's youth are facing, including mental health challenges. I am hopeful additional states will follow Illinois' lead."

"We're thrilled to partner with states like Illinois to seize opportunities in Medicaid to expand access to health care in schools," said CMS Administrator Chiquita Brooks-LaSure. "CMS encourages all states to consider adopting this flexibility. It just makes sense to deliver health care services and supports to children where they spend the majority of their time: in school."

Under the new Illinois SPA, schools will receive increased Medicaid funding for covered services for all children with Medicaid. Prior to the SPA, only children with an Individualized Education Program (IEP), a plan or program for children with disabilities, could receive services covered by Medicaid funding in school.

CMS and HHS are taking additional steps to increase access to health services in schools, especially Medicaid-covered services and mental health treatment:

Last year, Secretary Becerra and U.S. Department of Education Secretary Miguel Cardona issued two letters to states, encouraging them to leverage federal resources, especially Medicaid, to expand school-based health services for children.

In August, the Centers for Medicaid and the Children's Health Insurance Program (CHIP) Services released additional guidance - PDF outlining best practices for the delivery of health services to kids in schools.

As part of its implementation of the Bipartisan Safer Communities Act, CMS expects to release a Comprehensive Guide to Medicaid Services and Administrative Claiming, launch a new school-based services Technical Assistance Center in partnership with the Department of Education, and release a notice of funding opportunity for \$50 million in grants to states to strengthen school-based health services.

CMS pointed out that the school setting presents an opportunity to deliver health services to children, especially children enrolled in Medicaid. Over 41 million children are enrolled in either Medicaid or CHIP, representing over 50% of children in the United States.

CMS called school-based health services "important resources for Medicaid-enrolled children and their families and have been shown to improve health and academic outcomes." These services include preventive care, behavioral health services, physical and occupational therapy, and disease management.

Eleven other states have expanded Medicaid payment for school-based healthcare services under state plans, including Arizona, California, Colorado, Connecticut, Georgia, Kentucky, Louisiana, Massachusetts, Michigan, Nevada, and North Carolina. ^[FN17]



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Pennsylvania DHS Takes over CHIP Enrollment

The Pennsylvania Department of Human Services announced that it will head the enrollment process for the Children's Health Insurance Program.

According to Becky Ludwick, vice president of public policy for the group Pennsylvania Partnerships for Children, families enrolling children in CHIP should be aware of the change in the enrollment process. She pointed out that the timing of the change is concerning considering the Medicaid reenrollment process that is occurring simultaneously.

"They're going to be processing all new applications for CHIP, as well as all of the renewals for the more than 130,000 CHIP families that are currently enrolled," Ludwick noted. "As of Monday, CHIP families will need to go through DHS instead of the CHIP health insurance plans to determine eligibility."

She indicated that enrollment is available for families through phone or the county assistance offices. It is also available through online applications on the Department of Human Services' Compass website.

The agency also has a mobile app called Compass.

Ludwick indicated that CHIP could cover any uninsured child who is not eligible for the state Medical Assistance or Medicaid programs. There are no income eligibility requirements for families to qualify for CHIP. Eligibility for no-cost monthly coverage is based on a family's income.

"There's a free level where families don't pay any monthly premium or any copays," Ludwick explained. "Actually, the majority of families fall into that category. But then there are other categories of CHIP where they would have to pay a small fee for their child to be enrolled."

Ludwick also noted that enrollment is year-round for CHIP, without deadlines. Families losing Medicaid coverage due to reenrollment requirements can sign up for CHIP coverage for their children. However, Ludwick stressed, families need to know where they can enroll in the program. ^[FN18]

New MEDPAC Members Announced

Gene L. Dodaro, Comptroller General of the United States and head of the U.S. Government Accountability Office (GAO) recently announced the appointment of six new members to the Medicaid and CHIP Payment and Access Commission (MACPAC).

In addition, Dodaro named Robert Duncan the Commission's Vice Chair.

"I'm pleased to announce the newest members of this important health care commission," Dodaro said. "These outstanding individuals are exceptionally well-qualified to serve and provide Congress with expert advice on both Medicaid and the Children's Health Insurance Program (CHIP)."

The newly appointed members include Timothy Hill, Carolyn Ingram, Patti Killingsworth, Adrienne McFadden, and Jami Snyder.

The new members' terms will run until April 2026.

John B. McCarthy was also appointed to finish the remaining term of Laura Herrera Scott, which will expire in April 2024.

Current member Robert Duncan will be the Commission's Vice Chair.

According to the GAO, "The Children's Health Insurance Program (CHIP) Reauthorization Act of 2009 established MACPAC to review Medicaid and CHIP access and payment policies and to advise Congress on issues affecting Medicaid and CHIP. The Act directs the Comptroller General to appoint MACPAC's members." ^[FN19]

HHS Addresses Maternal Mental Health Week

The Department of Health and Human Services released information about the Biden Administration's commitment to address the nation's mental health crisis during maternal mental health week.

According to HHS, "Our country is facing an unprecedented mental health crisis. The crisis isn't just affecting adults, it's devastating young people, and people from every background are impacted. . . The Administration has made important progress on expanding access to mental health services, and invested billions of dollars through American Rescue Plan and the Bipartisan Safer Communities Act, to clearly send the message: Support is Here."

HHS pointed to several initiatives aimed at mental health, including 988, the Suicide Prevention Lifeline. The department has also helped to expand mental health services in schools, advanced a center for excellence on social media and mental health, and launched the HHS Roadmap for Behavioral Health Integration.

