

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

NYSAAP, District II,
Chapters 1, 2 & 3



October 26, 2023

The Honorable Kathy Hochul
Governor of New York State
NYS State Capitol Building
Albany, NY 12224

Dear Governor Hochul,

We are writing on behalf of pediatric primary care leaders across New York State (NYS) with an urgent need to advocate that the Executive Budget include investments to support the health and well-being of infants, young children, and their families.

Achieving health equity in NYS rests on meeting the needs of our youngest New Yorkers. The state's children are diverse and are being raised in a variety of family contexts and household structures. Babies of color are more likely to live in families with low income or in poverty, which often limits their opportunities to access quality health care services and increases the likelihood that they will experience income-related health challenges, such as food insecurity.¹ The most effective and economical point to intervene is in early childhood. Babies' brains grow faster from ages 0-3 than any other point in life, and this period of development is the most important for lifelong health and well-being.² Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential. It is the work of pediatric primary care to support families' efforts to care for the developing child.

Supporting pediatric primary care, improving Medicaid coverage, and reimagining the Early Intervention program all advance equity and improved outcomes for New York's youngest, most diverse residents and their families, and will realize cross-sector budget savings.

By focusing on the safe, stable, and nurturing relationships that buffer adversity and build resilience, pediatric care is on the cusp of a paradigm shift that could reprioritize clinical activities, rewrite research agendas, and realign our collective advocacy. Driving this transformation are advances in developmental sciences as they inform a deeper understanding of how early life experiences, both nurturing and adverse, are biologically embedded and influence outcomes in health, education, and economic stability across the life span.

—American Academy of Pediatrics Policy Statement, 2021

We urge you to prioritize New York's youngest children by:

Supporting Pediatric Primary Care

1. Pay pediatric practices at least 80% of Medicare rate.
2. Create an enhanced payment for Early Childhood Advanced Pediatric Primary Care at \$12-\$25 PMPM, based upon population served.
3. Support Technical Assistance for pediatric practices in applying for and meeting Patient Centered Medical Home (PCMH) standards.

Improving Medicaid Coverage

4. Institute multi-year continuous eligibility for children ages 0-6.
5. Incentivize autoenrollment of primary caregiver and baby on same health plan.

Reimagining the Early Intervention Program

6. Increase rates for in-person services by 11%.
7. Conduct Early Intervention Cost Study and reform.

Supporting Pediatric Primary Care:

The rationale to provide comprehensive preventive pediatric care to all infants and children is well-established and scientifically based, yet the healthcare system has not kept pace with these findings and instead adheres to an outdated paradigm of disease management. Consequently, the sustainability of pediatric primary care that truly meets the needs of children and families is at risk; this is true throughout the state and is particularly evident in rural upstate independent practices. We are all very familiar with the media attention on the national trend of inpatient pediatric units being closed in favor of more profitable adult-serving specialty units. NYS must direct attention to its pediatric primary care practices succumbing to the pressure of skyrocketing overhead expenses, severe workforce challenges, restrictive reimbursement rules, and the variability in fee schedules across Managed Care Plans.

We recommend the budget include:

Increased Medicaid pediatric primary care payment rates: Pediatric primary care practices are closing at an alarming pace, leaving few if any alternative care options. This is especially true for pediatric practices that are not part of an Alternative Payment Model (APM), such as Patient-Centered Medical Homes (PCMH). To ensure these non-APM/PCMH practices can remain open while pursuing PCMH designation, or another APM model, the State should reimburse these practices at 80% of the Medicare rate, providing they show they are pursuing PCMH approval.

Enhanced payment for Early Childhood Advanced Pediatric Primary Care: An enhanced payment can help pediatric practices to financially support a team-based approach to support the comprehensive health and well-being of children and connect families to needed community services. Any pediatric practices that demonstrate they are meeting requirements for the [NYS Model of Advanced Primary Care for Children](#)* should receive an enhanced payment of \$12-\$25 per member per month depending upon the risk levels of the population served. This modest

* Defined by the NYS Department of Health Medicaid Redesign Team Children's Clinical Advisory Council (CAG). The Children's CAG made recommendations in 2019 and despite the Department accepting the recommendations, there have no payments to support this investment in quality care.

enhancement will have far-reaching positive impacts and will help address the children's mental health crisis, ensuring families have the necessary resources and supports. New York can look to other states including [Maryland](#), [Arkansas](#), and [New Jersey](#) for examples to implement payment innovations.

