Health Resources and Services Administration

Vision

There is no agency whose mission is more aligned with the goal of promoting resilience in childhood and providing children with a strong, healthy start than the Health Resources and Services Administration (HRSA). The agency’s mission to improve health and achieve health equity through access to quality health care services, a skilled health workforce, and innovative programs is critical to the health of all children. HRSA, and specifically its Maternal and Child Health Bureau (MCHB), should continue to expand their efforts to promote healthy children through increased access to high-quality health care and an expanded pediatric subspecialty workforce. It should continue supporting two-generation approaches that enhance positive outcomes by directing programs and services to parents and children together. The agency should expand efforts to foster secure families through the home visiting and Healthy Start programs. And, it should continue to build strong communities by addressing persistent health disparities and social determinants of health. Because HRSA’s programs help provide health care to people who are geographically isolated, economically at-risk, or medically vulnerable, it is uniquely suited to help bolster the pediatric workforce, improve the quality of care for children, and reduce disparities in care provided to minority and low-income children.

Recommended Administrative Actions

Safeguard maternal and child health. As the nation’s oldest federal-state partnership, the Title V Maternal and Child Health Block Grant, administered by MCHB, is crucial in improving the health of mothers and children throughout the country. In 2014, programs provided with this funding reached 50 million Americans, helping expand access to pre-natal and post-natal care for low-income women; reduce infant mortality; increase access to preventive and child care services; expand access to quality health care, including health assessments and follow-up diagnostic and treatment services; and provide family-centered, community-based systems of coordinated care for children with special health care needs. The program also provides a toll-free hotline that helps families apply for and enroll in Medicaid, an important service for low-income women and their children. MCHB also receives funding to support Family to Family Health Information Centers (F2Fs), which help families of children with special health care needs navigate the complex health care system and find services for their children. The next administration must ensure that this program is adequately funded to distribute the much-needed grants to all 50 states, the District of Columbia, and every U.S. territory.

Keep children safe during emergencies. Gaps in providing quality care to children in emergencies continue to persist throughout the country. The Emergency Medical Services for Children (EMSC) Program has made landmark improvements to the emergency care delivered to children all across the nation. It aims to ensure that state-of-the-art emergency medical care for ill or injured children is well-integrated into a system that is backed by optimal resources. As the only federal program dedicated to improving emergency care for children, EMSC has brought vital attention and resources to an otherwise neglected population. The next administration should support and expand the existing EMSC program, using as a basis the 2015 comprehensive assessment of pediatric readiness of emergency departments and the positive effect of pediatric emergency care coordinators (PECCs) on readiness.

Meeting the needs of people living with HIV/AIDS. The next administration should recognize, elevate, and enhance the role of Ryan White CARE Act Part D: Services for Women, Infants, Children, and Youth living with HIV. Future budgets should cease proposing to eliminate Part D. Future budgets should also cease efforts to consolidate this vital program for women, infants, children, and youth with Part C, which provides care to adults. The next administration should create, implement, and fund an aggressive plan that includes prevention, education, and treatment (including treatment adherence) for the fastest-growing population of new HIV infections in the United States: young, low-income, African-American men who have sex with men. Education efforts must be directed at providers, schools, and the public.

Staff essential HRSA programs. The National Vaccine Injury Compensation Program (NVICP) is an alternative to the traditional tort system for resolving vaccine injury claims, and provides compensation to individuals found to have been injured by certain vaccines. Over the past 5 years, NVICP has seen a 71.6 percent rise in the number of petitions filed, due, in large part, to the flu vaccine. In fact, more than 60 percent of all petitions filed are now adult claims for alleged injuries from the flu vaccine. Although the number of petitions has risen, the number of staff has not. HRSA should hire more staff in order to expedite the processing of claims, thereby reducing the administrative backlog.
Recommendations for Federal Agencies and Departments

**Recommended Congressional Actions**

*Address the shortages of pediatric subspecialists.* Children with special health care needs require care by pediatric subspecialists. Yet, serious subspecialty shortages across the country often impede access for these children by driving up appointment wait times and distances that must be traveled to care. A vast majority of primary care pediatricians report difficulties in referring their pediatric patients to numerous types of pediatric subspecialists. Unfortunately, pediatric subspecialists do not currently qualify for any existing loan repayment programs. Congress must incentivize providers to train to be pediatric subspecialists by providing loan repayment for those who agree to practice in underserved areas.

*Protect Ryan White CARE Act Part D.* Part D is the only part of the Ryan White CARE Act that provides age-appropriate, family-centered care for women, infants, children, and adolescents with HIV/AIDS. Congress must protect Part D and continue to reject the proposed consolidation of Parts C and D.

*Expand postpartum/maternal depression screening and treatment.* Congress should enact legislation that expands screening and treatment for maternal depression, such as the Bringing Postpartum Depression Out of the Shadows Act (S. 2311/H.R. 3235 in the 114th Congress).