HHS has assisted states in creating Certified Community Behavioral Health clinics providing behavioral health care 24 hours a day. The agency has also provided hundreds of millions of dollars to fund programs including Project AWARE, Mental Health Awareness Training, and the National Child Traumatic Stress Initiative. These programs reach children in schools and in the community.

HHS released a fact sheet of the efforts it made over the past year toward improving mental health care. It proposed new standards to improve access to quality health care, including behavioral health care, in Medicaid and CHIP.



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Together those programs are the largest health coverage programs. The rules would create historic national standards for care regardless of whether the care is provided through payment reform models or through traditional payment systems.

HHS also launched a National Maternal Mental Health Hotline in May 2022. It provides free, confidential emotional support, information, and referrals to any pregnant and postpartum individuals facing mental health challenges. The hotline employs professional counselors and supports English and Spanish via voice and text. Interpreter services are available in 60 additional languages.

Since the launch of the hotline on May 8, 2022 to March 31, 2023, hotline counselors responded to nearly 12,000 calls and texts.

Under the notice of proposed rulemaking CMS released in August 2022, the agency promoted the consistent use of nationally standardized quality measures in Medicaid and CHIP through mandatory annual state reporting on the Core Set of Adult Health Care Quality Measures for Medicaid.

State reporting on the Core Set measures is voluntary until 2024. Reporting will then become mandatory for the Child Core Set as well as for the behavioral health measures for the Adult Core Set. Many states already report on these measures. Recent data is publicly available.

HHS recently hosted a virtual training for parents and caregivers on Children's Mental Health. ACF and SAMHSA co-hosted the virtual training for parents and caregivers of children. Parent and youth advocates and the ACF and SAMHSA leadership spoke, providing practical information and education about reducing stigma and the importance of self-care. Almost 3,000 parents and caregivers participated in the event live. Many additional people accessed the resource after the event.

Twenty-two states and DC are utilizing ARP funds allocated by the Office of Child Care to support mental health initiatives. Some of the funds support paid mental health consultants, professional development, and other support for child-care providers.

HHS Office of Minority Health (OHM) awarded \$3 million to promote Black youth mental health. The three-year initiative will help to identify health and wellness policies successful in improving mental health and preventing suicide. The policies will be implemented in settings including schools, faith-based organizations, and community centers. ^[FN20]

CMS Releases Fact Sheet for Medicaid and CHIP Delivery in Schools

The Centers for Medicare & Medicaid Services (CMS) released a guide for the implementation of expanding access to health care services for children who are beneficiaries of Medicaid or the Children's Health Insurance Program (CHIP).

Delivering Service in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming was created with the U.S. Department of Education.

The guide will help with the implementation of an important part of the Bipartisan Safer Communities Act (BSCA). This law requires CMS to expand access to Medicaid health care services in schools. Children will be able to access physical and behavioral health services in school, reducing the administrative burden for states and schools.

Under the guide, schools are given new flexibility. The guide also consolidates existing guidance to make it easier for all schools to receive payment for delivering services covered by Medicaid to students.

According to CMS, "Schools are a key but often overlooked setting for health access and equity. Together, Medicaid and the Children's Health Insurance Program (CHIP) provide health coverage for over half of all children in the United States."

The flexibilities in the guide are aimed at significantly reducing the administrative burden for schools. Schools will be able to receive payment for covered health services delivered to children covered by Medicaid and CHIP. Facilitating easier payments will allow small, rural, and under-resourced schools to provide more services. These changes are intended to improve health care access to children covered by Medicaid and CHIP.

CMS called Medicaid and CHIP "lifelines" for over 41 million children throughout the United States. The agency indicated that "Delivering health care services in schools is an opportunity to provide crucial care to these children where they spend most of their time."

CMS continued, "This comprehensive policy guide demonstrates the ways states can build a bridge between education and health care to support all eligible children receiving the health care services to which they are entitled."

Access to health care in schools has been shown to improve health and academic achievement.

Care that can be delivered at school includes:

Preventive care

Behavioral health

Physical and occupational therapy

Disease management.



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The guide details and consolidates information about payments to schools for direct medical care and how states can ease the administrative burden on school-based providers. The agency aims to increase school participation in Medicaid and CHIP under federal statutory and regulatory requirements.

The guide includes specific information on:

How payments can be made to schools for Medicaid and CHIP school-based services;

How states can simplify the interim billing process, when used, including in rural, small, or under-resourced communities, where access to care may be particularly problematic;

Examples of approved methods that state agencies have used to pay for covered services; and

Enrolling qualified health care providers to participate in Medicaid within school settings. ^[FN21]

Highmark Celebrates 30 years of CHIP

Highmark, one of the leading health insurance organizations in the United States, is celebrating the 30th anniversary of enrolling the first child in the Children's Health Insurance Program (CHIP) in Pennsylvania.

CHIP is a government-subsidized health insurance program that provides low or no-cost health insurance to children. Highmark noted that the program is a vital program, particularly in light of the current Medicaid redetermination process that began unwinding enrollment protections that were put in place at the start of the COVID-19 public health emergency.

Highmark indicated, "CHIP will be a safety net for some children in families who may no longer qualify for Medicaid coverage and do not receive insurance from another employer-based or government program."

According to the company, "The CHIP program emerged from a grassroots, community-wide effort to provide care for kids following the collapse of the steel industry. CHIP has evolved into a cornerstone of American health care, providing an affordable coverage option for more than seven million kids in the U.S. and peace of mind for families."

Highmark joined with individuals and community organizations to raise funds and identify uninsured children in the 1980s. The company helped to start The Caring Program for Children, a needs-based insurance program that provided the same coverage as other Blue Cross Blue Shield members received at the time.

