



125
YEARS

of Hope and Healthier Futures

How to Protect Pediatric Health with Federal Policy Dynamics

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Learning Objectives

- Review the Current Landscape of Federal Policy Impacting Child Health
- Understand How Shifts in Federal Policy Create a “Butterfly Effect” in Pediatric Downstream Care
- Describe Ways Local and State Advocacy Efforts can Protect Pediatric Health from Federal Policy Dynamics

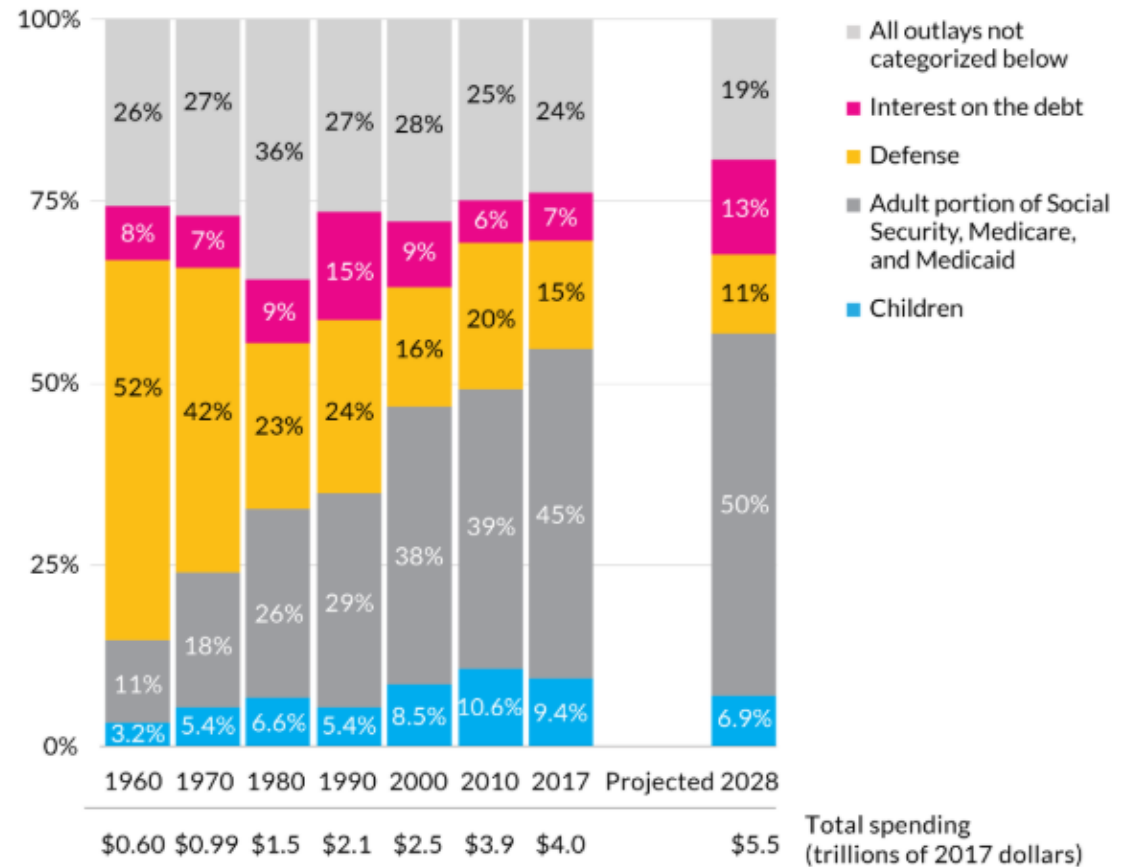
Federal Policy Landscape

Federal Pediatric Proportion & Disparity

- Children represent roughly 1 in 5 of our US population, but receive less than 1 in 10 in federal health dollars
- Federal health policy decisions prioritize high-cost adult and senior care
- Minimize long term investment in population health and economic returns

