

**Tennessee Chapter
American Academy of Pediatrics
P. O. Box 159201
Nashville, TN 37215-9201**

February 17, 2009

Wendy Long, MD, Chief Medical Officer
Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243

Dear Dr. Long:

We would like to thank you for addressing the recent meeting of the Board of Directors of the Tennessee Chapter of the American Academy of Pediatrics. The Chapter has appreciated the past and present open dialogue with you and the Administration. We all are very sympathetic to the turbulent economic times the state is faced with and want to help with the tough budgetary decisions we all must make, while preserving the health and welfare of our state's most vulnerable population, children and pregnant women. Governor Lawton Chiles of Florida once said "...the measure of a nation is how it cares for children at the dawn of life". We hope that our state considers this plea as it reduces the state budget.

Since 1975, the Regional Perinatal Centers have developed, implemented and continued one of the nation's best and still ongoing regionalized perinatal systems, caring for all Tennesseans regardless of their ability to pay (Attachment 2). This system has been an effective model (Attachment 1) and one coveted by many states. The Regional Centers provide professional education, 24/7 maternal-fetal and neonatal consultation, referral, and transport; outreach education for all providers. They perform site visits to review hospital facilities, policies, and procedures in order to improve care. They provide NICU follow-up and collect the state's only data on referred patients. All of this has led to well-developed collaborative and on-going relationships among regional providers, prenatal facilities and hospitals. The program has led the way in publishing detailed *Regionalization Guidelines*, updated every 5 years, which serve as working handbooks for care in the regions.

Over the past 20 years funds for these necessary programs have been not increased, thereby forcing the Regional Centers to assume parts of the funding necessary to keep these vital programs intact. Though the centers have patient outcomes as good as any in the nation; Tennessee has far too many mothers at risk: we rank 42nd among the 50 states plus the District of Columbia in women's health, with a resultant increase in premature births, leading in large part to a dismal infant mortality ranking of 45th. It is, therefore, with great concern that we heard that the state is proposing to reduce the Perinatal Grant funding in this fiscal year by 25%, and by yet another 25 % in the following year.

Reductions of the Perinatal Grant will force the Regional Centers to either eliminate or dramatically reduce these vital programs and affect the region's ability to care for the most vulnerable of our citizens. Though dollars are not used for direct patient care, eliminating this funding will force the centers to shift even more dollars to programs that are involved in direct patient care as the number of premature births grows, and the morbidity and mortality rates of both the mothers and babies increase as a result of loss of preventive services. Additionally, it has been shown that perinatal health is a direct reflection of the health of children and adults, and health improvements early in life generate improved health and financial benefits in adult life (Attachment 3).

We ask that you consider either not decreasing the Perinatal Grant at all or at least postponing the reductions to Tier 2. We feel that the Regional Perinatal Centers are an efficient, proven and cost effective method to improve the health of mothers and babies. It is essential that they continue. We hope these cuts will never occur so all Tennesseans may continue to reap the above proven benefits.

Respectfully,

John R. Hill, MD

President