"We were able to show that opening the doors to the health care system decreased unmet medical care, improved health outcomes, and ultimately enhanced both the economy and quality of life in the region," said Tom Doran, president of Highmark Health Plan. "The Caring Program evolved into a coalition of more than 20 other Blues plans serving kids across the country. But we knew that we could make an even greater impact on the lives of children and families in Pennsylvania. So, we partnered with legislators and community organizations to create a sustainable model for a statewide children's health insurance program. We worked together to design benefits and create public-private partnerships.

"We took the learnings and successful model of The Caring Program and scaled it," Doran said. "And in 1993, Highmark enrolled the first child into CHIP in Pennsylvania. Pennsylvania led the way in caring for at-risk children, and the rest of the nation followed." ^[FN22]

Florida Law Expands Access to CHIP

Florida Gov. Ron DeSantis signed a bill that will increase access to the Florida KidCare, the Children's Health Insurance Program (CHIP) in the state.

The new law will make a family of four earning up to \$83,250 per year eligible for Florida KidCare. The legislation will allow more families to access health insurance coverage for children.

HB 121 was a significant priority for House Speaker Paul Renner. Under the law, families earning up to 300% of the federal poverty level will qualify for the subsidized health insurance program. Before the law was passed, the income eligibility limit was 200% of the federal poverty level, which amounted to approximately \$55,500 for a family of four.

Florida KidCare encompasses several programs for subsidized health insurance, including the Healthy Kids program. Families can access health insurance for children under this program for a small monthly premium. Children aged 5 to 18 can be eligible for this coverage.

The new law will take effect immediately. However, children cannot enroll in the program until Jan 1, 2024, which will allow time for the Florida Healthy Kids (FHK) Board of Directors to establish premiums and copayments for new enrollees.

"This law is a huge win for Florida's working families," FHK board chair and physician Stephanie Haridopolos, told Florida Politics. "It helps and honors the families that make Florida the economic engine of our nation."

Florida KidCare is available to families who make too much to qualify for Medicaid. Unlike Medicaid, KidCare requires a small monthly premium for the coverage.

The law mandates that the FHK board set the fees, premiums, copayments, deductibles and any other co-insurance for enrollees who are newly eligible for the program. The board will create between three and six tiers of payment levels based on the poverty level.



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Florida KidCare is part of the federal Children's Health Insurance Program (CHIP), which provides access to health insurance to children aged 5-18 for families ineligible for Medicaid. The program was created by Congress in 1997. The federal government agreed to pay states about 15 percentage points more than the traditional Medicaid match rate.

After the Florida Legislature agreed to Medicaid expansion, the federal government began paying about 69 cents of every dollar spent on Florida KidCare.

This new law expands KidCare for the first time since it was created. Florida is currently unwinding its Medicaid program from the Covid-19 public health emergency by disenrolling people who are ineligible or who do not complete re-enrollment applications.

The legislature agreed to appropriate \$20.6 million to fund the expansion of KidCare. Renner also supported an increase of \$76.1 million in pediatric fee increases for physicians agreeing to care for children who are Medicaid and Florida KidCare beneficiaries. ^[FN23]

CHIP Postpartum Coverage Expansion Reaches New York

The Biden-Harris Administration announced that New York will expand Medicaid and CHIP postpartum coverage, bringing the total number of expansions to 35 states and the District of Columbia.

According to the Department of Health and Human Services, "Thanks to the Biden-Harris Administration's efforts to strengthen maternal health, an estimated 509,000 Americans annually are now eligible for essential care for a full year after pregnancy."

New York will extend comprehensive coverage after pregnancy through Medicaid and CHIP for postpartum individuals for 12 months. The expansion is part of the CMS Maternity Care Action Plan in support of the Biden-Harris Administration's Maternal Health Blueprint.

The Administration's strategy is aimed at improving maternal health with a focus on underserved communities.

The extended coverage was made possible by the American Rescue Plan (ARP), and was made permanent by the Consolidated Appropriations Act, 2023 (CAA, 2023). President Biden signed that legislation into law earlier in the year.

"New York's decision to extend postpartum coverage for a full year after pregnancy marks a significant milestone for improving maternal health," said HHS Secretary Xavier Becerra. "The Biden-Harris Administration has demonstrated leadership in confronting the nation's maternal mortality and morbidity crisis, and HHS will continue to support policies and programs that help ensure the health of mothers and babies."

"New York's efforts reflect the groundswell of support for setting families on firm footing by extending postpartum coverage to a full year after pregnancy," said CMS Administrator Chiquita Brooks-LaSure. "The Biden-Harris Administration has prioritized maternal health and will continue to do so until all 50 states and every U.S. territory can offer pregnant women and their families the lifeline that comes with connections to health coverage."

The latest expansion will allow up to an additional 26,000 people in New York to access Medicaid coverage for a full year postpartum. Currently, Medicaid covers 41% of all births in the nation. Over half of all children in the country receive health insurance coverage through Medicaid.

Overall, the postpartum expansion will bring coverage access to approximately 509,000 Americans in 35 states and the District of Columbia. If all states agreed to the expansion,

720,000 people across the United States would be guaranteed Medicaid and CHIP coverage for 12 months after pregnancy. ^[FN24]

Survey of Children's Mental Health Highlights Need for Medicaid, CHIP Coverage

Centers for Disease Control and Prevention (CDC) recently released the results of the Youth Risk Behavior Survey, showing that mental health problems in children have increased significantly in the past ten years, highlighting the need for children's health care coverage through Medicaid and the Children's Health Insurance Program (CHIP).

