



Child Health Care in Hawaii 2006

Position Paper

1. HAAP supports Governor Lingle's 2006 plan on providing healthcare for more children as a common goal.
2. The **Medical Home** is essential to quality healthcare for children. All children should have accessible, family centered, community based, coordinated, comprehensive, continuous, culturally effective and compassionate health care, delivered by a primary care physician. This may be offered by an office, clinic, primary health care center or other such facilities that includes preventive, acute and chronic care. The Medical Home is an attempt to bring back that trusting doctor-patient partnership that has been the foundation of responsible, personal health care that emphasizes prevention and early intervention from birth through young adulthood.
3. The most "at-risk" population in particular need a consistent Medical Home to help improve quality of health care by encouraging prevention and periodic health screening and reducing health care cost by avoiding a pattern of seeking medical care only for episodic and crisis care.
4. HAAP believes that availability of health insurance alone does not resolve the entire issue of improving children's health.
5. There is a scarcity of pediatric subspecialists as well as significant transportation obstacles in Hawaii that create barriers to appropriate care of the pediatric population, most notable in rural areas and the neighbor islands.
6. Appropriate payment for services rendered is equally important in the delivery of "quality health care" for all children.
7. HAAP endorses the AAP policy statement "Scope of Health Care Benefits for Children From Birth Through Age 21" *Pediatrics*, Vol. 117 No. 3 March 2006, pp. 979-982. (<http://pediatrics.aappublications.org/cgi/content/full/117/3/979>)
8. HAAP will work with the relevant persons, or agencies in supporting a "one tier" system for all children in Hawaii!

PEDIATRICS®

Scope of Health Care Benefits for Children From Birth Through Age 21
Committee on Child Health Financing
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American Academy of Pediatrics

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POLICY STATEMENT

Scope of Health Care Benefits for Children From Birth Through Age 21

Committee on Child Health Financing

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

ABSTRACT

The optimal health of children can best be achieved by providing access to comprehensive health care benefits. This policy statement outlines and defines the recommended set of health insurance benefits for children through age 21. These services encompass medical care, critical care, pediatric surgical care, behavioral health services, specialized services for children with special health care needs, and oral health. It replaces the 1997 statement, "Scope of Health Care Benefits for Newborns, Infants, Children, Adolescents, and Young Adults Through Age 21 Years."

ALL INFANTS, CHILDREN, adolescents, and young adults through 21 years of age must have access to comprehensive health care benefits that will ensure their optimal health and well-being. These benefits should be available through Medicaid, the State Children's Health Insurance Program (SCHIP), and private health insurance plans. Some of these benefits should also be available through the educational and public health systems for children with special needs and for children who are uninsured or have inadequate coverage.

Health care benefits for children and adolescents should begin with the full array of services recommended by the American Academy of Pediatrics (AAP). They should also reflect changes in treatment modalities and new technologies and should be evidence-based. Recognizing the importance of scientific evidence does not mean that coverage of existing interventions should be denied in the absence of conclusive scientific evidence. If sufficient scientific evidence for an intervention for children is not available, professional standards of care for children must be considered. If professional standards of care for children do not exist or are outdated or contradictory, decisions about existing interventions must be based on consensus pediatric expert opinion (according to the AAP working definition in "Model Contractual Language for Medical Necessity for Children"¹). Benefits should also be of high quality and should be delivered in an efficient manner by appropriately trained pediatric professionals including primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists. These services should be delivered in a comprehensive medical home, the setting for primary care delivered or directed by well-trained physicians who are known to the child and family, who have developed a partnership of mutual responsibility and trust with them, and who provide accessible, continuous, coordinated, and comprehensive care.² Services provided in other settings should be coordinated through the child's medical home. These services should include but are not limited to the following.

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Key Words

health care benefits, insurance, infants, children, adolescents

Abbreviation

AAP—American Academy of Pediatrics
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MEDICAL CARE

