

Original: 2539

# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



## Pennsylvania Chapter

June 30, 2006

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**RE: Regulation No. 14-506**

Dear Ms. Lau:

Thank you for the opportunity to comment on the proposed revisions to 55 PA Code - Chapters 3270, 3280, 3290 and 3300 relating to Child Care Facilities.

The Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP) commends the Department on several changes that enhance the safety, security and health of children in child care programs. We are in agreement with the changes proposed in the following area: transportation safety restraints and vehicles, definition of special needs to include chronic health conditions, first aid kits, reference to CPSC guidelines for toys and play surfacing, TB screening requirements for staff, and diapering requirements. We concur with the recommended changes to the proposed regulations that ECELS submitted with regard to §§ 3270.11, 3270.17, 3270.27, 3270.102, 3270.120 and 3270.133.

The PA AAP opposes and is very concerned about the changes proposed in §§ 3270.131, 3280.131 and 3290.131. By reducing the current requirement that parents provide documentation to the child care program of periodic, complete health assessments (in accordance with the national AAP Guidelines for Health Supervision), the PA AAP believes the Department will not adequately protect the health and safety of children in group care and, in doing so, will not reflect best practices in the field of child care – which is the stated intent of these regulatory changes.

INDEPENDENT REGULATORY  
REVIEW COMMISSION

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When examining these proposed regulations (§§ 3270.131, 3280.131 and 3290.131) in the context of other health promotion and risk reduction efforts in the Commonwealth, it appears to be counterintuitive. Some key points:

- Infants and young children are particularly vulnerable due to their rapid growth and development as well as their inability to care for themselves. They need parents, the medical community, insurance companies and state government to assure that they receive medical and developmental screenings, immunizations and physical exams at regular intervals to protect them from preventable disease, check for abnormalities and monitor healthy progress. Child care programs have a direct investment in this health maintenance since it profoundly impacts a child's ability to learn.
- Children enrolled in subsidized child care (given the income guidelines) are the primary population that this very Department – as well as the Department of Health and Insurance - is trying to reach for preventive care, screenings and immunizations. Medical Assistance (through HealthChoices and AccessPlus) and CHIP struggle to document adequate well child preventive services for this group of children. Child care is one of the key safety nets that assure that these children are seen on a regular basis by a medical provider.
- The PA Department of Health strives to meet the Federal Healthy People 2010 objectives ([www.healthypeople.gov](http://www.healthypeople.gov)) for the Commonwealth. Many of the funding streams that come to Pennsylvania (e.g. the Maternal and Child Health Block Grant) specifically measure Pennsylvania's progress in meeting key 2010 objectives such as lead screening and immunization completeness. The child care population is one of the most important and accessible mechanisms to collect data, intervene and monitor improvements.
- The Governor, through the Departments of Public Welfare and Health, has made childhood obesity a strategic objective. This requires the cooperation of medical providers, insurance companies, parents and child care/schools. Using the AAP guidelines for health supervision provides yet another checkpoint for healthy height and weight monitoring. We know that intervention early in a young child's life regarding portion size, juice and soda consumption, promotion of play activity, etc are important. Child care regulations that mandate regular well child visits where physical exams and anticipatory guidance around obesity prevention can happen, serve a Commonwealth health promotion goal.

The Department is recommending that the regulations for child health assessment not be tied to the national AAP recommendations (Guidelines for Health Supervision). However, this again seems counterintuitive since the Department's Office of Medical Assistance EPSDT guidelines mirror the AAP recommendations and most, if not all, insurance companies in Pennsylvania use the AAP recommended schedule as the standard of care as well as for covered services. In addition, **Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents** (Published 1994, US Dept of Health and Human Services, Health Resources and Services Administration – [www.brightfutures.org](http://www.brightfutures.org)) was created to promote and improve child health

outcomes. The Bright Futures Guidelines were developed as a national standard with the collaboration of four multidisciplinary panels of experts in infant, child and adolescent health and reviewed by nearly 1000 practitioners, educators and child health advocates to reach consensus on a common framework. They are consistent with those of the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD) and have the support of more than 70 key national organizations. Why would Pennsylvania elect to mandate less documented health care than it does in the current regulations and believe that less than the national standard is adequate?

One of the comments that the Department makes in justifying these regulatory changes to child health assessment requirements is that facilities report long delays in scheduling well child appointments with medical practices. It would be helpful to see the data that proves this is an issue since, if it is true, it reflects a serious health manpower shortage in those areas that needs to be addressed. Regardless of whether regular well child visits are required for child care, children need medical attention without undue delay. Rather, we should be recognizing that child care is a sentinel system to identify medical professional shortage areas that need state intervention. Pennsylvania has multiple avenues to help families get care for their children – Department of Health well baby clinics, Federally Qualified Health Centers, Medicaid and CHIP outreach, the 1-800-Baby phonenumber, loan repayment for health professionals who locate in shortage areas, etc. It is unacceptable in a state where we are striving to offer **all** children access to health insurance, that we accept a lower standard regulation because some parents claim a hardship in getting care. Rather, we need to assure that their need is met.

Another comment that the Department makes is that parents may incur added costs to comply with the AAP schedule if their insurance plan does not cover all the recommended examinations. It is possible that in the hundreds of plans offered to employees in Pennsylvania that some do not cover all the recommended visits in the AAP (and Bright Futures) schedule but we would contend that this is a rare occurrence and should not dictate state policy. The PA AAP is in close contact with the major insurers in the state and it has been our experience that plans are sensitive to the medical needs of children and see the AAP guidelines as the standard of care. Again, child care is a sentinel system for identifying insurance plans that do not adequately cover children's health care. This should trigger an intervention with the insurer to meet national standards, not use this as an excuse to lessen the safety net for Pennsylvania's children in child care.


For many years, the PA AAP has advocated for equal access to health care for **all** Pennsylvania children. The Commonwealth has been a national leader in assuring Medicaid services for children remains whole as well as providing access to health care services through CHIP for families above Medicaid eligibility. These services are only as good as the utilization. Health

requirements for child care and entry to school are one of the greatest opportunities that the state has to assure that children actually receive these services. Yes, parents play a key role but child care facilities, like schools, are critical in:

1. providing a safety net for children who have not gotten adequate medical care – particularly in this target socioeconomic population
2. protecting children in their group care setting from communicable disease -- some of which is prevented by timely immunizations and access to a medical home for well and sick visits, and
3. collectively working towards healthy, ready to learn generations of children.

The PA AAP Board and staff, as well as the ECELS medical staff, have actively intervened on behalf of families and child care sites with medical providers and insurance companies for many years. We will continue to navigate the world of pediatric health care and advocate for children by offering these services to child care programs who come to us with problem situations. We believe that working collaboratively with the Department, child care professional associations, other state government agencies charged with assuring delivery of health care services for children, medical providers and insurance companies, we can improve the health status of Pennsylvania's children. We believe the health assessment portion of these regulations are a step backward from this goal.

Sincerely,



Robert Cicco, MD, FAAP  
President

cc: John Jewett -- Regulatory Analyst, Independent Regulatory Review  
Commission  
Calvin Johnson, MD – Secretary, PA Department of Health  
George Hoover – Deputy Secretary, CHIP and adultBasic, PA Department  
of Insurance  
Russell Breish, MD, FAAFP – PA Academy of Family Physicians