

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Investing in Children
Making Children's and Adolescents' Health and Well-Being a Top Priority

**PREPARED TESTIMONY OF
JULIANNE THOMAS, MD, FAAP,
ON BEHALF OF THE AMERICAN ACADEMY
OF PEDIATRICS**

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My name is Julianne Thomas. I am a pediatrician in private practice in Cedar Rapids, Iowa. On behalf of the American Academy of Pediatrics, a group representing more than 60,000 pediatricians and pediatric subspecialists, I am honored to have the opportunity to explain why the health and well-being of all children must be a key goal of our national agenda—and what you can do to make it a top priority. By including children’s needs prominently in the party platform, you will send a powerful message to the voters and families across America: We care about children and we know that, without healthy children, we will not... and cannot... have a healthy nation and a healthy future.

How do we make sure children in America are healthy? There are two important parts of the answer:

One: We need to make sure **all** children have access to high-quality care.

Two: We need to realize children have unique health care needs. They are not just little adults.

I will address both of those issues in my comments.

Eight years ago, during the 2000 presidential election campaign, I had a similar opportunity to talk about child health issues. Then, the most pressing issue was access to care. Unfortunately, little has changed in the last 8 years.

Today, some 9 million American children and adolescents have no health

insurance at all. That number could easily grow in the coming months as the faltering U.S. economy and a seemingly rising tide of natural disasters push more American families, and businesses that have traditionally provided insurance to their employees, to the financial brink. Of those 9 million children, most have at least one working parent. Of those 9 million children, nearly two-thirds are eligible for already existing health coverage programs, namely Medicaid and the State Children's Health Insurance Program (SCHIP). But the same financial realities that are pinching American families and businesses also are putting the squeeze on state budgets. That means less money is available for health care for children at a time when needs are rising.

Behind every statistic—9 million uninsured children—there is a real face but it is often a face that we do not see unless their needs are critical.

The family of an asthmatic teenager in my practice suffered the failure of their business and could not afford health insurance coverage. My patient used the emergency room for asthma attacks but his family did not have the money for preventive medications and his asthma was poorly controlled. The only way I learned of their needs was that I saw him for a sports physical at the free clinic where I volunteer.

For him, as well as for the many children living without health insurance, that lack of coverage often means getting delayed or no care. Uninsured children are three times less likely to visit a doctor. If and when they do get treatment, it too often comes too late to protect them from often preventable acute illnesses, medical complications and sometimes even death. In real terms, that means an easily treated earache can turn into permanent hearing

loss. A missed vaccine can result in potentially life threatening meningitis. A pain in the stomach is dismissed as a simple stomach-ache—until the child’s appendix bursts, creating a surgical emergency.

The cost to these children is clear: They, and their families, suffer needless pain, **stress** and fear.

The cost to our nation should be just as clear. In the short-term, preventive care, which is all most children need to stay healthy, is much less expensive than emergency or chronic disease care. In the long-term, uninsured children, who do not get the care they need to get and stay well, are more likely to lag behind in school. Untreated ear infections, vision problems and common childhood conditions such as asthma can all conspire to prevent even the brightest child from being able to learn.

If we **invest** in children now, the return on that investment will be great, for them and our country: Healthy children are children who can stay in school, graduate, work, pay taxes and raise healthy families.

Our No. 1 goal should be ensuring that all children have high quality health-care coverage, regardless of family income, from the moment they are born.

But we also need to recognize that making sure children get the health care they need and deserve is not just a one-step solution. An insurance card is not health care. Coverage doesn’t always equal access. And access doesn’t always equal the kind of high-quality, child-centered and coordinated care that children need.

Low reimbursement rates for the current government funded health programs mean that too many pediatricians face an untenable choice: Should they take care of every child who walks into their waiting room and risk going out of business? Or should they have to look a parent in the eye and say, ‘No, I can’t afford to take care of your child’ in order to keep their doors open and provide care for many others? Our practice accepts patients who have Medicaid, but only a limited percentage, because the reimbursement for their care only covers our overhead, with no money to cover our physician salaries. Reimbursement for Iowa's SCHIP is better and we do not limit the number of SCHIP patients. Many practices are in worse situations.

