



Ensure All Children Have Access to Health Care

Ensuring the health of our state's children is an investment in the well-being of families and children as well as in a strong future workforce and economy. The fragmented, complicated health care system creates real barriers to health care coverage. Despite efforts year after year, the number of uninsured children in Minnesota continues to increase and the current economic environment is sure to result in even more children without access to health care coverage.

MN-AAP supports efforts to expand (or at a minimum, maintain) access to health care coverage that:

- **Promotes Comprehensive Medical Care, Mental Health Services, and Oral Health that reduces Geographic, Socio-Economic and Racial/Ethnic Disparities.** When children have reliable access to health coverage, they are more likely to get necessary preventative care. This, in turn, helps us to both prevent and manage chronic disease. Access to reliable health coverage also guarantees access to vaccines and disease prevention. Healthier children have fewer school absences and parents and employers lose fewer workdays. The MN-AAP strongly opposes efforts to remove children from programs that provide access to health care coverage or limit their access to critical benefits and care.
- **Supports Healthy Families.** Extensive research shows that covering low-income parents increases enrollment of eligible children in health insurance programs such as Medicaid and SCHIP. The reverse is also true. Especially in challenging economic times it is important that not only children but also their parents have access to affordable coverage. The MN-AAP opposes cuts to public program eligibility or new barriers such as increased co-pays that would cause families to lose coverage.
- **Addresses Workforce Shortages.** Pediatric care should be delivered or directed by a well-trained primary care physician who is supported by the full range of medical and surgical specialties, but increasingly there is less access to pediatric care particularly in low-income communities. In Minnesota, primary care is reimbursed for Medicaid services at some of the lowest rates in the country (47th lowest). The result is a fast-growing shortage of pediatric subspecialists, which jeopardizes access to care in a large number of communities around of the state and magnifies socio-economic and racial/ethnic disparities. The 6.5 percent reimbursement cut in 2009 (5 percent passed by the legislature and 1.5 percent added through unallotment) is making the problem worse. The MN-AAP urges caution as legislators work to balance the state budget.
- **Supports Medical Home.** In 1967 the American Academy of Pediatrics first defined medical home. Forty years later medical home is a core component of health care reform for adults as well and is being incorporated into Minnesota health care reform under the name "health care home." The MN-AAP urges policy makers to consider the unique needs of children into further reforms rather than simply implement adult models onto pediatric populations.