



News Update

Chapter Web Site Update 2009 By Mark M Simonian, MD Chapter Webmaster

The Chapter 1 Web site (www.aapca1.org) has undergone a complete redesign. Early this spring it was apparent that the site was not meeting the goals outlined in a recent Chapter strategic planning meeting. Part of those goals suggested better interactive tools to share committee progress and better communication with the committee and general membership. There were also technical problems with the service provider that made meeting applications and tracking difficult. Finally it was important that more than one person maintain and update the site. You see the results of those changes.

The design tools chosen met all the requirements needed. It is the goal of your humble Webmaster to keep the design simple, easy to read and follow.

With such a dramatic change in interface and architecture, every file needed review and some links were deleted and new ones built. Most of the unique pages that referred to individuals from the old site are gone. All the basic content and resources were maintained. If you see something that you missed, please contact me at msimonian@aap.net.

In the previous version there were tools that measured the activity of every page displayed. Some pages were either never or rarely visited so these links or pages were discontinued. In the newer

version we also have tools to observe the activity of pages and these are reported at least quarterly to the Board. Also, there is the capability to block individuals who misuse the site through spamming or improper content (slander, profanity, or pornography). Where there is controversy, the Board Executive will be consulted. Ongoing monitoring will be critical for a big new addition to our site – the Blog.

Blogging or Web logs have been around for years. Some pediatricians have been blogging from the onset but that group is very small. Chapters using that technology are practically absent. I did find NY District Blogging for over a year but according to their Webmaster **Anthony Battista**, it has not caught on like you might expect (i.e. social networking, news, or technology sites). Yet this tool can have positive application to our leadership, committees and focus groups.

Each active committee will be offered pages to post lead topics which our members can view and comment. This will allow a simple interface to keep up to date and participate. Keeping it pithy will be a key for submitters to keep the topic focused. Currently **Beverly Busher** and I will manage the topics submissions but we have the capability for select individuals to post directly to the Web site. Anyone can place comments to currently published topics. As of this writing I have eleven unique categories for our Blogs, but more are

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Chapter Web Site:

www.aapca1.org

planned. Please take a look and feel free to comment on any Blog.

Along with Blogging we will use the Google calendar tool to place meeting information including topics and mapping. This will be accessible through any Web browser from our site.

Our philosophy for the Web site is to focus on information unique to our chapter. If you have suggestions for content and features, please let me know. We want this to be a useful service for you.

President's Column
By Steve Harris, MD

I have very big shoes to fill, succeeding **Jim Crawford** as the President of Chapter 1. He, of course, now has four very little shoes to fill, having become the father of beautiful twins. Jim did a superb job leading our Chapter and representing us at the state and national level of the AAP. While he continues to show the AAP his passion for the prevention, diagnosis, and management of child abuse, through resolutions and committee work, Jim also demonstrated that he well understands the concerns of general pediatricians and the patients and families they treat. I give many thanks to Jim for his tireless leadership, his sensitivity, and his wisdom.

Jim handed me the gavel at the annual Chapter 1 Monterey Memorial Day conference. Despite the difficult economy, we had a superb turnout for another outstanding conference. **Beverly Busher**, our Chapter Executive Director, did marvelous work organizing the event, and our Chapter Education Committee presented another fabulous program. Special thanks to **Nelson Branco** and **Yasuko Fukuda** for their leadership of this committee.

We were all saddened by the sudden death of **Michael Shannon** a few months prior to our conference where he was

President

going to be one of the speakers. Michael was a highly respected pediatrician and toxicology expert at Boston Children's, as well as an accomplished dancer. Many members of our Chapter knew him personally. (He was a healthy, vigorous middle-aged man who apparently died of a massive pulmonary embolus while on a long flight from South America to Boston. We can at least learn something from this tragedy. See this September, 2001, article from the New England Journal: <http://content.nejm.org/cgi/content/full/345/11/779>.)

