December 2012

Defining Essential Health Benefits: What's Needed for Children?

Children have unique health care needs that require a comprehensive benefit package of health care services and devices.

- The American Academy of Pediatrics (AAP) has affirmatively stated that, "The optimal health of all children is best achieved with access to appropriate and comprehensive health care benefits… [that] encompass medical care, preventive care, critical care, pediatric surgical care, [pediatric subspecialty care, ancillary services] behavioral health services, and oral health for all children, including those with special health care needs."[1]

- Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit is the gold standard for the benefit package for children because it provides for all the medically necessary health services that a child may need, including the needed treatment resulting from a screening or diagnosis.

- The pediatric services, including state mandates, which the Essential Health Benefits (EHB) benchmark plan will cover, must be assessed to determine their appropriateness and adequacy for children. States will choose one of the federally-allowable EHB benchmark plans, which are actually designed for working adults – not kids – so states will likely need to supplement the benchmark to ensure that it covers the benefits children need.[2]

The choice of the Essential Health Benefits benchmark plan is critical to ensuring that children have access to the health care services they need and continuity of care when their income or family situation changes.

- Federal law defining EHB not only explicitly includes "pediatric services, including oral and vision" as one of ten distinct categories of health care services, but also references children as a discrete segment of the population whose health care needs must be accounted for within the EHB package.

- The chosen benchmark will contain the core of the EHB package that children will receive in individual and small group plans outside of the Exchange as well as inside it, including family plans, small business (SHOP) plans, and the child-only plans insurers must offer in the Exchange.[3]

- It is critical that the state assess the chosen benchmark plan's benefits for children and address deficiencies to ensure comprehensive pediatric benefits.

- A fully comprehensive EHB package will minimize disruption and ensure continuity of care for children who churn through coverage between Medicaid/CHIP and the Exchange as their family income fluctuates.

Specific state choices around Essential Health Benefits must ensure that children have access to necessary services and define benefits in ways that work for children.[4]

Benefit Design Choices

- **Adopt a comprehensive standard for pediatric benefits so that a child can get all the care s/he might medically need.** The next best option to mirroring the benefits of Medicaid's EPSDT package is to adopt the state's CHIP benefits as a model for the supplementation of pediatric benefits in the chosen benchmark plan.[5]

- **Limit substitution of benefits as much as possible.** Although federal EHB guidance to date allows substitution of services within the benefit categories, this would add a layer of complexity and confusion for families in selecting a plan and could leave some families in health plans that do not cover the services their

child needs.

- **Avoid benefit scope and duration and visit limits that will deny children access to needed care.** While federal law bans lifetime and annual benefit caps, other limits on benefit scope, visits, and duration will effectively deny children access to needed care.

Assuring Comprehensive Benefits

- **Assess the benefits for children within each of the ten required categories.** Access to necessary pediatric health services must be contained within each category to ensure that all children, including children with complex medical conditions, get the full range of necessary services to address their needs. For example, states must assure that children's preventive services included as part of the AAP's Bright Futures guidelines and periodicity schedule are part of the "Preventive and wellness services and chronic disease management" EHB category. Furthermore, children need coverage for specialty services provided by pediatric specialists in each benefit category.

- **Include all the "mental health and substance use disorder services**, including behavioral health treatment" benefits that children need. States must see to it that these benefits include treatment for autism, early intervention mental health services for children, and substance abuse services for adolescents. Federal guidance holds that EHBs must comply with federal mental health parity laws.

- **Define "habilitative services and devices" to ensure access to all necessary services for children, especially children with special needs or developmental issues, to attain, maintain, and retain life skills and functions**. Policymakers must define "habilitative services" to mean health care services and devices that are designed to assist individuals in acquiring, improving, or retaining, partially or fully, skills and functioning related to activities of daily living and instrumental activities of daily living in the most integrated setting appropriate to their individual needs. These services address the skills and abilities a child needs for optimal functioning in interaction with his or her environment, and include occupational, physical and speech therapy as well as devices like hearing aids and those, like wheelchairs, that may need replacement as children grow. In addition, EHB drafters must include as habilitative services coordination with other agencies to assist families in accessing other needed services for their children, such as respite, day care, recreation care, social services, and education services.

Defining the "Pediatric Services" Category in the EHB

- **Broadly and comprehensively consider the "pediatric services" category to ensure that children receive the services they need to grow and develop.** Pediatric services are not just limited to oral and vision care, but include a full range of services from preventive and primary care to ancillary services utilized by children with special health care needs, such as physical, speech and occupational therapy, home health care, durable medical equipment, hearing services, and personal care.

- **Delineate "pediatric vision services" to include much more than a vision screening**, which is already required to be covered as a preventive care benefit, and include the diagnosis, frames, and corrective lenses a child needs.

- **Require that "pediatric oral services" provide for comprehensive children's dental care**, including medically necessary orthodontic services. States must take steps to assure that children's dental coverage is at least as comprehensive as a state's CHIP dental benefits, and is sufficient to fully guarantee children's oral health.[6]

NOTES AND ADDITIONAL RESOURCES:

[1] American Academy of Pediatrics, "Scope of Health Care Benefits for Children From Birth Through Age 26," *Pediatrics* Vol. 129 No. 1 January 1, 2012 pp. 185 -189. http://pediatrics.aappublications.org/content/129/1/185.full
Children's Hospital Association: Essential Health Benefits Plans Comparison Chart (Word)

[2] American Academy of Pediatrics, "A Comparative Review of Essential Health Benefits Pertinent to Children in Large Federal, State, and Small Group Health Insurance Plans: Implications for Selecting State Benchmark Plans," July 2012; http://www.aap.org/en-us/about-the-aap/aap-press-room/Documents/AAP_EHB_Report_FinalPress.pdf

[3] George Washington University School of Public Health & Health Services, "MEMO: Child-only plan provisions of the ACA in the context of essential health benefits," August 21, 2012; http://bit.ly/Q9Eyoh

[4] Georgetown Center for Children and Families, "Child Health Advocates' Guide to Essential Health Benefits" (August 9, 2012); http://ccf.georgetown.edu/ccf-resources/child-health-advocates-guide-essential-health-benefits/

[5] Ideally, states should be able to designate their CHIP plan as the benchmark for pediatric benefits. However, to date, this approach has not been adopted by HHS. A Summary of Benefits for CHIP in each state is available at http://insurekidsnow.gov/state/index.html

[5] Ideally, states should be able to designate their CHIP plan as the benchmark for pediatric benefits. However, to date, this approach has not been adopted by HHS. A Summary of Benefits for CHIP in each state is available at http://insurekidsnow.gov/state/index.html.

[6] Georgetown Center for Children and Families and the Children's Dental Health Project, "Pediatric Dental Benefits Under the ACA: Issues for State Advocates to Consider," August 2012; http://www.cdhp.org/resource/pediatric_dental_benefits_under_aca

Authored by Michael Odeh, Senior Associate of Health Policy, Children Now
Endorsed by the American Academy of Pediatrics and March of Dimes