2013 Policy & Budget Positions

NYS American Academy of Pediatrics, District II

WORKING TO SUPPORT AND ENHANCE CHILDREN'S HEALTH AND WELL-BEING

NYS AAP SUPPORTS

Increase Minimum Wage

Raising the minimum wage to $9 is a child friendly economic policy.

The increase should be part of the budget and must become effective as soon as possible. The minimum wage should also be linked to inflation so that low income workers do not see their meager earnings eroded by inflation. Families with children are struggling to make ends meet with one, two or even three minimum wage jobs. Any parent who works full time should make enough to support themselves and their children. Increasing the minimum wage will help bring hundreds of thousands of New York's children out of dire poverty.

Universal Pre-K for Low Wealth Districts

Universal Pre-K for low wealth districts is an excellent budget investment. The Universal Pre-K initiative should be targeted to all low wealth districts, and NOT be competitive.

However, it is just a first step. We need to pass this budget and get universal Pre-K programing to all low wealth school districts, but we also need to provide social emotional, economic and educational support to all low income and middle income families by moving Pre-K forward to become truly universal for all children. All children need access to Pre-K. NYS should provide it to all low wealth districts now and work our way up through the entire system.

High Quality Child Care

We support adequate support for the development and availability of high quality infant and child care for all working families. High quality child care is not a privilege for the privileged; it is a necessity for all working families.

Government has the responsibility to offer subsidies to make high quality child care affordable for low income families. For middle income families a sliding fee scale should be made available that is fair and provides equitable access to high quality care. High quality accessible child care is an economic investment that pays high dividends for decades. Children with access to high quality child care, universal high quality pre-K, and good schools become productive contributing members of society.

Early Intervention

The Proposed reforms to the New York State's Early Intervention Program as outlined in the budget have the potential to strengthen the program and ensure that covered services are paid for by insurers. The reforms also protect children and families insuring that they have access to needed services no matter who the payer. One of the most important reform initiatives is working to get providers credentialed and included in health insurance networks. This action will create a high quality, but level playing field so that parents will be assured the quality services to which they and their children are entitled. It also begins to create a quality assessment and outcomes based process for services to high need at risk infants and toddlers.

We also support the concept that children referred to EI should be assessed for needed services prior to full evaluations. Requiring full evaluations, for every child, even for children known not to need services, is a waste of precious program resources. No child who needs EI services will be denied services if they are identified through an assessment and then a full evaluation. Also, families retain the right to request a full evaluation if they disagree with the outcome of an assessment.

408 Kenwood Avenue, 2nd Floor, Delmar, NY 12054
Phone: 518.439.0892 / Fax: 518.439.0769
www.aapdistrictii.org

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
District II (New York State)

Early Invention (continued)

We also support a more central role for pediatricians in the EI assessment, evaluation, and service provision components of the program. Pediatricians take care of children for the first 19 years of their lives. Whatever interventions are delivered through EI must be part of a whole health and well-being plan for that child and family. We also support having a representative of the insurance company covering the child permitted to attend the service planning meeting. The insurer has no vote in the meeting. They are not being given any power to deny or delay the treatment. But they should be able to listen to the discussion, understand the medical and socio/emotional assessment and evaluations that were used to arrive at the diagnosis which prompted the design of a specific treatment program for any particular child they insure.

MRT Phase II Recommendations

We support many of the Medicaid Reform Task Force's recommendations for Phase II of reforming the system, but we remained concerned that changes be made with the best interest of the consumer/patient as a constant priority.

Mental Health Integration

Integrating physical and mental health is long overdue. But it must be done with care and with a commitment to high quality accessible care. It must also be designed to offer the appropriate levels of care at the right times for children with mild, moderate and severe mental illness. Assessment, diagnosis and treatment of mild to moderate children's mental illness in the primary care pediatric setting is a clear and attainable goal. More than 300 pediatricians have already been trained. Many more would join the cadre of trained pediatricians if there was a formal process to allow these trained physicians to bill for the mental health services they provide in the primary care setting. To date discussion with state Medicaid and with private insurers has been disappointing. We continue to advocate for children's mental health services in the primary care setting. *Perhaps, this year, with the changes to Medicaid and the requirements for mental health coverage in the federal Affordable Care Act, we can push toward a statewide protocol to provide for certification and payment for pediatricians trained and able and willing to provide mental health treatment to their child patients.*

Addressing Mental Illness

We support the design and implementation of a Children's Mental Health System that can meet the multiple levels of need that children struggling with mental illness require. Children with mental illness have changing needs as they achieve intellectual, physical and social emotional milestones. A children's mental health system must be flexible enough to meet the changing needs of children as they grow and develop.

