Senate Health and Human Services Committee
COVID-19 and Pediatric Health Care Utilization
December 8, 2020

Submitted on behalf of:
Texas Pediatric Society
Texas Medical Association

Good afternoon Chairwoman Kolkhorst and Committee Members,

My name is Seth Kaplan, MD and I am a practicing primary care pediatrician and independent small practice owner in Frisco, Texas. I am also the current President of the Texas Pediatric Society (TPS), testifying today on behalf of TPS and the Texas Medical Association. Thank you for this opportunity to talk about the impact COVID-19 is having on our children's health and access to care.

The COVID-19 pandemic has led to a precipitous decline in children utilizing health care services – especially routine preventive care like well-child visits and vaccinations. This decrease is corroborated by state and national data and the individual experiences of pediatricians and family physicians across our state. On September 23, 2020, the Centers for Medicaid and Medicare Services (CMS) issued a Call to Action[1] following the drastic decline in care for children in Medicaid and Children's Health Insurance Program (CHIP) due to the pandemic. From March to May nationwide:

- 22 percent fewer vaccinations were provided to children up to age 2,
- 44 percent fewer developmental screenings to assess cognitive delay and early detection of autism were provided,
- 69 percent fewer dental services were administered, and
- 44 percent fewer outpatient mental health services were provided.

The latest release of the Texas Department of State Health Services' (DSHS) *Impacts of COVID-19 on Texas Vaccine for Children (TVFC) Program Vaccines* report[2] shows compared to the same month in 2019, the number of doses administered in Texas in 2020:

- Decreased substantially in April (-43%),
- Began to rebound somewhat in May (-24%) and June (-14%),
- Remained low during some of the busy back to school months in July (-27.5%) and August (-32.2%)

[1] Centers for Medicare & Medicaid Services. (September 23, 2020). CMS Issues Urgent Call to Action Following Drastic Decline in Care for Children in Medicaid and Children's Health Insurance Program Due to COVID-19 Pandemic. Retrieved from: https://www.cms.gov/newsroom/press-releases/cms-issues-urgent-call-action-following-drastic-decline-care-children-medicaid-and-childrens-health

[2] Texas Department of State Health Services. (September 16, 2020). Impacts of COVID-19 on TVFC Vaccine Administration. Retrieved from: https://www.dshs.texas.gov/immunize/docs/COVID19impactTVFC.pdf

The TVFC program provides approximately half of all Texas children vaccines. Many sites include school-based clinics which, as of July 31, 2020, 56 percent had suspended operations due to inactivity.

My own practice saw a remarkable slowdown of patients at the start of the pandemic. Families were concerned about the safety of bringing their children for office-visits, despite robust measures taken to protect patients, physicians, and office-staff from COVID-19. While there has been a rebound of in-patient visits, as the pandemic has continued, an unknown number of parents have decided to put off routine preventive care altogether – including vaccinations.

Fortunately, my practice has been able to remain open throughout the pandemic. We had to quickly transform our practice to ensure families felt safe and welcome. We instituted intensive infection control practices and confined our sick visits to the afternoon and our well-child visits to the morning. Many of my colleagues offered drive up vaccination drives to get our kids caught up for the upcoming school year. And finally, we rapidly adopted and scaled our telemedicine offerings.

Yet, not all practices have been as fortunate. At the outset of the pandemic, the dramatic decrease in patient volume and cash flow brought many pediatrics and primary care practices to the brink of closure. Some larger practices were forced to furlough large percentages of their pediatricians and medical staff and cut the pay of those who remained working. In fact, a recent survey by the Physicians Foundation found that an estimated 8% of all physician practices nationally – around 1,600 – have closed under the stress of the pandemic.[3] What makes the situation even more troubling is that prior to COVID, demand for pediatric care exceeded supply Additionally, practices that care for predominantly low-income children – those who are the backbone of Texas Medicaid – have been hit hardest and are taking the most extreme measures.

