

**Viewpoints: The Health Care Debate**  
**American Academy of Pediatrics President Renee Jenkins**  
**Kaiser Family Foundation**  
**September 23, 2008**

[START RECORDING]

**JACKIE JUDD:** Dr. Jenkins thanks for coming in today.

**DR. RENEE JENKINS:** Thank you for inviting me.

**JACKIE JUDD:** We appreciate it. In the Academy's view, what is the single most significant problem in the health care system today?

**DR. RENEE JENKINS:** I think the Academy for several years has really been concerned most about access to care for children. And we were big supporters of SCHIP and we were able to in the pediatric area show the benefits of getting more kids covered in terms of the children who got routine primary care.

As a result, some of the disparities in health that we saw with African American and Latino children were corrected when they got access to care. So we are really concerned about getting all children covered. We really think that health insurance and health coverage should be a right for children in this country.

**JACKIE JUDD:** And what's the means by which the Academy believes all children should be covered?

**DR. RENEE JENKINS:** The Academy right now has a Bill that it's had before Congress called MediKids, and that's sort of our showcase for what we think ought to happen, but we also recognize that Congress is very unlikely to pick up someone's Bill and pass it. So we've sort of put together what we

consider our universal principles for whatever Bill is finally put together that they consider these issues for children.

I think we're looking at the portability so that when families move either across the state or the parent changes jobs, they don't have this hiatus in between the job that they lose their coverage. We're also concerned about it being a streamline process so that parents aren't sort of pushed away by having these long applications to fill out.

**JACKIE JUDD:** Because there are children currently eligible for SCHIP programs who aren't enrolled because of that issue.

**DR. RENEE JENKINS:** Right, exactly. And there are some states that have gone to a single application for the benefits. And I think in this age of computers, why don't we have that with the proper security elements to it, that would really streamline the ability to get more children who are eligible into programs.

We also really know that, our members have told us we've also got to have reasonable rates. And the rates are varied so much by state, and we really look at it in terms of what percentage of Medicare. And we have rates that are very low in some states and consequently Pediatricians can't afford to take very many kids into their practice who are Medicaid or SCHIP if they can't get really reimbursed adequately for it.

**JACKIE JUDD:** Do you have any sense of what states are most impacted by what you just described, where physicians, pediatricians, cannot, will not accept new children into their practices?

**DR. RENEE JENKINS:** I don't have the specifics but my impression is there are states that are most challenged in terms of enrolling children are states like Texas. Then there are states who do an excellent job like Alabama and you would say, but neither one of them are really high income states, what's the difference?

I think the ability to really look at what some states are doing and really understand more about what they have available, because Medicaid and SCHIP are matching funds. The state has to add funds to the federal dollars that are there. And so I think there are states that have access to more federal dollars but they can't come up with a state matches for that.

So I think states are challenged, I don't think all of it is the meanness of not wanting to get kids on, I think they're really challenged by the economics of how to use the matching funds and how to really absorb these children in a way that won't bankrupt the state's ability to provide health care.

**JACKIE JUDD:** In a general sense can you tell me what the short fall is for a Pediatrician when they take a child such as the kind that you've just described, they need X number

of dollars to make it financially feasible but they're getting how much?

**DR. RENEE JENKINS:** Right, I think that's a very variable number based on the state they're located in, and what type of practice they have. But we've been told by our members that for example, in some states they can actually lose money if they take a certain number of Medicaid children in their practices, meaning it's not just a break even issue, it's a loss issue.

We have specific issues around vaccines for example, in terms of administration fees. Adult vaccine providers or people who give vaccines can get \$50, \$40 or \$50 for administration fees. In some states the administration fees for children are as low as \$2 or \$5, so we're really talking about really big differences between health professionals who take care of adults and those who take care of children.

**JACKIE JUDD:** You've talked mostly about government financed programs, so far in terms of broadening access to children. What does the Academy see as the role of the private sector in broadening access?

**DR. RENEE JENKINS:** Well I think the issue it's been put out now is affordable, okay. And I think that's the key that we're really looking to insurer's to make sure the family policies are affordable, that it doesn't get to be a decision point for parents, do I take this much home so I can feed my

kids or do I put this much in and anticipate that something could happen. I don't want to protect any sort of catastrophic issue so I want to get health insurance. And so I think our issues have on a broad scale been affordable more so than they've been more specific.

We're also concerned about private payers and having the appropriate benefits packages so that preventive health is included in that. And so I think that's been really one of our points in terms of looking at private insurance.

