

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



NYS AAP, District II



LEGISLATIVE PRIORITIES

The NYS AAP, District II represents over 4,000 pediatricians across New York State working to support and enhance children's health and well-being.

Collective Bargaining for Physicians

A.5692/S.3690

The NYS AAP supports legislation creating a right for physicians to collectively bargain with health insurers. Current anti-trust provisions preclude any negotiations between physicians and insurers. At this time, the relationship between doctors and insurers is significantly tipped toward insurers who hold all the power. As insurers continue to merge and become more and more powerful and cover more and more lives, physicians are disadvantaged and unable to advocate for their patients or for

themselves. Creating a right to collectively bargain over all aspects of the contractual relationship that currently defines the rights, responsibilities and rates for services between insurers and physicians will help create a more level playing field.

We urge all pediatricians to support this legislation.

Fair Payment for Immunization Purchase and Administration

A.7248

Currently many commercial insurers are making their own rules about how much they will pay for vaccines and how much they will pay for a pediatrician to administer a vaccine. Their payment formula is not related to the actual costs of acquiring and maintaining vaccines.

We support legislation requiring fair payment for vaccines and for vaccine administration, based on the AAP business model that financially supports pediatric practices.

In many cases pediatric practices are paying more for each vaccine than the insurer is willing to pay them. In those instances the pediatric practice is subsidizing the insurance company. This is simply unfair and unacceptable. In many other cases insurers will pay pediatricians as little as \$5.00 for administration of a vaccine, while Medicare pays its physicians more than \$17.50 to give a senior an immunization. And senior citizens don't squirm, cry and thrash around. You also don't have to spend time talking to parents about the safety and the importance of immunization and why it's imperative that they make a commitment to keep to their child's immunization schedule.

As a separately reported service, payments for immunization administration need to adequately cover those costs to the practice which are separate from the direct and indirect costs associated with the vaccine product. Insurers understand business principles including the concept of return on investment and expect it in their business. There is no reason physicians should accept carrier refusal to pay separately and adequately for the vaccine product **and** the administration/counseling. Viable businesses pass on their increased costs to their purchasers to maintain profitability. The pediatric practice has a legitimate business case to make for separate and adequate payment for vaccines and immunization administration and carriers need to provide adequate payments to cover the total direct and indirect expenses for both the vaccine product and the administration.

Pediatric practices are the public health infrastructure for the nation's childhood immunization program. It is imperative to incentivize pediatricians to participate in immunization efforts by appropriate payment for immunization administration.

The NYS AAP enthusiastically supports this legislation as a second component of NYS's gun control efforts. The first was the SAFE Act which will go a long way to help protect children and all New Yorkers from gun violence. But SAFE did not go far enough in delineating Safe Storage as a key issue in responsible gun ownership.

Safe storage requirements, when implemented with public education and law enforcement supports, have been proven to reduce children's deaths and injury from firearms. They are an important second level of gun violence prevention. This legislation clearly defines safe storage requirements and outlines consequences for not complying with those requirements.

Studies indicate that the presence of an available firearm in the house increases teen suicide. In 1997, 53 children under the age of 18 were killed in firearm homicides and 178 were injured seriously enough to be hospitalized. (Above are New York State Department of Health figures.) We believe that these numbers have increased significantly in the last fifteen years. But with the federal limitation of research into gun violence, it is impossible to secure valid numbers.

Many of these firearms came in homes where they were unlocked. A 1996 report issued by the State Department of Health indicated that a substantial number of firearm owners in New York State do not properly secure their firearms. The report, *Firearm Ownership and Safe Storage in New York State*, concluded, 38% reported some form of unsafe storage, where unsafe storage is defined as either failing to lock all firearms or to secure ammunition separately in a locked place.

The intent of this legislation is to encourage safe firearm storage before incidents occur. Finally, safe storage laws work. Seventeen states, including Connecticut, New Jersey and Massachusetts, have passed these laws. Accidental firearm deaths of children were reduced 23% in states with Child Access Prevention/Safe Gun Storage (CAP) Laws, according to a study published in the *Journal of the American Medical Association* on October 1, 1997.

We urge our legislators to take this second important step in keeping our children safe from guns.

Maternal Depression in Pediatric Primary Care *new bill number pending*

The NYS AAP is working with the sponsors and key members of the legislature to reintroduce our Maternal Depression legislation. The bill, which passed both the Senate and Assembly with unanimous support, was vetoed by the Governor for reasons which remain unclear. As passed, the legislation creates health insurance coverage for Maternal Depression screening in both the prenatal and postpartum periods of pregnancy/childbirth, as well as during pediatric visits during an infant's first year. The legislation also requires the creation of a referral network, so Moms identified as in need of further evaluation and

treatment can access the appropriate treatment to address their postpartum depression symptoms.

Most new mothers visit the pediatrician for their infant's check-ups and health/sick visits more often than they would visit any other health professional for one year after the birth of their child. Therefore, it makes sense to create a systematic and legal way for pediatricians to screen and refer new mothers who may be struggling with postpartum depression. This legislation will create that opportunity and support its implementation.



Centers for Excellence in Children's Environmental Health A.7885/S.6166

This legislation proposes that New York invest \$1 million in creating and supporting a network of seven Centers of Excellence in Children's Environmental Health.

