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Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Ms. Verma:

On behalf of the AMGA we appreciate the opportunity to comment on the Center for Medicare and Medicaid Innovation's (CMMI's), "Request for Information on Pediatric Alternative Payment Model Concepts" (RFI). Founded in 1950, AMGA represents more than 440 multi-specialty medical groups and integrated delivery systems representing roughly 177,000 physicians who care for one-in-three Americans. Our member medical groups work diligently to provide innovative, high quality, patient-centered medical care that both improves patient outcomes and is spending efficient. For these reasons we have a significant interest in improving pediatric care particularly under Medicaid as one in three children, or 33 million are covered by the program.

Generally, AMGA strongly supports alternative payment models (APMs). For example, in our comments in response to the proposed MACRA rule, AMGA argued for full MIPS implementation. In that letter and in other comment letters AMGA has also argued for correlating quality to cost or correlating outcomes achieved over spending. AMGA has also argued for, or supported improvements to, the Medicare Shared Savings Program (MSSP). For example, AMGA supported including regional spending in calculating Accountable Care Organization (ACO) financial benchmarks and for providing stronger financial incentives for ACOs particularly Track 1 ACOs. AMGA also has been supportive of CMMI's efforts to expand its bundled payment initiatives, most recently the mandatory cardiac care and cardiac rehabilitation demonstrations.

Concerning pediatric APM "concepts" AMGA supports CMMI's interest in care that is more comprehensive, which the RFI describes as care for those with "developmental, social, emotional and behavioral health challenges, intellectual or physical developmental delays or disabilities, and/or those with complex and/or chronic health conditions." AMGA also recognizes the importance of better care coordination or "integrated service models" that include health-related social service agencies, community based organizations, and local school systems. AMGA particularly supports the development of pediatric quality measures as there are no national standards or national data sets. Those pediatric quality measures that do exist are, not surprisingly, largely process measures.

The RFI states, in part, CMMI is “exploring the development of a new pediatric health care payment and service delivery model.” The agency is seeking input on “improving the health of children” and the “integration of health care and health-related social services with shared accountability and cost savings.” CMS is particularly interested in “those with or at-risk for developmental, social, emotional or behavioral health challenges” or in sum “high-need, high-risk beneficiaries.” CMS states health needs “include providing for “safe living environments, responsive adult caregivers, and nurturing social relationships” that “are critical for health growth and development.” CMS recognizes “children and youth covered by Medicaid and the Children's Health Insurance Program (CHIP) may be exposed to such unfavorable social conditions and adverse childhood experiences, which could go unrecognized or unaddressed.” CMS therefore is interested in building better integrating pediatric health care and health-related social service models that, among other things, improve outcomes for children and “offer the greatest opportunity for generating savings.” Finally, CMS is also interested in “building upon its work on pediatric quality measures indicative of health outcomes” such that “health children become healthy adults.”

Given that CMMI is interested in “high-need, high risk children,” as well as “safe living environments,” recognizes children are “exposed to such unfavorable social conditions and adverse childhood experiences, which go unrecognized and unaddressed,” and desires to improve outcomes for children and generate the “greatest opportunity for savings,” we believe any CMMI-related pediatric APM demonstration would be failure unless it directly addresses child sexual abuse.

Per the CMMI's mention of “adverse childhood experiences,” CMS is well aware of the CDC's Adverse Childhood Experiences (ACEs) study. The ACEs study found 24.7 percent of girls, or one in four, and 16 percent of boys, or roughly one in six, are sexually abused before reaching age 18. As a result the longitudinal ACEs study also found victims of child sexual abuse frequently suffer life-long physical and mental harm including but not limited to: AIDS; alcoholism; chronic obstructive pulmonary disease, depression, illicit drug use; ischemic heart disease; liver disease; obesity; partner violence; risky sexual behavior; self-mutilation; smoking; and, numerous serious mental health disorders, including suicide and Dissociative Identity Disorder (DID) that is associated with high levels of impairment, high rates of treatment utilization and costs and can affect not surprisingly as many as 20 percent of psychiatric hospital patients. ACEs research has shown that compared with an ACEs score of 0, those with an ACEs score of 4 or more are twice as likely to be smokers, 12 times more likely to have attempted suicide, 7 times more likely to be alcoholic and 10 times more likely to have injected street drugs. Individuals with a score of 6 die nearly 20 years earlier on average.¹ In his sentencing of former House Speaker Denis Hastert last year on charges related to his sexually molesting boys, Federal District Court Judge Thomas Durkin recognized this reality when he stated, “the abuse was forty years ago, but the damage lasts today.” Not surprisingly, one of Hastert's victims died of AIDS in 1995.² The CDC estimates the total life time cost of child abuse and neglect is \$124 billion each year.

