



I am Jeff Kaczorowski, MD, FAAP, Chair of the NYS American Academy of Pediatrics. The NYS American Academy of Pediatrics, District II, comprised of Chapters 1,2,&3 and representing over 4000 pediatricians, is an organization dedicated to the physical, mental and social health and wellbeing of all infants, toddlers, children, and adolescents.

We want to thank Governor Hochul for using her Executive Budget proposal, for taking important steps to improve the health and well-being of children in NYS. This is a start for productive conversations with the Legislature to ensure the final budget builds on the Governor's proposals in support of the health and well-being of all infants, children, and their families.

Supporting pediatric primary care, improving Medicaid coverage, and reimagining the Early Intervention program advances health equity and improved outcomes for New York's children.

Supporting Pediatric Primary Care

Increase rates for maternity bundle. Newborn care is included in a payment bundle which hospitals get for labor, delivery and newborn care costs. **When NYS increased the physician fee schedule to 80% of Medicare, this did not increase the maternity bundle.** This rate has not been increased in 8 years, while delivery and care costs for newborns, including required screening, tests and counseling to explain these tests to families have increased. **The maternity bundle needs to be increased to keep pace with these increased costs.**

Enhanced rates: Two pressure points are mounting which are threatening access to pediatric care in NYS. 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). In addition, pediatric practices are being asked, and are willing, to do more than ever before to support the mental and social health and wellbeing of children, support dyadic care and the health related social needs of families.

To support the sustainability of pediatric practices, we recommend two crucial rate enhancements:

- ***PCMH rate enhancement:*** We support the Governor's proposal to enhance pediatric rates in PCMH practices. But to ensure non-APM/PCMH practices can remain open while pursuing PCMH designation, or another APM model, the State should provide the same PCMH enhancement to these practices, providing they show they are pursuing PCMH approval, for up to two years while they pursue accreditation or reaccreditation.
- ***Support Technical Assistance for pediatric practices in applying for and meeting Patient Centered Medical Home (PCMH) standards.*** Pediatric practices struggle with the PCMH accreditation and reaccreditation process—it is expensive and time-consuming, leaving them vulnerable to losing access to funds through the NYS 1115 NYHER Waiver or other State opportunities. **The State should fund a TA center, or regional centers, to support these practices in pursuing PCMH accreditation.**

Create an enhanced payment for Early Childhood Advanced Pediatric Primary Care at \$12-\$25 PMPM. An enhanced payment supports a team-based approach to support the comprehensive health and well-being of children and connect families to needed community services. Pediatric practices that meet

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.

Improving Medicaid Coverage

We applaud NYS's commitment to ensuring all New Yorkers have access to coverage, especially young children

Continuous Coverage for children 0-6. We strongly support the Executive Budget proposal and NYS Waiver application for continuous coverage for children ages 0-6. Renewing health coverage is an added burden to an already stressful period for families and risks confusion and gaps in coverage. We look forward to working with the state to ensure this benefit:

- **Allows all children under six, already enrolled in Medicaid and Child Health Plus, be included in the ability to maintain continuous coverage to age 6 from the start of the approved waiver (Does not enroll only newborns at birth.)**
- **Guarantees this benefit remains permanent, with a subsequent State Plan Amendment.**

Reimagining the Early Intervention Program

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 the Executive Budget's rates for in-person services to 11%:*** We appreciate the Governor's proposed rate increase of 5% for in-person services and 4% modifier for rural and underserved areas. We ask the Legislature to support a full 11% rate increase for in-person services, 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.
- ***Require an Early Intervention Cost Study and review of best practices from other States and reform for a sustainable system.*** A rate increase is urgent but not a long term solution, the EI Program needs a comprehensive cost study to identify opportunities for the program to better serve infants, toddlers, and their families.
- ***Early Intervention Loan Forgiveness: Support A.8455, which would create a loan forgiveness program for Early Intervention providers who are willing to serve infants and toddlers with developmental delays in-person in underserved areas.*** This is an important tool to add to the State's commitment to building a sustainable health care delivery system that can meet the needs of all children.

Thank you for the opportunity to submit these recommendations. The NYS American Academy of Pediatrics will help in any way to provide information or work on these issues further. I can be reached at jkaczor1@rochester.rr.com or by phone at 585-429-0116 (cell).

* 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.

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
