



Medicaid Policy Commentaries: An Expanded Academic Pediatrics Section

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WITH THIS ISSUE of *Academic Pediatrics*, we are delighted to begin a series of policy commentaries related to Medicaid policy and programs. This group of papers, which are part of the journal's larger agenda of policy commentaries for the academic pediatric community, focuses on Medicaid issues that extend from proposals for coverage change (work requirements, public charge) to key statutory and legal issues (eg, maintaining the rules that support entitlement for eligibility) to strategies to use Medicaid to support payment and practice innovation in pediatrics and community health. They follow the lead article in our policy series on *Medicaid in Transition*, published in this journal in 2018.¹ Medicaid and CHIP today provide health insurance for close to 50% of all US children and youth (and increasingly their parents). The pediatric population faces the greatest risk in proposed or implemented cuts to Medicaid financing and detrimental changes in policies.

States have much leeway over their use of Medicaid funds (and may have even more in the future). They can focus on pediatric prevention or could use the funds for very different purposes, such as care coordination or better nutrition for frail elderly populations. At the same time, a dozen or more States have produced imaginative plans to use their substantial Medicaid resources to improve health care – and health – through new early childhood programs (New York and North Carolina), substantial investment in integrated behavioral and mental health in pediatric care, building collaboration between health and other sectors (esp., education), and addressing social determinants of health (eg, through addressing housing needs or access to nutrition or programs, or programs to combat domestic and community violence). While experimentation in payment and practice reform for older populations has come mainly from Medicare and the private sector, little of this has trickled down to pediatrics. Given its prominence as the main

payer for children's health, Medicaid has become the source of innovation in the pediatric arena.

Why *Academic Pediatrics*? The Academic Pediatric Association brings policy, clinical, and health services research experience to the Medicaid discussion – no other pediatric group has the depth of understanding of policy and related research in health care organization and financing. Furthermore, APA members and their trainees provide substantial amounts of care to children and youth insured by Medicaid, especially in community health centers and teaching hospital outpatient departments. APA similarly provides leadership in educating pediatricians about Medicaid.

In this issue, we publish a commentary by Cindy Mann and Jennifer Eder from Manatt Health. These authors describe several innovative strategies to improve child health, including use of teams and cross-sector collaboration. We expect other commentaries soon describing some experience of the CMS/CMMI supported State experiments, as well as a paper on potential threats to the entitlement provisions of Medicaid (which would radically change the characteristics of the Medicaid population). In each case, authors are asked to describe the issue, summarize key evidence, and provide key policy recommendations that merit attention by the academic pediatric community. As Medicaid evolves and faces threats as well as improvements, we expect these Commentaries to provide our field with a window on changing Medicaid policies and their impact. We look forward to your comments on the Commentaries.

REFERENCE

1. Fairbrother G, Raphael JL, Chung PJ, et al. Medicaid in transition: proposed changes in funding mechanisms and their consequences. *Acad Pediatr*. 2018;18:125–128.