Despite the prevalence of child sexual abuse, again one in four girls and one in six boys, the suffering and early death caused by abuse and the health care and societal costs incurred, CMS along with related organizations remains silent on the issue. For example:

- CMMI has not addressed the issue. One might expect the Accountable Health Communities demonstration to address child abuse since the model is intended to, per

CMS' description, address the “critical gap between clinical care and community services in the current health care delivery system by testing whether systematically identifying and addressing the health-related social needs of beneficiaries’ impacts total health care costs, improves health, and quality of care.” The model does not. CMS simply states “for the purposes of the model, usual care also includes all federal and state reporting requirements (e.g., mandatory reporting of child abuse and neglect).”³

- Searching CMS' “state waiver list” website pages for “child sexual abuse” and “child abuse” yields only one document. It discusses Florida's AIDS care waiver.⁴
- CMS' “Core Set of Children's Health Care Quality Measures for Medicaid and CHIP,” or the “Core Child Set,” ignores the issue. None of the nine “primary care access and preventive care” measures are related to child abuse of any kind.⁵
- The National Quality Form (NQF) lists no “child sexual abuse” or any “child abuse” quality measures.⁶
- The Agency for Healthcare Research and Quality's (AHRQ's) annual Healthcare Quality and Disparities reports contain no discussion of the topic.⁷
- The Medicaid and CHIP Payment and Access Commission (MACPAC) has not discussed the topic. For example, MACPAC's June 2015 report chapter, “The Intersection of Medicaid and Child Welfare,” contains no discussion of “child sexual abuse” or “child abuse.”⁸

This is even more remarkable considering the number of highly publicized child sexual abuse cases and the complicity in ignoring these offenses over many decades. Here are six examples briefly summarized.

1. This past November, December, and February Dr. Larry Nassar, a former USA Gymnastics and Michigan State physician, was charged with numerous counts of criminal sexual misconduct and for possessing 37,000 child pornography images and videos of him sexually molesting girls. Beyond these charges, there are at present another 80 and counting related police complaints and several related civil lawsuits filed against Nassar. Before he retired in September 2015, Nassar served on the USA Gymnastics National Team's medical staff for 29 years and before he was fired last October, he also worked as a physician at Michigan State where for two decades he treated, among others, members of the university's women's basketball, crew, field hockey, figure skating, gymnastics, soccer, softball, swimming and track and field teams. Dr. Nassar was also associated with a Lansing-area girls' gymnastic club and a high school. Complaints against Nassar were first reported to Michigan State officials without consequence as far back as 1994. Beyond the Nassar case, because USA Gymnastics has over at least the past 20 years known of numerous similar cases, the organization kept sexual abuse files on more than 50 coaches but took no action, the USA Gymnastics President Steven Penny was forced to resign in mid-March.⁹
2. Also this month former Penn State President, Graham B. Spanier, was found guilty of child endangerment for failing to intercede in the Jerry Sandusky case. This past November the US Department of Education, acting under the 1990 Cleary Act, fined Penn State \$2.4 million for failing to report campus crimes and to take measures to adequately protect its students. Also this past fall, Mike McQuery who witnessed Sandusky raping a 10-year-old boy in a locker room shower in 2001 testified this past fall in a defamation and retaliation case that Penn State coaches Greg Schiano and Tom