In 2011, 36% of female high school students indicated that they felt sad or hopeless. That rate had increased to 57% in 2021. The rate amongst male students increased during that same period from 21% to 29%.

An increase in mental health disorders among children has made comprehensive health insurance coverage for children even more important in recent years. Children without access to private health insurance coverage can be eligible for free or low-cost coverage through Medicaid and CHIP.

These programs help cover the cost of doctor's visits, prescriptions, emergencies and the coverage of behavioral health services, including mental health services.

Children can access mental health services through pediatricians, mental health professionals, local community providers and organizations, and through their schools.

Medicaid and CHIP also cover eligible people who are pregnant or postpartum and in need of mental and behavioral health services.

Eligibility for these programs varies by state and is based on number of people in a household and household income. Most states allow a household of four making up to \$60,000 per year to qualify for Medicaid or CHIP.

Enrollment is open year-round. More information is available at InsureKidsNow.gov or call 1-877-KIDS-NOW.



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Children currently enrolled in Medicaid or CHIP are subject to annual renewal requirements. Reenrollment requirements have been restarted after a pause that was implemented due to the COVID-19 pandemic.

Medicaid and CHIP cover routine health care visits, including preventive care, dental care, and vision care. The programs also cover specialist visits, physical, speech and occupational therapies, and emergency services.

Medicaid and CHIP cover many mental health and substance use services. Coverage includes counseling, peer support services, inpatient psychiatric services and case management services for needed medical, educational and social services.

Medicaid offers coverage for children and young adults up to age 21 in families. CHIP covers children up to the age of 19.

States are permitted to allow delivery of healthcare services through telehealth. The services prevent, diagnose, and treat many mental health symptoms and disorders, including substance use disorders.

According to the U.S. Department of Health & Human Services, "Caring for mental health is caring for overall health. Early detection and intervention of mental health and substance use issues is crucial to the overall health of kids, teens and people during and after pregnancy, and may reduce or eliminate the effects of a condition if detected and treated early." [FN25]

AHA Letter Supports Continued Access to Medicaid, CHIP

The American Hospital Association's (AHA) wrote a letter to the Centers for Medicare & Medicaid Services (CMS) in support of the rulemaking process aimed at ensuring continued access to Medicaid and the Children's Health Insurance Program (CHIP).

AHA includes almost 5,000 member hospitals, health systems and other health care organizations, including approximately 90 that offer health plans, as well as clinician partners of over 270,000 affiliated physicians, 2 million nurses and other caregivers, and the 43,000 health care leaders.

The letter was a comment on CMS' proposed rule to improve access to healthcare and improve quality in Medicaid fee-for-service (FFS) delivery systems and in home and community-based services (HCBS) programs.

"The AHA applauds CMS' multi-year commitment to conduct a comprehensive review of access and other care challenges faced by Medicaid and Children's Health Insurance Program (CHIP) beneficiaries and develop policies to address them.1 In general, the AHA supports the direction of the proposed rule, which would promote greater transparency and accountability in Medicaid FFS programs with a particular focus on mitigating payment related barriers to providers' participation in the program. Below, we provide specific comments on the proposals to increase transparency in provider payment rates, expand stakeholder and beneficiary engagement, and improve access to home and community-based services."

The organization expressed concern over healthcare provider reimbursement rates, noting that underpayments can reduce access to care. It can also increase the cost of care for other patients.

The AHA supported the CMS proposal to improve transparency of reimbursement rates for stakeholders, beneficiaries and the public.

"If enacted, this increased transparency will ensure the federal government and stakeholders have information about provider payments that they can use to help assess the effects of such payments on access" AHA noted, "We expect that such transparency will shed light on states' low-base rates in their FFS programs and illuminate states' chronic underfunding of their Medicaid programs. This becomes particularly important as FFS rates often serve as benchmarks for Medicaid managed payments. CMS also notes its intent to align the agency's access to care strategy across the FFS and managed care delivery systems and that provider rate transparency will support that objective." [FN26]

Pending Legislation: Access to Care for Children with Complex Medical Conditions

U.S. Senators Michael Bennet (D-Colo.) and Chuck Grassley (R-Iowa), alongside U.S. Representatives Lori Trahan (D-Mass.) and Mariannette Miller-Meeks (R-Iowa) recently introduced a bill aimed at improving access to care for children with complex medical conditions.

The Accelerating Kids' Access to Care Act simplifies the process of out-of-state Medicaid screening and enrollment for pediatric care providers. The bill would keep important safeguards to protect the integrity of the program.

"For children with complex medical conditions and their families, bureaucratic red tape should not be another obstacle to access care. This bipartisan legislation will make it easier for low-income families to navigate our health care system and relieve some of the stress that caregivers face. I'll keep working with my colleagues to pass this bill and help kids get the health care they need," said Bennet.

Grassley highlighted the need to facilitate access to care for children with complex conditions. "Families seeking life-saving care for their children should be able to access it quickly and wherever it's available. Families shouldn't have to trip over red tape to reach the most effective specialist, treatment or procedure, whether around the corner or across state lines," said Grassley. "Our bill makes it easier for kids to get the medical attention they need without imposing extra costs on families."

Miller-Meeks pointed out that the bill would decrease bureaucracy and wait times for patient care.

"The Accelerating Kids' Access to Care Act is crucial for children battling rare and complex diseases," said Miller-Meeks. "This legislation gives children with rare and complex diseases access to health care institutions and research facilities that are in many



cases out of state. It also lessens the bureaucracy and significant wait times that bottleneck patient care and risk worsening a child's health condition."

