Understanding What Happened During the 2011 Legislative Session and the Pediatrician’s Role as a Legislative Advocate

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Disclosure

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Learning Objectives

- Characterize the state of child health and well-being in Texas and the US
- Understand the pediatrician’s role as a legislative advocate
- Receive guidance on the most successful advocacy strategies as well as tips on how to get started
- Understand what legislation was passed by the 82nd Legislature related to children and the practice of pediatrics as well as the potential impact of that legislation

Advocacy in Action

The Fight for CHIP in Texas: HB 109

From http://dawnadukes.com

Policy Decisions Affect Our Patients

From Children’s Defense Fund, Texas (www.cdftexas.org)
How are children doing?

Health Insurance Status

- Uninsured rate in TX = 17% (1.17 million kids)\(^4\)
  - National rate = 10% (8.3 million kids)\(^2,3\)
- Most uninsured children live in working families\(^5\)
- Most uninsured children are citizens\(^6,7\)
  - An estimated 11% of uninsured children are noncitizens\(^7\)
- Nearly 70% of uninsured kids in Texas are eligible for CHIP or Medicaid\(^4\)
- Hispanic and African-American children, undocumented children, as well as adolescents more likely to be uninsured\(^5,7\)

Health Insurance Status - Consequences

- Uninsured children are significantly more likely to:
  - Lack a usual source of care\(^6\)
  - Delay care\(^6\)
  - Have unmet medical needs\(^6\)
- Uninsured children are at higher risk for:
  - Preventable hospitalizations\(^4\)
  - Missed diagnoses of serious health conditions\(^4\)
- Uninsured children have higher all-cause in-hospital mortality\(^8\)
- Insurance status shown to:
  - Reduce unmet health care needs\(^9\)
  - Improve access to care\(^10,11\)
  - Improve utilization of care\(^12\)

Cartoon by Nick Anderson, 2007, The Houston Chronicle

Children without health insurance (Percent) - 2009

Health Insurance Coverage of Children, 2009

Health Insurance Status\(^1\)

Number of Nonelderly Uninsured Americans, 2004 - 2009

SOURCE: Kaiser Commission on Medicaid and the Uninsured/Urban Institute analyses of March CPS; each year.
**Covering Kids – Medicaid and CHIP**

- Medicaid is the single largest insurer for low-income children in the US:
  - Covers nearly 30 million children, 2.8 million in Texas\(^4,13\)
  - Children represent half of all Medicaid enrollees, but only account for 25% of all spending\(^8\)
- CHIP = Children’s Health Insurance Program
  - Covers ~7 million children, more than 500k in Texas\(^14,15\)
  - Covers children in families up to 200% of FPL\(^13\)
- Combined, these programs cover 1/3 of all children, and more than half of all low-income children\(^13\)
- Public programs – joint state/federal funding\(^13\)

**Get Informed!**

- Where to learn more:
  - Texas Health and Human Services: [www.chipmedicaid.org](http://www.chipmedicaid.org)
  - Kaiser Family Foundation: [www.kff.org](http://www.kff.org)
  - Robert Wood Johnson Foundation: [www.rwjf.org](http://www.rwjf.org)
  - American Academy of Pediatrics: [www.aap.org/advocacy.html](http://www.aap.org/advocacy.html)
  - Texas Pediatric Society: [www.txped.org](http://www.txped.org)
  - Children’s Defense Fund: [www.cdftexas.org](http://www.cdftexas.org)
  - Annie E. Casey Foundation: [www.aecf.org](http://www.aecf.org)
  - KIDS Count Data Center: [http://datacenter.kidscount.org](http://datacenter.kidscount.org)
  - The Texas Tribune: [www.texastribune.org](http://www.texastribune.org)

**A Parting Thought on the Pediatrician’s Role**

- It is not enough, however, to work at an individual bedside in a hospital. In the near or dim future, the pediatrician is to sit in and control school boards, health departments, and legislatures. He/she is a legitimate advisor to the judge and jury, and a seat for the physician in the republic is what the people have a right to demand.

  - Dr. Abraham Jacobi
    - “Father of American Pediatrics”
    - Opened the first children’s clinic in the US

**Texas Pediatric Society**

- Professional, non-profit organization representing 3,500 physicians and medical students
- Texas chapter of the American Academy of Pediatrics
- Created Director of Advocacy and Health Policy position in 2000
- Work collaboratively with the Texas Medical Association and other specialty organizations including the Texas Academy of Family Physicians
- Strong relationship with the Children’s Hospital Association of Texas

**Advocacy Quiz – Part I**

- Are you registered to vote?
- Did you vote in the last primary/general election?
- Do you know personally or have you treated the child of:
  - your state senator, state representative?
  - Governor, Lt. Governor, Speaker of the House?
  - any key staff?
Advocacy Quiz – Part II

Have you:
● lobbied at the state capitol?
● prepared testimony?
● testified at a public hearing?
● held a fundraiser for public official?
● worked on a campaign?