Bradley were aware for years that Sandusky was raping boys. Sandusky was convicted in 2102 of 45 counts of child abuse dating back to 1994. Penn State made known last year the university paid a settlement stemming from Sandusky's abuse in 1971.¹⁰

3. Last April, former House Speaker Denis Hastert was sentenced to 15 months in prison for federal banking violations stemming from abusing high school boys beginning in the 1960s. (He lied about large bank withdrawals to cover up buying a victim's silence.) In the federal government's sentencing recommendation, prosecutors wrote, Hastert made his victims "feel alone, ashamed, guilty and devoid of dignity." "All of them carry the scars [the] defendant inflicted upon them." "It is profoundly sad," prosecutors wrote, the abuse was inflicted by "a man whom they trusted and whom they revered as a mentor and coach." In sentencing Hastert to 15 months in prison, Judge Durkin stated, "nothing is more stunning than having the words "serial child molester" and "Speaker in the House" in the same sentence." Nevertheless, no Congressional leader commented on the Hastert case. The day Hastert was sentenced, White House Press Secretary Josh Earnest could only state, "I don't have a specific response to that."¹¹
4. In 2013, USA Swimming Hall of Fame coach, Rick Curl, was convicted for sexually molesting a teenage swimmer three decades ago. While employed as a University of Maryland as a swimming and diving coach in the mid-1980s, the university became aware he had, before becoming an employee, admitted in writing to molesting a teenage female swimmer. Though the university forced Curl to resign in 1988, the university concluded the school had no duty to report Curl to the police. Curl went on to coach for another 25 years at a prominent Maryland swim club. There have been numerous other instances of sexual abuse by USA Swimming coaches. For example, in 2010, after 16-year-old Sarah Burt told her parents she was sexually abused by a USA Swimming coach, she drove to a busy intersection in Illinois, parked, promptly walked into traffic and was fatally struck by a semi.¹²
5. The Curl case did win the attention of Rep. George Miller, then ranking member of the House Education and Workforce Committee. In July 2014, Mr. Miller wrote an 11-page letter to the FBI requesting the agency "fully investigate USA Swimming's handling of both past and present cases of child sexual abuse." Mr. Miller's letter stated further, "it has become clear that child sexual abuse and sexual misconduct have plagued USA Swimming since its inception in 1980." (USA Swimming is the creation of the Congress's Ted Stevens Amateur Sports Act of 1978.) The FBI did nothing. In context of the Nassar case, The Washington Post recently reported on Miller's 2014 efforts. The article was titled, "Government Prove of Sex Abuse Prevention in Olympic Sports Went Nowhere."¹³
6. In the BBC Stuart Hall and Jerry Savile cases, Hall at age 86, was jailed in 2013 for admitting to assaulting 13 girls as young as 10 and Savile was posthumously charged in 2013 with 214 acts of sexual misconduct against boys, including some in hospice care, girls and women. Among other conclusions in Dame Janet Smith's 2016 "independent review into the BBC's culture and practices," she stated flatly, "children were not protected as they should have been." In response to Smith's and Dame Linda Dobbs' companion report, BBC Trust Chairwoman Rona Fairhead stated, "no one reading the reports can be in any doubt that the BBC failed them [the victims]." "It turned a blind eye, where it should have shown a light."¹⁴

7. As for the thousands of Catholic Church pedophile cases, in protest over Pope Francis's Pontifical Commission for the Protection of Minors (created in 2014) inaction that included the Commission's refusal to respond to victim's letters, Marie Collins, a survivor (molested at age 13 by a priest) resigned in early March from the Commission. The one other survivor serving on the Commission, Peter Saunders, also criticized the Commission for the same reason and left last year. To date no bishop, including Bernard Law who served as Archbishop of Boston for 18 years and made infamous in the film "Spotlight," has been punished for their complicity. In Cardinal Law's case in 2004, he was appointed in 2004 as Archpriest of the Basilica di Santa Maria Maggiore in Rome where he served until he retired in 2011.¹⁵

