



# OREGON PEDIATRIC SOCIETY NEWSLETTER

Summer 2007

## Resident Reflections on the AAP Legislative Advocacy Conference

By Gene Nicholson, MD

Most pediatricians are acutely aware of the common misconception that doctors are born with a special compassionate quality. We know that somewhere in the midst of our training, we encountered patients that taught us the importance of our jobs. It is the weight of these experiences that transforms us from students who desire to 'help people' to compassionate bedside advocates.

Unfortunately, there is no official pediatric residency training which takes

our advocacy beyond the bedside and into the law books. In fact, when it comes to politics, many of us are about as secure as a pre-med student being pimped on glycogen storage diseases. Terms like 'appropriations committee' draw our blank stares, and questions such as, 'who are your senators?' light up our autonomic nervous systems.

But, as we learned during the 2007 AAP Legislative Advocacy Conference in D.C., standing up for children in the fierce jungle of politics is easier than writing a medical school application (more fun, too), and probably just as important. The three day conference is composed of seminars and workshops followed by a full-on rush to Capitol Hill, where we make our case on important issues involving children's health to our senators and representatives.

Though there is a lot to take from this experience, there are a few principle points which can help transform any pediatrician's political sweaty palms into hand shaking, letter-writing fists of steel. First of all, you do not have to be politically savvy to make a difference. The M.D. following our names takes our messages far. Fortunately, our cases stand with the kind of moral rectitude that does not need an artful façade. We are defending children, not private jets or casinos. Secondly, our faxes and e-mails make a difference. As one aide told me, "If we get five faxes on an issue, we start to pay attention." Thirdly, being an advocate is crucial, because in politics the squeaky wheel gets the grease. Consider the fact that the AARP has been able to



*OPS attendees at the AAP Legislative Conference: Kim Luft, MD and Residents Miki Ford, MD and Gene Nicholson, MD.*

successfully lobby for 70% private pay reimbursement from Medicare, while children are being rejected from pediatric

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## CALENDAR OF EVENTS

### Thursday, September 6 – 9, 2007

District VIII meeting  
Portland, OR  
*Information: 503-625-5758*

### Tuesday, September 11, 2007

OPS Board meeting  
Family Building Blocks Bldg.  
6:30 - 8:30 PM  
Salem, OR  
*Information: 503-625-5758*

### Friday, October 12, 2007

ED + Med Conference  
St. Charles Medical Center  
Bend, OR  
*Information: 541-312-1961*

### Sat., October 27 - 30, 2007

AAP National Conference and Exhibition  
San Francisco, CA  
*Information: www.aap.org/nce*

### Saturday, November 9 - 11, 2007

Chapter Advocacy Summit  
Williamsburg, VA  
*Information: 800-433-9016, Ext 7799*

### November 30 - December 1, 2007

OPS Annual Meeting  
and  
Pediatric Update  
OHSU, Portland, OR  
*Information: 503-625-5758  
or 503-635-6525*

## The President's Corner

*Sarojini (Sudge) Budden MD, FRCP (C), • OPS President*

There is increasing incidence of mental health issues seen in pediatrics practices. We need to step back and view the fundamental effect of societal influences on children's mental health today.

Clearly there are causal factors such as use of environmental toxins which expose the vulnerable developing brain to neuro-psychiatric changes. Isolation in children limits opportunities to interact and develop communication and social skills. It sets a stage for long hours on the computer or watching TV. These factors and perhaps others are responsible in the onset of sedentary lifestyle, developing obesity and associated medical co-morbidities, poor self esteem, depression and suicidal tendencies.

Pediatricians can play a major role!! We should take the opportunity to screen for and discuss these issues at important "touch points" with families and provide anticipatory guidance. Currently the OPS is involved in various projects to initiate this process.

ABCD (Assuring Better Child Health and Development) Project is a 15 month initiative supported by the Commonwealth Fund. This project supports the implementation of policies and practices that can promote the use of objective screening tools as part of well-child care from best practice to standard practice.

Project FEAT (Family Early Advocacy and Treatment) is a 5-year project funded through the Oregon Department of Health and Human Services. Project FEAT is developing a comprehensive, family-centered model for identifying and serving families with children prenatally exposed to illegal drugs.



