



## The Massachusetts Chapter

### Testimony of the Massachusetts Chapter of the American Academy of Pediatrics

#### Before the Department of Public Health

#### Regarding Proposed Amendments to

#### Regulations of the Department of Public Health

#### 105 CMR 140.000

#### Licensure of Clinics

July 23, 2013

Good morning, my name is Sean Palfrey, M.D., and I am a pediatrician practicing at Boston Medical Center. I am a former president of the Massachusetts Chapter, American Academy of Pediatrics (MCAAP), and currently I am the Chairman of the MCAAP Immunization Initiative. I come before you on behalf of the 1,800 members of the Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) regarding the proposed amendments to the Licensure of Clinics regulations concerning limited services clinics.

The members of the MCAAP are physicians dedicated to improving the quality of life for children by providing quality health care and advocating for them and their families. The MCAAP is committed to the attainment of optimal physical, mental and social health for all infants, children, adolescents, and young adults. We want to ensure that children receive the highest quality and safest care possible; therefore, we want to express our concerns about the proposed changes to the current regulations. Though our concerns mirror some of the comments of the Massachusetts Medical Society, which we endorse in its totality, we will focus on the ones specific to children and the pediatric medical home.

While Chapter 224 of the Acts of 2012 may have directed the Department to promote the availability of limited services clinics (LSC) as a point of access for health care services, it left to DPH the authority to promulgate reasonable regulations and provided significant limitations on care provided by LSCs; specifically excluded LSCs from serving as a patient's primary care provider or make referrals to unaffiliated specialists.

LSCs have a place in the health care system, where people can receive episodic, urgent care related to an illness or injury. But it is important that DPH craft regulations that do not undermine the patient centered medical home and the services provided by the patient's primary care provider.

#### Executive Director

Cathleen Haggerty  
860 Winter Street  
Waltham, MA 02454  
781-895-9852  
Fax 781-895-9855  
chaggerty@mcaap.org

#### Immediate Past President

Gregory Hagan, M.D., FAAP  
Cambridge, MA  
617-665-3600  
gnhagan@challiance.org

#### President

John O'Reilly, M.D., FAAP  
Springfield, MA  
413-794-7448  
joreilly@mcaap.org

#### Vice President

Michael McManus, M.D., FAAP  
Boston, MA  
617-355-6000  
mmmanus@mcaap.org

#### Treasurer

Dmitry Dukhovny, M.D., FAAP  
Boston, MA  
617-355-6000  
ddukhovny@mcaap.org

#### Secretary

Kathryn Brigham, M.D., FAAP  
Boston, MA  
617-355-6000  
kbrigham@mcaap.org

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Fernando Catalina, M.D., FAAP

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## **Section 140.1001(A) Policies and Procedures for Limited Services Clinics Childhood Immunizations**

The services of a primary care provider includes routine wellness visits, physicals, immunizations and each element of the comprehensive services a patient centered medical home provides. For pediatrics these are the well child visits. An important component of these well child visits are childhood vaccines. Parents may believe that the scheduled immunizations are the sole reason for their child's wellness visits, but those visits go well beyond the issue of "getting your shots." These visits to the pediatrician allow for physical exam, screening for undetected diseases, discussion of developmental issues, provision of anticipatory guidance, and continued strengthening of the relationship with the child and family. These visits are important; they provide an opportunity to work with patients and families to deal with a variety of issues and serve as the very foundation of the medical home. Allowing LSCs to provide routine childhood vaccines undermines the medical home and risks the loss of services now provided during a well child visit. Indeed, immunizations and the associated bundle of primary care activities form the core of EPSDT services recommended by the AAP and required by Medicaid. The point that needs to be recognized is not that "nurses can give shots," but that pediatric primary care is a bundled service that, over the years, has been engineered around immunization. Missing an immunization visit means missing primary care and primary care includes provision of all appropriate vaccines. It is additionally disturbing, therefore, that limited service clinics carry no long-term responsibilities for the child's overall health and well being and may elect to provide only some vaccines. Needless to say, this increases the risk of under-immunization, especially with the increasing complexity of the childhood immunization schedule.

The Department placed the restriction on childhood vaccines in the original regulations not because it has anything to do with the scope of practice of a nurse practitioner, but because allowing LSCs to provide immunizations undermines the coordination of care by a primary care provider in the patient's medical home. We do not view the statutory provisions as requiring DPH to lift the restrictions on childhood immunizations. The MCAAP strongly urges the Department to support the medical home and the Department's immunization initiative by maintaining the restriction on LSCs providing childhood vaccines (excluding influenza vaccines).

### **Section 140.1001(A) Policies and Procedures for Limited Services Clinics. Limited Services Clinics prohibited from providing treatment to children younger than 24 months**

With regard to the pediatric population, we urge you to maintain the ban on LSCs providing treatment to children younger than 24 months. We believe that the type of care proposed for these children by some limited services clinics is not appropriate in those settings and should only be provided in the patient's medical home. We hold this to be true for three reasons: (1) children 24 months and under have unique medical needs which differ from adults and require specialized training and experience, (2) medical and developmental issues may subtly declare themselves during the first two years of life and may only be recognized by providers who know the child and have access to her full history and medical records, (3) primary care in the medical home requires frequent encounters during the first 24 months of life to firmly establish the medical relationship, ensure completion of required immunizations to protect from the significant infectious diseases that particularly affect this age group, and ensure both anticipatory guidance and ongoing developmental assessments.

We understand that limited service clinics have variable age restrictions for treating young children. These are based on business, legal, and insurance considerations rather than medical necessity. The MCAAP strongly urges the Department to retain the 24-month age cut off for children below which treatment at a limited services clinic would be prohibited. Moreover, for all children, screening services and immunizations which are part of a well child visit provided in the medical home should not be provided by limited services based clinics.

Finally, we note that the statute requires DPH to promote LSCs as a point of access for health care services within the full scope of practice of a nurse practitioner. To that extent it is necessary to verify that nurse practitioners treating children in LSC's are certified *pediatric* nurse practitioners and are functioning within established pediatric practice guidelines. To this end the MCAAP urges the Department to clarify its proposed regulations by requiring nurse practitioners who treat children in LSC's be certified pediatric nurse practitioners.

Thank you for the opportunity to address these proposed regulations.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Sean Palfrey". The signature is written in a cursive, slightly slanted style.

Sean Palfrey, M.D.