

Testimony to the Health and Human Services Subcommittee of the Committee on  
Finance and Appropriations of the State of Ohio House of Representatives

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I am Terry Barber, Sr, MD. I have been a practicing pediatrician in the state of Ohio for 24 years. Initially in office-based primary care, I have worked at Columbus Children's Hospital in the Urgent Care/ Emergency Department for the last 5 years. I am the Physician Director of Urgent Care and Assistant Clinical Professor of Pediatrics at the Ohio State University College of Medicine. Today, I speak as President-Elect of the Ohio Chapter of the American Academy of Pediatrics, but most importantly as a pediatrician.

I come to speak on behalf of Ohio's 3 million children, and especially the one million Medicaid eligible children, asking you to protect their only access to health care. We ask that you recommend the protection, and even consider increased funding for Medicaid and the State Child Health Insurance Program (SCHIP) in your budget proposal.

Medicaid and SCHIP are a critical safety net for children and as such is the largest healthcare provider in our state. Also, coverage for these children is a bargain. Although more than half of Medicaid enrollees, children under 18 years old account for less than one quarter of the medical costs. This includes children with special healthcare needs. The Kaiser Commission on Medicaid and the Congressional Budget Office have shown that children's healthcare account for only 15 to 18 % of the Medicaid cost increase and just 12% of the increased expense of pharmaceuticals. Since the majority of Medicaid enrollees are children and the cheapest expense, they become the most vulnerable to cost reduction measures such as enrollment reduction or limitation, decreased benefits, and especially across the board funding cuts.

One of the programs that we ask that you protect is the EPSDT (Early, Periodic Screening, Diagnosis, and Testing). This is an entitlement for Medicaid children to receive comprehensive preventative check-ups and appropriate testing to identify those at risk for physical and mental problems before a complicated and expensive crisis occurs. This program just makes sense. It is part of the AAP's concept of the Medical Home – the cornerstone of pediatric care – and represents a cost-effective concept of preventative intervention and counseling as a logical way to prevent late and costly care.

We are extremely concerned about the barriers to access to care. There has not been an increase in provider payment in Medicaid for more than 15 years. Subsequently, access to quality healthcare is restricted because dramatic increases in overhead costs and flat payment over the same period have threatened traditional office-based pediatric practice. Pediatric offices face the same challenges to viability as any other small business, and for

the first time in history, pediatricians are now forced to make decisions that rip at our basic principles of access to all children.

Currently, Medicaid reimbursement to pediatric care is less than 2/3 of Medicare payment, which traditionally covers adults. This translates to being paid 50 cents for every dollar of expenditure to provide care. Pediatricians have traditionally carried the public health burden to guarantee quality healthcare to children. Access to care had been protected by a principled philosophy and professional responsibility to provide these services regardless of ability to pay. However, increasing numbers of pediatricians and pediatric specialists have been forced to limit, reduce, and even close their practices to children on Medicaid, or face insolvency in their practice.

The Ohio AAP is aggressively researching creative budgetary measures to assist your efforts in supplemental funding initiatives for responsible health care decisions. We are working diligently with our state's agencies under the Ohio Department of Health and the Department of Job and Family Services to resolve this problem. Together with the Health Research Services Administration we have developed a model to reduce duplication of services to children and families while improving health care equity. By coupling this model to contracting, cost savings and improved outcomes result. In addition, we are assisting the ODH and ODJFS with such projects as the development of quality measures, pay for performance, care coordination, and evidence-based strategies. We have not given up on the system, and we will not give up on kids, and we ask that you don't either.

While we request your continued budgetary support, we offer our involvement with the development of new ways to cover the costs of care while covering all children. States such as Massachusetts and Vermont have partnered with business and individuals to provide a healthcare product for universal coverage. Illinois' "All Kids" plan builds on the existing Medicaid and SCHIP funds and utilizes an affordable but responsible sliding scale premium – not for the poor or very poor, who remain protected – but for all levels of income. Pennsylvania has followed suit. The AAP continues to monitor these projects and we hope to learn from these initiatives and create a system that solves our problems once and for all.

Pediatricians implore you to protect and expand Medicaid and SCHIP. Don't forget the children, who by no fault of their own, came into this world without knowing if their state would help them to be and stay healthy. These children already have obstacles to overcome. Help them by supporting and improving the chance for a healthy beginning.