I want to welcome **Charles (Chuck) Wibbelsman** and congratulate him on his election as Chapter 1 Vice President. Many of you know him as a consummate adolescent medicine physician at Kaiser San Francisco and as an outspoken advocate for adolescent health in general. Chuck has also been very active in AAP affairs and promises to be an energetic member of our Chapter Board's Executive Committee. I'm looking forward to working with him these next two years.

Our mighty Advocacy Committee has been incredibly busy lately, pulling out all the stops to ensure that Healthy Families (and the Poison Control system) survive the awful budget process.

Targeting poor children, who obviously can't vote and whose parents vote in fewer numbers, struck me as an incredibly cynical ploy. I tend to believe that the Schwarzenegger administration did not seriously want to cut this program, but suggested it as part of a menu of many bad options to a legislature previously unwilling to make decisions. Previously, our Committee worked hard to defeat the ballot initiatives, which put First Five and Mental Health funding at risk. I like to think the voters, in rejecting the initiatives, were sending a message to the Governor and legislators: do your jobs. It is easier said than done.

Budget and economic woes make politics ever more a zero sum game, but I do believe it is our job as pediatricians and child advocates to be in the game vigorously. I don't want to choose between funding (cutting) schools and health care, so I agree with those who refuse to accept the premise and look for additional funding sources. Add a reasonable tax to every alcoholic beverage ordered in a restaurant or bar (fight the wine and hospitality industry). Release non-violent prisoners early or don't incarcerate them in the first place (fight the prison guard lobbies). Tax the heck out of medicinal marijuana (they are too stoned to fight). And work hard at the federal level to ensure universal access for all.

Vice President's Column

By Chuck Wibbelsman, MD

This is my first column for the News Update as the Vice President. I would like to take this opportunity to thank the Chapter members for your vote of support, and I hope to serve you well over the next four years.

Since 2003, I have had the distinct privilege of being a member of the American Academy of Pediatrics' Committee on Adolescence (COA), having been nominated by this chapter.

This appointment has been one of the highlights of my professional career. Not only have I had the opportunity as a member of the COA to participate in the authorship of Clinical Reports and Policy Statements on behalf of the Academy in the past 6 years, but I have also had the unique position of representing the Academy on a national level when media queries concerning adolescent medicine arose on a regular basis. This year, I completed an educational activity for the AAP's PediaLink, Hot Topics: "Adolescent Confidentiality: What Can You Tell a Parent?"

Also, I have represented our Chapter at the Academy's annual Legislative Conference in Washington, DC as well as attending the Chapter Advocacy Summit in 2007. Participating in these conferences has given me an insight into the inner workings of the Academy of Pediatrics and has really taught me how we, on a local and state level, can effect change on a national level to improve the health of children and adolescents as well as maintaining a good quality of life for the practicing Pediatrician. Last year, I also attended the Academy's Annual Leadership Forum (ALF) at the AAP's headquarters in Chicago, sponsoring a legislative resolution on vaccines for adolescents which were approved after much discussion on the floor of ALF. I was pleased to be able to represent Chapter 1 in this pursuit.

With all of this in perspective, I now realize that many challenges lie ahead of us as pediatricians practicing in Northern and Central California. Indeed, several issues now on the floor of the Legislature in Sacramento will determine which children will have health insurance,

Vice President

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what the reimbursements for providing medical care for these children will be, and truly what will be the quality of life for the children of California as well as the quality of life and quality of practice for pediatricians practicing medicine in this state.

I was deeply inspired and heartened on April 14, when nearly 100 Pediatricians and Pediatric Residents came to Sacramento on Legislative Day to meet with Senators and Assembly members to discuss pending assembly bills and pieces of legislation that, if passed, will affect the health and well being of our children. This was a remarkable presence by Pediatricians, often outnumbering representatives of local medical societies. We have much to be thankful for in having such high caliber advocacy leadership and legislative expertise in our California chapters and District IX to advocate for these important issues. As Vice President of this Chapter, I look very much forward to working with these colleagues and relying upon them for guidance as future legislation presents itself.

