

NATIONAL HEALTH REFORM AND ACCESS TO CARE FOR CHILDREN, YOUTH, FAMILIES AND PREGNANT WOMEN

The National PTA believes that health is based on the quality of life of the whole child -- emotional, intellectual, physical, and social. All elements must be considered before optimum health can exist.¹

Therefore, the National PTA supports legislation to assist states and localities to develop and fund comprehensive health care programs, including school-linked health clinics, and provide equitable access to quality, affordable health care for all children, youth and pregnant women.²

As the reform of America's health care system is being debated and planned by the nation's policymakers and legislators, the needs of children, families and pregnant women **MUST COME FIRST**. According to the National Association of Child Advocates, approximately 8.3 million children have no health insurance coverage. Millions more have inadequate insurance that does not cover such basic preventive care as immunization or services for the disabled.³ Five percent of children have disabilities significant enough to impair daily benefits package. For many years, the National PTA has supported health services and care that are preventive and primary in nature, and believes that national health reform should focus on the following principles:

1. **Universal Coverage.** It is essential that health reform eliminate barriers to health care providing universal, affordable health coverage on a mandatory basis to all, regardless of income, age, geographic residence, health status, legal status or education.⁴ Pre-existing condition exclusions and waiting periods should be prohibited, and continuous portable coverage should be provided.
2. **Equitable Access to Care.** Universal coverage will not mean universal access to care unless health reform also includes clear steps to eliminate non-financial barriers to care such as language, culture, geography, homelessness, HIV/AIDS, and physical.⁵
3. **National Education Goal Number One:** By the year 2000, all children in America will start school ready to learn. Children will receive the nutrition and health care needed to arrive at school with healthy minds and bodies.⁶ This includes full immunization by the age of two of the necessary measles, mumps, rubella and hepatitis B vaccinations and the tuberculosis test, with the exemptions considered for medical religious reasons,⁷ child nutrition and other feeding programs,⁸ special supplemental food program for Women, Infants, Children,⁹ mental health programs for children and parents,¹⁰ and well-child care.
4. **Underserved Children, Families and Pregnant Women.** There must be assurances that low income and other high risk families have coverage for services that may not be included in a basic benefit plan such as outreach, case management, transportation, home visits and child care.¹¹

5. Collaboration of Child Serving Organizations. The National PTA believes that the community and the school should integrate health promotion efforts.¹² For many children, basic requirements for survival--such as meals, shelter, physical and mental health care, security and protection--are unmet. Programs to meet these needs must be coordinated with the educational functions of the schools. This requires that social service agencies, mental health centers, juvenile justice systems and health departments be more closely aligned with schools to meet the developmental needs of students.¹³ All federally funded school-linked health clinics must have parental representation on all advisory committees, and supports parental involvement provisions in all legislation pertaining to children's education and development.¹⁴ Health programs should also emphasize parental education programs.¹⁵
6. Health Care Costs. The National PTA believes that agencies with responsibilities for educational, health or welfare services must have provisions for adequate funding and structure to meet effective legislative intent¹⁶ and to provide adequate funding for school and community services to children in areas under federal government control.¹⁷ Any health plan should provide adequate reimbursement levels to encourage the development of primary care practices and to ensure appropriate distribution of health resources to underserved areas, and not shift costs to families, particularly those of low income. Costs should be contained in all sectors of the health care system, and administrative procedures be simplified. The National PTA supports taxing tobacco and alcohol products as a means of raising revenues for health care, but would oppose taxing employees or organizations for health benefit premiums.

The National PTA supports the establishment of a minimum health care financing mechanism guaranteeing that all children and families have either a public or private insurance that adequately covers basic needs. Families below the poverty level should be entitled to Medicaid.¹⁸

Adopted: by the 2002 Board of Directors

¹² National PTA Position Statement, Comprehensive School Health Programs, 1992.

¹³ National Education Goals and PTA National Education Goals: An Action Plan, Goal #4; Comprehensive Guidance Counseling Services, 1983.

¹⁴ National PTA Legislative Directives, Parent Involvement, 1992-1993.

¹⁵ National PTA Resolution, Mental Health Programs and Services, 1973; Nutrition Education, 1991: Tobacco and Health, 1984; Education on Hazards of Involuntary Smoking, 1987; HIV Infection and AIDS: Education and Policy, 1991; Nutrition, 1978; Reye's Syndrome, 1982; Tourette Syndrome Awareness, 1988; Youth Suicide Prevention, 1986; Abuse of Alcohol and Other Drugs, 1968.

¹⁶ National PTA Legislative Policies, 1992-1993.

¹⁷ National PTA Policies Regarding Special National Concerns, the National PTA Legislative Program, 1992-1993.

¹⁸ A Children's Agenda, WHIW, June/July, 1988.