When a family's primary care pediatrician practice closes their doors or vastly limits their ability to provide care, children will go not only without timely access to acute care and preventive health services, but also without essential vaccinations. It would be a catastrophic failure of our health care system if an outbreak of measles or whooping cough accompanied the global COVID-19 pandemic.

Furthermore, pediatric primary care offices make up the state's developmental delay and mental health surveillance system. If Medicaid practices cannot remain open, countless children will go without vital developmental screenings, which detect early delays in cognition and developmental disabilities. Texas Early Childhood Intervention – our state program that provides services to children 0-3 with developmental delays and disabilities – has seen massive physician referral declines to state contracted community programs. Due to COVID-19 and the impact on primary care pediatrics, Texas could see a wave of children who had not been identified with developmental delays then show up unprepared to attend school when they come of age. We also know that most mental health screenings and treatment for children is provided through the pediatric medical home. The Texas Legislature recognized this and appropriated significant funding during the 86th Session to create the Child Psychiatry Access Program to provide technical assistance and support for primary care medical homes. Unless pediatric practices remain open and viable, pediatricians will not be able to care for children with burgeoning mental health care concerns that can develop into larger issues into adulthood.

The primary care sector has seen a remarkable leap forward in the adoption of telemedicine care for our patients. Without this transformation many families would not have had access to the health care system

[3] The Physicians Foundation. (August 2020). 2020 Survey of America's Physicians COVID-19 Impact Edition. Retrieved from: https://physiciansfoundation.org/wp-content/uploads/2020/08/20-1278-Merritt-Hawkins-2020-Physicians-Foundation-Survey.6.pdf

at all, putting off ailments that would otherwise become exacerbated and led to more dangerous health conditions. State and federal policy flexibilities enabled during the pandemic were instrumental to ensuring this rapid change. As COVID began to escalate, the Texas Pediatric Society and Texas Medical Association requested that HHSC authorize Medicaid coverage for use of telemedicine to provide well-child visits. Since its authorization the availability of telemedicine well-visits with an in-person follow-up appointment has benefited both children and pediatric practices. Importantly, this coverage helps preserve continuity of care between patients and their primary care medical home. The ability of a child's primary care physician to begin with a telemedicine visit where the physician provides anticipatory guidance, screenings, and counseling often assuages families' fears and improves their comfort level with a follow up in-person visit for vaccinations, a physical examination and additional screenings. Furthermore, telemedicine appointments have been extremely effective and well-received by my adolescent patients who feel very comfortable utilizing this modality. The pandemic has wreaked havoc on the social and emotional health of teens and the ability for me to counsel and provide ongoing behavioral health care to this population has proven to be a silver lining. This key provision along with many other flexibilities within the Medicaid program kept pediatric practices open and caring for children. However, Texas Medicaid continues to authorize well-child telemedicine services (and other telemedicine flexibilities) only on a month-to-month basis, an impediment to more physicians implementing the option. To enable telemedicine service, physicians must alter their practice flow, scheduling, and call-back mechanisms, all of which take time and resources. Without greater certainty about whether this service will continue, some practices have determined it is not cost-effective to offer well-child care via telemedicine.

Telemedicine certainly has its clinical limitations, ones we readily acknowledge. Our organizations have worked closely with HHSC to craft a sensible telemedicine approach knowing that with increased use and time, physicians and policy makers will need to refine how the modality is used. Yet, it has been a lifeline for patients and practices and must remain a tool for the duration of the pandemic.