Finally, it is a great honor to have a leadership role in our Chapter, and I trust that we will be able to meet our challenges well. One of my priorities will be to increase the membership in our Chapter as well as increase our diversity both in geographic membership and discipline of practice. I welcome your input and comments.

Irving Schulman, MD in Memoriam

(From the Stanford Medicine newsletter, Erin Digitale, Stanford University School of Medicine Office of Communication and Public Affairs)

Irving Schulman, MD, chair emeritus of pediatrics at the Stanford University School of Medicine and a leader in the founding of Lucile Packard

Children's Hospital, died June 11 of complications of pneumonia at his home on the Stanford campus. He was 87.

Schulman was recruited to Stanford from the University Of Illinois College Of Medicine in 1972. When he arrived, he found a small Department of Pediatrics that was only weakly associated with the Children's Hospital at Stanford. Over the next 19 years, Schulman built the department into a nationally respected hub for academic and clinical pediatrics, training many health-care leaders. In addition, he worked tirelessly with Lucile Packard and the local community to oversee the construction of a modern new hospital, and served as Packard Children's first chief of staff when the hospital opened in 1991.

"He was the chair of pediatrics at a very critical time," said **David Stevenson**, MD, vice dean of the School of Medicine and one of many Stanford leaders whom Schulman hired as a young physician. "He set the stage, through the choices he made, for the tremendous growth and change that occurred with the building of Packard Children's. He helped create a unique children's hospital that has distinguished itself ever since."

Schulman is survived by his wife of 59 years, **Naomi Schulman**, of Stanford; daughter **Margaret Miller** of Mountain View, Calif.; son **John Schulman** of Sherman Oaks, Calif.; sister **Estelle Siegal** of Woodbury, N.Y.; and grandchildren **Jennifer** and **Joshua Miller** of Mountain View. For those wishing to make a charitable donation in his memory, his wife suggests giving to the Lucile Packard Foundation for Children's Health at www.supportLPCH.org or (650) 497-8141.

A celebration of life will be held in Schulman's honor at noon Aug. 7 at the Frances C. Arrillaga Alumni Center, 326 Galvez St., Stanford, CA.

California AAP at the Nation's Capitol for the Legislative Advocacy Conference 2009

By Naomi Bardach, MD

After getting off a red-eye from California, I didn't need coffee to get me energized about health care reform once the AAP National Legislative Advocacy Conference kicked off with speeches from **Olson Huff, David Tayloe, and Jackie Noyes**. They made it clear that participating in the conference begins our role in creating federal health care reform and giving children a clear place in the legislation, rather than being included into an adult model as an afterthought. The timeline is tight – the hope is that federal legislation will pass through both houses of Congress by October, and the drafting of the bill started on Tuesday, April 21, the last day of the conference, when state delegations met with their US senators and representatives and staff.

The messages of the conference were that reform may really happen this year – the key players: business, insurance companies, providers, drug companies, employers and employees, are all at the table this time, everyone invested in helping to repair a broken system. In 1993, the status quo was an option, but it no longer is in 2009, since the status quo is poised to crush our already crippled economy and devastate the quality of life for many Americans.

The approach to reform is no less complicated now than it was when the Clintons worked on it more than a decade ago, but is being framed in three “buckets” or areas of focus for the legislation – access, quality, and financing. For children, this means universal access with adequate benefits, not just emergency care and spotty well-child care in minute-clinics, but comprehensive care delivered in a medical home. For adults, it means the

same. Our job as pediatricians is to remind lawmakers that children are cheap to cover and worth the long-term investment, and that the medical home model started with us and should be adapted for adults, but not taken away from children.

The CA delegation (Naomi Bardach and Stephen Harris (Northern California), Patricia Cantrell, Paula Whiteman, and Susan Wu (Southern California)) met with **Barbara Boxer** and **Diane Feinstein's** health policy staff to convey these messages, and individually with their representatives. A little bit of face time goes a long way and we will continue to be sweetly persistent in the next 6 months, building on the relationships we have already formed.