Trahan indicated that children from all geographic areas with cancer and other rare diseases need access to care.

"Children deserve access to the care they need regardless of the zip code they live in. That's especially true for the unbelievably resilient kids and families battling childhood cancer and other rare diseases," said Trahan. "The Accelerating Kids' Access to Care Act will finally ease the burden on these families so kids get the care they deserve without delay."

Complex medical conditions sometimes require specialized care that is outside of patients' home states. Parents of children with complex medical conditions have to work with in-state providers and Medicaid officials to find providers offering specialized services in other states.

The process of finding care can carry significant regulatory hurdles, causing delays that can affect treatment.

The pending legislation would facilitate coordination for these families across state lines. It would clarify the process of Medicaid coverage for specialized treatment when a child lives in another state.

"We are grateful for the bipartisan leadership of Senator Michael Bennet and Senator Chuck Grassley for championing timely access to specialized care for children and their families. Now more than ever, as more adult providers close their pediatric units, it is critical to minimize any disruptions in care and treatments for children with complex medical conditions such as cancer and rare diseases. At Children's Hospital Colorado, we are proud to treat children from every state in the country and we believe passage of this legislation will directly support our mission to ensure all children have a chance at a healthier future," said Zach Zaslow, Vice President of Advocacy & Community Health, Children's Hospital Colorado. ^[FN27]

Texas Dental Practices Honored for Serving CHIP Beneficiaries

Local dental practices throughout Texas joined with parent company Benevis for the eight annual Sharing Smiles Day to serve children covered by the Children's Health Insurance Program (CHIP) and other disadvantaged youth.

The organization thanked the volunteer practices and medical teams with Benevis Community Hero Awards.

The event is aimed at children in disadvantaged communities that are underserved by general dentists. The providers delivered free dental exams, limited emergency care, extractions, restorative care, and cleanings to uninsured and underinsured families.

"We're proud to honor six Texas-based dental practices with the Benevis Community Hero Award for volunteering their time to treat children and families in need of oral care," stated Dr. Dale Mayfield, DMD, chief dental officer at Benevis. "Central to Benevis' mission is improving access to essential dental healthcare and creating dental homes for families in diverse communities and those with various forms of insurance, including Medicaid and Children's Health Insurance Program (CHIP). Sharing Smiles Day enables us to impact a broader group of patients, especially for those without insurance, and we're thankful for that opportunity." ^[FN28]

States Could Save Millions with Required Drug Rebates for CHIP

The United States Department of Health and Human Services Office of Inspector General recently released a data brief showing that states that operate separate Children's Health Insurance Programs (CHIP) could save an estimated \$641 million per year if they implement mandatory drug rebate requirements.

Federal rules for the Medicaid Drug Rebate Program (MDRP) require states to obtain drug rebates for Medicaid-covered outpatient prescription drugs provided through Medicaid or a Medicaid expansion program.

States that have separate CHIP programs do not have those Federal Medicaid drug rebate requirements for their CHIP programs.

Currently, forty states operate separate CHIP programs. Some programs are combined with Medicaid expansion and some programs are operated on a stand-alone basis. States receive Federal funding for these separate programs to provide healthcare for children to uninsured and low-income children.

The agency studied the data to identify the total drug rebates that states would have collected under the separate CHIP programs with drug rebate requirements similar to the MDRP.

The agency sent surveys to states to estimate the total rebates the separate CHIP programs are missing. Researchers aimed to identify the total amount of savings through rebates that states would have gained if there was a requirement to obtain rebates for separate CHIP programs.

The agency found, "If Federal law were to require States to obtain rebates under the MDRP for separate CHIP drugs, the 40 States that operated separate CHIPs could, according to our estimates, have invoiced, collected, and directly received \$641.2 million from the drug manufacturers for calendar year 2020. These estimated rebates totaled \$125.5 million for the States and \$515.7 million for the Federal Government."

The Data Brief contained no recommendations, so CMS did not provide written comments other than technical comments. ^[FN29]

Study: Effect of Obesity in Children on Medicaid



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Researchers with the Kaiser Family Foundation recently studied the effect of childhood obesity on Medicaid.

They identified obesity rates as three times higher than they were in the 1970s. The causes are many socioecological, environmental, and genetic factors that have increased in the past decades. Researchers also noted that obesity is a risk factor for many chronic diseases and increased health care costs.

Researchers noted, "Though obesity has historically been stigmatized as a result of personal choices, there have been recent actions to reduce that stigma and weight bias and increase obesity screening and treatment options. New FDA weight-loss drugs have entered the market, and the American Academy of Pediatrics (AAP) released a new set of clinical practice guidelines for evaluating and treating obesity in early 2023."

When evaluating the effect of obesity on health insurance, Medicaid is a key focus because it covers half of children in the United States. Eight in 10 children living in poverty are covered by Medicaid. Over half of Black, Hispanic, and American Indian/Alaska Native children are Medicaid beneficiaries.

These groups of children have a higher rate of obesity. Researchers stated, "This brief examines the share of children with obesity, how obesity screening and treatment is covered under Medicaid for children, and what recent changes may mean for Medicaid programs and enrollees in the future."

Children covered under Medicaid are over two times more likely to have obesity than children with private health insurance. Over a quarter of children with Medicaid have obesity. The rate for children with private health insurance is 11.4%. Obesity prevalence is higher for children who are not White and for children from lower-income households.

Obesity rates for children reflected in Medicaid claims data are significantly lower than survey estimates of obesity prevalence. Only 7.4% of Medicaid children aged 10-17 had an obesity diagnosis. Childhood obesity is likely under-reported and undertreated.

