

March of Dimes Foundation Recommendations

Health Policy Stakeholder Meeting

December 17, 2008

In order to accurately capture and understand your organization's priorities for health care reform and other health care policy issues, we ask that you briefly detail your priorities as follows:

1. Health policy priorities/goals in the short term (first 100 days)

Legislation:

- Reauthorization of the State Children's Health Insurance Program that includes at least the following:
 - Resources needed to enroll all eligible children
 - State option to enroll income eligible pregnant women in SCHIP without a waiver
 - Provide CMS authority and resources to develop and disseminate pediatric quality measures
- Additional improvements to SCHIP and Medicaid to improve maternal and child health:
 - State option to cover legal immigrant children and pregnant women in SCHIP and Medicaid
 - Allow states to include underinsured children with special health care needs in SCHIP
 - State option to provide a core set of preconception and interconception care benefits to income eligible women who rely on Medicaid for their health coverage
 - Require state Medicaid programs to cover tobacco cessation pharmacotherapies and counseling for pregnant women
 - Override Medicaid Targeted Case Management (TCM) regulation
 - A Medicaid demonstration of telemedicine services to improve access to specialty maternity care providers for high risk pregnant women in rural areas

Budget/Appropriations:

- For FY09 and FY10, recommend discretionary funding increases aimed at reducing significant threats to children's health - preterm birth, birth defects and infant mortality:
 - Increase funding for prematurity related research at the National Institutes of Health and specifically the National Institute of Child Health and Human Development (FY08 \$1.254 billion seeking \$1.34 billion in FY09);

- Full funding for implementation of the National Children’s Study FY09 \$192.3 million FY10 \$200 million;
- Full funding for the PREEMIE Act (P.L. 109-450) (\$13 million);
- Full funding for the Newborn Screening Saves Lives Act (P.L. 110-204) \$44.5 million;
- Increase funding for CDC’s birth defects activities at the National Center on Birth Defects and Developmental Disabilities (FY08 \$13.6 million increase to \$16.6 million in FY09; and
- Funding to maintain CDC’s National Center on Health Statistics (NCHS) Vital Statistics program, including collection of “core” and “enhanced” data elements (FY08 \$114 million, increase to \$125 million in FY09 and \$145.5 million in FY10)

Administrative Action/Regulations:

- Rescind SCHIP August 17 directive (requires states to meet certain requirements before extending coverage to children with family incomes above 250% of poverty).
- Promulgate guidance to states on a national Newborn Screening panel based on recommendations endorsed by the HHS Secretary’s Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children – recommendation pending.

2. Long Term Health Policy Priorities

Legislation:

- *Health Reform* should include access to comprehensive, affordable coverage for all women of childbearing age, infants and children.

Budget/Appropriations:

- Double funding of \$29.2 billion over the next 10 years for the National Institutes of Health, including yearly funding for each phase of the National Children’s Study.
- Increase overall funding for the Centers for Disease Control and Prevention from approximately \$6b to a total of \$10 billion by FY15
- Fund Health Resources and Services Administration’s maternal and child health programs at fully authorized levels (eg. Title V MCH Block Grant - \$850 million, Newborn Screening - \$44.5 million, and Healthy Start - \$120 million)

3. Any budgetary or appropriations concerns or impact

Nearly all the March of Dimes priorities outlined above will require additional investment that will yield long term improvement in the health status of women, infants and children. As with immunizations, preventive health measures and early treatment, devoting additional resources to these populations has great potential for reducing long term health costs.

4. Any other HHS related issue: NA