

2010 MN-AAP Legislative Priorities



Access to Care

The MN-AAP supports efforts to ensure that every Minnesota child, adolescent, and pregnant woman has access to comprehensive medical care, mental health services, oral health care and access to a medical home.

By ensuring access to health care, injury and disease can be prevented through early identification of disease, information on how to prevent injuries, and proper immunization. The MN-AAP strongly opposes efforts to remove children from programs that provide access to health care coverage or limit their access to critical benefits and care. Geographic, socio-economic and racial/ethnic disparities in access to care must be reduced.

MN-AAP supports efforts to increase access to children's mental health services.

It is estimated that 1 in 5 children and adolescents in the United States have a mental health disorder and that approximately 70 percent of those children and adolescents do not receive the needed mental health services. The MN-AAP will support efforts to ensure that children in Minnesota have access to the mental health services they need to succeed.

The MN-AAP supports efforts to ensure all children have access to an appropriate medical home.

Medical home is a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. The model, begun by the AAP and developed in collaboration from the American Academy of Family Physicians and American College of Physicians is catching on as a way to provide higher quality care for patients with chronic disease in particular. The MN-AAP will monitor the development of the health care home model within Minnesota's health care reform efforts to ensure the model meets the unique needs of children.

The MN-AAP supports efforts to address workforce shortages and access to providers of care for infants, children and adolescents.

A shortage of pediatric sub-specialists statewide and decreasing reimbursements for preventive health services is jeopardizing access to care in some portions of the state. Pediatric care should be delivered or directed by a well-trained primary care physician who is supported by the full range of medical and surgical specialties.

Childhood Obesity Prevention and Reduction

MN-AAP supports efforts to increase daily exercise and building community environments that support regular physical activity.

Approximately 48 percent of children and adolescents are either overweight or obese. The MN-AAP will support efforts to promote physical activity and healthy food and beverage choices to prevent childhood obesity. The MN-AAP supports proposals such as Complete Streets, NFL Play 60, maintaining SHIP funding and collaboration with local schools and public health to make lasting changes that encourage physical activity.

Additional MN-AAP Policy Positions

Early Childhood Education

MN-AAP supports access to early childhood education.

Birth to age 5 are the most critical years for a child's intellectual, emotional and social development. Programs such as Early Childhood Family Education (ECFE) and the Head Start provide Minnesota parents the opportunity to help their child develop during the critical first 5 years of life and help prepare the child to be successful in the classroom.

MN-AAP supports early literacy through Reach Out and Read.

The MN-AAP also supports Reach Out and Read which provides a new, developmentally and culturally appropriate book to every child between the ages of 6 months and 5 years in targeted communities to keep during their well child visit. Research shows that being read to aloud improves children's ability to express themselves verbally, increases their listening vocabularies and reduces the number of children with language delays that can prevent them from succeeding in school.

Emergency Access

MN-AAP supports efforts to improve hospital readiness for the Emergency Department care of ill or injured children.

Ill or injured children account for nearly 20% of the estimated 119 million Emergency Department (ED) visits in the U.S. each year however recent surveys indicate that only 6% of U.S. EDs have the pediatric equipment, medications, policies, and education to provide appropriate care to children. The MN-AAP, in collaboration with the Minnesota State Trauma Program and the state Emergency Medical Services for Children Program, supports efforts to improve hospital ED pediatric readiness, and to ensure access for all children to appropriate emergency care.

Immunizations

MN-AAP supports strategies to increase immunization rates among infants, children and teens.

Only 77% of Minnesota's children are up-to-date at 19 to 35 months of life with their immunizations (CDC data from 2008 for children on 4:3:1:3:3 series). MN-AAP encourages increased public and parent awareness about the positive impact of immunizations on children's health and is committed to eliminating disparities in immunization rates among racial and ethnic groups and across socioeconomic strata.

MN-AAP supports utilization of the Minnesota Immunization Information Connection (MIIC).

We strongly encourage our members and all providers to utilize MIIC in conjunction with support/training from Minnesota Department of Health (MDH). To increase use of MIIC, MN-AAP encourages Electronic Medical Record (EMR) companies doing business in Minnesota to include/update their systems for efficient MIIC interface prior to any sale that involves Minnesota or Federal funding.

MN-AAP supports maximizing federal matching funds to increase vaccine administration reimbursement.

The MN-AAP supports using resources from the Health Care Access Fund tax to increase vaccine administration reimbursement for vaccine provided by pediatric and adult providers who enter the data into the MIIC data system. Currently, clinics may bill up to \$14.69 for the cost to store and administer each vaccine according to federal law; however the state of Minnesota only allows \$8.50 to be paid according to state law passed in 1995. The current payment rates do not take into account time spent

counseling parents on the vaccine or the time spent in actual administration. Inadequate payment rates force physicians to take a loss in order to deliver the state and federal recommended levels of care to children.

MN-AAP supports group purchase of vaccines to reduce vaccine costs.

