Children's Hospital of Philadelphia
PolicyLab

The State of the Union's Children

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During the president's State of the Union address tonight, he is expected to outline the administration's top priorities for the future. But if the past year is any indication, we may not hear much about the health of our nation's children and adolescents. This was a year in which Congress proposed significant cuts to children's services offered through Medicaid and permitted a 114-day lapse in funding for the Children's Health Insurance Program (CHIP), a bipartisan program that covers children in low-income, working families.

While it is certainly positive that earlier this month Congress reauthorized CHIP for six years, we would be wrong to prescribe the state of the union for our children based solely on the success of finally restoring this program. To the contrary, there are a range of challenges inhibiting our children's health and well-being that either go beyond insurance or require that we approach insurance coverage differently.

The health disparities and social and economic challenges impacting the development of our nation's children into productive, healthy adults require many more conversations between our leaders. We're proud to say that PolicyLab researchers are not only helping to identify the most salient of these issues, but also potential solutions to address them.

Based on our rigorous research and our hands-on experience as providers, here are the three issues we would recommend lawmakers and health systems prioritize this year if we are to improve the state of the union's children:

1. Provide comprehensive health coverage to all children in the U.S.

> As caretakers of children, we experience firsthand the benefits comprehensive health coverage can have on not only the lives of youth, but their successful transition into productive, healthy adults. We laud programs like Medicaid and CHIP for already providing child-specific benefits to make sure kids get the right care at the right time, including mental health services, dental care, and school-based assistance for those with special health care needs. But those public programs only protect 40 percent of youth living in this country. The majority of children are insured through plans provided by their parent's work or the Affordable Care Act, neither of which have the same pediatric-specific coverage requirements. This inequality contradicts the popular belief that all children should be offered a good start to life.
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> It is time that we move beyond the CHIP reauthorization toward solutions that ensure all children, regardless of their insurance, have affordable access to the comprehensive, pediatric-specific vision, dental, mental health, and physical health benefits that are the foundation of that program. Achieving comprehensive and essential benefits for all children in this country: now that would be a strong proposal.

2. Ensure children and teens receive quality mental health care

Whether you watched “13 Reasons Why,” experienced it in your own community, or care for children as providers, the growing crisis of behavioral health concerns among our nation’s children is palpable. The crisis we’re witnessing personally is shown at more global scales through studies showing sharp increases in the number of teen girls treated for self-harm in emergency rooms and in the number of youth committing suicide across a state. Yet, more than half of children and adolescents who have diagnosed mental health disorders do not receive recommended mental health services. Some of the barriers to accessing these services are rooted in insurance issues; some are rooted in the significant prevalence of adverse childhood experiences that our children are facing. But even more so, we’re challenged by the lack of integration of behavioral health services within health care systems, doctors’ offices, and schools.

Building capacity to support behavioral health integration requires embracing the realities of a diminishing primary care workforce and resource deficits facing schools and other public systems. The task ahead requires partnerships—researchers and program developers must create incentives and test innovations that build a robust, interdisciplinary workforce to support timely and quality behavioral health access, and health systems and payers must establish reimbursement strategies to support providers responding to this crisis. Against the backdrop of an opioid epidemic that has profoundly impacted families and communities across the country, these partnerships and support from our leaders to build sustainable, integrated care models has only become more important.

3. Support family-centered care

With growing evidence that children do better when their caregivers do better and with more parents expected to lose their insurance as it becomes more unaffordable, or even unavailable, the need for integrated, family-centered care in pediatrics has never been more pressing. We have an opportunity in pediatrics to address caregivers’ health and social needs through services we like to call intergenerational family services. Whether it’s helping young mothers access contraception, diagnosing and intervening with depressed parents, educating parents about tobacco cessation and healthy cooking practices, or guiding families to programs that can help address food insecurity, PolicyLab is driving implementation of research around these services into programs that are helping the families we care for.

But, there is urgency here to align our public policy with this emerging science to ensure that we can deliver and reimburse pediatric physicians for these parental services that are delivered for the well-being of the child. The Centers for Medicare and Medicaid Services has taken some early steps to authorize reimbursement for infant home visiting services and for maternal depression screening within Medicaid. We need to build upon these efforts, learn from state Medicaid programs that are leading the way in innovation, and greatly enhance our ability to connect our patients’ caregivers with community-based and interdisciplinary family-based programs that address their needs.

None of these approaches will be easy, but all are right there for the taking. We believe that if lawmakers and health systems prioritize these three issues as part of a national children’s health agenda, we’ll be able to nurture more of our union’s youth into productive, healthy adults.

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