



MediKids Update for AAP Members

MediKids is a legislative proposal designed to provide a safety net health insurance program for children who are falling between the cracks and do not have access to Medicaid, CHIP or private insurance. The Academy worked closely with key members of Congress on the original bill, which was introduced by Representative Pete Stark and Senator Jay Rockefeller in 2001 and it has been reintroduced in each subsequent congressional session.

This year, health care reform has the most momentum it has had since the Clinton effort of 1993-94, and Representative Stark and Senator Rockefeller have reintroduced MediKids early in the session to signal their strong support that children remain a priority focus during the upcoming debate. As Chair of the Health Subcommittee on the House Ways and Means Committee, Representative Stark is a key player. Likewise, Senator Rockefeller's position as Chair of the Senate Finance Committee's Subcommittee on Health allows him to take a strong leadership role in assuring all children access to health insurance. The Academy applauds and supports the efforts of Representative Stark and Senator Rockefeller to assure that children receive the attention they deserve during health care reform discussions.

As the debate on reform ensues, the Academy has heard members' concern that any such expansion of public insurance programs may create a situation where children who are currently adequately insured with private insurance move into Medicaid, CHIP or MediKids rather than maintain their private insurance coverage. This "crowd out" of privately insured patients could result in lower overall reimbursement rates to pediatricians, threatening the current viability of their practices. However, data from our Department of Practice indicates that crowd-out does not automatically reduce revenue, depending on the benefit package.

The Academy also realizes that Representative Stark and Senator Rockefeller have introduced the MediKids bill unmodified from previous congressional sessions. Passage of the CHIPRA (Child Health Insurance Program Reauthorization Act) earlier this year, however, resulted in enactment of the quality section of MediKids as well as the establishment of the MediKids bill's Medicaid and CHIP Access and Payment Commission.

Senator Rockefeller and Representative Stark are well aware of the Academy's concerns and the need to modify their bills, but their focus is now consumed and focused on the larger health care reform discussions. If MediKids begins to "move" in Congress, the Academy will work with Representative Stark and Senator Rockefeller to amend the MediKids bill to eliminate those two redundant pieces and to assure that the "new"

MediKids bill adheres as closely as possible to the Academy's MediKids revisions which were adopted by the Subcommittee on Access and Committee on Federal Government Affairs in April 2009: These principles are as follows:

1. All patients should pay graduated premiums if their gross family incomes are between 200% and 300% of the Federal Poverty Guidelines (FPG), such that all patients at 300% or more of FPG pay full commercial premiums
2. Payment in all public and private health care plans should be consistent with the Equal Access clause of the 1989 OBRA Medicaid statutes (payment to physicians should be high enough to assure that Medicaid-eligible patients have the same access to physicians as commercially-insured patients who live in the same geographic area)
3. The federal government should require all parents to enroll their children in a private or public health insurance program

Hence, MediKids will continue to serve as a marker-- in fact the only marker-- which highlights the needs of children. Should the larger health care reform debate collapse, a revised MediKids bill could then serve as the vehicle for covering all children. Rest assured, Academy staff and volunteer leaders will promote the amended AAP MediKids agenda in all health care reform debates.