

PERINATAL & CHILD HEALTH

PPC Goal: Ensure each parent and child in Pennsylvania has the opportunity for affordable, quality health care access.

Everyone, especially children and individuals during pregnancy into the postpartum period, should have health insurance and the access to quality health care that is necessary for healthy birth outcomes, improved physical and mental health of a new mother, and for a child's healthy development into adolescence and through adulthood. Our perinatal and child health care policy agenda aims to close the gaps on those left without health insurance by expanding eligibility and strengthening benefits including physical and mental health services and access to nutritious food.

POLICY PRIORITIES:

1. Increase access to prenatal and postpartum services within Medicaid and CHIP for pregnant adults to ensure expecting mothers, infants, and toddlers start and stay healthy.

- a. Monitor the 12-month postpartum coverage policy for pregnant women enrolled in Medicaid and CHIP, including access to and utilization of prenatal and postpartum services.
- b. Promote behavioral health prenatal and postpartum screenings that include evidence-based depression screenings and increase coordination to ensure follow-up services occur for proper treatment.
- c. Support the Perinatal TiPS peer-to-peer consultation line designed to give providers custom mental health feedback when birthing individuals need more complex support.
- d. Support doula service reimbursement in Medicaid to improve birth outcomes.
- e. Expand CHIP to include pregnant adults, who are not eligible for Medicaid due to their immigration status, since access to good health care is a key factor in positive birth outcomes.
- f. Monitor advocacy opportunities to advance a state Paid Family Leave policy so every worker can take time to care for their health or child.

2. Build on the success of Medicaid and CHIP to ensure every Pennsylvania child is insured.

- a. Improve enrollment and renewal policies to reduce procedural disenrollments and other unnecessary delays or gaps in coverage by strengthening the automated (ex-parte) renewals process.
- b. Monitor the implementation of PA's birth to age 6 continuous coverage policy in Medicaid.



- c. Monitor the state-based exchange Pennie™ to ensure a “no wrong entry” to Medicaid and CHIP.
- d. Support continuation of the enhanced Advanced Premium Tax Credit (APTC) set to expire in 2025 that provides affordable coverage for families purchasing plans through Pennie™.
- e. Support expanding eligibility within either Medicaid or CHIP to include every child living in Pennsylvania regardless of immigration status by advancing legislation to fully implement the Cover All Kids initiative.

3. Promote positive health outcomes for children as a direct result of Medicaid, CHIP and/or the Affordable Care Act.

- a. Ensure adequate federal and state funds to maintain Medicaid and CHIP eligibility standards without compromising one program in exchange for another. Ensure messaging of CHIP builds on the shoulders of the success of the Medicaid program.
- b. Advocate at the federal level to make CHIP a permanently funded program.
- c. Promote Medicaid and CHIP as lifelines for working families which provides free or affordable comprehensive coverage for their children.
- d. Defend against attempts at the federal level to repeal or undermine the ACA, as well as efforts to cap Medicaid spending through block grants or per capita caps.

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4. Assure that children enrolled in Medicaid and CHIP have adequate benefit packages to meet their needs, and that they are appropriately receiving well-child visits, immunizations, screenings necessary for their healthy development, as well as access to mental health and dental health services.

- a. Monitor and review compliance of managed care requirements in both the Medicaid and CHIP contracting process and through enhanced partnerships with managed care organizations (MCOs).
- b. Ensure that Medicaid and CHIP are implemented with fidelity by measuring quality and performance of mandatory benefits, including within the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.
- c. Research and advocate for changes within both physical and behavioral health benefit packages as necessary, including exploring the integration of physical and behavioral health services within Medicaid and identifying policies to improve childhood mental health.
- d. Monitor utilization of well-child visits and screenings at recommended intervals according to the AAP's Bright Futures periodicity schedule.
- e. Monitor immunization rates to ensure that children are staying up to date on routine vaccinations to prevent childhood diseases.
- f. Assure that children enrolled in Medicaid and CHIP are receiving dental care as oral health is a key measure of overall health.

5. Promote efforts to identify and prevent lead exposure in children to ensure their healthy development.

- a. Support the Lead-Free Promise Project goals to get lead out of homes and ensure proper testing and remediation.
- b. Advance policies for young children with high or elevated levels of lead exposure to ensure care coordination and appropriate referrals to early intervention.

6. Advance policies that support children identified with developmental delays and disabilities through early intervention programs, while also providing ongoing support to parents and providers.

- a. Strengthen outreach, referral, and enrollment processes to serve all children who can benefit from Part C early intervention.
- b. Ensure Part C Early Intervention services offer the quality needed to make a difference.
- c. Ensure equitable access for all eligible children in Part C Early Intervention.
- d. Support the mental health needs of infants and toddlers participating in Part C Early Intervention by addressing the current under-utilization of mental health services and ensuring that social-emotional-behavioral health providers are integrated into evaluation teams.
- e. Partner with OCDEL to improve data availability for Part C Early Intervention.
- f. Research a policy framework that focuses on providing necessary services for young children eligible for Part B early intervention services.

7. Increase access to healthy nutrition for women and young children to ensure healthy development.

- a. Support the financial stability and modernization of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to increase participation among Pennsylvania mothers and children.
- b. Expand WIC eligibility for children through age 6 to receive benefits until starting kindergarten.
- c. Support efforts to strengthen, diversify and increase the cultural competency of the WIC workforce.
- d. Explore policy improvements for children participating in the Supplemental Nutrition Assistance Program (SNAP) or other similar nutrition education programs.



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