Equally tragic is the extent to which the child sexual abuse has been or is ignored. The Congress has not held a single hearing investigating child abuse, or at least offenses committed by coaches associated with USA Gymnastics, USA Swimming and other athletic governing bodies since these are, again, organizations the Congress-is-responsible-for-creating, or have the FBI conduct an actual investigation. California Senator Diane Feinstein has however recently introduced related legislation. On March 6 Senator Feinstein introduced a bill, far shorter than this comment letter, titled, "Protecting Young Victims of Sexual Abuse Act of 2017."¹⁶ The legislation would require USA Gymnastics and other like governing bodies to immediately report sexual abuse allegations and improve oversight of prevention policies and sexual abuse prevention training. It's doubtful this bill, if passed, will have any measurable effect. "Immediate" reporting is already required by law in all 50 states. The bill's oversight and training provisions already are being addressed by the US Olympics' SafeSport program which was initiated in 2012 though SafeSport's effectiveness to date has been called to task by, among others, ABC News and ESPN. Moreover, Feinstein's bill includes no enforcement mechanisms.

It is worth noting as well child sexual abuse also is ignored by the health policy press. As in the Sandusky, Curl and Hastert cases, there has been no mention to date of Dr. Nassar in, for example, the [Health Affairs Blog](#), [Inside Health Policy](#), [Kaiser Health News](#), [The Morning Consult](#), [Politico Pulse](#) or [RealClearHealth](#).

AMGA believes CMMI cannot credibly field a pediatric payment demonstration that is intended to improve "the health of children and youth covered by Medicaid and CHIP through state-driver integration of health care and health -related social services" that addresses "social, emotional, or behavioral health challenges" unless it intentionally addresses the prevention of child sexual abuse that, again, adversely effects one in five children – particularly since victims of child abuse of any kind are disproportionately poor, i.e., Medicaid beneficiaries.

This RFI presents CMS with a substantial opportunity to demonstrate leadership by signaling to the health provider and health policy communities the importance of not only recognizing child abuse but working to prevent it. This cannot remain simply a criminal enforcement issue or left to your colleagues in the Department of Justice.

Fortunately there are several programs the CMMI pediatric APM could model. For example, studies of Yale's "Minding the Baby," a reflective parenting program, have found program participants have stronger mother-child bonds, lower rates of child-protective referrals, higher child immunization rates and longer spacing between children when compared to control

groups. The Nurse Family Partnership and Home Visiting Program has shown a 48 percent reduction in child abuse and neglect. The Triple P Positive Parenting Program has shown significantly fewer cases of child maltreatment, lower rates of abuse cases, out of home placements, reductions in ED visits and hospitalizations for injuries.¹⁷

In addition, local Emergency Medical System (EMS) personnel are at the heart of many new community-based innovations. Therefore, AMGA recommends CMMI work to incorporate the nascent community paramedicine movement, which is expanding the roles of paramedics and emergency medical technicians (EMTs) by integrating them into the larger healthcare and social support systems. Community paramedic programs, also termed “mobile integrated healthcare,” are often used to close gaps in access to care for the most vulnerable that can lead to, in part, reduced emergency department visits. As abused children often have encounters with pre-hospital providers, such as paramedics and EMTs, AMGA recommends CMS use these providers as another tool, as they are trained in identifying possible abuse situations. We refer CMS to the 2010 Administration for Children and Families report, “The Role of First Responders in Child Maltreatment Cases: Disaster and Nondisaster Situations,” which notes first responders, “often are the first professionals to arrive at a scene where child maltreatment may have occurred or where children may be at risk for being abused or neglected.”¹⁸

We thank CMS for consideration of our comments. Should you have questions please do not hesitate to contact AMGA's David Introcaso, Ph.D., Senior Director of Public Policy at (703) 842.0774 or at dintrocaso@amga.org.

