



October 2, 2026

The Honorable Alexandria Ocasio-Cortez
The Honorable Terri Sewell
Co-Chairs, Cost of Living Healthcare Working Group
U.S. House of Representatives
Washington, D.C. 20515

Dear Representatives Ocasio-Cortez and Sewell:

On behalf of First Focus Campaign for Children, a bipartisan organization dedicated to making children and families the priority in federal policy and budget decisions, I am writing to thank you for your longtime commitment and efforts to make health care more affordable and accessible. As you develop the party's health agenda, we urge both of you and your Democratic colleagues to put children first and not leave them behind.

We are encouraged by news reports that the Cost of Living Healthcare Working Group recognizes priorities that would broadly improve health coverage and access to care for low-income families, including:

- reversing the Medicaid cuts in the so-called One Big Beautiful Bill (H.R. 1) and eliminating Medicaid work reporting requirements set to begin nationwide in 2027,
- restoring the enhanced Affordable Care Act (ACA) premium tax credits that expired at the end of 2025 to lower marketplace costs,
- expanding Medicare benefits, to include vision, dental, and hearing coverage,
- addressing health care workforce shortages,
- capping certain out-of-pocket health costs, and
- increasing rural health funding and community health center funding.

These are common sense proposals that we should pursue. At the same time, we can and must do more to address the specific health needs of children. During so many previous health reform debates, children have often been

treated as an afterthought, even though they have unique health care needs that warrant careful attention. Children are not little adults. Children require specialized provider networks that include children's hospitals and pediatricians, benefits that reflect children's growth trajectories in the beginning of life, and programmatic infrastructure that accounts for family dynamics—none of which can be found in Medicare, for example. We fear that any agenda based on what works for adults would, once again, leave children behind. Therefore, we write today to offer suggestions on how to ensure that the health care agenda for the 120th Congress puts children first.

Make children a named, standalone priority.

We urge the Working Group to give explicit, direct consideration to the unique challenges of children's health coverage and well-being as a distinct priority and not solely as a byproduct of Medicaid restoration or Medicare expansion. Children's coverage has been uniquely harmed by H.R. 1, and it should be uniquely addressed.

When Medicare was created in 1965, Medicaid was a far more limited coverage benefit for children. After years of incremental but meaningful expansions through the 1980s and after health reform failed in the early 1990s, kids became a focus with the passage of the Children's Health Insurance Program (CHIP) in 1997. For the next 20 years, the uninsured rate for children fell by more than two-thirds – from 15% to a record low of 4.5% in 2016 (just before the first Trump Administration).

That progress has since reversed and the decline in coverage is now accelerating. The child uninsured rate climbed to 6.0% in 2024, with the sharpest increases among infants, toddlers, and preschoolers. Since 2024, matters have been made worse. According to analysis by the Georgetown Center for Children and Families (CCF), enrollment by children in Medicaid/CHIP has fallen by nearly 2.5 million since January 2025. The Congressional Budget Office (CBO) has warned that the number will keep climbing as H.R. 1's Medicaid work requirements, redetermination changes, and a chilling public charge rule take hold in 2027.

This is not a slow drift. It is a rapid unwinding of a generation of progress in child health, and it warrants prioritization and a specific focus.

Commit to covering all kids by building on what works for them: MediKids.

One encouraging sign in the *Washington Post's* reporting is that the Working Group is discussing "public health care coverage for all children up to the age of 26." Universal coverage for children is a long overdue national priority, considering that investing in our youth's health yields dividends for those

individuals as children and later as adults, for our communities, and for our family, state, and federal budgets. No one should live without health insurance in 21st century America. The greatest return on investment is to start by covering all kids.

Sen. Andy Kim's (D-NJ) MediKids Act (S. 5037, cosponsored by Sens. Cory Booker, D-NJ, Tammy Duckworth, D-IL, Ben Ray Lujan, D-NM, and Alex Padilla, D-CA) is the most fully developed proposal currently in Congress aimed squarely at closing the children's coverage gap. It would automatically enroll every child in Medicaid at birth and guarantee continuous eligibility through age 26 regardless of income, immigration status, or health status, while letting families opt out if they have other qualifying coverage.

Most importantly, MediKids starts from the right premise: *it builds on Medicaid*, which already has pediatric-specific benefits, networks, and infrastructure, rather than completely retrofitting a program designed for seniors.

