

October 9, 2012

Assemblyman David Bobzien
c/o Nevada Assembly
401 S. Carson Street
Carson City, NV 89701

RE: Nevada Early Intervention Services

Dear Assemblyman Bobzien:

We are pediatricians and pediatric sub-specialists practicing in the Reno-Sparks area. All of us work closely with Nevada Early Intervention Services (NEIS); many of our most vulnerable patients and their families depend on NEIS for a myriad of vital services. As the physicians who work most closely with this important agency, we are writing to express our strong opposition to recent proposals before the legislature to privatize and dramatically change the structure of NEIS.

For decades, NEIS has provided a “one-stop shop” of professional expertise and services needed by premature, disabled, and chronically ill children under age 3. These services include:

- feeding evaluations, feeding therapies, and nutrition guidance for tube-fed and “failure to thrive” infants;
- physical therapy for children with serious physical disabilities (e.g., cerebral palsy);
- speech therapy and hearing testing;
- autism testing and therapies;
- diagnosis and ongoing medical services by a developmental pediatrician.

Pediatricians depend on NEIS to provide these services. We know when we refer a child to NEIS he or she will receive a thorough and expert assessment, be provided with appropriate therapies, and be monitored closely for improvement. Many of these services—such as audiology/speech, nutrition, and the developmental pediatrician’s assessment—are needed on an ongoing basis, not just as a one-time visit, so that therapies can be adjusted in response to a patient’s progress. This ongoing interaction would be severely curtailed under the current proposal, which would allow private companies to decide when to involve (and pay for) these services.

NEIS creates a team that looks at the whole child, addressing social, medical and environmental factors that can influence the child’s response to therapy. The centralized structure of the agency is essential to providing this integrated, coordinated care. It is also very helpful to families who already struggle with huge financial and logistical burdens in caring for disabled or chronically ill children. Having one location through which multiple services are coordinated is easier on these families, as is the fact that services are generally offered without cost. This type of coordinated, “wrap around” care for child and family is exactly what is envisioned by Part C of the Individuals with Disabilities Education Act.

NEIS is a key partner with the medical school and plays a vital role in educating the state's doctors. Child Psychiatry fellows are trained at NEIS in the genetics and metabolics clinics. The agency is also a major participating site for the Nevada Leadership Education in Neurodevelopmental Disabilities (LEND) program, which brings significant federal grant funds into the state to train professionals from a variety of health-related disciplines in neurodevelopmental disabilities and maternal and child health. Dr. Kinman, NEIS's developmental pediatrician, sponsors medical students who are interested in developmental pediatrics, and lectures at the medical school. The fragmentation of services that will occur with privatization of early childhood programs will sharply curtail or eliminate these educational opportunities for Nevada students in a variety of health care disciplines.

Replacing NEIS with multiple competing private entities, without collaboration or coordination of care, would destroy the essence of early intervention services without any clear or certain benefit. It would undermine a structure that is currently serving families and children well—because problems with timeliness of service are not due to the structure of the agency, but to the funding cuts it has endured. Furthermore, a number of us have specific concerns about Easter Seals, one of the major proposed players in this new structure, as not being up to the role envisioned for them in northern Nevada. To hand over early intervention services to private companies (whose acceptance criteria are likely to be different than those of NEIS) may lead to an increase in “due process” complaints from families. Addressing those complaints will still be the state's responsibility, however, because early intervention services are federally mandated. These are just some of the issues surrounding the proposed restructuring that have not been addressed.

Children have "critical periods" during their development, during which the right stimulation and care can lead to big advancements in ability. But if these windows of opportunity (which correlate with stages of brain development) are missed—through neglect or an impoverished environment—the child may be permanently impaired. Obviously, medically fragile, disabled, and delayed children need even more help than normal children. If the state of Nevada neglects the needs of these children, they are less likely to become healthy, productive adults, and more likely to need long-term care (e.g., through Medicaid) at taxpayer expense. A short-term budget savings now will almost surely lead to greater costs later.

Another example of how cutting NEIS could increase long-term costs is found in Reno's neonatal intensive care units (NICUs), the hospital units that care for premature and ill newborns. Feeding specialists from NEIS are currently very involved in teaching these fragile babies how to eat and self-soothe, reducing the need for surgical G-tube placement (G-tubes pass through the abdominal wall into the stomach, allowing babies to be fed non-orally). In fact, the rate of G-tube placement in NICU babies is 40% lower in Reno than Las Vegas, largely because of the work of these NEIS specialists in Reno's neonatal wards. Furthermore, if the NICU does not have a NEIS program that can follow-up these babies after discharge, it cannot be classified as a Level 3 NICU. Babies who needed Level 3 care would therefore need to be transported out of the area, another huge burden to families.

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In sum, the costs of NEIS are relatively easy for the legislature to tabulate. But the costs of NOT having NEIS—the costs to individuals, their families, and society when children do not reach their full potential—are incalculable. We urge you to maintain NEIS as a robust, integrated early intervention program to meet the needs of northern Nevada’s disabled, delayed, and medically fragile children.

Sincerely,

Debra Hendrickson, M.D.

Gary Yup, M.D.
Medical Director, NICU
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David Peterson, M.D.
Chief of Pediatrics
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On behalf of the following pediatricians and pediatric sub-specialists:

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cc: IFC Early Intervention Subcommittee Members