**JACKIE JUDD:** You said a moment ago that you have a Bill that you've sent to Congress that you would like to see enacted, but you also indicated that negotiation is obviously required. But, where would the Academy draw the line, what points would you not want to compromise on?

**DR. RENEE JENKINS:** I think the preventative care is non-compromising, that's definitely a line in the sand. Any program that doesn't cover preventive care is not going to be acceptable to the Academy, and I think that's pretty clear. So, I think for the most part, that's our lines in the sand. I don't think we have a lot of lines in the sands, we want to have as many kids covered as possible and we don't want a lot of elements of proof.

This whole thing, do you remember when they had the Deficit Reduction Act and they say, you got to have a birth certificate. And so a lot of kids got thrown off of insurance

even though they have been born in the United States, but they didn't have access to their birth certificates, especially kids in Texas and Louisiana where they had had this hurricane where a lot of records were destroyed. And some states did not really back away from the elements of requiring these kind of things.

Also, we really don't want to see the orneriest kind of restrictions where you have to come in every three months or every six months in person to re-up, okay, so the idea of continuous enrollment. Once you prove into not have some sort orneriest kind of way that you have to continue to prove that you're eligible, because again what ends up doing is throwing kids off the rolls.

**JACKIE JUDD:** What would be a reasonable length of time for someone to have to show up and prove their eligibility?

**DR. RENEE JENKINS:** I'm not sure about what our policy says, but it would seem to me personally that a year would not be an unreasonable, because most insurance plans do have an open enrollment period once a year and I think that's reasonable.

I think also making a reasonable option for how you go and re-up, so that it's something that again, not orneriest, and that it also fits the fact that we have working poor people now that have to have Saturday hours or a way to get in that doesn't penalize them at their jobs, because a lot of what

we're talking about, especially with SCHIP are working poor parents.

**JACKIE JUDD:** You read a lot about the cultural appropriateness of treatment. How large a issue is that in the treatment of children, and is that a role that the government has in helping to fix?

**DR. RENEE JENKINS:** Well, that's an interesting question. I think we really focus in the Academy more on how that works in the Pediatricians office, or how it works in a system in which the Pediatrician works, okay. I don't think we have as an organization sort of taken the Feds to task around that.

I think we've worked with Maternal Child Health Bureau, around trying to help talk about how you do that, have programs that demonstrate how you do that, and that has health professionals and pediatricians who do research to show what's affective and what's not affective.

I think we really, striving as you know, to do more evidence based kind of interventions, so we just don't say, okay try this and see if it works, we really want measurements that say, patients are better satisfied by this, patients stay in your system longer, patients get the visits they're suppose to get. So we have really measurable criteria on whether you're a culturally affective practice or not.

**JACKIE JUDD:** I have a final question. You have lived in this area for many, many years and there's been a lot of discussion in the campaign about health care reform. At the same time, it's very difficult for Congress and the administration to do something big and bold and we have an economy that's going through some very volatile times.

Given all of that, what is your realistic expectation that there will be some kind of meaningful health change in the next couple of years?

**DR. RENEE JENKINS:** Right. Well, I'm going to start small by saying please just give us SCHIP reauthorized before it expires March 31, 2009. I think that's the first thing. Let's go with what we know is workable and it's not highly costly.

Children, as you know, are probably the least expensive group to insure. And when you insure children, I know sometimes you're thinking of the short-term, I have a four year term, I have eight years potentially, but we're really talking about further down the line. We also know in this economy Social Security is being taxed, Medicare, and this is all because people as they got older had diseases that are costly diseases.

Well for the most part, children's care is the least costly investment that America can make. So I think trying to think longer down the road and not just the presidential term

is going to be that mind set we have to hope that the Feds will get in order to be able to invest in doing this for children now.

**JACKIE JUDD:** Okay, and then once you get pass the debate over SCHIP, where do you see the debate going?

**DR. RENEE JENKINS:** Well, I think health reform will probably incremental, and I would like to see children as the first group out in terms of what we –

**JACKIE JUDD:** First in line?

**DR. RENEE JENKINS:** Yes, first in line for health reform, okay, because I think there are going to be the easiest and least expensive group to cover. And what we learned from that I think we can continue to move down the road and bring the Medicare and the children's piece make that interim smaller in terms of who we cover.

**JACKIE JUDD:** Okay, thank you very much, Dr. Renee Jenkins.

**DR. RENEE JENKINS:** Thank you.

**JACKIE JUDD:** Appreciate it.

[END RECORDING]