

**BOARD OF
DIRECTORS**

**ADOPT AMERICA
NETWORK**
Toledo, OH

**ADOPTION
EXCHANGE
ASSOCIATION**
Baltimore, MD

**ADOPTION
RHODE ISLAND**
Providence, RI

**CHILDREN
AWAITING
PARENTS**
Rochester, NY

**CHILD WELFARE
LEAGUE OF
AMERICA**
Washington, DC

**CONSORTIUM
FOR CHILDREN**
San Rafael, CA

**FAMILY
BUILDERS
NETWORK**

**FOSTERADOPT
CONNECT**
Independence, MO

**KINSHIP CENTER
SENECA FAMILY
OF AGENCIES**
Salinas, CA

**LILLIPUT
CHILDREN'S
SERVICES**
Citrus Heights, CA

**NATIONAL
ADOPTION
CENTER**
Philadelphia, PA

**NORTH
AMERICAN
COUNCIL ON
ADOPTABLE
CHILDREN**
St. Paul, MN

**NY COUNCIL ON
ADOPTABLE
CHILDREN**
New York, NY

**SIERRA FOREVER
FAMILIES**
Sacramento, CA

**SPAULDING FOR
CHILDREN**
Southfield, MI

**THE ADOPTION
EXCHANGE**
Aurora, CO

**THREE RIVERS
ADOPTION
COUNCIL**
Pittsburgh, PA

Voice for Adoption

SPEAKING OUT FOR OUR NATION'S WAITING CHILDREN



March 14, 2017

Honorable Diane Black, Chair
Budget Committee
House of Representatives
B-234 Longworth House Office Bldg.
Washington, DC 20515

Honorable John Yarmuth, Ranking Member
Budget Committee
House of Representatives
134 Cannon House Office Bldg
Washington, DC 20515

Dear Chairperson Black and Ranking Member Yarmuth:

Voice for Adoption (VFA) and our 17 member agencies are writing to express our opposition to the American Health Care Act. We are deeply worried that it will negatively affect children and families, particularly those involved with the child welfare system, including children and families in foster care and adoption who are our primary concern.

We are particularly concerned about the proposals related to Medicaid, given that children in foster care, children adopted or placed in guardianship from care, and youth who age out of care often rely on Medicaid to meet their often-significant health care needs. We strongly oppose any efforts to create either a Medicaid block grant or a per capita cap that would limit future Medicaid coverage based on a predetermined budget allocation rather than the health needs and the number of children and families who require care. Children and youth who have experienced trauma—that is, virtually all children who have been in foster care—typically have higher physical, mental health, and behavioral health care needs, and restrictions on funding are likely to have a disproportionate effect on these very vulnerable young people.

In addition, many parents who are at risk of having their children enter foster care rely on Medicaid's coverage of treatment for substance abuse and mental health disorders. Without robust federal support, these parents are less likely to receive needed treatment, and their children are more likely to enter and remain in foster care, which has significant negative financial impacts as well as causing harm to both children and families.

For children involved in child protection, Medicaid also 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.

But our concerns go beyond the threats to Medicaid. The Congressional Budget Office recently reported that the American Health Care Act would result in 24 million people losing health care coverage. Many of the people losing coverage will be children. Enacting legislation that causes such harm runs directly counter to all we have learned in our nearly 100-year history about the critical role that proper health care plays in supporting child well-being.

Voice for Adoption • 202.210.8118 • director@voice-for-adoption.org
1220 L. St. NW, Suite 100-344 Washington DC 20005

The availability of coverage through the Affordable Care Act (ACA), including the expansion of Medicaid, has strengthened millions of families by improving their access to health care. As noted above, children in foster care and adoption often have significantly higher rates of mental health and medical challenges, which often extend well into adulthood, and the majority have pre-existing conditions that might make obtaining other health insurance more challenging.

The ACA also provides much-needed insurance coverage for youth who age out of the system, by enabling them to remain on Medicaid until age 26—just as children who have parents can remain on their parents' health plan until they turn 26. This provision provided about 74,000 youth who aged out with needed health coverage in 2017.

A critical component of coverage for many families who may be at risk of having children enter care is access to mental health services and substance abuse treatment. In data released by the Department of Health and Human Services (HHS) last year, child welfare directors in states experiencing the highest increase in their foster care population reported that a rise in parental substance use was likely a major factor driving up the numbers. 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.

HHS also reported that in 2015 427,910 children were in foster care, an 8 percent increase since 2012. Data suggests that parental drug abuse is the primary reason for the child's removal in 32 percent of cases, and a parent's inability to cope is a factor in a child's removal in 14 percent of cases.

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 New York University. To eliminate or reduce this historic expansion of behavioral health services at the very time that many states are facing a new and expanding drug-abuse crisis would be tragic, and would likely increase the number of children entering foster care—and, as a result, increase government costs significantly.

It is critical that Congress maintain a health insurance program that makes behavioral health services available to families and helps keep children out of the foster care system.

As a nation, we need to ensure a child welfare continuum of care from prevention, intervention, placement, through 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 is short and ensures children's medical and other needs are met
- permanency for children through reunification, adoption, or placement with kin—with these permanent families having access to services to meet their children's significant medical, mental health, and behavioral needs.

Access to health care coverage that includes basic care, as well as coverage of mental health and substance use treatment, are critical throughout this entire continuum.

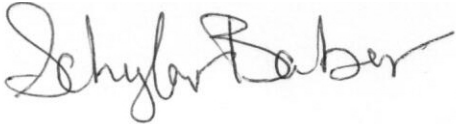
We hope you and other members of Congress will consider how any health care reform efforts will affect children in foster care and adoption—some of our nation's most vulnerable residents. We urge you to reject this cruel legislation that will place millions of children at risk and is likely to increase the



number of children in foster care, while reducing support for their health care needs. Any short-term savings from the program will be far outpaced in future years as we experience the consequences of failing to invest in the health and well-being of children and families.

Thank you for your attention on behalf of children.

Sincerely,

A handwritten signature in black ink that reads "Schylar Baber". The signature is written in a cursive, flowing style.

Schylar Baber
Executive Director