Medicaid children with an obesity diagnosis commonly have the following chronic conditions: asthma, followed by certain mental health conditions, hyperlipidemia, anemia, hypertension, and diabetes.

Children with obesity are more likely to have these chronic conditions than children without an obesity diagnosis.

Researchers noted, "One recent study of Medicaid expenditures also found inpatient and outpatient mental health services were a primary driver of spending among children with obesity. Overall, over one-third (35.6%) of children with an obesity diagnosis have at least one other co-occurring chronic condition (across a set of 30 chronic conditions)." ^[FN30]

Pending Legislation: Medicaid for All Children

U.S. Senator Bob Casey (D-PA), Chairman of the U.S. Senate Special Committee on Aging, recently introduced the Medicaid for Every Child Act.

The legislation would provide that every American child is automatically enrolled in Medicaid at birth. The law would ensure that every American child gained health insurance coverage.

All children through the age of 18 would be automatically enrolled in Medicaid if the bill became law. The legislation was introduced in response to the pandemic-era expansion of Medicaid and CHIP that increased children's enrollment by 11 percent.

"As Americans, it is our solemn obligation to ensure every child has the support they need to reach their full potential," said Senator Bob Casey (D-PA). "Yet right now, too many of our kids are struggling to stay healthy because their families can't afford the care they need. My Medicaid for Every Child Act will ensure that no American child will ever again be forced to grow up without access to health care."

The Medicaid for Every Child Act would provide automatic enrollment at birth for children in the United States. They would remain eligible for the program through age 18 with no redetermination requirement.

Parents could choose to opt out of child Medicaid coverage if they have another form of coverage, including eligibility for the Children's Health Insurance Program (CHIP), coverage through the health insurance marketplace, or coverage through an employer.

Senator Casey indicated that Congress has been willing to provide healthcare for all children on a bipartisan basis in the past. He pointed to the Families First Coronavirus Response Act that Congress passed in response to the COVID-19 pandemic. This law required states to keep children covered under Medicaid or CHIP on a continuous basis for a time.

As a result, children's enrollment in health insurance coverage substantially increased by 11 percent from February 2020 to June 2021. This increase showed a significant need for expanded children's health care coverage throughout the United States.

The unwinding of the protections for these programs and the reinstatement of the redetermination process put healthcare coverage for many children at risk. Many children have lost or will lose coverage as eligibility verification requirements are reinstated.

The pending legislation would prevent the loss of coverage for every American child in the United States.

According to the senator's office, "Senator Casey believes that we must provide every child the support they need to enjoy a prosperous future. In 2021, he unveiled his Five Freedoms for America's Children legislation, which would guarantee every American child five core freedoms: freedom to be healthy, freedom to be economically secure, freedom to learn, freedom from hunger, and



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freedom to be safe from harm. Automatically enrolling children in Medicaid at birth is a part of Senator Casey's Five Freedoms agenda.”
[FN31]

Over 1.2 Million Children Disenrolled from Medicaid

Of the 6.4 million people disenrolled from Medicaid throughout the United States since April 2023, over 1.2 million children.

The coverage losses began when the pandemic-era redetermination pause for Medicaid enrollment ended. State agencies subsequently became overwhelmed resulting in the loss of coverage for many eligible people.

According to federal data, an estimated 7 in 10 people lost Medicaid coverage for procedural reasons, including missed deadlines, paperwork lost in the mail, or slow processing of applications by state agencies.

In some instances, state agencies claim that they cannot verify if a person is still eligible for Medicaid or if their income exceeds eligibility requirements, and the person is dropped from coverage.

Joan Alker, executive director for the Georgetown University Center for Children and Families, noted that most people experiencing disenrollment from Medicaid programs for procedural reasons meet eligibility requirements.

In Texas, 16.6 percent of the population lacked health insurance in 2022, the highest rate in the United States. At that time, over 6 million Texans were enrolled in Medicaid.

Over 900,000 people were disenrolled from Medicaid since April, the highest rate in the United States. Approximately 95,000 Texas Medicaid recipients were found to be disenrolled in error by August, including pregnant women and newborn children. About 80 percent of the people losing Medicaid coverage due to disenrollment are children, the highest rate of disenrolled children of any state that has collected data by age.

Texas will process millions more renewals for Medicaid enrollment by next June.

Advocates pointed out that about half of all children in the United States are covered by Medicaid or the Children's Health Insurance Program (CHIP). The unwinding of Medicaid has placed many children at risk.

“Medicaid is the backbone of our pediatric health care system,” Alker said. “When we see large numbers of children losing Medicaid, we have to worry.” [FN32]

CMS Requires Continuous 12-Month Coverage for CHIP

The U.S. Department of Health and Human Services, through the Centers for Medicare & Medicaid Services (CMS) sent a letter to states to reinforce the requirement that states provide 12 months of continuous coverage for children eligible for the Children's Health Insurance Program (CHIP) or Medicaid beginning January 1, 2024.

The requirement is an effort of the Biden-Harris Administration to use every available measure to protect and expand health insurance coverage for children.

The action will give uninterrupted access to health insurance coverage over the course of a year to eligible children enrolled in Medicaid and CHIP. Children will gain and maintain access to needed health care services.

“Children should always have access to health care services. No exceptions. Thanks to the actions taken by the Biden-Harris Administration, states must provide all children with Medicaid and CHIP continuous coverage for 12 months,” said HHS Secretary Xavier Becerra. “This important action will ensure children have access to the preventative and primary care they need to be healthy and thrive. We will continue to support children and their families, whenever and however it is needed.”

