

NORTH DAKOTA PEDIATRICIAN

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PRESIDENT'S LETTER BERNARD J. HOGGARTH, MD, FAAP

This is the Third issue of the "ND Pediatrician" published since I assumed office in July of 2002. I will attempt to have an issue published before and after our spring and fall meetings. Please submit any information you feel our membership should be aware of. Remember it's your organization.

Dr Twogood, Kylie Behm, our new executive secretary and I have

been working on the process of filing for 502 (c)(3) status for our chapter. We are currently working on legislative issues for the next session and welcome your input.

Our next meeting will be held in the spring of 2003. It will be in Fargo on April 25th. Please check the web site @ NDAAP.org for updates as it relates to speakers and times.

Looks like another great meeting.

District VI which includes Illinois, Iowa, Kansas, Minnesota Missouri Nebraska North Dakota, South Dakota, Wisconsin, Manitoba, Saskatchewan, will be meeting February 7th to the 9th 2003. If you have any issues you would like addressed by the district please let me know. Todd and I will make North Dakota's presence known.

HAPPY HOLIDAYS

Bernie

VICE-PRESIDENT'S MESSAGE: THE BURNING ISSUE TODD TWOGOOD, MD

The Burning Issue:

When we think the holidays are a time to relax and keep our minds at ease, that's true, however it's the time not to forget about all of the children's issues for the future. Time is drawing near for the new North Dakota legislative session to begin. When the new year bell rings, it will ring out the reminder that the senators and representatives of ND will be making decisions for the children of our great state. There will be bills that may become law and impact us all. That is the reason I am shouting

out a message for all to be aware that the time is drawing near, and the NDAAP needs your help and support.

Our main legislative focus will be held to a few key issues. The first is the early hearing detection and intervention bill, to provide hearing screening and the follow up needed in our state. Dr Hoggarth has been a true leader in this process and has been working with the key players in our state to make it a go for this time. He enclosed a draft of that bill with the last newsletter and since then there have been some modi-

fications to make it better. The next issue, is a bill to provide regulations on children riding in the back of pick up boxes (with few exceptions). We tried last session and it came close. This upcoming year we hope to make it better and have it become law. Bike helmet requirement was also a close defeat last session, which we helped introduce. This time there is still the hopes that a bill can be reintroduced to become successful. If you have any interest, ideas, or objections to these please let us know. If you have any new ideas, or issues to be considered please contact me as the legislative chairman. My email

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We're on the web
at www.ndaap.org

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North Dakota Chapter of
the American Academy
of Pediatrics

EXECUTIVE DIRECTOR

Kylie Behm



Greetings from your new Executive Director, Kylie Behm. I am currently a senior at the University of North Dakota, majoring in Information Systems. In addition to working for the NDAAP, I also work in Continuing Medical Education at the UND School of Medicine and Health Sciences.

I look forward to meeting everyone at the Spring Meeting. Please feel free to contact me at any-time. My home phone number is (701) 772-7351 and my email address is kbehm@medicine.nodak.edu.

Have a Happy New Year,
Kylie

Hearing Bill

Please see latest draft as insert in this newsletter.

Physician Wellness

Dear Chapter Colleagues:

This is to announce the formation of the AAP Section on Administration and Practice Management's (SOAPM's) new Special Interest Group (SIG) on Physician Wellness (See attached).

The SIG steering committee members are myself as chair with Avrum Katcher, MD, FAAP, Phil Itkin, MD, FAAP, Richard Schieken, MD, FAAP, and Don Barich, MD, FAAP.

We would greatly appreciate it if you would share the attached announcement with your Chapter members to see if they would like to join. As the announcement states, there are no dues or required attendance. Member interest, input, and support are welcome to whatever extent they wish to provide.

We hope this opportunity increases the value of membership for physicians in your chapters and the AAP. Following the formation of the SIG at the recent SOAPM meeting at the NCE, the New Jersey Chapter President, Dr. Scott, sent the flyer out to his chapter members and, thus far, 11 members have joined the SIG on Physician Wellness.

If you have any questions, please feel free to contact either Robert Sebring, PhD, SOAPM manager, at 847/434-4784, bsebring@aap.org or myself at 781/861-8277, hbsherman1@aol.com. Thank you.

