

PRIORITY ADVOCACY ISSUES FROM APA
Prepared by the Public Policy and Advocacy Committee
August 8, 2010

Priority 1: Access to High-Quality Care

A. Comprehensive Insurance Coverage

- Ensure continuous and comprehensive health insurance coverage (including mental health and oral health coverage) for all children, adolescents, and young adults.
- Expand EPSDT standards to all forms of health insurance for children, adolescents, and young adults
- Ensure that CHIP survives the implementation of the exchanges.

B. Availability and Continuity of High-Quality Services

- Ensure adequate availability of services and equal access to care (including mental health and oral health care), particularly for those who are publicly insured, and/or living in underserved areas. This goal requires:
 - A workforce available to take care of these children
 - Expansion of concepts of workforce and care delivery
 - Restructuring and integrating components of care (e.g., taking a family-centered medical home approach, using teams of providers, involving various “levels” of providers, etc.)
- Provide easily accessible translator services that are not dependent on where patients receive care or from whom .
- Ensure that lapses in Early Intervention Services do not occur when children transition from 0-3-year-old to 3-5-year-old services.
- Seek to improve quality and reduce medical errors, while simultaneously addressing the cost of care.

Priority 2: Payment for Pediatrics and Primary Care Pediatrics

- Change procedure-oriented payment system so that financial incentives are aligned with health system goals.
- Revise payment system to incentivize a population approach to care, clinician accountability for patient outcomes, and successful innovations in delivery of care.
- Improve payment by public and private insurers for primary care pediatrics.

Priority 3: Support for Pediatric Research

- Increasing research support through the NIH, AHRQ, CMS, and HRSA/MCHB for the later stages of translational research including:
 - Health services research,
 - Research on the organization and delivery of primary care,
 - Comparative effectiveness research,
 - Quality measurement,
 - Outcomes research, and
 - Prevention research.
- Ensure that these areas of research have robust pediatric components.
- Increase support for the effective dissemination and sustained implementation of the products of successful research in these areas.

- Advocate for NICHD to take a leading role in funding research across a broader range of topic areas than currently in areas that may overlap to some degree with the foci of other Institutes (e.g., health services research, outcomes research).
- Assure appropriate inclusion of children in the agenda of the Patient-Centered Outcomes Research Provisions (PCORI) agenda.

Priority 4: Disparities/Vulnerable Populations

- Reduce disparities in health and healthcare, particularly with respect to social class and race/ethnicity, but also involving region/geography (e.g., “inner city,” rural, Deep South), immigration status, etc.
- Develop systems of care that address the social determinants of health as well as the biological determinants of health.

Priority 5: Support for Training in Pediatrics

- Develop the pediatric workforce prepared to practice in the 21st century:
 - Emphasize the central role of the generalist
 - Ensure an adequate network of subspecialists to meet the needs of all children.
- Advocate for Congressional support for training programs to build a robust faculty of generalist teachers and researchers (Title VII).
- Increase knowledge of health advocacy and policy among medical professionals by developing specific ACGME/RRC standards and requirements for medical student and resident training.