



American Academy of Pediatrics



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**TESTIMONY OF  
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PRESIDENT-ELECT  
AMERICAN ACADEMY OF PEDIATRICS**

**before the**

**COMMITTEE ON HEALTH, EDUCATION,  
LABOR AND PENSIONS**

**UNITED STATES SENATE**

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Good morning. My name is Judith Palfrey, MD, FAAP, and I am proud to be the President-Elect of the American Academy of Pediatrics (AAP), a non-profit professional organization of 60,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults. Pediatricians believe that the life success of every child should be our highest national priority.

I appreciate this opportunity to testify today before the Committee on Health, Education, Labor and Pensions on health reform. I am a general pediatrician and child advocate. With my colleagues, I have developed medical home approaches that address health inequities and provided guidance for practices and school systems on the comprehensive care for children with special health care needs. I have advocated for S-CHIP and CHIP, improved school health services and payment to pediatricians for developmental screening and coordination of care.

On behalf of the American Academy of Pediatrics, I want to thank you for what you have already done so much this year to benefit children, through CHIP reauthorization, passage of Medicaid funding in ARRA, and now by highlighting their needs in your bill. As a nation, we have gone far, but we are still not at the finish line. With close to 9 million children still uninsured, an infant mortality rate worse than 23 other nations, and intolerable racial disparities in health care, we cannot be proud.

To hold our heads up high, we must provide insurance coverage to all children in this country. And that coverage should mean access to the right benefits in a medical home with payment rates that allow real access to services in public and private programs. I am here to urge you to keep children's health needs prominent as the health reform process plays out. And I urge you to do this not just for the children, but because a focus on children is the foundation of a health system that works. In this economic environment, we are all looking for cost containment. There is no better way to do that than to invest early in a healthy citizenry.

We commend the Committee's recognition that all HRSA funded preventive guidelines (also known as "Bright Futures") receive first dollar coverage in new Gateway plans. The benefit of Bright Futures is that it begins family-centered life-long health promotion activities that emphasize healthy nutrition, exercise, positive mental health, injury prevention, healthy sexual development, violence prevention, and the avoidance of tobacco, drugs, and alcohol. All of these sow the seeds for healthy adult life styles. These preventive services will have enormous benefits not only for children while they are young, but doing the right thing for children will help prevent the adult consequences of obesity, mental illness and developmental dysfunction. Bright Futures focuses on

parental responsibility for their children's health and places the appropriate emphasis on families and provides the tools they need to help their children.

The HELP Committee's focus on "those left out" is critical. Within this group are many families of children with special health care needs, who face extraordinary burdens because many of the services their children need are not covered through traditional health care insurance. The medical home with its inclusion of care coordination addresses these concerns and can provide access to full benefits for these most vulnerable children. It is also critical that the notion of "pre-existing condition" not be a barrier to health care for young people whose illnesses begin early in life.

We appreciate the HELP Committee's recognition of the need to strengthen the work force delivering pediatric primary care, and perhaps as importantly, pediatric subspecialty and surgical specialty care. Once diagnosed with a serious health problem by a primary care pediatrician, families can find it very difficult to access the services of a subspecialist or pediatric surgical specialist and so we appreciate the Committee's recognition of the unique needs of children in this area.

Finally, some times, we as child advocates find it hard to understand why children's needs are such an afterthought and why because children are little, policymakers and insurers think that it should take less effort and resources to provide them health care. How else could it be, that there continue to be recommendations that Medicaid payments for health care for children be considered adequate at 80% of Medicare rates? Are providers who care for children second-class health professionals? There is good evidence that appropriate payment of providers will result in children having better access to comprehensive health services in a medical home.

We are hopeful that as the health reform process evolves, you continue to prioritize coverage, benefits and access to medical homes through appropriate payment rates for child health services. Health insurance for children is a smart investment that President Obama prioritized in his campaign. We hope to see all children benefit as a result of your important work.

Thank you again for the opportunity to testify. I look forward to your questions.