With best wishes for your well-being.
Hanna B. Sherman, MD, FAAP

UPCOMING EVENTS**February 17-19, 2003****Portland, Oregon****2003 Tri-Regional Workshop**

"Building Systems of Care for Children and Youth with Special Health Care Needs"

Myra Quanrud will attend this workshop. There will be 5 participants from each state. A team usually consists of the state Title V CSHCN Director, a family member of CSHCN, a provider representative from the AAP, a representative of the State Medicaid Managed

Care Program, and one other optional member. Since employees in the Department of Human Services are not able to travel, Tamara Gallup-Millner, Unit Director, Children's Special Health Services, will need to participate in the planning activities by phone.

Watch the next issue of "The North Dakota Pediatrician" for her report. For more information about the agenda, presentations, and plans that have resulted from other states, you can check out the following site: <http://cshcnleaders.ichp.edu/triregionals2002/>.

May 14-17, 2003**Chicago, Illinois****SUPERCME 2003**

"Strengthen Your Practice and Update Your Knowledge"

* SUPERCME is designed for the practicing general pediatrician, whether you are just starting your career or are a seasoned professional.

* Earn up to 22.25 AMA PRA Continuing Medical Education credit hours.

STATE CHILDREN'S HEALTH INSURANCE PROGRAM TURNS 5-YEARS-OLD

Millions of children benefit; Millions more still need to be insured

The State Children's Health Insurance Program (SCHIP), which in 1997 was the nation's largest expansion of children's health insurance in 30 years, turns 5-years-old this month. The American Academy of Pediatrics (AAP) is diagnosing SCHIP in good health, but with more room to grow and improve. Because of SCHIP, close to 4 million children and teenagers have health insurance today. That's a major accomplishment, and pediatricians have played a major in their communities to make this program a reality. SCHIP extends health insurance to children whose families earn too much to qualify for traditional Medicaid, but not enough to pay the high cost of private health insurance. The program gave states the authority and matching funds to develop their own children's health plan or expand on the existing Medicaid program.

Since the program's inception, the AAP has committed itself to a range of SCHIP activities so states would provide the largest possible number of eligible children with comprehensive quality health care. These activities include doing outreach and enrollment by AAP chapters and members, developing a SCHIP evaluation tool, and offering state-specific data and analyses on health insurance status to aid in creating the state by state programs. Most importantly, pediatricians provide the care children receive through SCHIP such as routine check-ups, immunizations and treatment for problems found during health screenings.

The AAP is also a participating member of the Covering Kids Back-To-School Campaign. A national initiative of the Robert Wood Johnson Foundation, the campaign works to connect uninsured children to low-cost and free health insurance



This vehicle was spotted driving down the road. Does anyone know who was driving this expensive Honda with license plate KIDS1ST?

programs, including SCHIP. While millions of children have benefited from SCHIP, there are many children who are eligible but haven't enrolled.

There are steps we should take to make sure this program reaches its full potential.

The AAP has recommended:

- Reworking the SCHIP application process to help enroll all eligible children.
- Simplifying the process for annual re-enrollment, so it is more like commercial insurance.
- Utilizing presumptive eligibility in all states as an incentive for eligible families to enroll. This "preliminary decision" allows the child to immediately enroll and get care while the application with family income information is processed and finalized.
- Encouraging states to refrain from increases in their cost-sharing requirements for SCHIP beneficiaries.
- Setting SCHIP payment rates at a level that encourages wide health care physician participation.

However, even if all eligible SCHIP children are enrolled, there will still be several million uninsured children in this country because they don't qualify for SCHIP or any other health insurance program.

It's certainly appropriate to celebrate the health care so many children are receiving through SCHIP, but we also have to acknowledge we have more work ahead of us to insure each and every child in this country.

Spring 2003 Meeting

Healthy North Dakota Kids

Date: April 25, 2003

Location: Holiday Inn of Fargo
3803 13th Ave. S.
Fargo, ND 58103
(701) 282-2700

10:00 a.m. Board meets in one of the Signature Rooms

1:00 p.m. General Meeting, Embassy Hall

6:00 p.m. Evening Meal & General Meeting

For the latest updates on the Spring Meeting, go to the NDAAP website at www.ndaap.org and click on Latest Meeting Schedule.

Fix'n the dip

Nearly 1 Million in Danger of Losing SCHIP

As many as 900,000 children could lose coverage under the State Children's Health Insurance Program if Congress does not act soon, policy makers said at a recent press briefing sponsored by the Alliance for Health Reform.