Types of Relationships

1. Organic -- "Luck of the Draw"
   • Family friend
   • College roommate

2. Homegrown -- "Work, work, work"
   • Volunteered with a campaign
   • Gave financial contribution

3. Artificial -- "Rage Against the Machine"
   • Participate in grassroots emails, faxes, phone banks, etc.

Legislative Session Dynamic

The average legislative office handles the following during the 140-day session:
• 6,000 + bills
• 5,600 telephone calls
• 4,900 drop-in visitors
• 7,700 faxes
• 8,400 letters
• 10,000 emails
• 400 invitations

Politics Drives the Process, the Process Drives the Policy

● Governor releases Executive Order mandating HPV vaccination for all 11 and 12-year-old girls (2007)
● Legislators see action as abuse of power and a sidestep of the legislative process
● Policy doesn’t mirror AAP statement
● Politics muddies issue giving rise to anti-vaccination argument
● Several bills detrimental to vaccine status filed
● Final legislation overturns the mandate, allows information about HPV virus and vaccine to be disseminated to parents

Legislative Process is Reactive, Not Proactive

● If you don’t play a part to voice your concerns, you won’t be heard
● The entire process is designed to kill, not pass legislation
   ○ In 2011, 6,304 bills filed – only 1,508 became law
● Better no law than a bad law

Relationships are More Important than the Issues
Example #1 – Vaccine Exemption
- Calls/letters go unanswered in last days of session
- DSHS rules written broadly
- Physicians engage in grassroots communication with DSHS Board members, testify at rules hearings
- Rules changed, language narrowed
- Some monitoring allowed

Example #2 – Booster Seat Law
- Until 2009, Texas had NO law, one of 11 states without
- Law only covered children younger than 5 and less than 36 inches
- Science says coverage necessary until 8 years unless four feet nine inches tall
- Booster seat advocacy 2005 and 2007 failed
- Public opinion trumped science

Example #2 - Booster Seat Law Continued
- In 2009, the legislative fight came down to the Governor’s office
- Law enforcement partners reached out
- Governor allowed bill to become law without his signature

Effectiveness Depends on Executing the Basics
- Make friends before you need them
- Build coalitions
- Education – Sell your message

Cover Kids
- Medicaid
  - Support competitive Medicaid payment rates
  - Support 12-month continuous eligibility
  - Support additional legislative fixes to ease eligibility problems
  - Support additional outreach and education to enroll those eligible but not enrolled children

REALITY CHECK – Worked to support current infrastructure and oppose devastating program cuts
Build a High Quality Pediatric Health Care System

Workforce
- Increase primary care preceptorship program funding to 2002-2003 levels
- Maintain funding for the Physician Education Loan Repayment Program
- Reinvest state funds in Medicaid GME

REALITY CHECK – Opposed devastating program cuts

Texas Medical Child Abuse Resources and Education System (MEDCARES)
- Support enhanced funding for MEDCARES

REALITY CHECK – Protected the program by oppose funding cuts

Immunizations
- Prioritize the Partnership for a Healthy Texas: Conquering Obesity's legislative priorities
  - School health
  - Built environments
    - Support for physical activity in the community environment by supporting "complete street" policies to encourage walking and bicycling for health, transportation and recreation
  - Early childhood
    - Improve nutrition and physical activity in early childhood programs, including support for following current Dietary Guidelines for Americans in childcare settings
  - Food access
    - Improve access to healthy foods.
  - Curbing obesity's cost
    - Support essential funding to reduce the spread of obesity included its related chronic diseases, and raise awareness about nutrition, healthy living and physical activity.

Keep Kids Healthy Priorities
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State Budget Crisis
- Initial House Budget: Cut $31B
  - Slashed Medicaid payments to physicians, hospitals and nursing homes by 10%
  - Deep cuts to CHIP, trauma funding, child and adult mental health, and tobacco cessation
  - Huge cuts to medical schools, GME, primary care residencies
  - Eliminated physician loan repayment programs
State Budget Crisis

- **Initial Senate Budget: Cut $29B**
  - Protected physicians’ Medicaid payments
  - Allotted more money for GME, physician loan repayment programs and other workforce programs

State Budget Crisis

- **Adopted budget: Cut $15B**
  - No cuts to physicians’ Medicaid or CHIP payments
  - No cuts to state mental health services
  - Cuts to tobacco cessation and chronic disease prevention mitigated
  - Cut hospitals 8 percent (exempting children’s hospitals’ inpatient care and rural hospitals); cut lab and DME by 10.5 percent; other providers by 5 percent