Children's Spending Is Projected to Fall to Less Than 7 Percent in 2028

Share of the federal budget



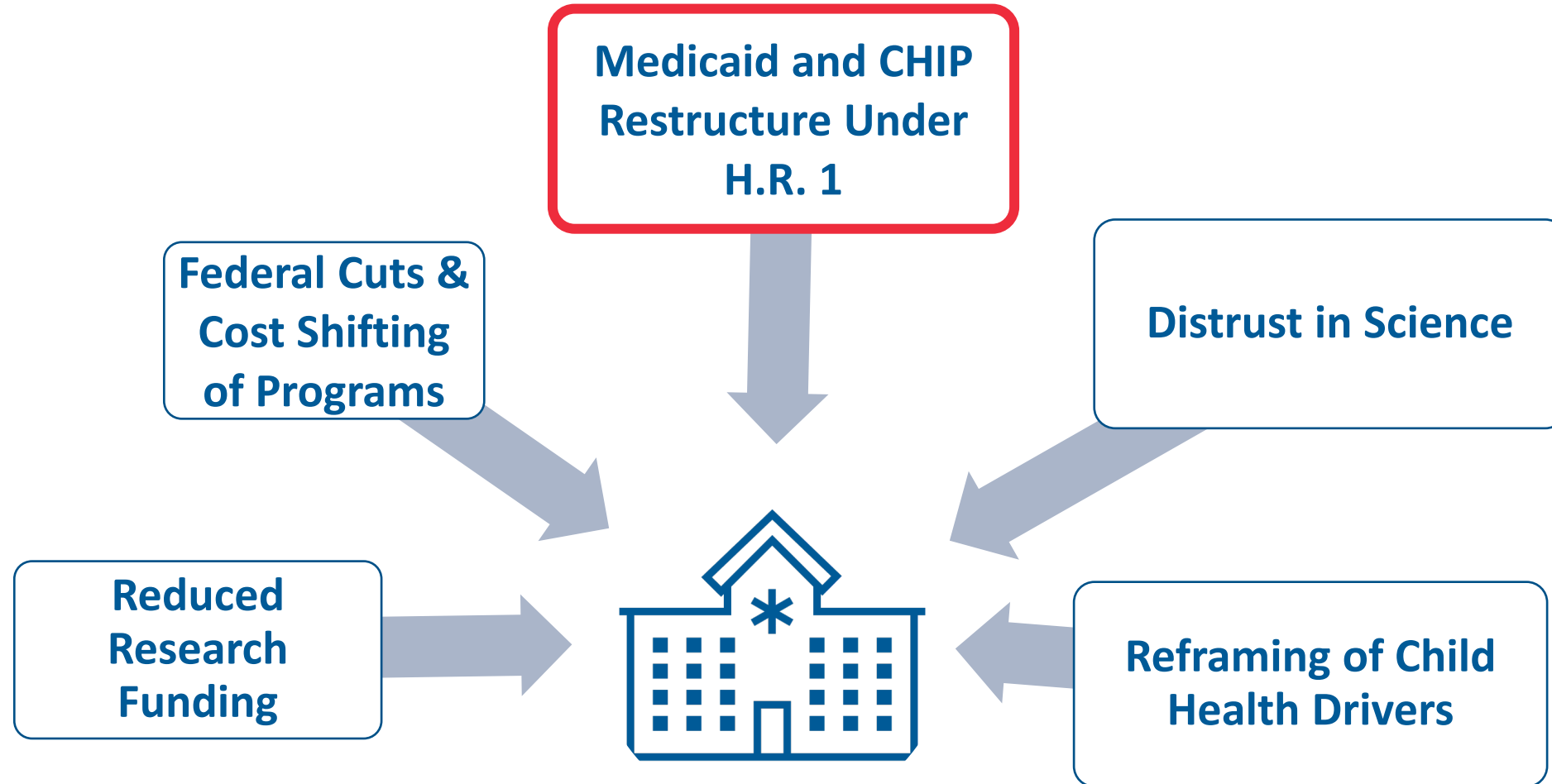
Source: Urban Institute estimates based primarily on Congressional Budget Office Outlook 2018-2028 and Office of Management and Budget, 2018



