House Appropriations Subcommittee on Article II
Testimony of Kimberly C. Avila Edwards, MD, FAAP

Representing the:
Texas Pediatric Society
Texas Medical Association
Children's Hospital Association of Texas
Texas Hospital Association

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Good morning,

My name is Kimberly C. Avila Edwards, MD, FAAP. I am a general pediatrician who cares for uninsured children onboard Children's Health Express, Dell Children's Medical Center's mobile clinic, here in Austin, Texas. I also serve as the Director of Advocacy and External Affairs for Dell Children's Medical Center, a part of Ascension Texas. Our pediatric level 1 trauma center in the region, Dell Children's Medical Center is one of the MEDCARES clinic sites. Our Child Abuse Resource and Education (CARE) Program also participates in the Forensic Assessment Center Network (FACN). As a general pediatrician, I rely on the work and resources of these programs, especially at a time when the COVID-19 pandemic has made it so much more important to be vigilant for the social and emotional needs of our most vulnerable children. I am testifying today on behalf of the Texas Pediatric Society, Texas Medical Association, Children's Hospital Association of Texas, and Texas Hospital Association about the importance of preserving funding for the MedCARES program.

MedCARES is a critical public health resource to keep children safe. **The program provides grant funding to hospitals, academic health centers, and health care facilities with expertise in pediatric health to prevent, assess, diagnose, and treat child abuse and neglect.** In Texas, more than 4 children die from abuse or neglect on average every week, 184 children are confirmed victims daily, and more than 7 children are maltreated every hour. Even when children survive, child abuse and neglect can lead to greater risk of poor health.[1] Preliminary data suggest child abuse and neglect is on the rise during the COVID-19 pandemic. Although the total number of emergency department visits related to child abuse

[1] https://www.texprotects.org/CANfacts/#:~:text=In%20Texas%2C%20more%20than%204,basic%20types%20of%20child%20abuse

and neglect decreased during this time, the percentage of such visits resulting in hospitalization increased, compared with 2019.[2]

MedCARES sites provide an essential service to the public that merits state financial support. My child abuse pediatrician colleagues, along with the rest of their interdisciplinary teams, provide a key link between the medical world and the rest of the child protective system. They do more than provide direct care to children and adolescents with suspected child abuse and neglect injuries. They are also critical advisors in efforts to improve the recognition and treatment of abuse and neglect in emergency departments, clinics, and hospitals. They communicate with law enforcement, Child Protective Services (CPS) caseworkers, the judiciary, child advocacy centers, social workers, and patient families. Child abuse pediatricians are often subpoenaed to provide testimony in criminal and civil court cases and regularly perform reviews of complex medical cases, often requiring upwards of 20-40 hours or more of preparation. Most child abuse pediatricians participate in child fatality review teams to better ensure all causes of child deaths are appropriately identified. Many are involved in identifying and treating children who are survivors of human trafficking. **All these services are not billable in our traditional fee for service health care system, and MedCARES funding allows child abuse centers to provide these resources to the child welfare system.**

In addition to addressing child abuse and neglect once these events take place, MedCARES funding gives the health care system resources to prevent abuse. This funding enables child abuse pediatricians, pediatric sexual assault nurse examiners, social workers, and other providers to offer child abuse education programs for those who work on the front lines with children at risk (law enforcement, case workers, members of the judiciary). It also supports prevention and education programs for other members of the public (parents, teachers, students, medical professionals). All MedCARES centers also partner with community agencies to prevent/address child abuse and sexual assault.

If MedCARES funding were eliminated, this action would reverse course on a longstanding program created by the Texas Legislature after a series of childhood deaths and major injuries resulting from abuse and neglect. In 2007, the Legislature passed Senate Bill 758 (Nelson; 80th Legislature), which launched an advisory committee to develop guidelines for designating pediatric centers of excellence to build the capacity of the health care system to prevent and address child abuse and neglect. **Based on the recommendations of the advisory committee, the Legislature passed Senate Bill 2080 in 2009 (Uresti, Nelson, Patrick; 81st Legislature), which directed the Department of State Health Services (DSHS) to establish the MedCARES grant program**. MedCARES funding currently supports 11 centers, which leverage the expertise of the 22 board-certified child abuse pediatricians in Texas.[3]

Eliminating MedCARES funding would disrupt critical infrastructure necessary to protect children in Texas. Without MedCARES funding, centers that remain open in any capacity would suffer from several cutbacks. Each center would be forced to make unique cuts, resulting in:

- Delays in serving patients with reported cases of child abuse and neglect due to limited staffing and clinic hours.
- Reduced ability to coordinate with CPS.