Any health policy the Working Group advances — whether it is MediKids, a public option, or Medicare-expansion — should be built around the reality that children have fundamentally different health and developmental needs:

- Pediatric care emphasizes prevention, habilitation, and developmental milestones, and not the maintenance and rehabilitation focus of adult and senior care.
- Children need pediatric-specific benefits, provider networks, quality standards, and right-sized equipment and expertise that Medicare — a program built for people over 65 and people with disabilities — does not have and was never designed to provide.
- Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit guarantees comprehensive, medically necessary care tailored to the developmental needs of growing child, which no other coverage program in the country does as well.
- Any reform must be judged by a simple test: "is it good for children?" Proposals that would move children out of Medicaid and CHIP without preserving these pediatric protections risk leaving kids worse off even while claiming to expand coverage.

Eliminate coverage gaps and barriers for children.

Short of comprehensive legislation, Congress should reverse the paperwork burdens that are creating significant barriers to child health coverage and access to care and make it easier for children to enroll and stay enrolled in child-specific coverage options. Rightfully, our nation auto-enrolls senior

citizens in Medicare at age 65. Coverage is the default, and government does the work of finding and keeping people covered. Children deserve the same default. Most uninsured children today are already eligible for Medicaid or CHIP, but they are uninsured because of red tape, procedural disenrollments, confusion about eligibility, or other administrative barriers to care. Congress should treat eliminating these barriers and gaps as a top-tier priority and not as an afterthought to eligibility expansions. Here are some steps that Congress should take to streamline children's health coverage:

- **Secure the future of CHIP well in advance of the funding cliff.** CHIP is a bipartisan, national success story responsible for drastically reducing the number of uninsured children in this country. It is the only federal health care program designed with children's needs in mind, and it is a beloved state-run program in red and blue states alike. However, it is also the only federal health care program that must be constantly renewed by an affirmative act of Congress. As CBO predicts that H.R. 1 will drop millions of beneficiaries, including 3 million children, from Medicaid and CHIP coverage over the next 10 years, it would be a terrible time to allow this program to suffer from brinksmanship or a delayed extension leading states to send disenrollment notices to families as occurred in 2017. At a minimum, CHIP must be extended in the 120th Congress to ensure it does not run out of funds in 2029.
- **Make CHIP permanent and use that same bill to lock in automatic enrollment.** The CHIPP Act (H.R. 1901 by Rep. Nanette Barragán, D-CA) ends the cycle of funding cliffs that has made CHIP the only federal insurance program that must be periodically re-extended. Rep. Barragán's bill also permanently authorizes Express Lane Eligibility (ELE), which lets states enroll and renew children in Medicaid and CHIP automatically using data they already have from SNAP, TANF, WIC, and school lunch programs, rather than requiring families to fill out duplicate paperwork. ELE is a proven, two-decade-old tool that cuts state administrative costs and family burden alike, but it currently has an expiration date that puts it at risk. Congress should pass the CHIPP Act and direct CMS to actively promote and fund states' adoption of ELE rather than just permit it. We should not require low-income families to have to prove again and again – often to the same agency – that they are eligible for low-income programs.
- **Give states the option to expand CHIP eligibility further, and let families and businesses buy in.** States should be allowed to expand CHIP eligibility up to 300% of the federal poverty level (350% in higher-cost states) through a simple state plan amendment rather than the current, more burdensome Section 1115 waiver process. Families and employers whose income puts them just above current limits should

also have the option to buy into Medicaid or CHIP when it offers better pediatric coverage than what they can otherwise afford.

- **Let CHIP be a choice on the ACA Exchange, and not just an alternative to it.** Families should be able to choose a CHIP plan as one of the options presented to them on the Marketplace, alongside private plans, rather than being routed to CHIP as a separate system with a separate application. CHIP already has stronger pediatric networks and lower cost-sharing than most Exchange plans. Giving families that choice directly, in the same place they shop for the rest of their coverage, would reduce a real source of confusion and administrative friction for parents.
- **Require continuous Medicaid/CHIP eligibility for children from birth until age 6** (H.R. 4641 by Reps. Kathy Castor, D-FL, and Derek Tran, D-CA). Children require dozens of visits to pediatricians in their first six years of life to screen for various conditions and illnesses, administer life-saving immunizations and preventive care, and provide medically necessary treatments before they become more costly. At those very critical moments in the lives of young children, we should guarantee coverage rather than allow for gaps in coverage and churn in and out of coverage. State momentum for children's continuous eligibility has been building for years, with 8 states having received CMS approval to extend multi-year continuous eligibility for children in Medicaid and CHIP from birth until age 6 through Section 1115 demonstration projects. Yet, by letter, CMS has warned states not to request extensions of these waivers. If CMS does not allow states to continue these programs, the logical next step is for Congress to secure this proven strategy for promoting coverage continuity for children through legislation.
- **Pass the Easy Enrollment in Health Care Act** (H.R. 3947/S. 2507 by Rep. Ami Bera, D-CA and Sen. Chris Van Hollen, D-MD), which would let families be identified and offered coverage through their tax returns rather than a separate application, closing the gap for the roughly two-thirds of uninsured children who already qualify for free or low-cost coverage but aren't enrolled.
- **Eliminate the five-year waiting period for lawfully residing immigrant children and pregnant women to access Medicaid/CHIP** (the HEAL for Immigrant Families Act, H.R. 4104/S. 2149 by Rep. Pramila Jayapal, D-WA, and Sen. Cory Booker, D-NJ; and the LIFT the BAR Act, H.R. 9532 by Rep. Jayapal).
- **Reject Medicaid block grants and caps** for Puerto Rico and the other U.S. territories, which face arbitrary federal funding limits that do not apply to the states.

