

## Medicaid HMO hearing talking points

Hello, my name is Dr. Amy Shriver. I am a general pediatrician in Des Moines, Iowa. I consider it an honor to be here representing the Iowa Chapter of the American Academy of Pediatrics. Today, it is my great privilege to be the voice of hundreds of general pediatricians, pediatric subspecialists, as well as over 120,000 children that will be affected by departure of Amerihealth.

Many concerns were raised during yesterday's Medical Assistance Advisory Council discussion about the future of Medicaid in Iowa. The departure of Amerihealth from Iowa's MCOs complicates medical care for hundreds of thousands of patients across Iowa. My goal today is to highlight the concerns pediatricians have on the potential impacts on the health and future of **Iowa's children. The potential impact on children's health should be in the forefront of all of our minds as we move forward.**

51% of Iowa's Medicaid population is children. Some are from low income families, some have complex medical needs. **All of them need and deserve high quality health care coverage.** Over 120,000 of Iowa's children find their health and future in peril.

Compared with uninsured children, children with Medicaid and CHIP have much better access to primary and preventive care and fewer unmet health needs. They also have much better access to specialist and dental care. They are more likely than uninsured children to be screened for delays and to receive physical, occupational, and speech therapies. Insured children have reductions in avoidable

hospitalizations and child mortality. Insured children have fewer school absences, are more likely to graduate from high school, which translates into improved individual and societal economic productivity.

The Iowa Chapter of the American Academy of Pediatrics is very concerned about the potential disruption of care and services to our children formerly insured through Amerihealth Medicaid.

So, what is keeping doctors like me up at night?

- 1) Will our patients experience a disruption in coverage for **their medications**? Children with severe asthma or epilepsy could die if they go even a day without access to critical, life-saving medications. A lapse in coverage puts their lives in jeopardy.
- 2) Will our patients experience a disruption in **services**? Home nursing is critical for many premature infants with home ventilators, G tubes, and other specialized needs. Losing out on specialized home nursing services could be devastating to these families.
- 3) What about other **supportive services**, such as speech therapy, physical therapy, occupational therapy? Will the other MCOs honor the previous treatment plans? Will the new plans restrict some services? How will we, their doctors, know if changes in coverage have been made?
- 4) What about our **prior authorizations or appeals** for services? We spend innumerable hours filling out paperwork to ensure our patients get the MRIs, chemotherapies, and subspecialist care they need to survive. Will our appeals be honored by the new MCOs? Will we have to start over? How will we know?

These are the concerns that drive panicked families to call our offices. Disruptions in medications or services can be devastating or potentially fatal for children in our care. This precarious situation is terrifying for doctors and patients alike.

So, today, I must not fail in my mission to be the voice of concerned pediatricians across the state. And everyone in this room—everyone in this state—must not, cannot fail to prioritize Iowa's most precious and most valuable resource—our children. Their very lives may depend on it.

Our path forward is clear. We must work together to create workable solutions to the current and any future health crises affecting children. We, at the Iowa AAP, offer our expertise to support such partnerships. We hope for a thorough consideration of each of our concerns to ensure the best possible continuity of care for our patients. Thank you very much for your time today.