The need for additional support provided by an expanded statewide network of Centers of Excellence in Children's Environmental Health is clear:

- At least 475,000 children in New York State currently suffer from asthma. Air pollution is a major contributor.
- More than 180,000 of New York's children have a learning disability and more than 660,000 have a developmental or behavioral disorder –attention deficit/hyperactivity disorder (ADHD), autism or mental retardation. Lead, pesticides, plastics chemicals, PCBs and mercury are among the known environmental causes.
- Each year more than 17 million pounds of pesticides are applied across New York State. Pesticides cause acute poisonings and are also linked to learning disabilities and childhood cancer.
- In New York State there are 87 federal and over 800 state-designated Superfund sites. The toxic chemicals in these sites threaten the health of children in all areas of the State.

- Each year, diseases of environmental origin in NY's children cost \$4.35 billion. Many of these diseases are preventable.

A statewide network of seven **Centers of Excellence in Children's Environmental Health** would be an efficient and cost effective approach to diagnosing, treating and preventing disease of toxic environmental origin in New York State's children.

Centers of Excellence would:

- Increase the accuracy of diagnosis of children's diseases caused by environmental factors
- Improve the treatment of children's diseases caused by environmental factors
- Prevent diseases caused by environmental factors
- Better quantify and describe the burden in the state of children's diseases of environmental origin
- Strengthen and expand educational programs in children's environmental health for professionals at all levels

The NYS AAP strongly supports investing state resources in creating and supporting a network of Centers of Excellence in Children's Environmental Health.

The Child Safe Products Act

A.6328/S.4614

Toxic chemicals have no business in children's products like toys, clothing, or car seats. Yet product makers have reported more than 5,000 types of kids' products that contain dangerous chemicals. New York must act to protect children's health with a comprehensive approach, modeled after effective policies in other states and countries, and containing the following elements:

- Identify chemicals of high concern based on their inherent hazards;
- Create a priority list of chemicals of high concern found in children's products;
- Require manufacturers to disclose use of priority chemicals in children's products;
- Phase out those priority chemicals in children's products;
- Participate in an interstate chemicals clearinghouse (IC2).

www.nysaap.org

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Green Schools New York

A.3676/S.5113

98% of children are in school buildings for at least seven hours a day. Materials used to build and maintain these buildings often contain harmful chemicals. New York State needs to require all

school construction in the state to meet the NY Collaborative for Healthy and High Performance Schools (NY-CHPS) standards, as has been required in New York City since 2005.

Single Payer Health Care

A.5389A/S.2078A

Currently in New York we have an uneasy truce between health insurance companies and physicians, hospitals and other health services institutions. In addition, there are often huge differences between the state's Medicaid program, the commercial insurance market, ERISA (self-insured corporations), and various Health Care Saving Account options. Add to this hugely complex system, the State's newly operational Health Insurance Exchange, and the world of health insurance coverage becomes ever more complicated for consumers and for providers.

The current multiple payers and multiple billing systems for multiple products, differential co-pays, and differential coverage combine to create one of the most chaotic and ill-conceived health insurance marketplaces for both consumers and for providers. The administrative burden incurred to simply process all the payment and coverage differences is enormous. There are entire systems on the provider side devoted to juggling the different requirements and different billing

systems and different coverage of the different insurance companies.

In New York we have all worked hard together to create patient protections, generous and appropriate coverage and benefits, and appeals processes, however, our system, in its very efforts to do the right thing, has become especially onerous for both the consumer and the provider and for the public and private oversight and advocacy organizations.

Moving toward a single payer health insurance approach in New York could go a long way to create equity in health care. It could address health disparities caused by race, economics, education and cultural norms. Access to care would be universal. Quality of care would be unified and evaluation would be across a level playing field. And providers would have the right to collectively negotiate on behalf of themselves and their patients.

Expanding Access to Naloxone

A.08637/S.06477

Expanding access to Naloxone to more people, including families of addicts, and addicts themselves, will help save lives. New York is in the grip of an ever growing heroin epidemic as many New Yorkers from all walks of life and all parts of the state who are addicted to prescription drugs, try to deal with the shrinking access to prescription opioids like oxycodone. Heroin has become a dangerous and cheaper drug to use for many.

Expanding access to Naloxone will offer a greater possibility of a person surviving a fatal overdose. That person, having experienced near death, may go on to rehab and become drug free. Naloxone can and will save lives, and those lives saved are mothers, fathers, aunts, uncles and sons and daughters across New York. They all deserve a second chance.

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We fully support the state imposing the same controls it already has on tobacco on e-cigarettes. E-cigarettes are an unknown. There is no data on their safety. But there is ample data that they are being used in large numbers by children and teens. Over the last year the percentage of young people reporting e-cigarette use has increased by almost 20%. E-cigarettes are now an easy way for young people to begin smoking. There are no current barriers to access. At this time a 10 year old can buy e-cigarettes. The e-cigarette is beyond the control of public health entities. Retail outlets have no legal basis to deny anyone access to e-cigarettes. Kids can now buy a candy bar and e-cigarettes without limit.

And e-cigarettes are clearly being marketed to young people with flavors like chocolate delight, strawberry and sweet vanilla. They are also being

marketed as “safe”, although there is no evidence that they are indeed safe. We don’t know yet.

But the evidence is clear that e-cigarettes are an easy and uncontrolled avenue to taking young people onto the main highway of tobacco use and abuse. This avenue must be blocked.

Any public policy that interferes with, or creates barriers between young people and tobacco is a public policy we support. Tobacco kills people. It has no redeeming value in any sphere of human endeavor. All efforts should be made to keep young people from starting smoking. All efforts should be made to help young people and all people stop smoking. E-cigarettes are by their very existence are antithetical to all of our mutual efforts over the last decade to reduce access to and the negative consequences of tobacco use.

