

Statement by Janis Langohr, MD, FAAP  
Hearing on the Children's Health Insurance Program

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Thank you Senator Baucus and members of the Senate Finance Committee for the opportunity to testify on a topic that is close to my heart, children and healthcare. As a pediatrician practicing in Montana, I can give a view from the trenches, so to speak, of the importance of the Children's Health Insurance Program to children and their families. Pediatrics, by its nature is a profession that is highly reliant on government subsidized insurance programs such as CHIP. Our patients and their families are young. They do not have the resources to own an expensive private health insurance policy. Conservatively, 40 per cent of our patients at our clinic in Billings are covered under CHIP or its larger companion program, Medicaid. In some pediatric practices around the state of Montana, the percentage is much higher. On top of that 37,000 children in Montana have no health insurance coverage at all. Many of these uninsured kids are probably eligible for CHIP or Medicaid but are not enrolled. In short, there are a very large number of children in Montana who need these programs in order to receive basic medical services. The numbers will grow as the escalating cost of healthcare and insurance continues to outpace Americans' income.

If one truly wants to know the value of CHIP, the question must be asked: What is life like for a child who does not receive basic medical services? Unfortunately, I have plenty of examples from my practice. One is the plight of a toddler with such rotten teeth and infected ears, that he went on to develop mastoiditis, an exquisitely painful, and life threatening infection of the bone behind the ear. Or there is the teenage diabetic who shared her insulin with her uninsured diabetic family member to the detriment of both of them. Yet another situation is one of an asthmatic youngster who made annual trips by life flight to a Billings hospital to spend a couple days on life support before picking up a new supply of asthma medications which he had depleted long ago.

All of these cases have common elements. First, loving, but economically disadvantaged families were involved. Secondly, all cases represent common childhood maladies that were left unattended and became life threatening. Third, the cost of these cases to our healthcare system and our state was staggering. And finally, the single most important element in all these situations is that they could have been prevented by providing these children with regular access to routine medical surveillance and care. In the decade since its inception, CHIP has been resoundingly successful in providing children with a medical home and improving their access to medical care. Dollar for dollar, the CHIP program represents one of the best returns on investment our society can make.

Yet access to care for children remains a critical problem in America. Dental services, mental healthcare and services for children with special needs are woefully lacking. The parade of children with painfully rotten teeth that marches through our clinic each week is a testament to the crisis in dental care. Children with significant behavioral and mental health problems frequently have no where to turn other than their primary pediatrician. And,

a recent survey of Montana families of children with chronic developmental and physical impairments, overwhelming revealed that access to the health care is their number one concern. These families feel isolated in the day to day struggle to care for their child. Poor reimbursement by Medicaid and CHIP to providers is the root of these problems. Providers must make difficult business decisions and limit or even exclude patients on Medicaid and CHIP.

Montana, with its small population spread over vast distances, presents yet another unique challenge to providing care. Probably, the best example here is for those children who are critically ill. Fortunately children rarely need such extreme care, but when they are critically ill, they need very expensive and highly specialized services specific to children. Due to the vast distances between such patients and poor reimbursement for such services, pediatric sub-specialists and surgeons are defeated in their attempt to serve young Montanans. They instead must migrate to well-endowed Children's Hospital in large metropolitan areas. Critically ill children and their families in Montana must follow them there. Hundreds of Montana children are medically evacuated to larger pediatric medical centers each year at enormous cost to the State of Montana.

Senators, the problems I present today are my passion. But quite frankly, I feel most Americans feel the same way as I do about children. After all, children are our future. A country with such wealth, medical expertise and communications technology has the ability to create a comprehensive healthcare system for children even in challenging states such as Montana. Ultimately achieving that goal makes good economic and social sense. Although there are many challenges remain, CHIP is model program for achieving this worthwhile goal. Thank you.