



The Massachusetts Chapter

Proposal of the Massachusetts Chapter of the American Academy of Pediatrics Regarding Health Care Payment Reform January, 2012

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As the Health Care Financing Committee prepares legislation to reform the health care payment system, the Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) would respectfully urge the Committee to consider including in its proposal provisions we believe are vital to ensure that the unique health care needs of children are appropriately addressed.

The health needs of children are different from the health needs of adults. As a result, the programs and systems necessary to support optimal child health are often different from the programs and systems for adults

In order to adequately address the health needs of children, the MCAAP strongly urges the Health Care Finance Committee to include in any payment reform legislation the following provisions:

- A. Any system of payment for health services in Massachusetts, including plans based on global payments to provider networks, and including ACOs, shall recognize the specialized needs of children and families, as well as the specialized programs and services necessary to meet these needs. Such networks shall provide coverage which includes, but is not limited to:
 - Sufficient numbers of primary care pediatricians;
 - Access, where medically indicated, to pediatric sub-specialists and pediatric surgeons;
 - Access to child psychiatrists and other behavioral health providers with demonstrated expertise in the care of children and adolescents;
 - Access, where medically indicated, to pediatric health care facilities necessary to meet the needs of the children covered by the network.
- B. Child and family-centered developmental and behavioral health services are critical to child health. Access to these services must be guaranteed.
- C. Public health initiatives critical to child health, such as regionalized care of critically ill newborns, pediatric trauma care and the childhood immunization program shall not be compromised.
- D. The viability and vitality of pediatric hospital programs and child health research endeavors must be preserved.
- E. In recognition of the specialized health needs of children, any advisory body, council or committee involved in the planning, implementation and on-going oversight of health reform shall include a minimum of one (1) pediatrician expert in child health delivery systems and experienced with child health services in the Commonwealth.

- F. Due to the unequal distribution of pediatric subspecialty and pediatric surgical services across much of the Commonwealth, ACOs or other such plans shall allow families and pediatric providers to choose appropriate "out of plan" subspecialty and surgical care, based on medical need.

- G. Due to the unequal distribution of pediatric hospital and newborn nursery services in community hospitals across much of the Commonwealth, pediatric providers shall not be restricted to membership in a single ACO or similar entity.

