

Commissioner Sandquist and King
Mr. Chairman and Members:

Good afternoon. I am Peter Sybinsky, CEO of the Association of Maternal and Child Health Programs (AMCHP). ^{we} The Association appreciates the opportunity to provide input to the vital work of the Commission.

Our association represents state and territorial maternal and child health programs as well as related programs for children with special health care needs. These activities are authorized through Title V of the federal Social Security Act. They play a key role in assuring the health of all women and children across the country. Last year, our members helped over 28 million infants, children and women to receive quality health care. I have outlined many of the ways our members do this in my ~~formal~~ ^{written} testimony.

AMCHP urges the Commission to adopt two basic principles as it considers proposals for reforming Medicaid.

First, ensure that Medicaid continues to be a safety net program for uninsured low-income women and children.

Basic to this safety net are ~~screening~~ screening services that are early and regular as well as the availability of all appropriate diagnosis and treatment services. These are critical to assuring that children's health needs are met, especially the problems of children with special health care needs. Detecting problems early is key to cost-effective health care and treating them fully ultimately allows for a child to make its highest contribution to society.

Also important for the safety net is the ability to access health care. We urge the commission ~~to effect~~ ^{for these populations} cost-sharing requirements, ~~that will restrict such access.~~ In our written testimony, we outline the issues involved, and their additional impact on children with special health care needs.

AMCHP's second principle recommendation relates to the special value of prevention.

It is important to retain Medicaid provisions that foster prevention and to inculcate new mechanisms to further promote access to and delivery of preventive services. We note the economic value of simple procedures such as vaccination. Access to care that addresses children's health issues such as depression, stress, substance abuse, obesity and other conditions that interfere with a child's ability to learn with have both health and economic advantages.

In summary, Medicaid provides for vital services to the populations our programs serve. We offer our assistance and expertise to the Commission to ensure that the Medicaid changes you recommend will both promote cost-effective care and the

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Comments

health of women and children across the United State^s. Thanks again for the opportunity to testify.



MEDICAID COMMISSION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AUGUST 17, 2005

Association of Maternal and Child Health Programs
1220 19th St., NW
Suite 801
Washington, DC 20036

As the Medicaid Commission considers ways to reform Medicaid, the Association of Maternal and Child Health Programs (AMCHP) encourages the Commission to preserve the vital health benefits that Medicaid provides to protect millions of low-income and vulnerable Americans every year, including women and children. As you consider ways to achieve the \$10 billion in savings mandated by the 2006 congressional budget resolution and also consider long-term reforms to Medicaid, AMCHP respectfully urges the Commission to carefully consider the long-term consequences of the alternatives you consider.

AMCHP represents state public health leaders and others working to assure that all women and children receive quality health care. AMCHP members share a common source of funding, the Title V Maternal and Child Health (MCH) Services Block Grant and help over 28 million women, infants and children receive needed health services every year. State maternal and child health and children with special health care needs programs, authorized through Title V of the federal Social Security Act of 1935, have a key role in assuring the health of all women and children in every state, the District of Columbia, and eight additional jurisdictions.

State maternal and child health and children with special health care needs programs ensure Medicaid eligible women and children can access needed services and work with other programs like WIC, community health providers, Head Start and schools to make referrals to Medicaid and CHIP programs. They also train public health workers who inform families about the availability of Medicaid and SCHIP and how to apply. These programs also participate in the development of Medicaid policies and practice standards

that help providers work with special populations, such as children with special health needs.

As the Commission moves forward in developing recommendations, AMCHP is glad to offer the expertise of our members given their extensive work with Medicaid and the role they play in developing and administering statewide systems of health care for women and children.

AMCHP urges the Commission to adopt the following principles as it considers proposals for reforming Medicaid:

Allow Medicaid to continue to be a safety-net health program for uninsured women and children. In order to do this, AMCHP urges the Commission to:

- *Assure that the Early and Periodic Screening, Diagnosis, and Treatment benefit is maintained.*
- *Not implement onerous cost sharing requirements on low-income families and their children that would limit access to needed services*

Any proposal considered by the Commission should maintain Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements for children on Medicaid. Research shows that early diagnosis and treatment prevent other problems, lead to better care over time and ultimately cost less. Medicaid must continue to cover the services that are vital for children's well-being especially in the case of children with special health care needs (CSHCN). CSHCN often need a wide range of specialized services, which minimize disability and help maintain health status. Without some or all necessary treatments disabilities may increase which may directly lead to worsening of health conditions. The current requirement that Medicaid cover the cost of all medical care needed to address the range of physical, developmental, behavioral and emotional conditions specific to childhood should be therefore be maintained.

Imposing higher cost sharing limits to achieve budgetary savings will also impact the number of children who end up on Medicaid as well as their access to needed health services. The Medicaid program has historically prohibited or limited premiums and cost sharing because it serves a low-income population with very limited resources. Children with special health care needs have twice the number of trips to the doctor than other children. Increased cost sharing would hit families of these children particularly hard. Health care policy changes should extend the breadth and depth of insurance coverage needed by these families, not add additional financial burdens.

Cost sharing, whether through co-payments or premiums, may also inhibit the ability of women and children to access preventive care. Medicaid currently exempts pregnant women and children from cost-sharing to ensure that they are not deterred from seeking preventive and primary care during key developmental periods of life. If families have to pay higher costs, they may delay care or forgo care as they are forced to make difficult choices between food, rent and health care. For expectant mothers, this could result in more expensive health care for mother and baby (and for the state and federal

governments) down the road. According to the CDC, hospitalizations for pregnancy-related complications occurring before delivery account for more than \$1 billion annually¹. For every \$1 spent on prenatal care for pregnant women with diabetes, \$1.86 could be saved by preventing birth defects among their offspring². We recommend that this policy continue.

Support public health programs that promote prevention.

- *Early and continuous access to health care is a cost saving intervention for women and children.*

Medicaid provides access to care for millions of low-income children and their families. Major cuts that decrease access to health care will diminish healthy outcomes for mothers and children. Research indicates that children enrolled in Medicaid are more likely to receive preventive health care, such as well-child visits. During well-child visits, many children receive vaccinations that the CDC found “is one of the most cost-effective health interventions available”. For example, the measles mumps-rubella (MMR) vaccine saves \$16.34 in direct medical costs for every \$1 spent³.

Preventive health visits that address children’s health issues such as depression, stress, substance abuse, unintended pregnancy, eating disorders, and obesity can greatly improve their ability to learn. Increased financing for health care for low-income pregnant women through Medicaid has spurred new outreach, case management, and enhanced social support services to help low-income women and their families. Medicaid provides an important source of coverage for prenatal, perinatal, and postnatal care for pregnant women. Changes to Medicaid that will limit the ability of low-income pregnant women and children to access care will end up costing both the states’ and federal government more to treat low birthweight or premature babies and other poor birth outcomes as well as higher costs for special education, etc.

Conclusion

No single program, whether state maternal and child public health programs including those for children with special health care needs or community health centers, have the scope or the resources to replace Medicaid’s valuable role in our nation’s health care system. Therefore as you consider changes to program, AMCHP urges you to retain provisions that have helped improve the health outcomes of millions of low-income women and children throughout the nation. This improved health is a long term benefit with positive economic consequences extending to the family, the school, and the workplace. If cuts are enacted that compromise access to care for infants, children and pregnant women, all of America will suffer because the effects will have long-term implications not only on health, but our country’s economic growth and well-being.

¹ Chronic Disease Overview. Centers for Disease Control and Prevention. <http://www.cdc.gov/nccdphp/overview.htm>

² *ibid*