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[2] Swedo E, Idaikkadar N, Leemis R, et al. Trends in U.S. Emergency Department Visits Related to Suspected or Confirmed Child Abuse and Neglect Among Children and Adolescents Aged <18 Years Before and During the COVID-19 Pandemic — United States, January 2019–September 2020. MMWR Morb Mortal Wkly Rep 2020;69:1841–1847. DOI: http://dx.doi.org/10.15585/mmwr.mm6949a1

[3] https://www.dshs.state.tx.us/legislative/2019-Reports/Attachment1-RevisedMEDCARESReportFY17-18.pdf

- Inability to provide mental health services, including trauma-focused therapy, to maltreated children.
- Reduced ability to offer child abuse prevention programs.
- Hindered ability to serve Spanish-speaking families in their language due to loss of bilingual medical assistants. Although video translation services are available, they are less than ideal when addressing sensitive issues such as abuse and neglect.
- Reduced ability to provide medical and mental health services to children in foster care.

Another potential consequence of eliminating MedCARES is the misdiagnosis of abuse and neglect. As you know, MedCARES gives communities access to child abuse pediatricians. **Given the same set of patients, child abuse pediatricians diagnose abuse at lower rates than other providers.**[4] They are highly trained to recognize the differences among medical conditions that mimic abuse and neglect, such as accidental injuries and rare medical conditions. In contrast, other providers may not have the time, resources, or expertise to provide CPS with appropriate abuse evaluations in all cases. It is critical that accidental and non-accidental injuries be correctly identified because there can be detrimental effecTs either when abuse is missed or when it is over-diagnosed. Whenever possible in keeping with child safety, the MedCARES program supports keeping families together and supported through whatever hardships they may be facing.

A common misconception is that child abuse clinics are funded based on how often they diagnose abuse. MedCARES funds and clinicians' salaries are in no way tied to the number of children treated or the number of findings of abuse. Child abuse pediatricians do not seek out cases of suspected child abuse or neglect but rather receive referrals when child abuse or neglect is suspected. They are required to assess these cases, and MedCARES provides significant aid to cover the cost to meet the high-quality standards needed for these complex cases.

Another misconception is that MedCARES and the Forensic Assessment Center Network (FACN) are duplicative programs. Some MedCARES sites, like the one where I practice, are part of FACN, a coordinated group of physicians from six medical schools in Texas who are experts in child and adult abuse and neglect. As the advisory committee established by the Texas Legislature pointed out in its 2009 report, FACN was designed by the Department of Family and Protective Services (DFPS) to connect CPS caseworkers with a network of medical professionals with expertise in child abuse, who could be consulted regarding suspected cases of child maltreatment. However, FACN was not designed to be a comprehensive medical care services initiative or to provide consultation to other agencies involved in child abuse, nor does it provide funding to all 11 child abuse centers in the state. Therefore, MedCARES fills an important gap, expanding the capacity of the health care system to treat children and their families, to educate other providers to improve detection and accurate diagnosis, to consult with law enforcement during child abuse investigations, and to support communities in preventing child abuse and neglect.[5]

To reduce the prevalence and impact of child abuse and neglect, numerous agencies must function together. The health care system is a critical component of the overall child welfare system. Therefore, I

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[4] Anderst, J., Kellogg, N., & Jung, I. (2009). Is the diagnosis of physical abuse changed when Child Protective Services consults a Child Abuse Pediatrics subspecialty group as a second opinion?. Child abuse & neglect, 33(8), 481–489. https://doi.org/10.1016/j.chiabu.2009.05.001

[5] https://www.dshs.state.tx.us/mch/pdf/PCOE-Report.pdf

urge the Legislature to sustain funding for MedCARES so that our healthcare system has the capacity to meet the needs of Texas children and keep them safe.