About 4.6 million children were enrolled in the State Children's Health Insurance Program (SCHIP) at some point during 2001. At least 40 states offer SCHIP coverage for children of varying family income and eligibility levels.

The program is at risk due to several factors. A September report from the advocacy group Families USA noted that federal funding for SCHIP "dipped" by 26%, or more than \$1 billion, in fiscal

year 2002 and is expected to remain at this level in the next 2 fiscal years.

The Balanced Budget Act of 1997, which established SCHIP, included this reduction to ensure the overall federal budget was balanced by 2002. Additionally, \$2.8 billion in federal funds were not used as mandated by law and reverted to the Treasury Department on Sept. 30 (the end of the federal fiscal year).

According to the Families USA report, "Congress provided too much money in the early years of the program but too little in later years.... This made little sense because SCHIP, like all new public programs, needed time to get underway."

The Office of Management and Budget reports that this dip in funds,

combined with rising health care costs, will make it difficult for states to sustain the program in the years ahead. As a result, national SCHIP enrollment may decline by 900,000 children between 2003 and 2006.

The Bush administration is seeking ways to extend the availability of the expiring funds for a few more years.

At least 28 states are expected to lose SCHIP money as a result of this rollback, said Tom Scully, administrator of the Centers for Medicare and Medicaid Services.

One piece of legislation that could offer some relief is the Children's Health Improvement and Protection Act of 2002 (S. 2860), which would fix the SCHIP "dip" over fiscal years 2003 and 2004 and increase the base funding allotment in every state.

GRASS ROOTS

GRASSROOTS

For all its problems North Dakota has much to be proud of. Using various parameters several organizations have ranked North Dakota either number one, two or three in well-being for children, over the past ten years, sharing honors with New Hampshire and Minnesota. Further, our North Dakota Chapter of the Academy of Pediatrics has itself ranked among the best of small state chapters in the country, especially during the leadership of Drs. Stephen Tinguely, Lori Sondrol, and Bernie Hoggarth. We have highly competent, well-trained pediatricians in all quadrants of the state who are responsive to the health needs of our children, within the context of legislative imperative. Nevertheless there is much to be done for North Dakota children's health and well-being.

Some thoughts:

Seatbelt usage. We rank lowest in the country!

Alcohol related motor vehicle accidents. Alcohol and lack of seatbelt use are the two major factors in teen driving deaths. Yet our legislature, especially the North Dakota Senate, has been remarkably lax about DWI and seatbelt enforcement. A D+ ranking from MADD, Mothers Against Drunk Driving, is stunning. In Norway

the first DWI conviction carries a jail sentence, a large fine and loss of driving privileges for one year.

School nurses. We must have many more school nurses! Outstanding high school nurses, locally funded, from Grand Forks and Fargo, have spoken at recent Academy of Pediatrics meetings, pointing out all they can do and how much they are relied upon. One example is the Diabetes Club at North High School in Fargo.

Dede Meidinger, RN, has melded twelve diabetic young people from Ben Franklin Junior High. School and North High into a cohesive group for mutual support and learning.

CHIP, the federal Children's Health Insurance Program. North Dakota has some of the toughest standards in the country for inclusion. Do we hold the legislators accountable who set our standards?

Teachers pay. Among the lowest salary scales in the United States. Our high school test scores, where our students once ranked well nationally, now have fallen. Obviously school status and performance is a daily concern of pediatricians.

According to the core curriculum for third year medical students ADVOCACY is one of the seventeen rationales@ or subjects of study. Dr. Stephen Tinguely has wisely added a seminar on ADVOCACY

for third year medical students.

But we can't wait for the next generation of North Dakota pediatricians to influence issues crying out for change in North Dakota. We all need to make our voices heard.

Respectfully submitted.

George Johnson, M.D., F.A.A.P.

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is tltwogood@bis.midco.net and I would be excited to hear from you and hope to have input to the process. The last date to introduce bills is coming in Mid January 2003. In case you just have other connections or can help in any way, please let me know. We are once again working with the North Dakota Medical Association (NDMA) in a coalition to get access to information and support. They have been helpful in the past.

From the focus of children, I just want us to remember this Holiday Season to be safe. Give a child a future and it may become a bright spot in yours. I want to thank all of you who have been active in our great chapter in the past, and look forward to working with a few new faces as time moves on. Hope to hear from you soon, have a joyful holiday time.

Todd Twogood MD

Vice President and Legislative Chairman