1. Medical care including (a) health supervision with preventive care (including immunizations, hearing and vision screening, developmental surveillance, and anticipatory guidance) according to the AAP "Recommendations for Preventive Pediatric Health Care,"³ the most current version of the "Recommended Childhood and Adolescent Immunization Schedule,"⁴ *Guidelines for Health Supervision III*,⁵ and *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*⁶ and (b) diagnosis, treatment, and educational counseling of children with acute and chronic conditions, including developmental delays and disabilities, behavioral and emotional problems, and learning disorders
2. Pediatric medical subspecialty services
3. Family planning and reproductive health services
4. Pregnancy services including (a) genetic counseling and related services as needed, (b) prenatal care, (c) prenatal consultation with a pediatrician, (d) perinatal case management, (e) care of all complications, (f) counseling and services for all pregnancy and fetal management options, and (g) care for the pregnancy of a covered dependent of a policyholder; prenatal care should include evaluation of psychologic risk factors
5. Care of all newborn infants, including (a) attendance and management at high-risk deliveries or those mandated by hospital regulations, (b) health supervision, (c) treatment of congenital anomalies and other medical and surgical conditions, (d) newborn intensive care services, (e) newborn hearing screening,⁷ (f) newborn screening for metabolic and genetic disorders, (g) a follow-up visit in the child's home or in the physician's office within 48 hours of discharge when indicated by the infant's physician, (h) lactation counseling to increase successful breastfeeding initiation and duration, and (i) a reasonable pediatric length of stay to allow for identification of early problems and to ensure that the family is able and prepared to care for the infant at home if the mother has to remain hospitalized because of complications⁸
6. Vision services including screening, examinations, corrective lenses, and access to pediatric ophthalmologists for diagnostic and therapeutic services
7. Audiology services including screening, evaluations, hearing aids, cochlear implants, and recommended therapy
8. Physician-directed, accurate pediatric medical information by telephone, telemedicine, e-mail, and other Internet services for established patients related to pediatric care compliant with regulations of

the Health Insurance Portability and Accountability Act of 1996 (HIPAA [Pub L No. 104-191])

9. Laboratory and pathology services
10. Screening for metabolic and genetic disorders
11. Diagnostic and therapeutic radiology services, including age-appropriate sedation as needed
12. Coverage for prescription drugs determined by pediatric standards of care and not limited to labeled indications only⁹

CRITICAL CARE

13. Emergency medical and trauma care services specifically for children, including while traveling outside of the coverage network area
14. Pediatric inpatient hospital and critical care services
15. Emergent and nonemergent transfer/transport to a hospital or health facility, between health facilities, and between home and health facilities when indicated

PEDIATRIC SURGICAL CARE

16. Pediatric surgical care including comprehensive repair of congenital anatomic malformations
17. Pediatric surgical subspecialty services
18. Anesthesia services including monitored anesthesia care and appropriate pain management for acute and chronic pain management

BEHAVIORAL HEALTH SERVICES

19. Mental health services including (a) individual, group, and family therapy, (b) psychoeducational testing, (c) evaluation, (d) crisis management, (e) inpatient and day treatment, (f) residential care, and (g) pharmacotherapy; this should also include the following services: the evaluation and treatment of attention-deficit/hyperactivity disorder and other related behavioral disorders and treatment of eating disorders, learning disabilities, and related disorders^{10,11}
20. Services for substance use disorders, including (a) screening and early intervention, (b) individual, group, and family therapy, (c) psychological testing, (d) crisis management, (e) inpatient and outpatient treatment, and (f) residential care
21. Comprehensive medical and psychologic evaluation and treatment for suspected child physical, emotional, and sexual abuse and neglect in both inpatient and outpatient settings

SPECIALIZED SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

22. Care coordination in the pediatric medical home and comprehensive case management from other community agencies and insurers¹²
23. Intermediate or skilled nursing facility care in residential and rehabilitation settings
24. Physical, occupational, speech (including speech generation), and respiratory therapy for rehabilitation and habilitation provided in medical centers, private/public-sector offices, schools, residential settings, and the home
25. Home health care services including but not limited to physician supervision of care, therapies, private-duty nursing, and home health aides¹³
26. Nutritional evaluation and counseling services by pediatricians, dietitians, nutritionists, and other therapists for eating disorders (including primary obesity, anorexia, and bulimia) and specific nutritional deficiencies
27. Special diets, special infant formulas, nutritional supplements, and delivery (feeding) devices for nutritional support and disease-specific metabolic needs¹⁴
28. Rental or purchase, maintenance, and service of durable medical equipment (see Appendix)
29. Disposable medical equipment (see Appendix)
30. Respite services for caregivers of children with special health care needs
31. Palliative and hospice care for children with terminal illnesses

PEDIATRIC ORAL HEALTH

32. Preventive and restorative pediatric dental care including fluoride varnish, sealants, and oral surgery, including moderate sedation and general anesthesia
33. Functional orthodontia

APPENDIX

Examples of Durable Medical Equipment Required in Pediatrics

1. Equipment necessary to administer aerosolized medications and monitor their effects (nebulizer, spacers for inhalers, peak flow meters)
2. Glucometers, insulin pumps
3. Breast pumps
4. Prostheses/braces
5. Electrical and other types of ventilators
6. Cardiorespiratory monitors

7. Oxygen concentrators
8. Pulse oximeters
9. Wheelchairs
10. Hearing aids

Examples of Disposable Medical Equipment

1. Diapers for physically compromised patients
2. Urine catheters
3. Feeding supplies (tubing, pumps, etc)
4. Intravenous line tubing and intravenous catheters
5. Ostomy supplies
6. Test strips, lancets, and other diabetic supplies

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