Medicaid and CHIP Restructure Under HR 1

- Medicaid/CHIP
 - Children represent over half of Medicaid Enrollees but <20% of Medicaid Spending
 - Creates underinvestment in:
 - Pediatric Primary and Specialty Care
 - Children's Hospitals
 - Complex Care coordination
 - Pediatric Mental and Behavioral health
- HR 1 Impacts on Federal Pediatric Disproportion
 - CBO estimate \$840-911B
 - Children's Hospitals
 - Supplemental payments
 - Provider Tax
 - Redetermination Churn (indirect)
 - Harms children who already face structural inequities
 - Children with medical complexity
 - Immigrant/Mixed Status
 - Families in Poverty

Current Landscape and Future Implications



**Academic Medical Centers &
Community Health**

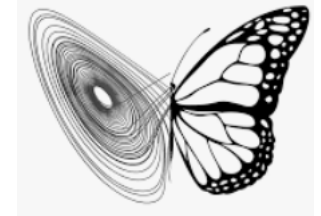
Understanding the Butterfly Effect

The Butterfly Effect



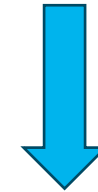
Small Changes can have Big Impacts.....*Edward Lorenz*

Pediatric Research



- Pediatric research investments have declined over past decade
- 10-13% of National Institutes of Health (NIH) budget despite 22% of population are children/youth
- Emerging science with promise of prediction of risk and prevention
- Barriers: enrollment and pediatric scientist workforce pipeline

Loss of Talent & Pediatric Expertise

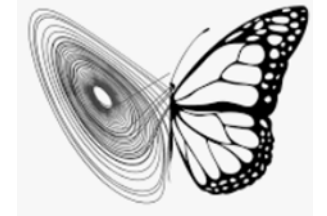


Delayed Cures & Increased Mortality
& Reliance on off-label adult
therapies



Downstream impacts on coverage,
payment and long-Term Health and
Chronic Disease

Federal Cuts & Cost Shifting



- Supplemental Nutrition Assistance Program (SNAP)
 - 16-17 Million Children (22%) receive SNAP benefits each month
 - Tied to school meal eligibility
 - Women, Infant & Children (WIC)
 - Summer EBT (“Sun Bucks”)
- HR 1: \$186 Billion cut to SNAP through 2034
 - Places pressure on States to pay larger share
 - Reduced eligibility for school meal programs

Reduced access to SNAP, WIC and School Meals

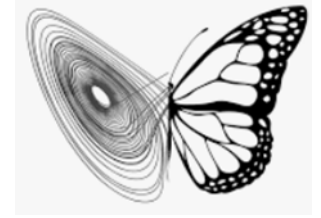


Higher Food Insecurity & Widened Gaps in Poverty



Poorer Physical, Mental Health and Impacts on Academic outcomes

Distrust in Science



- Federal Childhood Immunization Change Impacts
 - CDC's Advisory Committee on Immunization Practices (ACIP) altered
 - Routine childhood vaccine recommendations substantially narrowed
 - Insurance coverages remain legally required, with variability with VFC coverage aligned with ACIP guidance and Medicaid quality measures

Federal Policy previously grounded in science through ACIP consensus



Fragmentation in federal and state policy leading to further confusion for clinicians and further mistrust by families

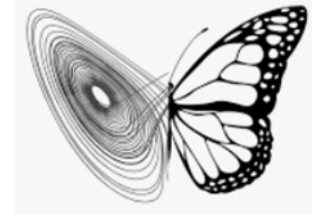


Diminishing Pediatric Vaccine Rates



Increased Burden of Disease

Reframing of Child Health Drivers



- Make Our Children Healthy Again (MOCHA)
 - Nutrition & Food Systems
 - Environment and Chemical Exposures
 - Physical Activity, Screen Time & Stress
 - Medicalization & Pharmaceutical Reliance
- Where does AAP and MOCHA Align?
 - Nutrition quality
 - Physical Activity and Screen Time
 - Prevention begins early
 - Long term solution
- Where are there gaps?
 - Complex, Chronic care children invisible
 - Socially vulnerable populations
 - Misaligned framework upon HR 1 policy changes