We must ensure that children receive appropriate, quality health care. That care is best provided in a medical home, an AAP-developed model that will ensure children do not fall through the medical cracks. The goal of the medical home is to provide comprehensive, continuous, culturally-competent, coordinated, family-centered care. What does this mean? It means that children get the right care at the right time, led by a primary care pediatrician who knows them and their medical and family history and who, when necessary, ensures children get the specialized care they need from pediatric medical and surgical subspecialists. One of my partners, Dr. Trudy Goldman, has had over 15 years of experience with complex patients beginning with a special clinic she headed at the University of Colorado and she has brought her expertise to our office. For example, she has a patient with a rare severe seizure disorder. This patient is on a ketogenic diet as well as medications, has an out-of-state pediatric neurologist and multiple

therapists for her many physical and developmental problems, and requires intensive home care and multiple hospitalizations. We have found that it is very rewarding to provide primary care for complex patients, but it also is labor intensive both in the office and later with boundless paperwork; it requires excellent communication and record systems. This work is not well reimbursed so many doctors are unwilling to see these patients.

No matter what their medical condition or source of insurance coverage—private or public—all children need to be able to see a doctor for routine wellness visits and immunizations, as well as for injuries and trauma, chronic diseases and special needs. At a time when cost-cutting insurance companies are limiting coverage of basic preventive services, I want to emphasize in particular the value of wellness visits. This also underscores my second point: Children have unique health care needs.

In the first year of life alone, babies should see their pediatrician seven times. They should continue to see their pediatrician at regularly scheduled intervals throughout their childhood and adolescence.

Why does this matter? First, it increases the likelihood that they will receive the critical preventive care they need, such as immunizations. Secondly, it gives pediatricians the opportunity to catch any problems, from developmental delays to mental health issues to the early stages of chronic diseases such as asthma or diabetes, in time to provide early, effective treatment. And thirdly—and this is one key area where the family-centered part of the care we provide comes in—it helps us give parents the tools they need to take care of their children and keep them healthy. We promote

wellness and disease prevention, providing guidance on everything from breastfeeding and how to soothe a colicky baby to injury prevention and how to promote healthy lifestyles. This is crucial in our efforts to curb the obesity epidemic and limit such adolescent risk-taking behavior as smoking and drinking.

Too often, policy-makers assume that if we figure out a way to take care of the adults, then the system will work for children. Unfortunately, it doesn't work that way. Children have unique needs.

While adult medicine most often is driven by chronic care, pediatric medicine focuses on wellness and acute illnesses or injuries, such as ear infections and broken bones. Children are more likely to experience rapid deterioration in their condition. They may not be able to explain what's wrong with them, making diagnosis more challenging. They respond differently to medications than adults. Equipment made for adults doesn't fit child-sized bodies, forcing pediatric specialists to jerry-rig devices for needed treatment and care.

With children, we have the greatest opportunity to prevent the kind of health care problems that will put their future, and our nation's, at risk. If these problems are left untreated, they will continue to drive up health care costs and create a nation crippled by the rising incidence of chronic disease and obesity. We have the tools and expertise to solve this problem. Just consider one example: Through our investment in immunizations, we have eradicated or drastically reduced the incidence of life-threatening and disabling diseases that once affected millions of children. Yet we must remain vigilant: The

recent measles outbreak underscores the reality that some vaccine-preventable diseases may be all but gone from the United States, but they are still just a plane ride away. We did in fact have measles fly in to the Cedar Rapids airport and the Linn County Health Department did an excellent job of limiting the epidemic.

So what does all this mean for policymakers? It means our health care program for children must include:

- 1 Comprehensive health insurance coverage and access to high quality care in a medical home for **all** children;
- 2 Adequate reimbursement and special training for medical personnel, from pediatricians to emergency room doctors, nurses to paramedics to hospitals with pediatric expertise, to ensure children get age-appropriate care;
- 3 More investment in research and development of medications and equipment that is *for* children as opposed to adult treatments and products made to fit children;
- 4 Renewed focus on the importance of immunizations, including building public confidence in the program and increasing investment in, and transparency of, vaccine safety research;
- 5 More investment in the cause, treatment and cure of childhood diseases, including ongoing support for such potentially groundbreaking research as the National Children's Study;
- 6 Disaster and emergency preparedness planning that takes the unique needs of children into consideration.

To put it simply, we must invest in our children. The reality is, we are not doing enough. According to an Urban Institute study, children's share of domestic federal spending has dropped from 20.2% in 1960 to 16.2% in 2007. And it continues to drop. At the same time, a 2007 UNICEF study of child well-being in the world's richest democracies ranked the United States No. 20. No. 20! That is shocking.

The UNICEF report also stated: "The true measure of a nation's standing is how well it attends to its children."

We must stand tall. We have a great new opportunity. The lifelong success of every child in America must be our highest priority. On behalf of the American Academy of Pediatrics—and children and families across the nation—I urge you to make children's health and well-being a top priority in word—in your party platform—and in deed. Thank you.