Additionally, throughout the pandemic our associations have worked to raise the public's awareness about the need for children to continue essential pediatric preventive care. TPS developed and published the *Immunizations & Back-to-Office Resource Toolkit*[4] to aid pediatric practices educate parents and communities about why preventive pediatric care matters and to encourage families to come back in for preventive care. The toolkit included sample social media posts and graphics and template letters for to families. The American Academy of Pediatrics launched the #CallYourPediatrician campaign[5], which aims to reach parents with timely reminders that going to the pediatrician, even during the COVID-19 pandemic, is important and safe. The Texas Medical Association launched a new ad campaign to remind Texans of the many ways vaccinations protect us.[6]

As physicians, we work tirelessly to encourage parents to bring their children in for care, but there are many ways in which the state of Texas can aid us. First, we must start by expanding our locus of concern to include children who do not have health care coverage to begin with and thus cannot access the services of a pediatrician. Texas continues to have the highest number and rate of uninsured children

---

[4] Texas Pediatric Society. (July 10, 2020). *Immunizations & Back-to-Office Resource Toolkit*. Retrieved from: https://txpeds.org/sites/txpeds.org/files/documents/Additional%20Resources/immunizations-back-to-office-toolkit.pdf

[5] American Academy of Pediatrics, July 2020. #CallYourPediatrician Campaign. Retrieved from: https://www.aap.org/en-us/about-theaap/aap-press-room/campaigns/call-your-pediatrician/Pages/default.aspx

[6] Doolittle, D. (August 21, 2020). New TMA Ads Remind Texans of the Importance of Vaccines. Retrieved from: https://www.texmed.org/TexasMedicineDetail.aspx?id=54463

in the nation. 1 in 10 uninsured children in the nation reside in our state. Over the past several years, Texas' child uninsured rate increased from 9.8 percent in 2016 to 12.7 percent in 2019. 2020 data will not be available until next year, but it likely will worsen due to the significant amount of families losing employer-based insurance during the pandemic. Children without coverage face larger barriers to care yet still suffer the health impacts of missed diagnoses, delayed interventions and skipped immunizations. Sick children miss more school and their parents miss more work, a no win situation for families, employers and the state.

To address Texas' highest-in-the-nation child uninsured rate, we must:

- Allow children to remain continuously enrolled in Medicaid for 12 months at a time rather than conducting inaccurate mid-year eligibility reviews that mistakenly remove eligible children from health coverage;
- Revitalize outreach, enrollment and application assistance efforts to help families sign up eligible children for Medicaid and CHIP, including efforts to address mixed-status families' concerns and fears about enrolling their U.S. citizen children in insurance programs;
- Not to go forward with the proposed state cuts to the HHSC workforce that enrolls children in Medicaid, CHIP, and other programs; and
- Implement Medicaid expansion to provide a health insurance option to low-wage working adults, a proven method for indirectly increasing eligible children's enrollment in health insurance programs.

To improve child health care utilization during and immediately after the pandemic, we strongly support:

- Authorizing Texas Medicaid to extend telemedicine flexibilities, including for well-child visits, and other important Medicaid flexibilities throughout the public health emergency and for at least 2 months beyond rather than on a month-to-month basis.
- Supporting continued use of telemedicine modalities by ensuring continued payment parity with in-person services.
- Collaborating with HHSC, Texas Education Agency, and DSHS and any other child serving state agency to conduct outreach and education initiatives encouraging parents to seek preventive health care for their children.
- Protecting the viability of pediatric practices by directing Texas Medicaid, ERS, and TRS to quickly establish an advisory group of physicians, providers, and health plans and carriers to identify and deploy other payment models, such as risk-adjusted, prospective payment plans, that will provide physicians immediate financial security while also advancing Texas' long-term goals to promote value-based payment initiatives.
- Decreasing the number of children who are attending school, but "delinquent" from required immunizations by supporting schools' ability to comply with vaccine admission requirements to protect all students from infectious diseases.
- Bringing ImmTrac2 – our state's immunization registry – up to modern standards by making it an opt-out system instead of opt-in, thus ensuring streamlined interoperability between DSHS and pediatric practice electronic health records.
- Avoiding all budget cuts to DSHS– our state's front-line defense against the COVID-19 pandemic.

Thank you for the opportunity to provide testimony on this important topic. We look forward to working with you through the upcoming legislative session to ensure our children have access to the care they deserve during and after the pandemic. If you have any questions, please reach out to Clayton Travis, Director of Advocacy and Health Policy with the Texas Pediatric Society at Clayon.Travis@txpeds.org.