Read more about the details of the legislation and the process in an April NEJM article (<http://content.nejm.org/content/vol360/issue17/index.dtl>), which describes possible implementations of the reform, and the key legislators pushing this forward; keep your eyes open and ears perked as things are moving fast. People who are interested in being involved should be in touch with the AAP Washington office, and with the local staff in their senators' and representatives' offices.

Committee on Developmental – Behavioral Pediatrics

By Renee Wachtel, MD

The Committee on Developmental – Behavioral Pediatrics met on June 3 to update its members on issues facing the pediatric community, and children with developmental and behavioral challenges and their families. The potential impact of state budget cuts upon important programs such as the Regional Center, Early Start, and state and local First 5 programs was discussed, and the potential for advocacy as proposals are developed for implementing budget cuts was explored.

Instructions for Submitting Articles to the Newsletter

- Average length 200-500 words
- Submission method is attached Word file
- format – **preferred** (*.doc), rich text format (*.rtf), or text (*.txt)
- Please do not submit articles as part of an e-mail message – they will be returned to you for formatting as a Word file or text

Deadline dates:
March 15,
June 15,
September 15,
and December 15

National Committee & Section Board Members

Committees:

Tonya Chaffee: Resident Scholarships

Greg Enns, Genetics

Lawrence Hammer: Practice and Ambulatory Medicine

Melvin Heyman: Nutrition

Janice Kim: Environmental Health

Tom Long: Child Health Care Financing

Mary Ann Shafer: Pediatric Education

Mark M Simonian: Past Chair, Committee on Clinical Information Technology

J. Lane Tanner: Psychosocial Aspects of Child & Family Health

Charles Wibbelsman: Adolescence

Section Executive Committees:

Ronald Bachman: Genetics

Laurence Baskin: Urology

John Bolton: Seniors

June Brady: International Child Health

Emily Chen: Genetics

Lucy Crain: Seniors

Bill Henrikus: Orthopaedics

Michael Henrikson: Rheumatology

Melvin Heyman: Gastroenterology and Nutrition

William Hoffman: Plastic Surgery

Laura Hufford: Residents

Jane Morton: Breastfeeding

Richard Oken: Administration and Practice Management

James Ruben: Ophthalmology

Recent changes in mandated health services for children on the autism spectrum by the CA Department of Managed Care and the national AAP Mental Health Task Force were also on the agenda. The Committee has established several goals for the coming year:

1. Participate in the CA Screening Collaborative
2. Conduct a survey about the participation of AAP members in First 5 activities
3. Participate in the Alameda County First 5 SAMSA grant, if funded
4. Promote the findings and resources of the AAP Mental Health Task Force

AAP members who would be interested in participating in the Committee should contact Dr. Renee Wachtel at drwachtel@aol.com

Chapter Breastfeeding Coordinator

By **Diana Mahar, MD, MSc.**

I would like to take this opportunity to introduce myself as your new Chapter Breastfeeding Coordinator. The Chapter Breastfeeding Coordinator (CBC) serves as an ambassador of the AAP Section on Breastfeeding (SOBr) helping to achieve the mission and vision of the SOBr to support and promote breastfeeding as the infant feeding norm. The CBC also works to help ensure that our chapter members are up-to-date on the latest advances in our knowledge about the medical benefits of breastfeeding and research findings that promote breastfeeding success.

I am currently practicing as a general pediatrician with Kaiser Permanente in Pinole, CA in the East Bay. Previously I worked for Contra Costa Health Services at the county hospital and clinics. I am also an International Board Certified Lactation

Consultant (IBCLC). I serve on the Healthcare Sector committee of the Healthy Eating Active Living (HEAL) project which is working to increase breastfeeding rates among low income women in West Contra Costa county, and will also be participating in a meeting of the Western Region State Breastfeeding Coordinators next month. My goal in this new role is to keep you informed about national and regional efforts to promote breastfeeding.

I would also like to alert you to significant changes in the WIC food packages available for breastfeeding mothers. You may have heard that starting October 1, 2009, WIC will be implementing changes to the food packages it offers for all families. The overarching goal is to improve the nutritional value of the WIC packages in the setting of increased rates of obesity, diabetes, and the increasingly diverse ethnic makeup of California's population.