**Funding Priorities**

*Workforce programs.* HRSA programs such as the Title VII and Title VIII health professions programs and the National Health Service Corps are critical for training new pediatric providers and ensuring those in underserved areas have access to appropriate pediatric care. The next administration should fully support efforts to expand the numbers of pediatric subspecialists. HRSA should also continue to support specific training programs such as the Leadership & Education in Adolescent Health (LEAH) and Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs.

*Children's Hospital Graduate Medical Education (CHGME) Program.* Half of all primary care and subspecialty pediatricians train at freestanding children's hospitals. However, the primary federal funding for graduate medical education (GME) is offered through the Medicare program and freestanding children's hospital are not eligible for this funding. The CHGME program helps address this inequity by providing GME funding to these hospitals. Continued and expanded funding for CHGME is critical to maintaining the pipeline of pediatric providers.

*Title V Maternal and Child Health Block Grant.* The Title V Maternal and Child Health Block Grant, whose funding has stagnated in the era of sequestration, needs an increase in funds to fully support the mission of the block grant program, including assuring access to prenatal and postnatal care, reducing infant mortality, expanding newborn screening programs, and improving the quality of care given to adolescents and young adults.

**Maternal, Infant, and Early Childhood Home Visiting Program.** Home visiting programs have a history of bipartisan support. The first federal funding was appropriated in 2008, and Congress allocated additional funding to create the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) in 2010. MIECHV works to improve the health of children and families through voluntary home visiting services designed to help parents develop skills to care for their children. The United States spends billions annually to address a host of health, educational and social challenges facing at-risk families, which voluntary evidence-based home visiting programs can help reduce or prevent at a fraction of the costs. MIECHV should be extended and expanded long-term.

*Healthy Start.* In the last 50 years, infant mortality has decreased significantly. However, there are significant disparities in these rates: African American women are more likely than white or Hispanic women to deliver their babies before 37 weeks gestation, putting them at risk for infant death. HRSA's Healthy Start program provides grant funding to prevent infant mortality in 87 communities with infant mortality rates at least 1.5 times the national average and high rates of low birthweight, preterm birth, maternal mortality and maternal morbidity. Healthy Start funding should be continued, and HRSA should work with pediatricians to develop materials that can help reduce these deaths.

*Ryan White CARE Act Part D.* Part D predates the Ryan White CARE Act and is the cornerstone of domestic HIV/AIDS programs and funding. It is the only part of the Ryan White CARE Act that provides coordinated, family-centered services to women, infants, children, and youth living with and affected by HIV/AIDS. Mother-to-child transmission is largely eliminated in the United States. The federal government must preserve the Part D program as a stand-alone program and increase its funding.

*Emergency Medical Services for Children Program.* EMSC strives to ensure that the entire spectrum of emergency services is provided to children and adolescents no matter where they live, attend school, or travel. It helps address gaps in emergency services, and increased funding should be provided to promote the quality of care provided in the pre-hospital and hospital setting, reduce pediatric mortalities due to serious injury, and support rigorous multi-site clinical trials.

*Mental and behavioral health integration in pediatric primary care.* Primary care physicians treat one-third of children and adolescents with mental health conditions. Shortages of mental health professionals with infant-early childhood and adolescent expertise throughout the country, and specifically, of child and adolescent psychiatrists nationwide, necessitate greater primary care clinician involvement in mental health care. The next administration should provide federal support for innovative state or regional models of behavioral health integration in pediatric primary care settings such as child psychiatry access programs.
Postpartum/maternal depression screening and treatment. Postpartum depression is a serious mood disorder that affects nearly 15 percent of mothers after childbirth. The severe feelings of anxiety, sadness, and exhaustion associated with this condition can make it hard for women to care for themselves and their new baby. The next administration should expand funding for innovative models that increase maternal depression screening and treatment rates.

Newborn screening. Newborn screening is a well-established program that effectively identifies newborns with certain genetic, metabolic, hormonal, and functional conditions. Early detection is critical to ensure newborns receive prompt treatment and prevent permanent disability, developmental delay, or death.

Early hearing detection and intervention. Thanks to the hearing screening provisions in the Children’s Health Act of 2000, almost all newborns now receive audiologic screening to identify hearing impairment, which is the most common congenital condition in the country. Many infants are not benefitting from timely follow-up and treatment, however, and too few providers are trained to care for infants with hearing loss. Congress should fund these programs at an effective level, and pass the Early Hearing Detection and Intervention Reauthorization Act (H.R. 1344/S. 2424 in the 114th Congress).

Family to Family Health Information Centers. Congress must support the reauthorization and extension of funding for the F2F grant program beyond fiscal year 2017, so that F2Fs can continue and expand their current work helping families of children and youth with special health care needs navigate the health care system, including their state Medicaid programs and private health insurance.

References


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.