

# InCK Marks

*Helping Leaders Advance Child Health Care Transformation*

December 29, 2020

President-Elect Joseph Biden  
Office of the President

Vice President-Elect Kamala Harris  
Office of the Vice-President

Dear President-Elect Biden and Vice President-Elect Harris:

We commend the Biden-Harris Administration's commitment to building back better from COVID-19. While the major medical impacts from COVID-19 have been on seniors and those with special health needs, the long-term effects of physical distancing and disruption may be greatest upon children and their healthy development. We view your plans for a 21<sup>st</sup> century caregiving and education workforce and for achieving universal health coverage through improvements to the Affordable Care Act as key to building back better for children and their families.

Your leadership and actions can be truly transformative for ensuring the healthy development of the next generation and ending disparities and inequities. Both as part of new stimulus and recovery plans to address the impacts of COVID-19 and as a focus of your domestic agenda, we pledge to work to advance these plans.

Specifically, we encourage you to draw upon the growing body of research and evidence related to child health care transformation as you further refine your work. Federal leadership is key to accelerating the development and diffusion of a new standard of primary child health care that is more family-centered, uses team-based approaches, and advances health equity.

We endorse the attached statement offering specific levers for advancing child health care transformation as part of an overall federal agenda for children and their families. We look forward to contributing to enactment and successful implementation of such plans and working with and informing your administration.

Sincerely,

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**Bold-faced organizations represent organizational as well as individual signatories**

## Federal Opportunities to Advance Child Health Transformation

Working Statement of the National Advisory Team, November 3, 2020

COVID-19 has been disruptive to children and their families and the health systems that serve them, particularly primary care. The triple crises of the COVID-19 pandemic, economic downturn, and reckoning on racism have elevated attention to racial inequities and social injustice in both the health care system and our country as a whole.

Because of COVID-19, the public and the policy community now have heightened recognition of the value of frontline providers in child health and other fields. Providers reached out, supported, and engaged children and their families, offering two- and multi-generation approaches to protect child health and development. At the same time, health practitioners faced new challenges in providing that care, many not recognized in the current financing system. It is clear that the child health care system will not simply revert back to the way it was before COVID-19. We must work to build back better, smarter, and fairer. The future of our children and society depends upon it.

Far too many U.S. children—through the poverty, isolation, stress, discrimination, racism, or marginalization of their families and communities—do not have access to or receive what they need to succeed. The result is profound disparities in opportunity based upon a child’s socio-economic status, zip code, and/or color of their skin. Currently, none of the systems serving children — health care, behavioral health, economic assistance, early care and education, and family support — is sufficiently resourced to fulfill even its own role, but each has evidenced-based models and best practice protocols to do so. The federal government has a critical leadership opportunity to invest in these systems, in partnership with states and communities, and to equip the child health field to move toward a new and better standard of practice.

New leadership and investment from the federal government can be the stimulus needed to transform child health care. The challenge is to diffuse exemplary practices as well as evidenced-based program models into much broader practice and toward an improved standard of care for the child health system. This includes more preventive and promotive health responses to children and families now struggling to grow and develop and earlier, more comprehensive, and more family-and-youth-driven responses to children with special health care needs and disabilities to enable their optimal growth and development.

The following are key actions the federal government can take to improve the health and development of children and their families. Some are specific to young children, but many apply to older children; and other efforts, including school-based services, are needed to support older children.

### 1. **Guarantee health coverage**

- Health coverage guaranteed for all newborns at least until their sixth birthday, including automatic and continuous enrollment in Medicaid/CHIP for those without identified health coverage.
- Continuous Medicaid postpartum enrollment of mothers for a year following the end of pregnancy, through their child’s first birthday.

### 2. **Provide incentives to states**

- Enhanced federal financial participation under Medicaid for well-child visit reimbursements which are provided to practices meeting standards as advanced, high performing medical homes.

- Enhanced federal financial participation under Medicaid for care coordination/ case management for children which address social as well as medical determinants of health, including staffing that is diverse and responsive to and representative of the communities served.
3. **Invest in innovation and quality improvement**
- Core provisions (and reauthorization) within the Centers for Medicare and Medicaid Services, Center for Medicare and Medicaid Innovation (CMMI), that focus upon advancing innovation and diffusion of advanced, high performing medical homes for children in Medicaid, including a federal opportunity announcement (FOA) for young children and State Innovations in Medicaid (SIM) grants to states specifically for child health.
4. **Build a community-based workforce**
- Additional funding (through the Title V Maternal and Child Health Services Block Grant or other flexible block grant funds) for a community-based child health workforce (e.g. community health workers, family specialists, relational health workers, doulas and midwives, family navigators, and others) to build the capacity to provide family-centered, high-performing medical homes for all children.
  - Additional funding through Medicaid and other federal programs such as IDEA Part C to expand early intervention services for children with developmental risks and delays related to medical or social complexity, providing appropriate child-specific responses and supporting families in their roles.
5. **Advance equity**
- Incorporation of expectations and supports within all actions taken above to advance and promote accountability among payers for equity, with a particular and specified role for child health providers to contribute to eliminating bias and being explicitly anti-racist.
  - Specific financing for equity training, guidance, and continuous improvement as part of Medicaid and other health care contracting and administrative support, including workforce diversification to reflect the populations being served.
  - Focused attention to monitoring quality and equity in Medicaid, with data collected and oversight provided to ensure accountability for health expenditures so that all children receive continuous coverage, equitable treatment, and quality care responding to their needs and circumstances.

The Integrated Care for Kids-InCK Marks Initiative is funded by the Robert Wood Johnson Foundation to help leaders – practitioner champions, administrators, policy research and advocacy organizations and experts, and policy makers at the state community, and federal levels – advance child health care transformation. InCK Marks is guided by a National Advisory Team and draws upon and promotes the work of a national resource network of over 35 national organizations at the cutting edge in advancing child health transformation. InCK Marks produces reports synthesizing the state-of-the-field in health care transformation at the practice, finance, metrics, and culture levels and conducts webinars and other forums to share its own and the work of network members. Charles Bruner serves as the National Resource Network manager and grant administrator. The National Advisory Team which produced this report is: Kay Johnson, chair; Maxine Hayes, co-chair; Kamala Allen, Mayra Alvarez, Melissa Bailey, Scott Berns, Christina Bethell, Elisabeth Burak, Paul Dworkin, Beth Dworetzky, Wendy Ellis, Jeff Hild, Shadi Houshyar, Nora Wells, and David Willis. The statement was revised and improved based upon thoughtful comments and insights from four zoom meetings with other experts in the field: Rahil Briggs, Elizabeth Burke-Bryant, Ruben Cantu, Debbie Cheatham, Nathaniel Counts, Helen Duplessis, Amy Fine, Andrew Garner, Hannah Gears, Daniella Gratale, Erin Hardy, Charles Homer, Milt Kotelchuck, Johanna Lister, Cailin O’Conner, Michael Odeh, Cynthia Osborne, Aimee Ossman, James Perrin, Rachel Roiland, Robert Sege, Marjorie Sims, Debbie Stein, Alexandra Quinn, and Emily Vargas-Baron. Additional resources and more detail on the provisions is available by emailing [bruner@childequity.org](mailto:bruner@childequity.org) and by reviewing the resource materials on the InCKMarks website: [www.inckmarks.org](http://www.inckmarks.org).