

## **When a State's Medicaid Doesn't Support Pediatric Surgeons: The impact of legislative advocacy in achieving common goals**

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Medicaid patients comprise between 50 and 65% of the surgical volume of most pediatric surgical practices and the number continues to grow. In our private practice in Nevada, the Affordable Care Act increased our percentage of Medicaid patients from approximately 40 to 55%. Nevada is one of the states that expanded Medicaid, which sounds good until Medicaid reimbursement no longer covers the cost of hiring a pediatric surgeon, or keeping one in the state.

Over time, many practices, including academic ones have had to look to other sources for payment. Often the burden paying for surgical availability is shifted to the hospital. In private practice settings, the payment for services provided must be adequate to cover a salary that matches other opportunities.

Pediatric surgery is unique in the breadth of its scope and its importance to every aspect of a children's facility. One could even argue that pediatric surgeons are worth more for their availability than for their ability to generate revenue from consultations and procedures. In 2016, Nevada had only 3 board certified Pediatric Surgeons in all of southern Nevada. This left us in a tight pinch with limited prospects for recruitment given our decreasing surgical revenues. As access to care had truly become an issue, we brought our concerns to the state legislature. Our goal was to reverse the Medicaid cut we experienced in 2012. Doing so would amount to a roughly 15 % increase in payment for most of our procedures. Here are some of the lessons learned from our experience.

1. Pediatric Surgeons are a cornerstone of children's facilities, communities and states. Don't underestimate your importance. Children die when they don't have timely access to skilled pediatric surgeons.
2. Without Pediatric Surgeons, programs such as pediatric ER's, NICUs, PICUs, high-risk obstetrics, oncology, and trauma programs cease to exist. This is fundamental to your argument.

3. Get to know your local legislators. Often that just requires doing your job since we care for their children. Donations to campaigns or involvement in PACs or state/ local medical societies can be helpful, but a personal connection outpaces donations. Even when specific legislators can't lobby on your behalf, they may be helpful in getting you before the decision-makers, such as those who participate in or chair subcommittees or create the state budget.
4. Formulate an "access" argument since the public has little sympathy for physicians asking to augment their personal income. This is a truthful argument. Surgeons don't even apply for low-paying jobs. Don't threaten, pout, or posture. It's all about the kids and making sure there is a surgeon available when their child needs one.
5. Get to know the hard-working people who administer the Medicaid product, as they are dedicated public servants who care deeply for the children.
6. Those mentioned above are the people who advocate for you and may help you get an increase into the Governor's proposed budget. This is the most important step.
7. Be available to testify before a subcommittee in a hearing which discusses the Medicaid budget proposal and tell people who you are and what you do – most people have no idea whatsoever. Present your data and make your case honestly, sincerely, backed by facts. Oh, and keep it brief.
8. Hope for the best.

Overall the Medicaid pie is fixed and the struggle simply to maintain a piece can be a difficult one. Many states that expanded Medicaid will feel a significant squeeze as they assume a larger fiscal responsibility and the federal government a lesser one. Hospital associations, home health care agencies and other ancillary services have powerful lobbyists and are quite happy to increase the size of their piece at our expense. It is our duty and responsibility to insure that we can continue to provide adequate service--and if we don't stand up for Pediatric Surgery, no one will. The hospital doesn't detorse a midgut volvulus at 2am, the surgeon does. The return on investment for saving a child's life is priceless, but the return on investment for saving their intestine is calculable and well worth a year's salary.