OPS established a collaborative process with Oregon Council of Child and Adolescent Psychiatry (OCCAP) This initiative was kicked off at a recent meeting by two national speakers to discuss models of collaboration and process of developing a three year road map for establishing mental health services for children and families.

OPS and Kaiser have begun a dialogue in collaborating a simple, doable project "Instead of watching TV, video or computer games, What do YOU like to DO?" See this link: [www.kp.org/tvturnoff](http://www.kp.org/tvturnoff). It provides pediatricians informative handouts which can be shared with parents, continue to raise their awareness, and make an impressive statement.

Your participation is encouraged. Contact OPS for further information. OPS

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practices which cannot absorb a mere 58% reimbursement from Medicaid. We are lobbying for a population which has no voting voice.

The other fundamental issue discussed at the conference was the upcoming expiration of the State Children's Health Insurance Program (SCHIP) October 1st. Though this program has been wildly successful and will most likely be reauthorized, there is a strong contingent in D.C. who would like to significantly cut funding in the face of a very tight federal budget. This would be a disaster in a time when medical costs are rising and small businesses can no longer afford to provide coverage to their employees.

There are 9 million uninsured children in the United States, 6 million of whom are eligible for Medicaid or SCHIP. In order to insure these children, the AAP is asking for \$50 billion over the next 5 years.

Given that this is probably the most important legislation involving children's health since the inception of SCHIP, now is the perfect time to get involved in the political process. You can send an email in 30 seconds if you visit the AAP link: <http://ga3.org/campaign/childrenshealthcare/>. And if you're new to Oregon, you can dry off your palms; the senators' and representatives' names are automatically provided! OPS

**SAVE  
THE  
DATE!!**

**NOV. 30-DEC 1,  
2007  
OPS ANNUAL  
MEETING  
&  
PEDIATRIC  
UPDATE**

## Community Connections: Oregon Commission on Children and Families--Healthy Start News



### Oregon Healthy Start Earns Credential

The Oregon Commission on Children and Families is pleased to announce that Healthy Start programs in Oregon have received a Certificate of Credential as a Healthy Families America model from Prevent Child Abuse America. This achievement recognizes our Healthy Start programs as providers of high quality home visitation services. The credentialing process, developed in conjunction with the Council on Accreditation of Services for Families and Children Inc., attests that the home visitation program has met a set of nationally established, research-based standards, ensuring quality service delivery. The process involves an in-depth examination of the programs' operation, including personnel, fiscal, and program management, both through completion of a comprehensive site self-assessment and an on-site review conducted by trained peer reviewers. In addition, the state achieved their multi-site credential by meeting rigorous standards for multi-site program policies, technical assistance, training, quality assurance, evaluation, and administration.

### Oregon Healthy Start Staff Touch Lives in Japan

Oregon Healthy Start State Coordinator, Karen Van Tassell, with Sumiko Tanaka Hennessy, of Crossroads for Social Work in Colorado made a grand tour of Japan in the spring of 2006, providing a presentation of Healthy Start in Oregon and promoting the concept of home visiting for new parents. So impressed with this home visiting model, several delegations of clinical and administrative professionals have traveled to Oregon to gain more in-depth information. Several teams from Japan have now experienced first hand the trainings Healthy Start staff receive on home visiting and have shadowed Family Support Workers on home visits. Teams from Japan have also visited Healthy Families America (HFA) headquarters and the HFA program in Arizona. Last month, Japan held their first Home Visiting Conference. The Program Manager who coordinated the trainings for their visits while in Oregon has also been invited to go to Japan in November and see first hand the programs being developed there and to share her expertise about the Oregon Healthy Start model. Japan is pursuing a universal home visitation model to serve all babies. The Ministry of Health is heavily burdened with the costs of health care for their aging population, but they are convinced that a relatively small investment in early prevention will pay off, both socially and healthwise, for their entire country. We concur! OPS

## 2007 Legislative Session -- A Good Session for Children

The 2007 Session produced many victories for children's health, safety, and wellbeing. Not all the measures OPS supported survived or were passed with everything we hoped for, of course, but generally this was a good year for children and public health.

