

# Talking Kids' Health Coverage at PennLDI's 50th Anniversary Symposium

[Population Health Sciences](#)

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We were delighted to join with other children's health and welfare experts to discuss the future landscape of children's health care at the University of Pennsylvania's [Leonard Davis Institute's 50<sup>th</sup> Anniversary Symposium](#) on Oct. 5. Along with [Cindy Mann](#), partner at Manatt and former director for Medicaid and CHIP at the Center for Medicare and Medicaid Services (CMS), and [Omar Woodard](#), executive director of the GreenLight Fund in Philadelphia, we participated in a panel that focused on bringing children into the federal health policy conversation, one in which they have largely been left out.

As a group, we wanted to acknowledge the wins we've seen in children's health over the last two decades, most notably the historic lows in uninsurance we've reached for children in recent years. But the focus of our discussion was on the very real challenges to that progress, including maintaining the quality of that coverage, focusing on the unique needs of children requiring complex medical care and facing challenging social risk factors like poverty, and making sure that health care covers important things like mental health and dental care.

The panelists brought their unique perspectives to this important conversation, including raising challenges and proposing solutions that we may not all have thought of on our own.

For instance, I (David) also serve as the medical director for Population Health at Children's Hospital of Philadelphia (CHOP). I kicked off the discussion by arguing in favor of pediatric-specific benefits for all children

– across public and private insurance plans – and pointing out that kids who get their insurance from Medicaid or the Children’s Health Insurance Program (CHIP) are getting more affordable and comprehensive care than children from most private plans. [Low-income, employed parents are seeing this and, when they qualify, enrolling their children in Medicaid or CHIP](#), particularly when they can’t afford the dependent coverage offered through their work.

We believe that the quality of children’s coverage and access to care should not be determined by the name of the payer on their insurance card. I (Havi) discussed [the research showing](#) that the highly comprehensive coverage that Medicaid provides for kids creates a return on investment when those kids grow into healthier, more productive adults who are less dependent on public assistance. We also know that this ROI would be even greater if we scale up some of the population health models we’re exploring at CHOP that simultaneously improve quality of care *and* reduce health care costs. Requiring all private insurers to provide the same level of coverage as public plans for all kids could get us closer to this reality.

Ms. Mann explained that although families are not yet feeling the impact of the federal failure on Sept. 30 to reauthorize CHIP funding, they’ll be feeling it soon as states begin running out of funding to maintain current eligibility levels and the program’s comprehensive coverage. She also pointed out that children make up [nearly 50 percent of the Medicaid population](#), and the recent congressional proposals to dramatically reform Medicaid would have hit children especially hard – highlighting the need to ensure children are not an afterthought as more attempts are made to reform the health care system.

Mr. Woodard addressed the often missing piece of the health care puzzle – underlying social and economic factors that influence children’s health and well-being. He shared data points about poverty in North Philadelphia that were shocking even to the public health experts in the audience and on the panel, and argued that it’s hard to gain much ground in health care for children in this community without focusing first on the deep poverty and its many negative impacts.

This enlightening conversation and the audience’s enthusiasm speaks to the importance of speaking up for kids, maintaining this dialogue, and keeping our minds open to ideas that may come from unexpected places and require our collaboration. We look forward to continuing this discussion and working together to ensure all kids have access to the health coverage and care they need to have their best and healthiest possible start.

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