“CMS continues to work to increase access to health care services for children in ways that reduce disparities and build a reliable health safety net for every young person,” said CMS Administrator Chiquita Brooks-LaSure. “Families of children enrolled in Medicaid and CHIP will have peace of mind knowing their children will have uninterrupted access to health care coverage for a year, regardless of any changes in their family's financial circumstances.”

Twelve months of uninterrupted health insurance coverage for children is important because it allows access to appropriate preventive and primary care. It also allows children to receive necessary treatment for health care needs throughout the year as well as continuity of care.

According to research, children who are disenrolled from health insurance for all or part of a year are more likely to have fair or poor health status. Children with continuous health coverage are more likely to be in better health.

In addition, continuous coverage for children has been shown to help low-income families by decreasing financial barriers, promoting health equity, and improving accountability for quality care and improved health outcomes.

Continuous coverage for children also helps health care providers develop relationships with children and their families in order to track a child's health and development. These relationships also help families avoid expensive care from emergency rooms.

Maintaining year-round coverage reduces the administrative burden on state agencies. It reduces the need for repeated eligibility reviews and re-enrollment after a gap in health insurance coverage.



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According to CMS, "Today's letter provides background on the importance of continuous coverage in preventing interruptions that impede access to health coverage to support better short- and long-term health outcomes, and describes policies related to implementing continuous coverage for children as required by the Consolidated Appropriations Act of 2023. The letter also reminds states that they may request section 1115 demonstration authority under the Social Security Act to extend the continuous coverage period for children beyond 12 months, and to adopt continuous coverage for adults eligible for Medicaid."^[FN33]

Senator Supports Reenrollment of Medicaid, CHIP Recipients

U.S. Senator Bob Casey (D-PA), Chairman of the U.S. Senate Special Committee on Aging, announced strong support for the announcement by the Centers for Medicare & Medicaid Services (CMS) that 30 states have paused procedural disenrollments from Medicaid and CHIP.

As a result of the action, over 100,000 Pennsylvanians will be reenrolled in health coverage.

"Our Nation has a solemn obligation to provide care for the children and others who need it the most. Medicaid and the CHIP are our way of fulfilling that obligation," said Casey. "Today's announcement that the Biden administration has acted to protect over 100,000 Pennsylvania children and families from losing health care coverage is excellent news. I will continue to fight to ensure that every child in this country gets the health care they need and deserve."

Casey has supported protecting and expanding access to Medicaid and CHIP. During the unwinding of the COVID-era Medicaid policies, Casey actively educated people about enrolling in healthcare coverage.

Casey recently introduced the Medicaid for Every Child Act. The legislation would allow for automatic enrollment in Medicaid of every child born in the United States from birth until age 18. Passage of the bill would ensure that over 2.6 million children in Pennsylvania, including 645,000 children in rural counties with decreased access to health care, would have health insurance coverage. The bill would also prevent children from losing coverage over procedural errors.^[FN34]

AAP Calls for Changes to Medicaid, CHIP

The American Academy of Physicians (AAP) has released its vision for changes to Medicaid and the Children's Health Insurance Program (CHIP). Both programs provide access to health care coverage for approximately half of the children and young adults in the United States.

The new policy statement outlines changes that would combine Medicaid and CHIP into a broad national program. The program would provide individualized, family-centered, equitable and comprehensive care.

As an organization, the AAP is broadly committed to allowing all children access to health care to support growth and well-being.

The policy Medicaid and the Children's Health Insurance Program: Optimization to Promote Equity in Child and Young Adult Health, from the Committee on Child Health Financing, is available online and in the November issue of Pediatrics.

The organization will also release a technical report addressing the origins and intents of the Medicaid and CHIP programs, the status of the programs, comparing variations in states and payment systems, among other information.

According to AAP, prior to the unwinding process requiring re-enrollment in Medicaid and CHIP due to the ending of the COVID-19 public health emergency declaration, over half of all children and youth in the United States were Medicaid or CHIP beneficiaries. The only age group more dependent on public insurance is people over 65 with coverage through Medicare.

The organization also noted that Medicaid and CHIP help to improve health care equity. Black and Hispanic children are highly represented among beneficiaries of these programs. Many of these children would be at high risk of lacking health insurance coverage without Medicaid and CHIP.

Positive aspects of Medicaid include: no waiting periods or co-pays and the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit requiring states to provide a broad array of services.

However, Medicaid and CHIP currently have some significant drawbacks. The joint federal and state financing system results in variations in eligibility, enrollment, covered benefits, coverage scope, payment and quality standards.

Variations in programs create inequalities and problems accessing primary and specialty care, particularly in families needing to access care across state lines.

The organization noted, "The AAP endorses a Medicaid and CHIP program that fully addresses the health and health care needs of diverse children and youths equitably, helping to ensure their optimal growth and development. Care should be provided based on children's and family's needs, not on where they live."

The AAP proposed the following areas of change: eligibility and duration of coverage, standardization of covered services and quality of care, and program financing and payment.

The organization recommended the following changes: combine the Medicaid and CHIP programs into a single program to allow for consistency between programs, provide major increases in the federal share of funding for these programs with continued state flexibility for innovation, end decades of underpayment, with program payments at least in parity with Medicare rates, enroll all



newborns and maintain continuous enrollment until an individual is 26 years old or opts out of the program, strengthen EPSDT and enforce it as a national standard of care and quality, and conduct health equity assessments of Medicaid-CHIP that create a system of accountability to help avoid introducing new harms or perpetuating existing damage and to close equity gaps. ^[FN35]

CMS Seeks Input on CHIP Mental Health Parity

The Centers for Medicare and Medicaid Services (CMS) is seeking public comment regarding improving parity for mental health and substance use disorder coverage in Medicaid and the Children's Health Insurance Program (CHIP).

