

Halden FitzGerald Scott, MD  
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In the emergency department, the health threats to America's children are apparent as we take care of real children and families every day. We as physicians are well aware of the problems they face. I wanted to attend this conference to learn about legislative solutions, and how to be a link between my patients and my legislators. Before attending, I was not sure if this would really be a way I could affect change. The conference gave me the knowledge and skills to be a more skilled advocate. Most importantly, it taught me how human and potentially fallible Capital Hill is, how accessible it is to us, and how crucially important it is for pediatricians to be visible and vocal to our representatives.

In our opening sessions, we were schooled in practical politics and the political landscape. It turns out, unsurprisingly, that every politician believes in helping children in theory, and so does our country. Despite a presidential veto, the US citizens strongly supported S-CHIP reauthorization, and independents feel most strongly that politicians are not doing enough for children. In an election year, with independent votes being so valuable, this should give us some leverage. Jackie Noyes, associate executive director of the AAP, told us that policymakers have many solutions, but that they cannot see the extent of the *problems* we see. Part of our role as pediatricians is to bring them the stories of our patients, and teach them how policy translates into hardships or triumphs for real people.

We learned about priorities for the AAP's Committee on Federal Government Affairs, which include disaster preparedness and pediatric medical devices/drugs. The Committee on State Government Affairs supports state-by-state advocacy for local issues including defeating proposals for concealed weapons on college campus and supporting booster seat requirements. We learned about the central legislative issues for the AAP right now: defending Medicaid and S-CHIP. The AAP described this year as a "defensive" year. While we await potential new, improved health care legislation and funding with a new administration in 2009, there are cuts to Medicaid and S-CHIP that we need to prevent. In August 2007, while Congress was in recess, the administration issued two CMS directives that imposed restrictions on Medicaid and S-CHIP that effectively reduce funding to the states and impose more regulations on the use of funds. Although there are judicial challenges to the legality of these directives, the best hope against them is with the legislative branch.

The Medicaid directive consists of limitations seven areas of Medicaid funding to states: safety net hospitals, rehabilitation services, school outreach / enrollment / transportation, graduate medical education, hospital clinics, case management, and provider taxes. The S-CHIP directive creates barriers to use of S-CHIP to cover uninsured children. Many states, including my own, Pennsylvania, currently use S-CHIP

to insure children up to a family income of 250-300% federal poverty level. This includes the children of the working poor, and accounts for the fact that local cost-of-living may be out-of-sync with the national poverty level. The CMS August 17 directive mandated that 95% of all eligible children below 200% FPL be enrolled in CHIP before any children from families between 200-250% FPL be enrolled. Although we all support insuring the poorest children first, no federal entitlement program has ever achieved an enrollment of 95%. The same directive that mandated this unrealistic standard included no tools or funding to improve enrollment rates, nor did it reduce the paperwork burden on parents to enroll their children in CHIP – currently, a birth certificate alone is not enough.

We went to the Hill with three “asks.” We asked for support of HR2316 / Senator Rockefeller’s Medicaid Moratorium bill, which rolls back the cuts in Medicaid made by the August directives. We illustrated what the threatened services mean for children – speech therapy and physical therapies in schools, partial funding for school nurses, early screening and intervention for developmental, hearing, vision problems that can save more costly disabilities and interventions down the line. GME funding is clearly crucial to support of the “safety nets” – hospitals and clinics staffed with large numbers of residents that see the patients left uninsured when our other systems fail. If Medicaid funding to residencies is lost, it is difficult to imagine resident numbers keeping up with the need for a safety net, especially as we enter a recession and more patients need medical assistance.

We asked for support to renew S-CHIP. We also asked for a long-term goal: support of Medikids, a bill that supports a universal safety net of coverage for all children up to age 23, that would not replace Medicaid and private insurance, but would cover children during gaps in those coverage.

My personal experience meeting my representatives on the Hill was exciting and revealing. I felt glad to meet with 3 officials who had all supported S-CHIP reauthorization, and in the course of my visits learned I still accomplished something in visiting supportive officials. At Senator Specter’s office, I met with a staffer who told us that the senator supports children but that “everyone is asking for something” right now, particularly for Medicare funding. With the 2<sup>nd</sup> largest elderly population in the country, she told us, funding for the elderly in Pennsylvania would remain a priority. Knowing that the AMA was lobbying the same week we were, it was important to have a presence for children among the many physicians visiting the senator. At Senator Casey’s office, his staffer was well-versed in all of our “asks,” with the senator being a strong supporter of our position on all of the issues. We discussed the compromises necessary to create a bill that would not get a presidential veto. Senator Casey has spoken of the impact the Aug 17 directive will have on CHIP in Pennsylvania, and yet has difficulty getting media coverage of the issue in Pennsylvania. His staffer urged us to contact our local media with stories of what cuts in CHIP will mean to our patients, stories of patients in the 200-250% FPL bracket who would be left uninsured. At Representative Fattah’s office, I again met with the staffer of an official who is in agreement with AAP objectives. The staffer commented to me that “in an election year, great things always happen for the

elderly, but children can never vote” – being aware of this, Rep. Fattah continues to support them. Though she was well-versed in the issues as well, my visit did prompt her to remind him of the specific pieces of legislation we are interested in. She also commented on how different our “asks” are from the AMA’s.

I was left with a few take-home messages, for pediatricians as a whole, and pediatric emergency physicians in particular.

1. We have a voice. We are childrens’ voices. Other interests have more votes and more money than children, so they need us.
2. It is much easier to contact my representatives than I had imagined, and their staffers are much more human, realistic and honest than I had thought they would be. They gave me clear ideas of what their bosses might and might not do, real challenges they face, and ways I can help. After my one personal visit, it seems like it will be easy to continue relationships with these offices as new legislative issues arise.
3. It is so important to be a presence on Capitol Hill. We have only the compelling moral ground of the interests of children, and if we don’t present their human face to legislators, they might not get the attention they deserve.
4. Local action counts. A letter to the editor not only captures your local audience, it captures the eye of your national representatives (through their staff). It is a great way to acknowledge positive or negative votes of representatives and make them aware of a constituency that pays attention to what they’re doing for children.
5. Work with your local AAP chapter. Medicaid, CHIP, and private payer policy differ so much among states it is important to be informed, and for pediatricians to present a united front.

The conference included useful and fun workshops and activities, and opportunities to meet pediatricians in all sorts of practices with varied advocacy experience. Their stories and actions were inspiring. In workshops I learned how to craft a message, in letters and fact sheets to elected representatives, and media training tips. In addition to learning specifics in person, I realized what an array of resources are available on the AAP website and in the AAP Washington office for help with these activities. The website includes legislative and statistical information to help craft a message, and the Washington staff will help edit a letter to the editor. As I met pediatricians from various states confronting different challenges, I realized the importance of working with my local chapter.

Overall, the conference was both enjoyable and inspiring, and empowered me to continue advocacy on behalf of children’s issues we confront in emergency departments daily. I am grateful for the support of the Section on Emergency Medicine which allowed me to attend this conference.