DEPARTMENT OF HEALTH AND HUMAN SERVICES

Vision

The Department of Health and Human Services (HHS) oversees many critical agencies and provides leadership to other federal departments. It stands at the heart of the federal government’s activities to improve the health and well-being of children. In this role, it is imperative that the department promote a bold vision for improving children’s lives and actively coordinate relevant activities conducted by its various divisions. Above all, HHS should strive to implement an agenda with children at the core and ensure that all children have access to high-quality, affordable health care so they can thrive throughout their lifetimes. All children, regardless of their immigration status, should have affordable health care coverage, insurance with pediatric-appropriate benefits, access to timely and affordable primary and subspecialty pediatric care and mental health services, and receive comprehensive, family-centered care in a medical home. The recommendations that follow are for issues directly in the purview of the HHS Office of the Secretary. Following this section are recommendations for the various agencies and offices overseen by HHS.

Recommended Administrative Actions

Support efforts to monitor and assess HHS programming. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) serves an essential function at HHS by conducting research, evaluating programs, and developing new policies. For instance, ASPE has been at the center of efforts to better understand how poverty impacts children and how implementation of the Affordable Care Act (ACA) can be improved. The next administration must maintain a commitment to an evidence-based approach to health care policy and help inform the public debate by making the work of ASPE as transparent as possible.

Foster coordination among federal agencies. HHS must lead efforts to improve coordination so families can benefit from all of the programs for which they are eligible. Families are often eligible for programs coordinated by HHS—such as Medicaid, the Children’s Health Insurance Program (CHIP), and Temporary Aid for Needy Families (TANF)—as well as the programs of other agencies, such as the Department of Agriculture’s nutrition programs. But, families can face daunting and complicated enrollment barriers when trying to access these services. For example, virtually all children enrolled in SNAP are financially eligible for Medicaid as well, yet not all of them are enrolled. HHS should play a leading role in coordinating government-wide efforts to ensure seamless eligibility and enrollment in its programs and the programs of other agencies. Renewing Medicaid eligibility when families are re-certified for SNAP is just one mechanism that could help ensure continuous enrollment in both programs. Only through focused and targeted leadership by HHS will families be ensured of access to all needed services and programs offered by the federal government.

Prevent prematurity. Preterm birth affects one in every 10 births and is a leading cause of death among infants. Prematurity can lead to long-term physical, intellectual and/or developmental disabilities. Moreover, the average preterm birth costs 10 times more than a healthy, full-term birth. HHS should coordinate efforts across all HHS agencies to support research and services to prevent and treat preterm birth, such as research into the underlying causes of prematurity, access to preconception health care, tobacco cessation for pregnant women, and interventions for women at risk of preterm birth.

Ensure that adolescents have the information, services, and support they need to thrive. Adolescence is a critical time of transition that requires a special focus. Adolescents face numerous unique challenges including mental health and substance abuse, tobacco use, exposure to violence through media, eating disorders, sexually transmitted infections, and teen pregnancy. They require special care as they move through adolescence and transition into adulthood. The HHS Office of Adolescent Health (OAH) administers the important Teen Pregnancy Prevention Program (TPPP), but has been given only very limited resources to conduct other broader activities to address the needs of adolescents, such as reproductive health care, life and parenting skills training, and violence and substance abuse prevention. The next administration should ensure that OAH can take on an expanded role in promoting adolescent health, expand its medical expertise, and serve as a focal point for comprehensive federal government action to improve the health and well-being of adolescents.

Address neonatal abstinence syndrome. The opioid epidemic has resulted in a dramatic increase in the number of infants born withdrawing from opioids, called neonatal abstinence syndrome (NAS). In 2015, Congress passed the Protecting Our Infants Act, which was designed to expand the administration’s response to the rising rates of NAS. HHS must lead these important implementation activities, which must include an increased emphasis on maternal treatment for opioid use and the creation of a research agenda to improve the care of infants with NAS. In addition, the administration should work to prevent use of alcohol...
during pregnancy—an ongoing problem that affects as many as 200,000 infants a year and often co-occurs with drug use—by identifying children with fetal alcohol spectrum disorders and addressing their documented developmental effects.