The Legislature made significant progress in addressing the growing crisis in our health care system. Two successful measures deal with financial barriers to access faced by uninsured Oregonians, and one of the most important to survive the debates in Salem was the **Governor's Healthy Kids Plan**. This will provide health care coverage for more than 100,000 uninsured children in Oregon, but depends on passage in the November election of a tobacco tax increase to fund it. Ideally it would have been passed directly by legislators instead of going to the ballot as a constitutional measure, but at least there's hope voters will support it.

Another important health insurance measure, **SB 329 the Healthy Oregon Act** by Senators Bates and Westlund, also passed. It creates a health fund with a board that will determine insurance premium costs

and define essential health care benefits for all Oregonians.

The other major health reform bill, **SB 27, former Governor John Kitzhaber's Oregon Better Health Act** failed to get out of Ways & Means. Still, supporters are not entirely discouraged because some of the issues raised by the measure were incorporated into SB 329. The main focus of SB 27, however, goes beyond the other bills to consider first, the fundamental problems of current federal eligibility and financing structure and second, how benefit is defined and the financial incentives and inefficient system through which health care is now delivered.

Supporters of SB 27 believe they have laid a foundation on which they can continue to build and that they have moved the debate forward by legitimizing the importance of examining all aspects of Oregon's health care system—including Medicare and the system of employer-sponsored coverage—and have produced a framework through which that effort can continue.

Several bills passed that can directly im-

prove the health of many children. These include **HB 2372** that requires employers of 25 or more employees to provide private places and unpaid rest periods to **nursing mothers** to express milk.

Two measures address the problem of obesity in children. **HB 2650 sets minimum standards for food and beverages** sold in public schools and **SB 3141** (formerly SB 367, SB 370, and SB 372) brings **PE back into schools**. It sets new minimum standards for PE instruction for children in elementary and middle schools, establishes a grant program to help schools meet the standards, and funds a statewide inventory of PE instruction around the state.

**HB 2188** passed **expanding the ALERT Immunization Registry** to a lifespan registry and provides access to future federal and foundation immunization funding.

**HB 3476**, a bill to help bring **Oregon agricultural products into school lunchrooms** failed, as did **HB 3099, the fluoridation measure**. Although HB

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RETURN SERVICE REQUESTED

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3099 was endorsed by almost all major public health groups and many others and contained an amendment allowing localities to opt out, it met with vigorous opposition from both environmental groups and those opposing what they considered big government interference.

Also in committee upon adjournment—although it had been expected to pass—was **HB 3555, the Shaken Baby Syndrome bill.**

Two bills of particular importance to families of children with developmental disorders passed. **HB 2406, the Medicaid waiver bill for a medically-involved home care program** and **HB 2918, the bill providing equity for Pervasive Developmental Disorders** were successfully championed by Representative Sara Gelser.

Child safety made headway when **SB 480** passed, which requires children who weigh more than 40 pounds to use **booster seats** until they reach age 8 or a height of 4 feet, 9 inches. (Previous law freed them from use of booster seats once they reached age 6 or 60 pounds.)

**SB 1040** will clarify some concerns about **students self-administering medications.** It requires that school district boards adopt policies and procedures relating to self-administration of medication by students with asthma or severe allergies while it exempts certain school personnel from liability when assisting a student to self-medicate under written permission from the student's parent, guardian, or health care professional.

Child safety lost, however, with the defeat of efforts to prevent young children from riding all-terrain vehicles. A very weak bill, **SB 101, that requires training for some riders** did manage to pass. It mandates training for all juvenile riders and inexperienced adult riders who apply for a permit to ride ATVs on public lands.

**HB 2800, the Psychologist Prescribing** bill failed to get out of the Ways and Means Committee. **OPS**

For complete text of all bills considered by the 2007 Legislature and for the final history of all Senate and House bills go to [http://www.leg.state.or.us/bills\\_laws/](http://www.leg.state.or.us/bills_laws/)



*Representatives Sara Gelser and Kevin Cameron, (far left and far right) sponsors of HB 2406, and families supporting the bill look on as Governor Kulongoski signs the measure for the medically-involved home care program.*

### Good News

The Pediatric Research Equity Act and the Best Pharmaceuticals for Children Act sponsored by Congresswoman Darlene Hooley, passed out of the House Energy and Commerce Health Subcommittee to the full committee in June. Both bills allow the FDA to work with drug manufacturers to ensure pediatric tests are conducted to make certain drugs are safe for children.