State Budget Crisis

- **Higher Education Slashed**
  - Primary Care Residency Program was eliminated and the Family Practice Program was cut by nearly 75%.
  - Statewide Primary Care Preceptorship Program: Not funded.
  - State GME formula funding: Cut 31%
  - Physician loan repayment programs: One eliminated; the other cut by 76%

Cover Kids: Medicaid/CHIP Reform

- Establishes new Medicaid/CHIP Quality-Based Payment Advisory Committee to provide input strategies to improve quality and health outcomes through payment and delivery system reform (SB 7)

- Established new NICU Council to recommend new operating standards, accreditation process, and best practices for NICUs participating in Medicaid (HB 2636)

Cover Kids: Medicaid/CHIP Reform

- Directs Medicaid to reduce the incidence of elective inductions and C-Sections (HB1983)

- Authorizes statewide Medicaid HMO expansion (SB 7 and budget)

- Requires HHSC to save $450 million via mix of utilization management changes (including reductions in non-emergent ER usage), benefit cuts, care coordination, copayments, and payment reform (budget rider 61)
Cover Kids: Medicaid/CHIP Reform

- Directs HHSC to pursue a federal Medicaid waiver to allow greater flexibility in Texas Medicaid program design and benefits (SB 7) (assumes $700 million in savings)

- Directs Texas to pursue formation of an interstate compact allowing Texas to opt-out of Medicare, Medicaid, CHIP and other federally funded programs (except programs for veterans and Native Americans) to run these programs under a block grant (SB 7)

MEDCARES

Texas Medical Child Abuse Resources and Education System (MEDCARES)

- Program at DSHS to improve the assessment, diagnosis and treatment of child abuse and neglect

- Funding remains at 2009 levels

Immunizations

SB 7 (Nelson/Zerwas) Health Care Worker Policies

- Requires health care facilities to create and implement employee policy requiring vaccines for vaccines preventable disease.

- Issue originated in the TPS Infectious Disease and Immunizations Committee as well as TMA ID Committee.

Immunizations

HB 3336 (Coleman/Deuell) Pertussis Education

- Adds pertussis information to the list of items that must be provided to a pregnant woman during gestation or at delivery.

- Information must be in English and Spanish and must include the CDC recommendation that parents receive Tdap during the postpartum period.

SB 1107 (Davis/Howard) Bacterial Meningitis

- Requires all students entering institutions of higher education to receive a bacterial meningitis vaccination or booster.

- Requires information be included in registration material outlining the ability to claim and exemption and stresses the need to contact a physician about the need for immunization.
Fitnessgram

SB 226 (Nelson/T. Smith) Fitnessgram Reporting
- Allows TEA to accept individual, de-identified reporting of Fitnessgram results, making it easier for academic and fitness standings to be coordinated.

SB 8 (Shapiro/Eissler) Fitnessgram Assessments
- Reduces Fitnessgram Assessment requirements by requiring only children enrolled in physical education courses to be assessed annually.

Newborn Screening

SB 229 (Nelson/S. King)
- Requires birthing hospitals in counties with less than 50,000 people to conduct hearing screens or refer their patients to a facility for screening.
- Requires midwives to document the referral of newborns to an entity to conduct a hearing screen on their patients.

HB 411 (Laubenberg/Deuell)
- Codifies the process for gathering consent for the retention of newborn screening heel prick cards post-screen.
- Defines when and how information is reviewed by the Internal Review Board and the DSHS Commissioner.
- Allows cards to reside at DSHS for two years before it is destroyed.
- Includes SB 270 language bringing the program inline with guidelines from the Joint Commission on Infant Hearing.

Concussion Management

HB 2038 (Price/Deuell) Concussion Management Teams
- Requires schools to create concussion management teams (which must include a physician) to establish return-to-play protocols, restricts athletes from returning to the field if a concussion is suspected and requires ongoing concussion training and education.

HB 675 (Lucio III/Lucio) Helmet Refurbishing
- Restricts school districts from using football helmets that are 16-years or older and requires helmets that are 10-years old to be refurbished at least once every two years.
- Also requires school districts to maintain and make available to parents the age of each football helmet used in the district and the dates on which each helmet is reconditioned.

Raw Milk

HB 75 (Flynn/Deuell) DID NOT PASS
- Would have allowed the sale of raw milk or raw milk products in farmer’s markets, food cooperatives and fairs.

Questions?

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What can YOU do?

1. Find out who represents you by visiting “Who Represents Me” at www.capitol.state.tx.us
2. Schedule a meeting with your state representative or senator
Visit the TPS website at www.txpeds.org to read a full legislative summary.
References


