



**For Immediate Release:**  
January 28, 2009  
[www.moran.house.gov](http://www.moran.house.gov)

**Contact: Austin Durrer**  
**202-225-4376**

## Coordinated Hospice Care for Seriously Ill Children Introduced

Washington, D.C., January 28, 2009 - Congressman Jim Moran, Northern Virginia Democrat, reintroduced legislation this week providing children with life-threatening illnesses continuity of care under Medicaid. The “Children’s Program of All-inclusive, Coordinated Care Act of 2008” or ChiPACC Act (H.R. 722) would provide a waiver under Medicaid for seriously ill children to receive hospice services rather than relying on emergency room visits for care.

“Children with life-threatening illness that receive health care through Medicaid often rely on the emergency room for basic treatment,” **said Congressman Moran**. “It’s a costly, disruptive delivery system that fails to adequately meet our children’s needs. This legislation gives the States the option to provide continuous, coordinated care in the home, avoiding more expensive and scary emergency room visits for seriously ill children.”

Medicaid-eligible children—like all children who suffer from potentially terminal illnesses or conditions—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 collaborative model of care developed by Children’s Hospice International (CHI), the Children’s Program of All-inclusive, Coordinated Care (ChiPACC) 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.

Under the traditional Medicaid model, individuals can receive only “hospice” services and only after their doctors give them a prognosis of six 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 six 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.

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.

“This landmark health care bill would not have been possible without the leadership and dedication of Congressman Jim Moran,” says **Ann Armstrong-Dailey, Founding Director and CEO of Children’s Hospice International**. “ChiPACC has been our organization’s goal for more than 30 years. It will allow more than one million children and their families, who are facing life-threatening illnesses, to receive the comprehensive, compassionate, coordinated care they deserve.”

Children's Hospice International (CHI), a non-profit organization, was founded in 1983 to ensure appropriate hospice and palliative care for children with life-threatening conditions and their families. CHI provides education, training and technical assistance. Through CHI's efforts, most of the over 4000 hospices, and many hospitals in the U.S., now consider providing children’s hospice care.