



Putting California's Children First

Testimony
Senate Health Committee
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Thank you Madam Chair and Members of the Committee for giving me the opportunity to testify today regarding the state of children's access to needed medical care for serious and life-threatening conditions, my name is Michael Bryant. I am a general pediatrician based at Children's Hospital Los Angeles and am representing the Children's Specialty Care Coalition.

Currently, I provide primary care services for children, many of whom have special health care needs and also rely on Medi-Cal and CCS. I work closely with pediatric subspecialists in helping to manage complex, life-threatening conditions, as part of the CCS care teams for children. I run the hospitalist program at Children's Hospital Los Angeles. I train future pediatricians and I am also responsible for helping to determine whether we have enough funding to hire pediatric subspecialists, such as pediatric cardiologists, hematologists/oncologists, rehab specialists and neurologists to name a few.

We share many of the concerns expressed by the Children's Hospitals. I am here today to sound an alarm on a related concern on the physician side—one that threatens the very fabric of the safety net that has been in place since 1927 to serve our sickest children and is related to physician funding. I hope that this important issue will get on your radar screen as a priority if an opportunity presents itself to address this problem.

I would like to leave you with two important messages today:

1. The CCS program is a critically important core child health program in California and should be nurtured and protected during these difficult times; and
2. I urgently request you to recognize those medical groups who devote a disproportionate share of their practice to children in Medi-Cal and CCS. It is

California Association
of Neonatologists

ChildNet Medical Associates
Specialty Medical Group
Children's Hospital
Central California

The Children's Center at
Sutter Medical Center, Sacramento

Children First Medical Group
Children's Hospital and
Research Center at Oakland

Children's Specialists of San Diego
Children's Hospital San Diego

Department of Pediatrics
California Pacific Medical Center
San Francisco

Department of Pediatrics
Mattel Children's Hospital
David Geffen School
of Medicine at UCLA

Department of Pediatrics
Stanford University School
of Medicine

Department of Pediatrics
University of California Davis
Children's Hospital

Department of Pediatrics
University of California
San Francisco Medical Center

Department of Pediatrics
University of California Irvine
Medical Center

Department of Pediatrics
University of California
San Diego Medical Center

Loma Linda University Children's
Hospital Medical Group

Miller Children's Subspecialty Group

Pediatric Subspecialty Faculty
Children's Hospital Orange County

University Children's Medical Group
Children's Hospital Los Angeles

critical that all aspects of the safety net in California, including hospitals and physician services, are supported at sustainable levels so that patients are able to get needed medical care services in an appropriate and timely way.

California has a shortage of pediatric subspecialists, both for the general child population, and is at critically low levels for low-income children.

Even now we can see the cracks forming and children falling through:

- Right now, low-income children in Los Angeles can't get their club feet corrected. We have a waiting list of 30-50 children a month for club foot correction and are overwhelmed with patients.
- We have 200 children on a waiting list for our pediatric diabetes center. Children currently face a 4 month wait for an appointment. Children's diabetes is different than adult diabetes and is a vicious disease that requires subspecialist care.
- In Sacramento, teens with diabetes have lost access to CCS diabetes centers due to a shortage of pediatric endocrinologists; Throughout the state there is a shortage of pediatric endocrinologists so children with life-threatening diabetes have additional challenges trying to successfully manage their insulin levels and stay out of the hospital;
- There is limited to no access for children in Northern California with rare autoimmune conditions or pediatric arthritic conditions – children have to go to San Francisco for care.
- Children with cleft palates face 4 month waiting times for their initial appointment because of a shortage of specialists in the CCS cleft palate centers in Northern California. This puts babies at risk of failure to thrive depending on the severity of the congenital malformation.

According to the American Board of Pediatrics, California has lower than the national average in the ratio of pediatric subspecialists to children such as pediatric endocrinologists, hematologists/oncologists and pediatric cardiologists.

In addition, fewer and fewer physicians are seeing children in Medi-Cal due to California's low rates. Groups such as mine, who has a mission of providing quality care for all children, regardless of payer source, are taking a higher and higher percentage of children in Medi-Cal and CCS. Right now, more than 70 percent of the children my group sees depend on Medi-Cal and CCS for their health coverage and there is nowhere else for these kids to go. Most of our child patients also have life-threatening conditions such as cancer, congenital heart conditions, and cystic fibrosis.

We are at the breaking point because current funding from the state is unsustainable. My colleagues are being recruited away to other states or to other groups that do not

take Medi-Cal. We do not have the funding to replace them. This means less available care for sick children.

Historically, low reimbursement from the state worked because the private sector essentially subsidized the public system. The reimbursement we received from private payers covered the losses from our Medi-Cal and CCS patients. This is no longer possible. The private sector is reducing their costs and is now unwilling to subsidize the public system. This has become a vicious cycle that has put us and my colleagues in the Children's Coalition at the breaking point. This puts children's health at tremendous risk.

Thank you for your time and consideration.