



**Senate Finance Committee – Article II
Testimony of James Lukefahr, MD, FAAP**

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

Feb. 26, 2021

Good morning,

My name is James Lukefahr, MD, FAAP. I have been a board-certified child abuse pediatrician for the past 10 years, but I have been working with abused and neglected children for 24 years. I am from San Antonio, where I work at a Medical Child Abuse Resources and Education System (MedCARES) facility at a children's hospital. My program also participates in the Forensic Assessment Center Network (FACN). 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 four children die from abuse or neglect on average every week, 184 children are confirmed victims daily, and more than seven 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 that 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 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 support. As child abuse pediatricians, the colleagues and I who make up our interdisciplinary team provide a key link between the medical world and the rest of the child protective system. We do more than provide direct care to children and adolescents with suspected child abuse and neglect injuries.

We are also critical advisors in efforts to improve the recognition and treatment of abuse and neglect in emergency departments and to provide education to physicians and providers in rural areas. We communicate with law enforcement, Child Protective Services (CPS) caseworkers, the judiciary, child advocacy centers, social workers, and patient families. We are often subpoenaed to provide testimony in criminal and civil court cases and medical case review, requiring upwards of 20-40 hours of preparation. Many child abuse pediatricians participate in child fatality review teams to better ensure that child deaths are not attributed to natural causes when they in fact may have been homicides. Several of us are involved in developing systems to identify and treat children who are victims of human trafficking. **All these services are not billable in our traditional fee-for-service health care system and are among the unfunded resources child abuse clinics provide 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 the resources to prevent abuse. Funding enables child abuse pediatricians, pediatric sexual assault nurse examiners, social workers, and others to offer child abuse prevention and education programs for those who work on the front lines with children at risk (law enforcement, case workers, members of the judiciary) as well as other members of the public (parents, teachers, students, medical professionals). Some 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 nearly 15 years ago 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 required the Department of State Health Services to establish the MedCARES grant program.** MedCARES funding currently supports 11 centers that leverage the expertise of the 22 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;
- 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; and
- 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 physicians.**⁴ We are highly trained to recognize the differences among medical conditions that mimic abuse, accidental injuries, and nonaccidental injuries. In contrast, other physicians may not have the time, resources, or expertise to provide CPS with appropriate abuse evaluations in all cases. It is critical that accidental and nonaccidental injuries be correctly identified because there can be detrimental effects when abuse is missed or when it is over-diagnosed. When safe, the ultimate goal is to keep 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 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. We are required to assess these cases, and MedCARES covers the cost to meet the high-quality standards needed for these complex cases.

Another misconception is that MedCARES and the Forensic Assessment Center Network 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 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. Therefore, MedCARES fills an important gap, expanding the capacity of the health care system to treat children and their families, to educate other physicians 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 urge the legislature to sustain funding for MedCARES so that our health care system has the capacity to meet the needs of Texas children and keep them safe.

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

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 Texas Department of State Health Services, www.dshs.state.tx.us/legislative/2019-Reports/Attachment1-RevisedMEDCARESReportFY17-18.pdf.

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 Texas Department of State Health Services, www.dshs.state.tx.us/mch/pdf/PCOE-Report.pdf.