

Floor Statement: ChiPACC bill

Children's Program of All-inclusive, Coordinated Care

[Background: The ChiPACC model focuses on coordinated care for seriously ill Medicaid eligible children. It is now a state *waiver* under Medicaid, this Bill will make it a state *option*. It will save money in the long run.]

Madame Speaker, I rise today to talk about an issue of concern to all families, and everyone who has ever known a sick child.

The **Children's Program of All-inclusive, Coordinated Care (ChiPACC)** program serves the needs of Medicaid-eligible children who suffer from potentially terminal illnesses or conditions. The legislation I am introducing will make ChiPACC a state option under Medicaid.

Medicaid-eligible children—like all children who suffer from potentially terminal illnesses or condition—need comprehensive, coordinated care. Currently, nearly 30% of the children in the United States who have life-threatening conditions qualify for Medicaid. These children are forced into a system that will only **treat them on an emergency basis, sending them home to wait until their next health emergency.**

Based on the highly effective, collaborative model of care developed by Children's Hospice International (CHI), the Children's Program of All-inclusive, Coordinated Care provides each enrolled child an **individualized treatment plan** that includes and manages services from providers across the health care spectrum. ChiPACC's services will improve upon the often inconsistent care

that is currently available to seriously ill children under Medicaid, doing so at a **savings to taxpayers.**

With appropriate comprehensive and coordinated services under ChiPACC, many emergency episodes can be avoided or anticipated and managed, such that children receive appropriate care in their homes instead of in hospitals, and so that even when they require critical care **they can enter the hospital through the front door instead of the emergency room, significantly reducing health care costs.**

Under the traditional Medicaid model, individuals can receive only “hospice” services and only after their doctors give them a prognosis of 6-months to live. Children, however, are much more likely than adults to go in and out of terminal phases multiple times. No family should be forced to give up curative care for their child in order to receive services that are predicated on accepting that their child has no more than 6 months to live. ChiPACC addresses this problem by **combining medical and support services currently available in Medicaid with counseling, respite, and other care that have previously only been available as hospice services.**

Please join me in sponsoring this very important legislation. Thank you.