



April 28, 2017

Honorable Paul Ryan  
Speaker of the House  
U.S. House of Representatives  
1233 Longworth House of Building  
Washington, DC 2015

Honorable Nancy Pelosi  
Minority Leader  
U.S. House of Representatives  
233 Cannon House Office Building  
Washington DC 2015

Honorable Mitch McConnell  
Majority Leader  
United States Senate  
317 Russell Senate Office Building  
Washington, DC 20510

Honorable Charles Schumer  
Minority Leader  
United States Senate  
322 Hart Senate Office Building  
Washington, DC 20510

Dear Speaker Ryan and Leader Pelosi:  
Dear Majority Leader McConnell and Leader Schumer:

The Child Welfare League of America expresses opposition to the American Health Care Act as currently presented by the House of Representatives. Despite modifications proposed this past week, we continue to believe the legislation will negatively impact children and families, particularly those involved with the child welfare system, including children and families in foster care and those involved with child protection.

The changes made to the underlying bill do not alter the earlier provisions that would severely impact Medicaid, and the new modifications continue to weaken protections for children and their families through provisions that will reduce access to mental health and substance abuse services.

With most states now experiencing increases in their foster care populations due to the opioid epidemic as felt in your states, the House bill will add to these harmful trends.

The original Congressional Budget Office analysis reported that this legislation as reported out of the House Budget Committee will result in 24 million people losing health care coverage.

Many of the people losing coverage will be children. Enacting legislation that causes such harm and runs directly counter to all we have learned in our nearly one-hundred-year history about the critical role that proper health care plays in supporting child well-being.

As President Trump has indicated, health care is a complex issue and the same is true of child welfare. The child welfare system must support child safety, permanence, and well-being. This requires a focus on the mental and physical health of children and their families and communities. Strong, healthy families and communities are essential to reducing the need for children to enter the child welfare system.

The availability of health care coverage through the Affordable Care Act (ACA), including the expansion of Medicaid, has strengthened millions of families by improving their access to health care. Most critical to many of these families is access to adequate substance abuse treatment and mental health services. The need for substance abuse treatment and mental health services in order to reduce the need for foster care is not new to child welfare. In recent years CWLA has been highlighting the role of these behavioral health needs as the opioid crisis hits home in communities across the nation.

Last year, the Department of Health and Human Services released their most recent child welfare data. In their release, officials at the Administration on Children, Youth and Families (ACYF) interviewed child welfare directors in states experiencing the highest increase in foster care numbers, and state officials informed ACYF on what the data suggest: A rise in parental substance use is likely a major factor driving up the number of children in foster homes. Citing opioid and methamphetamine use as the most debilitating and prevalent substances used, some state officials expressed concern that the problem of substance use is straining their child welfare agencies.

Through the Affordable Care Act, more than \$5.5 billion in substance use and mental health services has been made available, according to research by Dr. Richard Frank and Dr. Sherry Glied of Harvard Medical School and the Wagner School of Public Service at NYU.

It is critical that we keep these services in place. Last year's foster care numbers released by HHS highlighted the fact that in 2015, 427,910 children were in foster care, which represented an eight-percent increase since 2012. New data suggests that drug abuse by the parent as the primary reason for the child's removal in 32 percent of cases, and a parent's inability to cope a factor in a child's removal in 14 percent of cases. The reduction or elimination of this expanded behavioral health coverage would no doubt increase these numbers.

To eliminate or reduce this historic expansion of behavioral health services at the very time that many states are facing a new and expanding addiction through opioids would be tragic, and would likely increase foster care placements even more than the recent impact of opioids in several states.

According to Dr. Frank and Dr. Glied, a full repeal of the ACA would result in a loss of coverage for 2.8 million people with a substance use disorder, including 220,000 people who have an opioid addiction. Additionally, it would eliminate mental health coverage to 1.2 million people with a serious mental health disorder. According to the National Center on Behavioral Health, Medicaid pays for 49.5 percent of medication-assisted treatment in Ohio, 44.7 percent in West

Virginia, and 44 percent in Kentucky. Imagine the impact on foster care caseloads, child maltreatment, and other areas of child welfare if the expanded behavioral health and substance use treatment is either repealed or cut back as this legislation proposes.

A recent interview in *USA Today* highlighted mental health programs developed by the Montefiore Health System in the Bronx. They quoted psychiatrist Henry Chung, chief medical officer of Montefiore's care management organization, as saying the success of these programs

are contingent upon patients getting early treatment in primary care. He went on to say the new mental health provisions in the recently enacted *21st Century Cures Act* that improve access to treatment need “to be combined with strong, affordable insurance. You can’t have one without the other or some of that progress will be taken away.”

CWLA has grave concerns about the proposed changes to the Medicaid program beyond the changes that were enacted as part of the ACA. In particular, we are very concerned about proposals that would create either a direct block grant or a per capita cap that would limit future Medicaid coverage based on a predetermined budget allocation and not based on health needs.

Medicaid offers treatment for substance abuse and mental health disorders that can otherwise result in children entering the child protection system and keeping them there. It helps state and local agencies get treatment to children in foster family homes, children with special needs in residential treatment, children who move from foster care to guardianship, and those with special needs adopted from foster care. Medicaid allows for important therapeutic case management and therapeutic treatment; colocation of health experts in child welfare offices; services and treatment for children in foster care with multiple complex needs; and assistance for their parents, which helps shorten their stays in foster care and reunite families.

We need to advance a child welfare continuum of care based on prevention, intervention, placement, and permanency: prevention of child abuse before it happens; intervention to keep families together when it is best for the child; placement in foster care that must be short and must be quality care; and permanency for families that reunify, adopt, or are kinship families, securing a future for youth who exit to adulthood. Access to health care coverage that includes basic health care, as well as coverage of substance use treatment and mental health services, are critical to this entire continuum.

We hope Congress will act on any health insurance reforms that will both protect the gains we have accomplished and build on these recent advancements. We urge you to reject this cruel and reckless legislation that will place millions of children at risk. Any short-term savings from the program will be wiped away in future years as we experience the consequences of failing to invest in the health and well-being of our youngest citizens—who are also our future voters and taxpayers.

Thank you for your attention on behalf of children.

Sincerely,

A handwritten signature in black ink that reads "Christine James Brown". The signature is written in a cursive, flowing style.

Christine James-Brown  
President/CEO, Child Welfare League of America