



**Department of Aging and Rehabilitative Services**  
**House Bill 1 – Article II**  
**Testimony Presented by Nhung Tran, MD**  
**February 14, 2013**

Chairman Zerwas and members, it is a privilege to be here today on behalf of the more than 47,000 members of the Texas Pediatric Society, Texas Medical Association, and the Texas Academy of Family Physicians. My name is Nhung Tran and I am a developmental pediatrician in Temple. I serve as co-chair of the Texas Pediatric Society's Committee on Mental Health, and I am also a member of the TPS Committee on Children with Disabilities, and Subcommittee on Early Childhood Intervention.

We understand the difficult decisions you face as you work to achieve a balanced budget in the coming months. It is daunting to craft a budget that reflects our concern for and commitment to Texas infants and children in physical and mental health, education, and development. I am here today to represent the needs of a particularly vulnerable group of children. My comments will focus on the critical services provided by the Texas Early Childhood Intervention (ECI) Program, housed in the Department of Assistive and Rehabilitative Services (DARS).

The first three years of a child's life are a particularly important period in the development of the brain. Experiences that take place in those early years lay a framework for childhood and beyond in an individual's cognitive function and physical health. Many children face complications during these years that can impact their healthy development. Early childhood intervention programs are designed to mitigate the factors that place children at risk of adverse outcomes.

The Texas Early Childhood Intervention program plays a critical role the everyday practice of pediatricians. As one of the many examples I could share, I currently provide medical care to an almost 3-year-old toddler whose parents had been concerned about his development since he was 1. His parents were concerned he had early signs of autism. The child's primary care physician was not yet concerned about autism, but was concerned about his language development. By 1½ years old, the child was evaluated and began essential interventions with an early intervention specialist. He received services related to speech-language, occupational therapy, and nutrition – just a few of the many services offered through ECI. His service providers also recognized characteristics of autism and communicated their concerns to his pediatrician. This partnership lead to a referral to me for a definitive diagnosis by the time the child was 2½.. Research shows diagnosis before 3 results in a positive prognosis for children with autism. As he is nearing 3, his ECI case manager helps him transition to a school program that would best suit his needs as a child with autism. With ECI, he is on a path to the best possible outcome and his progress so far

has been good. But he has a way to go. Without ECI, he, like many children with a similar diagnosis, may have turned to severe behavior like aggression and self-injury to get his needs met. Finally, I believe this family is able to cope well with their new reality because they had the support they needed early on.

It is important to note that in rural and small town Texas, family physicians and general pediatricians are the physician resource for children. They have limited access to subspecialty care. ECI gives practitioners a means for effective intervention and management that would not otherwise be available in these communities. Lack of access to ECI services would truly be a tragedy for many Texas children. Early intervention for so many conditions like autism and autism spectrum disorders is our most successful means to alter the course of these conditions. We believe ECI is absolutely essential to young Texans with developmental concerns.

**Our organizations support full funding of the Department of Aging and Rehabilitative Services' Exceptional Item #1, Maintain Childhood Intervention Service Levels.** Full funding is needed to allow Texas' ECI program to keep up with the number of children who need intervention services while ensuring access to the appropriate amount of services. Budget cuts enacted in 2012-2013 have, over time, forced DARS to cull both the number of children served and the hours available for intervention. This is unfortunate, given that evidence shows that a sound early investment to address childhood delays is much more cost effective than addressing these conditions later in life. Research indicates that most of the financial benefit in early intervention is seen in reduced public spending in other government programs. Further, children who have access to ECI services have better outcomes in such areas as academic achievement, behavior, delinquency, and crime.

Thank you for your time, and for your thoughtful consideration of our children's needs.