PolicyLab

Secretary Valerie A. Arkoosh, MD, MPH
Pennsylvania Department of Human Services
Health & Welfare Building
625 Forster St.
Harrisburg, PA 17120

RE: Bridges to Success: Keystones of Health for Pennsylvania

Dear Secretary Arkoosh and colleagues,

As pediatric clinicians, child and family health researchers, and policy experts at PolicyLab at Children's Hospital of Philadelphia (CHOP), we welcome this opportunity to comment on the Department of Human Services' (DHS) Section 1115 waiver application. Evidence shows that continuous health care coverage yields transformative impact for children. Additionally, 50% of the modifiable factors that shape population health outcomes are related to social and economic factors and the physical environment. In Pennsylvania, as of 2022, the average percentage of "adults in households not current on rent or mortgage where eviction or foreclosure in the next two months is either very likely or somewhat likely" was 30%, comprising more than 470,000 households. More than 30,000 children in our state live in unstable housing. 1 in 11 people, and 1 in 8 children, endure food insecurity each year. These and other unmet health-related social needs are a reality for many Medicaid beneficiaries. In CHOP's experience screening caregivers of hospitalized children for health-related social needs over the past year, we found that 28% of Medicaid beneficiaries requested assistance with food and 19% requested assistance with housing. We commend DHS for creating a waiver that prioritizes covering children during a vital period of their development and helping to provide for the needs of vulnerable Pennsylvanians.

Multi-year continuous coverage for children under 6 years of age

We strongly support multi-year continuous coverage in Medicaid for children under 6 years of age. The American Academy of Pediatrics (AAP) and Bright Futures recommend that a child receive 15 preventive care visits before they turn 6 years old. The brain develops rapidly in early childhood, and plasticity diminishes as children grow older, rendering it critical to support healthy development during this period. Individuals with inconsistent Medicaid access are more likely to delay care, receive less preventive care, refill prescriptions less often and have more emergency department visits. Multi-year continuous coverage ensures that children retain health care coverage in the critical early years regardless of household income fluctuations and administrative challenges, which are prevalent among Medicaid beneficiaries. A recent study by PolicyLab researchers indicates that continuous coverage "may help increase access to and ensure stability in children's health insurance, particularly when families are faced with challenging economic circumstances." Continuous coverage may be especially beneficial for vulnerable populations such as children with medical complexity and those transitioning out of foster care.

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Continuous coverage offers numerous benefits for children and families, improving health and health equity. Higher coverage rates are "associated with better health, reduced school absenteeism, and higher academic achievement for children and, potentially, fewer lost workdays and lower medical debt for their parents." Moreover, continuous coverage minimizes administrative burdens and costs, supporting efficiency and allowing states to spend more of their Medicaid funds directly on health care. PolicyLab experts highlight that the aforementioned PolicyLab study's findings augment "the growing body of evidence showing that reducing administrative burdens might be an important strategy for improving access to government benefit programs among children and families living in poverty." Furthermore, multi-year continuous coverage for young children could provide a return on investment in the long-term and across sectors and programs (not only in Medicaid). Alker et al. elucidate:

> One study found that expanding Medicaid to low-income children paid for itself by the time the children reached age 36. Other studies have found that Medicaid in childhood is associated with better health in adulthood, higher levels of educational attainment, and higher tax payments.

Food/nutrition and housing supports

We strongly support the services proposed to help Medicaid beneficiaries identify and maintain stable housing and access healthy food. We commend the inclusion of people who are pregnant or in the 12-month postpartum period and their households as an eligible group. Per a recent systematic review, there is "a consistent relationship between housing instability and adverse pregnancy outcomes." Food insecurity in pregnancy has been associated with complications and conditions including gestational diabetes, iron deficiency, postpartum depression and obesity. Research has also demonstrated an association between food insecurity in pregnancy and poor health outcomes for the child. Hence, housing and food supports are crucial for pregnant and postpartum people, and we appreciate DHS' recognition of the intergenerational benefits of supporting them.

Furthermore, we are pleased that the nutrition assistance support will connect beneficiaries receiving services under the 1115 demonstration to other state and federal benefit programs, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP), and to local community-based organizations. PolicyLab research emphasizes the importance of improving access to government benefit programs and reducing administrative burdens in the benefits enrollment and redemption process. Improving coordination between Medicaid and nutrition assistance programs, including SNAP and WIC, is one key strategy for this. In a recent pilot program at two CHOP Primary Care Network sites serving predominantly Medicaid-insured patients, we found that 25% of caregivers of infants from birth to 6 months old requested assistance connecting with WIC and SNAP. Relatedly, CHOP has seen the value of working with non-profit

organization partners like Benefits Data Trust to connect families with nutrition assistance, and we encourage DHS to learn from and leverage existing partnerships. In the implementation plan, we suggest considering which entities will facilitate these connections and how they will be supported in doing so.

Also related to the implementation plan, we offer three additional points for consideration.

First, given our pediatric lens, we believe it is important to consider that children whose parents or caregivers have diet-sensitive conditions (such as diabetes and high blood pressure) may be predisposed to develop these conditions. Individuals with a family history of diabetes are more likely to develop diabetes later in life. Most people with Type 2 diabetes (80-90%) have family members with the condition. Furnishing meals or groceries to only one person in the household might dilute the impact of the intervention, as the individual may share the food. Therefore, it is important to ensure that other concurrent services and programs are supporting the nutritional needs of the whole household.

Second, and relatedly, there is a robust association between food insecurity and child health. Section 1115 waivers in several other states including Massachusetts, North Carolina, and Oregon include medically tailored meals or food for certain pediatric populations. Investment in preventing diet-related chronic disease among children, through the 1115 or other mechanisms, is likely to save states money over the long-term.

Third, PolicyLab has a large body of work on best practices regarding screening for and documenting social needs in pediatrics, summarized in this issue brief. Results are forthcoming from the Socially Equitable Care by Understanding Resource Engagement (SECURE) study, which investigated resource menus as a strengths-based alternative to screening processes.

Finally, PolicyLab understands how important a robust evaluation will be for the 1115 demonstration. We would welcome the opportunity to learn about DHS' plans for evaluation and partner together in these efforts.

Thank you for your consideration of these comments. Please contact Emma Golub (golube@chop.edu) with questions or if there is an opportunity to further discuss any of the points raised.

Sincerely,
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Health Policy Director
On behalf of CHOP PolicyLab