Sincerely,

Donald W. Fisher, Ph.D., CAE
President and CEO

Endnotes

1. The ACEs study is at: <https://www.cdc.gov/violenceprevention/acestudy/>. Sexual abuse prevalence statistics are at: <https://www.cdc.gov/violenceprevention/acestudy/about.html>.
2. See: <http://www.chicagotribune.com/news/nationworld/ct-pdf-transcript-of-sentencing-of-dennis-hastert-20160427-htmlstory.html>.
3. See: <https://innovation.cms.gov/initiatives/ahcm/faq.html>.
4. Search via: https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/waivers_faceted.html.
5. See: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2017-child-core-set.pdf>.
6. Search via:
<http://www.qualityforum.org/Qps/QpsTool.aspx#qpsPageState=%7B%22TabType%22%3A1,%22TabContentType%22%3A1,%22SearchCriteriaForStandard%22%3A%7B%22TaxonomyIDs%22%3A%5B%5D,%22SelectedTypeAheadFilterOption%22%3Anull,%22Keyword%22%3A%22%22,%22PageSize%22%3A%2225%22,%22OrderType%22%3A3,%22OrderBy%22%3A%22ASC%22,%22PageNo%22%3A1,%22IsExactMatch%22%3Afalse,%22QueryStringType%22%3A%22%22,%22ProjectAct>

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7. Search via: <https://www.ahrq.gov/research/findings/nhqrdr/index.html>.

8. At: <https://www.macpac.gov/wp-content/uploads/2015/06/Intersection-of-Medicaid-and-Child-Welfare.pdf>.

9. The Nassar case has been mostly widely reported by [The Indianapolis Star](#). The newspaper has published approximately a dozen related articles over at least the past seven months. Regarding Penny's resignation see https://www.washingtonpost.com/sports/olympics/usa-gymnastics-ceo-steve-penny-resigns-in-wake-of-sex-abuse-scandal/2017/03/16/fe4f27de-0a77-11e7-93dc-00f9bdd74ed1_story.html?utm_term=.243c765974d8.

10. See: https://www.washingtonpost.com/sports/colleges/former-penn-state-president-graham-spanier-convicted-of-child-endangerment/2017/03/24/d1936e34-109a-11e7-9b0d-d27c98455440_story.html and <https://www.ed.gov/news/press-releases/us-department-education-levies-historic-fine-against-penn-state-over-handling-sexual-misconduct-incidents>.

11. See note 2 and <https://www.whitehouse.gov/the-press-office/2016/04/27/press-briefing-press-secretary-josh-earnest-4272016> and <https://www.whitehouse.gov/the-press-office/2015/05/29/press-briefing-press-secretary-josh-earnest-52915>.

12. See, for example, https://www.washingtonpost.com/umd-lawyers-didnt-tell-police-that-swim-coach-rick-curl-had-abused-a-teen-girl/2013/05/29/5820f306-c8a4-11e2-9f1a-1a7cdee20287_story.html?utm_term=.3b3d6c29852d.

13. See: https://www.washingtonpost.com/sports/olympics/government-probe-of-sex-abuse-prevention-in-olympic-sports-went-nowhere/2017/02/20/75c8b0a6-d287-11e6-9cb0-54ab630851e8_story.html?utm_term=.b4a25e064934.

14. The Dame Smith report is at: http://www.bbc.co.uk/bbctrust/dame_janet_smith. Fairhead's statement is at: http://www.bbc.co.uk/bbctrust/news/statements/dame_janet_smith.

15. See, for example, https://www.washingtonpost.com/opinions/the-vatican-drags-its-feet-on-clergy-sex-abuse/2017/03/12/1efaf566-0443-11e7-b1e9-a05d3c21f7cf_story.html?utm_term=.bcbdb65ff8a1.

16. See: https://www.feinstein.senate.gov/public/_cache/files/d/6/d63652ba-a4f6-47e2-a499-afe5e2212f10/98DC4DFD82635C5F101E2647F860F066.usa-gymnastics-submitted-bill-3.6.17.pdf.

17. See: <http://medicine.yale.edu/childstudy/mtb/> and, for example, Francis Zimmerman and James A. Mercy, "A Better Start, Child Maltreatment Prevention as a Public Health Priority," [Zero to Three](#) (May 2010) at: https://vetoviolence.cdc.gov/apps/phl/docs/A_Better_Start.pdf.

18. See: <https://www.childwelfare.gov/pubPDFs/firstresponders.pdf>.