

AAP Legislative Conference  
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Should Medicaid be handed over to the federal government altogether or continue to exist in its present state, with a dual level of control between state and federal bureaucracy? While the American Academy of Pediatrics (AAP) continues to support the protection of Medicaid and SCHIP, it has not taken a stance on ultimate future control of the health care safety net. Should the federal government revamp the program and usurp power from the states to nationalize control? Before considering whether the federal government should assume such control, one has to consider the impact on expansion of services to children with regard to access and delivery of quality health care. Would this favor or reduce the quality of care? Expand or reduce access to health related services? Protect or erode personal privacy to the patient? In essence, is the federal government *per se* a suitable entity to reconcile high quality care with the demands of the taxpayer for efficient use of its funds? For me, these questions remain unanswered. Before national health insurance could be achieved, the role of the state and the federal government would require a radical paradigm shift.

Universal compulsory national health insurance managed at the federal level may establish a level playing field between states' delivery of care. A child born into poverty in rural south Georgia could enjoy the same health care benefits as a child born in urban Los Angeles. The question is whether the electorate supports such a policy. Ultimately, one has to question whether the government should provide free medical care to all children and what benefits the insurance would confer. Should national health care only cover catastrophic illness or a limit itself to a basic package of primary care preventive health care services and acute care? Along those lines, is health care a privilege of the economically able or an entitlement that should be offered universally to all children?

The philosophy of the AAP to protect Medicaid and SCHIP in its current form is pragmatically sound. However, any discussion of the future of Medicaid appeared to be minimal among the members of the conference. That is, active discussion of the fiscal policy, financing and ethics behind compulsory health insurance for all children was absent. Arguments for universal health insurance are evident to pediatricians entrenched in pediatrics; however, we physicians need to deliberate the contrary differing opinions that would be used in the political debate. To effectively advocate for children, we need to buffer the arguments proposed by opponents of universal health insurance. The 1993 proposal Health Security Act would have mandated a virtual federal takeover of health care delivery. However, the proposal was a bureaucratic nightmare creating new federal programs, federal mandates and changes in the tax code. Ineffective marketing and planning allowed the bill to die in 1994. AAP leaders and member need to discuss a viable alternative. A national Medicaid commission to review the program in terms of its current delivery of services and financing is unquestionably in order. However, pediatricians and child health advocates need to sit at the table beforehand for a realistic discussion about the merits and drawbacks of the current structure. This needs to take

place before marching on Capitol Hill to promote the protection of Medicaid and SCHIP in its current form.

The idea of the legislative conference to develop ongoing relationships with federal legislators is invaluable. Clearly the importance of Medicaid was imprinted on AAP members. Examples of Academy supported legislation in the 108<sup>th</sup> Congress were extremely beneficial for background information. Additionally, the lectures and workshops provided assistance in promoting health care legislation in favor of children. The conference addressed means of acting as child advocates on Capitol Hill. Workshops included background information and updates on federal legislation and regulation, arrangements for visits to congressional offices, media training and sample communications to representatives and senators. More importantly, in fact, the conference facilitated networking amid pediatrician and prominent AAP committee members. However, the most valuable lesson at the conference was that democracy is not a spectator sport. The excellent planning and positive energy at the conference left us with renewed enthusiasm for childhood advocacy. I believe that building advocacy skills to make a difference in the political arena was a prominent goal of the conference. In that vein, the legislative conference was a resounding success.