Transition to Managed Care

We support the transfer for children in Foster Care to Managed Care, but it must be done with careful determination that every child will have access to care they need. The transfer of Medically Fragile children is even more challenging. Again, these children are high users of care and that care must be available when they need it and at the quality and intensity appropriate to meet their needs.

Health Homes for Children with Multiple Chronic Conditions

We support the design of Health Homes for Children who need comprehensive intensive care for multiple chronic conditions, but we are concerned that Adult Health Homes will be used as the only model. Adult homes will not meet the needs of children. Children are not small adults. Their needs are specific to their developmental age and their physical, emotional and social milestone achievements.

Close to Home Initiative

The Close to Home Initiative for New York City proposes closure of specific upstate facilities for court involved young people and the alternative development of small community sited supervised residential placement in the "Close to Home" initiative. Placing young people hundreds of miles away from home and then releasing them with little follow up is and continues to be prescription for failure and recidivism.

408 Kenwood Avenue, 2nd Floor, Delmar, NY 12054
Phone: 518.439.0892 / Fax: 518.439.0769

For more information, contact Elie Ward at eward@aap.net

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
District II (New York State)

Close to Home Initiative
(continued)

It's time to try something new and different. Keeping young people closer to home, while providing supervision, education, needed therapies and engagement with family and community is an approach that has shown promise in other states. Teaching responsibility along with the imposition of clear consequences for unacceptable behavior in a community setting has been proven to produce better outcomes for young people and for the system itself.

Developmental Disabilities

Children with developmental disabilities cannot be sacrificed to budget issues.

We are deeply concerned with how the 30 day amendments, which will require significant cuts to the Office for People with Development Disabilities, including an across the board 6% cut to community based agencies, will impact the quality and accessibility of services to some of the most vulnerable children in care. Children with developmental disabilities require high quality consistent care to support them in achieving the highest possible levels of success. The treatment and supports they and their families need cannot be compromised without risking unacceptable negative outcomes. We urge the state to move with great caution as they work to find efficiencies in the current system of care.

NYS AAP OPPOSES

Retail Based Clinics

We oppose Expansion/Support for Retail Based Clinics as proposed. The Retail Based Clinic design as included in the budget provides little or no protection for consumers. It also contradicts the New York State's own commitment to the design and implementation of patient centered Medical Homes. Retail Based Clinics are especially problematic if they are allowed to provide treatment for children. We urge caution as the state explores the right way to create safe and high quality access to health care for all New Yorkers. Retail Based Clinics raise as many problems as they may appear to solve. What they offer in terms on availability they lack in terms of quality, connection to a Medical Home, and follow-up for all patients.

We recommend that Retail Based Clinic expansion/support be removed from the current budget and be negotiated in good faith during the course of the legislative session.

NP Scope of Practice

We oppose the elimination of the requirement of physician/ Nurse Practitioner collaborative relationship. There is no documented evidence that the current required collaborative relationship between a physician and a nurse practitioner is an impediment to practice. If the goal is to improve access to primary care services in underserved areas, it would make sense to identify the targeted service areas and look at all options to increase access to high quality primary care services in those areas. Simply eliminating the requirement for a collaborative agreement between a nurse practitioner and a physician does nothing to improve access to primary care in underserved areas.

Excess Program Changes

We oppose The Executive Budget proposal that would not only cut $13 million from the Excess Medical Liability Insurance Program but also limit Excess coverage to a physician who 1) provides emergency services in a hospital emergency department and 2) accepts Medicaid. Moreover, the language would also for the first time "prioritize" coverage to those physicians who are deemed to be in the highest risk categories, thereby threatening coverage for many physicians deemed to be in "lower risk" categories, again ignoring the fact that New York's litigious climate affects all physicians.

These proposed changes to the Excess program, if enacted, may very well result in many physicians - even those who treat the most high-risk patients - being unable to obtain this coverage. Absent meaningful reform of the dysfunctional tort system, the continuation of a properly funded Excess program which provides coverage to all physicians who have traditionally received such coverage is critically necessary. Urge your legislators to reject these changes to the Excess Insurance program and to assure full funding of the program.

408 Kenwood Avenue, 2nd Floor, Delmar, NY 12054
Phone: 518.439.0892 / Fax: 518.439.0769

For more information, contact Elie Ward at eward@aap.net

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
District II (New York State)