State and Local Advocacy to Protect Child Health



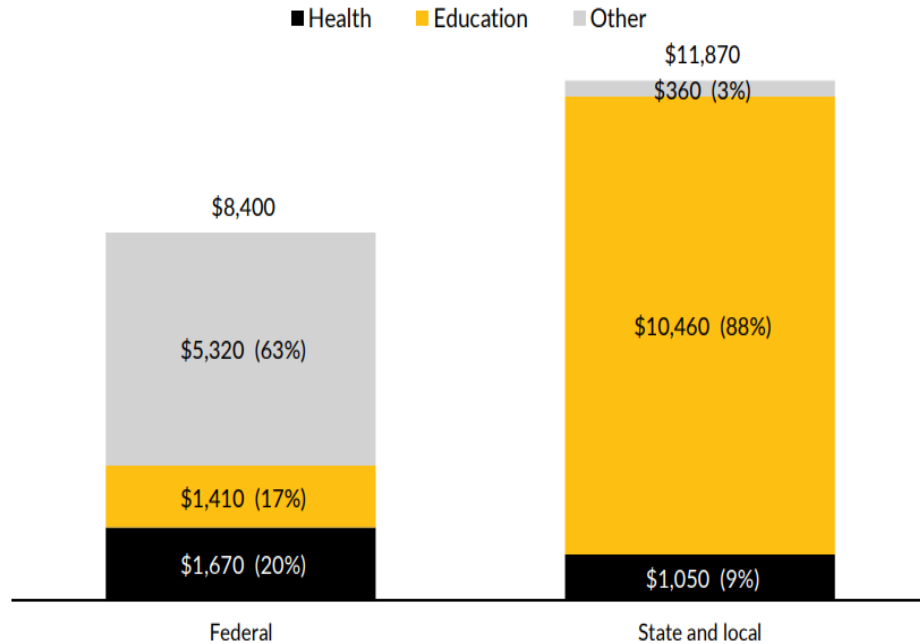
A day in the life of caring for our patients...



Where You Live Matters...

FIGURE 2
Most State and Local Spending on Children Is on Education Programs, While Federal Spending on Children Is through Tax Provisions and Other Categories

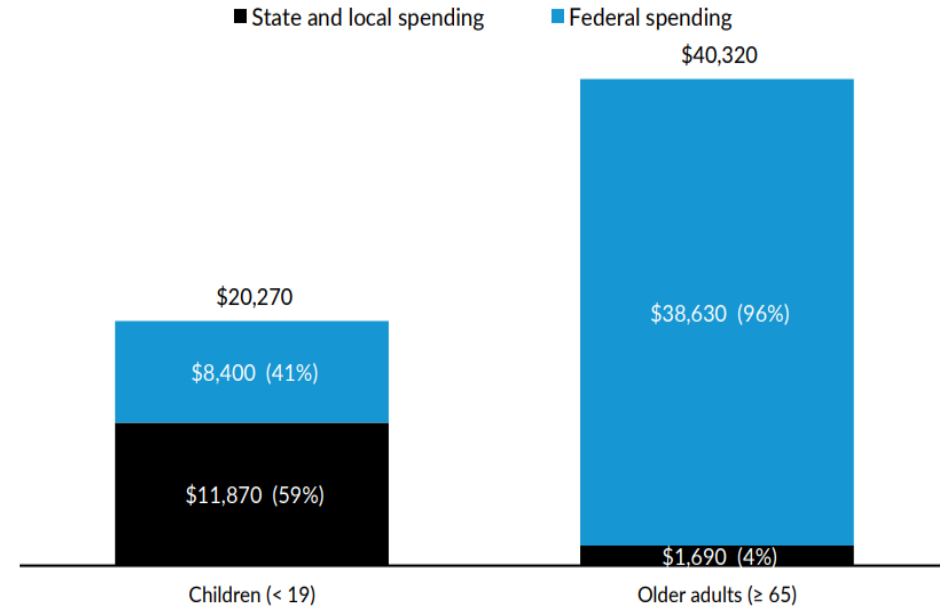
Estimates of fiscal year 2022 public spending per child by category and level of government, 2024 dollars



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FIGURE 3
Public Spending on Children Is Shared between the Federal Government and State and Local Governments, While Federal Programs Make Up the Vast Majority of Spending on Older Adults

Estimates of fiscal year 2022 public spending per person by age group and level of government, 2024 dollars



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How will states respond to HR 1?