Lower health system costs by investing in child health.

The Working Group's mandate should extend beyond coverage to the broader conditions of children's health. This makes common sense and fiscal sense; for every dollar spent on children's health, the government saves \$4 in future costs, effectively quadrupling the investment. Coverage improvements are necessary but not sufficient to achieve these returns. Therefore, we would ask the Working Group to also take up the following priorities:

- **Protect childhood vaccines.**
 - **Resintate PQMP vaccine measures.** Routine childhood immunization rates have not recovered since the pandemic, and measles and other preventable diseases, such as whooping cough, are resurging. The Pediatric Quality Measures Program that was established in CHIPRA in 2009 is one of the only sources of data about children's vaccination status in Medicaid and CHIP. By law, all states are required to submit annual reports on PQMP quality measures to CMS. However, in December, the Administration announced that it has unilaterally eliminated the requirement for states to report four measures about childhood immunization, defying the will of Congress. Congress should urgently demand transparency into states' childhood vaccination rates and affirm that all states should continue to report these critical measures.
 - **Strengthen VFC and ACIP.** More broadly, Congress should perform rigorous oversight of the Administration's changes to the Advisory Committee on Immunization Practices (ACIP), strengthen and expand the Vaccines for Children (VFC) Program, and counter the misinformation now driving down vaccine confidence. To do this, Congress should take up the Strengthening Vaccine for Children Program Act (H.R. 8425 by Rep. Kim Schrier, D-WA, and Rep. John Joyce, R-PA) and the Family Vaccine Protection Act (H.R. 3701/ S.3323 by Rep. Frank Pallone, D-NJ, and Rep. Kim Schrier, D-WA, and Sen. John Hickenlooper, D-CO, and Sen. Martin Heinrich, D-NM, respectively).
- **Pediatric research and treatment.** Pediatric cancer research receives less than 4% of the National Cancer Institute's annual budget, and children's treatments are too often adapted from adult protocols rather than developed for them. Congress should pass legislation that protects the National Institutes for Health (NIH), strengthens the Food and Drug Administration (FDA)'s authority to hold drug companies to their pediatric study commitments, and reauthorizes the priority review voucher program for rare pediatric disease treatments.

- **Pediatric emergency readiness.** Roughly 80% of children requiring emergency care are treated in general emergency departments (EDs): many lacking the equipment, medications, and trained staff for pediatric cases, and only about 1 in 7 U.S. EDs meet national pediatric readiness standards. Congress should direct the Centers for Medicare and Medicaid Services (CMS) to establish a pediatric readiness Condition of Participation for hospitals and expand funding for the Emergency Medical Services for Children (EMSC) Program.
- **Protect Head Start from the current rollback of its health and safety standards.** Head Start has been a proven, bipartisan success bringing essential maternal and infant health services to low-income families for six decades. HHS's August 2026 proposed rule would strip federal Head Start Program Performance Standards, including staff-to-child ratios and group-size limits, requirements for serving children with disabilities and multilingual learners, and standards for health, mental health, and family support services, deferring instead to uneven state requirements. It is critical that relevant Early Head Start (EHS) performance standards are retained for many reasons, including to ensure that EHS programs remain eligible for and supported with Maternal Infant and Early Childhood Home Visiting program (MIECHV) funds. The Working Group should go on record opposing the new HHS rule and advance legislation to codify the current health and safety standards in statute.
- **Children's mental health.** Half of all mental health disorders emerge before age 14. Congress should strengthen enforcement of mental health parity law, expand school-based mental health services, and adequately fund the child and adolescent behavioral health workforce.
- **Protect access to the 988 Suicide and Crisis Lifeline.** States should be required to design their 988 systems around the needs of children and youth — including integrating youth-led peer crisis support, such as Oregon's YouthLine model, into the network — and Congress should set a federal floor to prevent state restrictions, like Idaho's parental-consent requirement, which has caused children in crisis to hang up rather than continue a call, from cutting kids off from life-saving crisis support.
- **Maternal and infant health.** Congress should create an optional Medicaid benefit covering doulas, midwives, community health workers/promotoras, and peer support specialists across the prenatal, delivery, and postpartum periods, and should pass the Momnibus Act's components, including Rep. Sewell's own Maternal Vaccination Act.
- **Address racial disparities.** Children of color now represent a majority of all kids. And yet, health disparities involving children of color do not receive the attention they deserve. This Administration has repeatedly taken steps to bring even less attention to addressing these disparities. On indicator after indicator, including infant and child mortality to