**Eliminate barriers to health care access for immigrant children and youth.** The next administration should break down the harmful barriers that hamper immigrants’ access to health care. It should increase participation among eligible but unenrolled children in CHIP and Medicaid, reduce barriers to access (including waiting periods), and provide for access to all children regardless of their immigration status. For example, the next administration should end the practice of denying access to health care through the ACA, Medicaid, and CHIP to immigrant youth who qualify for the Deferred Action for Childhood Arrivals (DACA) program. The next administration should work closely with states to ensure all states take up the Immigrant Children’s Health Improvement Act (ICHIA) option to remove the five-year bar to coverage for lawfully residing immigrant children and pregnant women. Increased support for medical-legal partnerships will be critical for vulnerable children and families, especially immigrant families.

**Expand pediatric functionality of health information technology.** Pediatricians were early and ambitious adopters of health information technology (HIT), yet pediatrician participation in the Meaningful Use program has fallen behind that of other providers. Children are not just little adults in that both they and their health care providers require different functionality in order to ensure that their electronic health records (EHRs) are accurate and contain useful information. Right now, only eight percent of office-based EHRs contain pediatric functionality, which creates an increased risk for errors and injuries. The Office of the National Coordinator for Health Information Technology (ONC) should emphasize and make pediatric functionality of EHRs a driving priority in its future efforts to increase the use, effectiveness, and quality of EHRs. Eligibility for the Meaningful Use program should also be expanded to include all providers who serve Medicaid and CHIP patients, not just those who achieve a 20 percent threshold of Medicaid patients.

**Recommended Congressional Actions**

**Expand access to care by reauthorizing CHIP.** Since its bipartisan beginning in 1997, CHIP has worked hand-in-hand with Medicaid to cut the child uninsurance rate in half. CHIP currently finances insurance for eight million children in working families that earn too much to qualify for Medicaid but too little to afford private health insurance. Simply put, the benefits, affordability, and networks available in CHIP surpass other available options. Current federal funding for CHIP is slated to expire at the end of fiscal year 2017. If this is allowed to happen, it would disrupt coverage for millions of children and jeopardize their health. To ensure maximum stability for children, Congress should enact a long-term extension by the spring of 2017. Long-term funding will give stability to states and encourage them to implement programmatic innovations in their programs. Such an extension should also include provisions that increase participation among eligible children in CHIP and Medicaid, including “express lane” and continuous eligibility, as eligible but unenrolled children constitute a large majority of children who remain uninsured. Congress should also bar states from charging premiums in CHIP plans for families below 300 percent of the federal poverty level.

**Support and improve the ACA.** The ACA has made important progress for children. Congress should improve upon this progress and enhance pediatric benefits in the marketplaces, allow families that are not eligible for CHIP to purchase CHIP plans in the health insurance marketplaces, improve affordability of plans for families (especially those with children with special health care needs), and strengthen rules to ensure that adequate pediatric networks exist in marketplace plans. Congress should also remedy the “kid glitch” or “family glitch” if the administration does not do so administratively. This “glitch” has been read to disallow certain individuals from qualifying for exchange subsidies for family coverage even if the individual’s employer fails to offer employees affordable family health insurance.

**Repeal sequestration.** The Budget Control Act of 2011 (BCA) attempted to reduce the federal deficit, but does so in a way that disproportionally hurts non-defense discretionary programs, including those coordinated by HHS. The stringent budget caps in the BCA that have constrained funding for these crucial activities must be eliminated.

**Prevention and Public Health Fund.** Congress must support the Prevention and Public Health Fund, which is the first mandatory funding stream dedicated specifically to improving public health. The fund can be used to bolster public health efforts at the local, state, federal levels such as obesity prevention and tobacco control. The fund should be used to supplement, not supplant, existing public health funding.

**Funding Priorities**

*Pregnancy prevention and adolescent health.* HHS funds critical programs to support adolescent health, reduce unintended pregnancy and provide reproductive health care. The Title X Family Planning Program provides crucial funding for family planning and other health clinics to offer free or low-cost confidential reproductive health care services and effective contraceptives including long-acting reversible contraceptives (LARCs). These programs and services are critical to the health of adolescents and adults. The TPPP funds evidence-based educational programs to reduce unintended pregnancy among teens.

**About this Document**

This document is an excerpt from Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future (http://aap.org/blueprint), which was produced by the American Academy of Pediatrics in September 2016 and has also been endorsed by the following organizations: the Academic Pediatric
Association, the American Pediatric Society, America’s Promise Alliance, the Association of Medical School Pediatric Department Chairs, Family Voices, the National Association of Pediatric Nurse Practitioners, the Pediatric Policy Council, the Society for Adolescent Health and Medicine, the Society for Pediatric Research and ZERO TO THREE.