MN-AAP would like to explore with the state, health plans and clinics a “large group purchase” of all vaccine for distribution as a cost-savings for parents, clinics, public/private health payers. This may include becoming a “universal purchase state” where vaccine for all children is purchased with federal/state/insurers funds to decrease duplicate reporting, storage, equipment purchases, and management.

MN-AAP supports expanded vaccine requirements for children in school and daycare and expanded influenza vaccination for health care workers.

The MN-AAP encourages the Minnesota Department of Health to update the immunization schedule to add the following vaccines to meet the Advisory Committee on Immunization Practices (ACIP) guidelines from the Centers for Disease Control and Prevention: Influenza for all children ages 6 months to 18 years for daycare and school attendance, Tdap for teens to prevent pertussis, HPV for teen girls to prevent cervical cancer, Menactra for teens to prevent septicemia and meningitis, and Hepatitis A immunization for children attending daycare.

The MN-AAP also strongly supports influenza vaccination for health care workers. To adequately protect children from influenza, it is critical their caretakers are protected as well, yet according to the Minnesota Department of Health only 70 percent of health care workers were vaccination for influenza in 2008-2009. As their caretakers we should adhere to ACIP recommendations for flu vaccines for healthcare workers in the same way we recommend children follow ACIP recommendations for themselves.

MN-AAP supports decreasing obstacles for providers/clinics and patients to participate in the federal Vaccine for Children (VFC) program.

The federal Vaccines for Children program covers the cost to vaccinate nearly 300,000 low-income children in the state each year eligible through enrollment in state health care programs. MN-AAP supports continued MDH education on Minnesota procedures of storage/use of VFC vaccines and removing financial and access barriers (such as below-cost reimbursement for administration) for clinics to ensure the broadest participation of clinics.

Interoperable Health Records

MN-AAP supports efforts to assist clinics in securing federal and state funds to implement electronic medical records.

Health care provider and family access to the complete medical record of a patient is a critical part of providing appropriate care and providing a medical home. The MN-AAP supports the use of health information technologies that will help to improve operational efficiencies, but will advocate to ensure new products and technology requirements meet the unique needs of children. The chapter also supports making the Birth Defects Registry, Vaccine Registry (MIIC), and newborn blood spot and hearing screening registries interoperable with EMR systems being implemented throughout the state.

Newborn and Infant Care

The MN-AAP supports efforts to ensure safe outcomes for newborns.

Ten percent of babies require some resuscitation at birth and 1 percent requires extensive resuscitative measures to survive. After falling in the State Health Rankings partly due to neonatal complications, Minnesota newborns deserve better. The MN-AAP supports access to comprehensive prenatal care for

expectant mothers and will monitor birthing center legislation to ensure newborns receive necessary care immediately following birth.

MN-AAP supports universal newborn screening to save children's lives from treatable disorders.

Since 1965, the Minnesota Department of Health has coordinated with hospitals and health care providers to screen Minnesota newborns shortly after birth to see if they are at risk for hidden, rare disorders. If left untreated, these disorders that may impact an infant's metabolism, endocrine system, breathing, digestions, hearing, or blood can lead to illness, physical disability, developmental delay, or death. Medications, special interventions, or changes in diet help prevent most health problems caused by the conditions identified through newborn screening. Recent court rulings strongly support maintaining current Minnesota Department of Health procedures preserving residual dried blood spots for advancing new knowledge in newborn screening.

Pharmaceutical Industry Influence

MN-AAP supports efforts to reduce inappropriate pharmaceutical influence.

The MN-AAP is committed to ensuring that decision-making affecting the health and well-being of children and their families is based upon the needs of those children and families. To that end, any real or perceived conflict of interest based on pharmaceutical gifts, regardless of how small, jeopardizes the trust a patient and their family have with their pediatrician. The MN-AAP also supports efforts to regulate direct-to-consumer advertising. As long-standing policy, the MN-AAP does not accept financial contributions from the pharmaceutical industry for conferences, meetings or continuing education.

Safe Teen Driving

MN-AAP supports efforts to reduce driving distractions among teen and young adult drivers.

Motor vehicle crashes continue to be the leading cause of death for teenagers, accounting for an estimated 5,500 fatalities in the U.S. each year. Teens are at greater risk because of their inexperience as drivers behind the wheel, still developing decision-making skills and subsequent tendency toward riskier behaviors, and pronounced susceptibility to distractions in the car. The MN-AAP applauds the state for significant progress including graduated drivers license and a ban on texting, but more can be done. We continue to support legislation aimed at reducing these distractions, to reduce the carnage now impacting our young drivers.

Tobacco Use and Exposure Prevention

MN-AAP supports efforts to second-hand tobacco exposure among infants, children and adolescents.

Recognizing the negative impact of second-hand smoke on infants, children and adolescents, the MN-AAP continues to support legislation which would limit exposure to second hand smoke in enclosed spaces.