critical access standards, Black, Hispanic, and Native American children have significant worse outcomes that demand elimination.

- **Confront the leading cause of death for children.** Since 2020, firearm deaths have exceeded motor vehicle deaths as the leading cause of death for children and teens. This is a reversal of decades of progress on vehicle safety that came from sustained federal research and prevention investment. Among other steps, Congress should restore and protect CDC and NIH funding for firearm injury and prevention research, which remains a fraction of research funding for other leading causes of child death; fully fund the school-based mental health and violence-intervention grants created by the Bipartisan Safer Communities Act, some of which have been rolled back; and support pediatrician-led safe storage counseling as a standard, reimbursable part of well-child visits.
- **Defend adolescent confidentiality protections under HIPAA.** HHS Secretary Robert F. Kennedy Jr.'s December 2025 messaging on parental access to minors' medical records presented parental rights as absolute, while omitting HIPAA's long-standing exceptions for minor-consent care, confidential mental health and reproductive health services, and situations where a parent is the source of harm. These exceptions exist because adolescents are more likely to seek care and disclose sensitive concerns, including abuse, when they can count on confidentiality. Congress should press HHS to issue clear, accurate guidance affirming these protections rather than rhetoric that risks chilling care-seeking by vulnerable teens.
- **Recognize that "parental rights" framing can itself endanger children.** ProPublica's recent investigation found that at least 15 Idaho children in a faith-healing sect died of treatable conditions since 2015 because state law exempts parents who choose prayer over medical care from neglect and manslaughter statutes that would otherwise apply. Rather than narrowing this exemption, Idaho has continued to expand parental authority over children's medical decisions, with consequences that extend well beyond this one sect, as seen in the 988 hotline example above. That bill and other so-called "parental rights" bills that impact health care are causing delays or the withholding of vaccinations, first aid, mental health services, substance abuse treatment, reproductive health services, sexually transmitted infection (STI) treatment, and even cancer care. The Working Group's health agenda should include support for a federal floor ensuring that no child's access to life-saving medical care depends on a state's choice to prioritize parental or religious authority over a child's survival.
- **Reverse the harm from *Chiles v. Salazar*.** The Supreme Court's March 2026 decision undermined state bans on so-called "conversion therapy" for minors, a practice the medical profession has long found ineffective

and harmful. Congress should pursue federal legislation to protect LGBTQ+ youth from this discredited and dangerous practice and other attacks on their health and well-being, regardless of where they live.

Re-establish the House Select Committee on Children, Youth, and Families in the 120th Congress.

Although this is not specific to child health, we urge the Working Group to recommend the reestablishment of the House Select Committee on Children, Youth, and Families, which engaged in critically important and landmark hearings between 1983 and 1993 related to children's health coverage, children and AIDS, children's mental health, maternal child health, and the interrelationship between children's health and poverty. If the House Democrats take control of the House, this would provide a unique opportunity for Democrats to address the growing crisis that children are facing, including rising uninsured, poverty, hunger, and homelessness rates under this Administration, which we've written about in detail on the Kids Can't Wait blog (<https://brucelesley.substack.com/p/congress-once-had-a-dedicated-voice>). Recreation of this Committee would demonstrate that House Democrats will provide real focus and attention to addressing the growing needs of children.

Conclusion

As the Working Group sets priorities for the first days, first 100 days, and first year of a new majority, we ask that children not be an afterthought in that agenda but a named, explicit priority in their own right, alongside Medicaid restoration and Medicare expansion. Kids can't wait for health coverage or for the conditions that let them grow up healthy.

We would welcome the opportunity to discuss these ideas further with you and your staff.

Sincerely,



Bruce Lesley
President

cc: The Honorable Hakeem Jeffries, Democratic Leader, U.S. House of Representatives