Federal

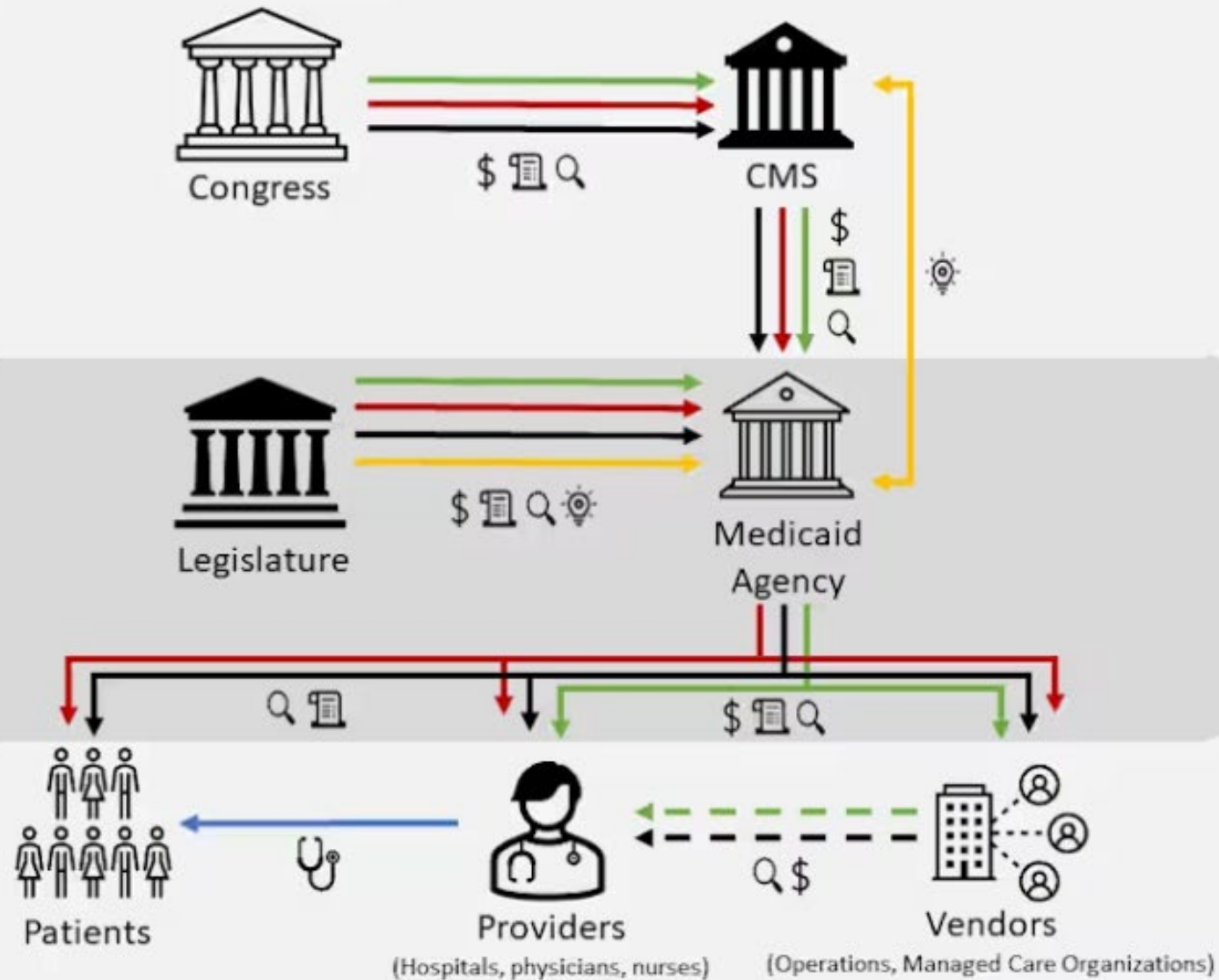
- Minimum requirements
- Funds
- Oversees
- Regulates

State / Territory

- Administers program
- Funds
- Oversees
- Regulates
- Innovates

Constituents

- Receive services
- Provide services
- Contract with the state
- Paid by state



Appropriations,
Payments



Laws, Regulations,
Guidance



Oversight, Data
Collection



Innovations, waivers,
pilots, flexibilities



Health Services

Policy, Litigation, Legislation...