Parity is the equal treatment of mental health services when compared to the coverage of other medical services.

CMS is aiming to increase compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and align Medicaid and CHIP with recently issued rules for private-sector health plans.

The proposed rules would affect Medicaid managed care organizations (MCOs), Medicaid alternative benefit plans (ABPs), and CHIP.

CMS included the following questions:

What templates can be used to streamline the review of compliance documentation?

What are the key questions that should be asked to improve the efficiency and effectiveness of these reviews?

How do states and managed care plans assess parity between mental health and substance use disorder benefits and other medical benefits?

What key issues indicate potential parity violations?

What measures or data can reveal potential parity violations?

How should data be collected?

What follow-up protocols and corrective actions are advised for potential parity violations?

What additional methods, like random audits, could improve parity compliance?

Which mental health or substance use disorder conditions are most common in Medicaid MCOs, ABPs, or CHIP, and what are the barriers to treatment?

Are there specific mental health or substance use disorder conditions or treatments at risk of non-compliance in Medicaid plans?

Comments are due by December 4, 2023. ^[FN36]

Legislation Introduced for Continuous Year Enrollment

U.S. Senator Sheldon Whitehouse (D-RI), Senators Sherrod Brown (D-OH), Tammy Baldwin (D-WI) and Elizabeth Warren (D-MA) introduced legislation aimed at stabilizing eligibility for Medicaid and the Children's Health Insurance Program (CHIP) for a continuous year.

Under the Stabilize Medicaid and CHIP Coverage Act, Americans would not lose health insurance coverage under these programs because of short-term changes to their yearly income.

The legislation would also provide incentives to states to reduce turnover in Medicaid and CHIP programs.

"A short-term change in income should not affect access to high-quality, affordable health care," said Whitehouse. "Our legislation will ensure that Rhode Islanders on Medicaid or CHIP don't lose their coverage due to small bumps in pay and needless bureaucratic hurdles."

Every year, millions of people accessing health insurance coverage through Medicaid and CHIP are at risk of losing coverage when earnings increase slightly in any given month due to working an extra shift or overtime. The short-term income changes can lead to disenrollment from Medicaid and CHIP.

This health insurance churn can negatively impact beneficiaries as well as the healthcare providers who serve affected people. Effective, continuous care becomes more difficult. This issue also causes significant administrative burdens and higher costs for states, providers, and health plans.

Several organizations have endorsed the legislation, including America's Essential Hospitals, the Association for Community Affiliated Plans, the Children's Hospital Association, and Families USA.

Companion legislation was introduced in the U.S. House of Representatives by Representatives Debbie Dingell (D-MI-12) and Frank Pallone (D-NJ-6). ^[FN37]

Bill Aimed at Improving Maternal Health Outcomes

U.S. Senator Cory Booker (D-NJ) and U.S. Representative Ayanna Pressley (D-MA) reintroduced legislation aimed at improving maternal health outcomes, reversing the trend of rising maternal mortality rates, and health equity.



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The Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services (MOMMIES) Act was created to close disparities that put Black, Indigenous, and People of Color (BIPOC) communities and their kids at greater risk.

Medicaid covers almost half of all births in the United States. The legislation would extend postpartum coverage from two months to a full year after childbirth. The change would ensure that all pregnant and postpartum people would have full Medicaid coverage. Currently, coverage can be limited to pregnancy-related services.

The change would also increase access to primary care providers and reproductive health providers.

'The United States spends more on health care than any other nation, but we still have the highest rate of maternal mortality among our peer countries,' said Senator Booker. "We must ensure that no person, regardless of their background, faces inequities or disparities when accessing or receiving maternal care. This legislation is an important step towards addressing our nation's health disparities and promoting equitable maternal healthcare for all. I urge my colleagues in the Senate to pass this critical bill.'

'My paternal grandmother died in the 1950s while giving birth, and it is absolutely damning that decades later, the Black maternal morbidity crisis in America is still killing our loved ones and destabilizing our families," said Representative Pressley. "With the Supreme Court's cruel Dobbs decision only exacerbating this crisis, Congress must pass our bill to promote community-based, holistic approaches to maternity and post-partum care so that every pregnant person is treated with the dignity and respect they deserve during and after their pregnancy. Maternal health justice is a racial justice issue and a matter of life and death, and we must make comprehensive, culturally-congruent reproductive care a reality for all."

"No matter where she lives, the color of her skin, or her ability to pay, every mom deserves the respectful, responsive, nurturing and equitable continuum of care and support she needs before, during and after pregnancy to deliver a healthy beginning and healthy future for herself and the baby she loves. Yet too many women in the U.S. live too far from an OB to receive care. Too many gaps in coverage leave too many women unable to afford care, from the crucial pre-pregnancy period through postpartum. Too few women have access to doula and lactation support, dental screenings, mental health counseling, and other services that are vital to maternal and infant health - that reduce risks, save lives, lower healthcare costs. That's why the WTEP and I are proud to endorse the MOMMIES Act - comprehensive legislation that would provide these vital services and support for moms. We're grateful to the passionate leadership and tireless efforts and commitment from Senator Booker on behalf of all our moms," said Heidi Murkoff, author of *What to Expect When You're Expecting* and founder of the What to Expect Project. ^[FN38]

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Produced by Thomson Reuters Accelus Regulatory Intelligence

17-Jan-2024



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