March 9, 2015

The Honorable Orrin G. Hatch
Chairman
Committee on Finance
104 Hart Senate Office Building
United States Senate
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
221 Dirksen Senate Office Building
United States Senate
Washington, D.C. 20510

The Honorable Fred Upton
Chairman
Committee on Energy and Commerce
125 Rayburn House Office Building
United States House of Representatives
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
2322A Rayburn House Office Building
United States House of Representatives
Washington, D.C. 20515

Dear Chairman Hatch, Chairman Upton, Ranking Member Pallone, and Ranking Member Wyden:

Thank you very much for your work to extend funding for the Children’s Health Insurance Program (CHIP). Historically, CHIP legislation has not only addressed health insurance coverage but it has also focused on another important aspect of care for children – their quality of care. The Pediatric Quality Measures Program (PQMP), which was created by the Children’s Health Insurance Program Reauthorization Act, has not only filled a critical role in prioritizing quality improvement, but also could itself be improved with a renewed focus on healthy child development, care for the mother/child dyad and the needs of medically complex children. We urge you to include language that reauthorizes and extends funding for the PQMP in any final CHIP legislation for at least four years.

In addition, we respectfully request that you add the following report language to any final version of a CHIP funding extension:

The Congress recognizes the important role that the PQMP has played in prioritizing and improving resources for pediatric quality improvement. Care for children does not address a homogenous population and Congress urges the PQMP to prioritize quality improvement recognizing the needs of the whole child: healthy child development in the first 1000 days of life beyond interaction with the traditional medical system, the dyad between mother and newborn, perinatal care, and the unique needs of children with special health care needs and/or medical complexity. In order to leverage the significant progress of the Centers of Excellence, funding for the PQMP Centers should continue, with the potential for a competitive process for advancing the current centers as well as possibly developing new centers. There should be a concerted effort by the Secretary to expand efforts to spread the use of the CHIPRA and Medicaid core set developed through the PQMP among the states and other payers, in partnership with the Centers of Excellence who have developed the measures. Children, pregnant women, mothers, and families do not enjoy good health purely through interaction with a doctor’s office or medical facility.
In addition, Congress directs the Secretary to consider the future of the pediatric quality measurement enterprise more broadly and chart a course forward beyond continued federal funding for the PQMP alone. A plan for pediatric quality improvement catalyzed by federal funding that spurs a robust architecture of innovation supported by the private sector, academic institutions, foundations, and other actors is needed to ensure the best health of the next generation and generations to come.”

Thank you for your attention to our views and your continued support for the health of children, pregnant women and families.

Sincerely,

American Academy of Pediatrics
Children’s Hospital Association
March of Dimes