Support Technical Assistance (TA) for Pediatric Practices: Pediatric practices struggle with the PCMH accreditation process, leaving them vulnerable to losing access to future funds through the NYS 1115 NYHER Waiver or other State opportunities. Pediatric practices need TA support to meet PCMH requirements.

Improving Medicaid Coverage:

We applaud NYS's commitment to ensuring all New Yorkers have access to coverage, especially young children. The state must take key steps to achieve this goal, including:

Multi-year continuous eligibility for young children: Continuous eligibility policies lower rates of enrollees disenrolling and then re-enrolling within a short period of time.³ Renewing health coverage is an added burden to an already stressful period for families and risks confusion and gaps in coverage. Oregon became the first state to receive approval under their 1115 waiver, to secure continuous Medicaid coverage for children birth through the age of 5.⁴ Washington, New Mexico, and California are seeking to join Oregon in this effort⁵ and we recommend creating multi-year continuous coverage for the children of NYS.

Auto-enroll infants into their primary caregivers' Medicaid Managed Care plan: To increase access to dyadic services it is essential that infants are auto-enrolled into the Medicaid Managed Care Plan of their primary caregiver. Keeping caregivers and infants on the same plan, with an opt-out option, supports the ability for health care providers to provide essential services that support families as a whole and incentivize innovative dyadic value-based payment arrangements.

Reimagining Early Intervention:

The NYS Early Intervention (EI) Program is a critical extension of the pediatric primary care system. Pediatricians rely upon EI to deliver necessary services to children with developmental delays. EI is failing to serve infants and toddlers with identified needs in a timely manner or in accordance with families' needs, including the need of babies and toddlers to receive in-person visits. To ensure the NYS EI program can meet the needs of babies and toddlers and comply with State and Federal requirements under IDEA Part C, we recommend the following:

Increase rates by 11% for in-person services: The State must increase rates for in-person EI services by 11%, which is comparable to the rate increase for preschool special education. Without such an increase, EI providers will continue to opt to serve children in preschool special education, leaving our youngest children without essential services. According to data collected by the NYS Association of County Health Officials, as of August 2023, 7,360 children across our state are waiting for EI services, which they are entitled to under federal and state law. These systemic delays are worsening; this number shows a 500% increase since 2020 of the number of children waiting for services.

Conduct Early Intervention Cost Study and reform: The EI Program needs a comprehensive cost study to identify opportunities for the program to better serve infants, toddlers, and their families and the Department of Health should recommend reforms to the program so it can meet the needs of infants and toddlers with developmental delays.

The Time to Act is Now:

While we recognize emerging opportunities to support a portion of advanced pediatric primary care costs could materialize through CMS Waiver and State Plan Amendment vehicles, our children can no longer wait for the possibility of partial funding opportunities. We need to move forward with the full investment in what our youngest New Yorkers need today. Thank you for the work you do every day to strengthen New York State's Medicaid program, health infrastructure, and to better serve children and families. Thank you for your consideration.

Sincerely,

The Robin Hood Value-Based Payment Workgroup Promoting Early Childhood Health and Well-Being

cc: James V. McDonald, Commissioner of Health
Amir Bassiri, Medicaid Director

Sources

¹ <https://stateofbabies.org/state/new-york/race-ethnicity-health/>

² <https://www.zerotothree.org/why-0-3/>

³ <https://www.macpac.gov/wp-content/uploads/2021/10/An-Updated-Look-at-Rates-of-Churn-and-Continuous-Coverage-in-Medicaid-and-CHIP.pdf>

⁴ <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/2022-2027-1115-Demonstration-Approval.pdf>

⁵ <https://ccf.georgetown.edu/2022/10/07/medicaid-and-chip-continuous-coverage-for-children/>