- Policy Principles
 - Example: Early, Periodic, Screening, Diagnosis and Treatment
 - State vs Federal Enactment
- Litigation
 - Example: National AAP, CA
- Legislation
 - Example: West Coast Alliance and rulemaking AB 144 --9/17/25 shifting reliance on ACIP to CDPH

West Coast Health Alliance





Innovation and Waivers: California Advancing and Innovating Medi-Cal (CalAIM)

- Wins for Child/Youth Health...

- Since 2022, increasing investments, expansion and access to behavioral & mental health services
 - No Wrong Door
 - Dyad Therapy
 - School Based Services
- Enhanced Care Management focus for at risk children and youth who may “fall through the cracks”
 - Welfare Involvement; California Children’s Services, Substance Use Disorder, Birth equity

- Recognition of Expanded workforce to build trust with communities
 - Community health worker
 - Peer specialist
- Expansion of Health-Related Social Needs and Wrap Around Services to address high-cost utilization– as a Medi-Cal benefit
 - Asthma remediation
 - Medically tailored meals
 - Housing services
 - Transportation

California Budget 2026

- January 2026 Draft Budget Proposal:

- \$222.4 Billion Medi-Cal (\$48.8B from GF) to cover 14M members*
- Proposition 1 and County Behavioral Health Funding decreases
- Welfare stability \$60M local funding
- Protection of universal transitional kindergarten
- Added state budget for CalFresh
- Primary Care, Specialty Care and Emergency Care Rates increases*

- Legislative Cycle

- SB 874: BHT Treatment
- SB 961 – CalFresh Student eligibility
- AB2535 – School Meals
- **SB1377 – Immunizations, Medical Exemptions Repeal**

- May Revise- Expected May 14th

1month push!

- Passage of Budget Act by June 15th



The Children's Charter

PRESIDENT HOOVER'S WHITE HOUSE CONFERENCE ON CHILD HEALTH AND PROTECTION
RECOGNIZING THE RIGHTS OF THE CHILD AS THE FIRST RIGHTS OF CITIZENSHIP
PLEDGES ITSELF TO THESE AIMS FOR THE CHILDREN OF AMERICA



FOR every child spiritual and moral training to help him to stand firm under the pressure of life

II For every child understanding and the guarding of his personality as his most precious right

III For every child a home and that love and security which a home provides; and for that child who must receive foster care, the nearest substitute for his own home

IV For every child full preparation for his birth, his mother receiving prenatal, natal, and postnatal care; and the establishment of such protective measures as will make child-bearing safer

V For every child health protection from birth through adolescence, including: periodical health examinations and, where needed, care of specialists and hospital treatment; regular dental examination and care of the teeth; protective and preventive measures against communicable diseases; the insuring of pure food, pure milk, and pure water

VI For every child from birth through adolescence, promotion of health, including health instruction and a health program, wholesome physical and mental recreation, with teachers and leaders adequately trained

VII For every child a dwelling place safe, sanitary, and wholesome, with

XII For every child education for safety and protection against accidents to which modern conditions subject him—those to which he is directly exposed and those which, through loss or maiming of his parents, affect him indirectly

XIII For every child who is blind, deaf, crippled, or otherwise physically handicapped, and for the child who is mentally handicapped, such measures as will early discover and diagnose his handicap, provide care and treatment, and so train him that he may become an asset to society rather than a liability. Expenses of these services should be borne publicly where they cannot be privately met

XIV For every child who is in conflict with society the right to be dealt with intelligently as society's charge, not society's outcast; with the home, the school, the church, the court and the institution when needed, shaped to return him whenever possible to the normal stream of life

XV For every child the right to grow up in a family with an adequate standard of living and the security of a stable income as the surest safeguard against social handicaps

XVI For every child protection against labor that stunts growth, either physical or mental, that limits education, that deprives children of the right of comradeship, of play, and of joy

XVII For every rural child as satisfactory schooling and health services as for the city child, and an extension to rural families of social, recreational, and cultural facilities

"We have to evolve and think creatively, because we are pediatricians, and our work is too important to just give up"