WIC will for the first time be offering vouchers for **new foods:** fruits and vegetables, whole grains, and baby foods. It also offers new **alternative foods:** canned beans instead of dried, canned salmon instead of tuna, and brown rice or corn tortillas instead of whole wheat bread. WIC has also changed to offer **reduced quantities** of milk, eggs and cheese to encourage families to eat more fruits, vegetables and whole grains. Families will also be able to purchase soy milk and tofu as alternatives to milk. Thankfully, WIC will also be providing **reduced quantities of juice** (I am personally hopeful that this is a step forward in phasing out juice entirely).

For breastfeeding mothers in particular, the WIC packages have changed to provide healthier options

with more choices and less saturated fat, and also packages that will encourage breastfeeding and be adaptable for mothers who are partially breastfeeding their infants. The package has changed to include milk which is 2% fat or less, decreased quantities of cheese, less juice, cash vouchers for fruits and vegetables, adds new options for whole grain foods, adds canned salmon or sardines as an alternative to canned tuna, and allows for soy-based beverages and tofu as an alternative to milk. For more information, check out <http://www.calwic.org>.

If you have any thoughts about breastfeeding promotion or educational needs for our members, please feel free to contact me at any time: dianamahar@ymail.com. If you have an interest in this area, please consider becoming a member of the AAP Section on Breastfeeding (SOBr).

Committee on International Child Health

By **June P. Brady MD, MPH**

Dr **Sharlene Pereira** and Dr **Ali Singh** have placed the following three lists on Chapter 1's Website:

1. Information on Volunteering: Contacts for International Child Health includes information for anyone wanting to learn more about working/volunteering in a developing country. Dr Pereira and Dr Singh have collected data from 19 Northern California pediatricians with experience in 28 countries at 60 different sites.

2. Books & Medical Supply Donation List includes groups that accept medical books and unused hospital supplies. In general books should be less than 5-10 years old and supplies sterile. Of note the USA throws away \$2 billion worth of medical supplies every year. Both supplies and books are urgently

needed by resource poor countries and are deeply appreciated.

3. Local-Based NGO's includes Bay Area NGO's with their areas of interest and contact information.

To view lists log on to Chapter 1's Website: www.aapca1.org

On right hand side there is a list of **CHAPTER (BLOGS)**, scroll down and click on **International Health (2)**. Lists are under **New Resources from International Health**.

State Government Affairs Update By Shannon Udovic-Constant, MD, FAAP SGA Representative

Thanks to Kris Calvin, AAP-CA CEO for a lot of the content in this report.

California Budget

At the time of writing this update it is mid-June and the legislature is working to balance a budget with a projected \$24 billion dollar state deficit; this is almost a quarter of the entire state budget. There are many proposed cuts to children's health. AAP-CA has focused our efforts primarily on saving the Healthy Families Program. The Governor proposed elimination of the Healthy Families Program in his list of potential post-election cuts. Yet this is the worst possible time to propose a cut to the Healthy Families Program. According to an April 2009 UC Berkeley Labor Center study, as many as 300,000 kids in California have lost employer-based coverage this past year, underscoring more than ever the importance of these public programs. Furthermore, Healthy Families enrollment is at an all-time high, over a million children in total, demonstrating families' need for affordable health care coverage options for their children. Moreover, this action would result in California losing significant dollars available under the 2 to 1 federal match. Dismantling a successful, cost-effective program that saves lives and reduces overall state costs

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through an emphasis on prevention and a drawdown of federal dollars would be nothing short of reprehensible.

Our four other priority areas for the budget include:

- Saying No to the proposal to seek a federal waiver to cut \$750 million from the Medi-Cal program.
- Saying No to the proposal to cut \$2.7 million in outreach to support children's enrollment in publicly funded health care programs.
- Saying No to cuts to the Regional Center including changes in eligibility.
- Saying No to the elimination of funding for Poison Control Centers.

AAP-CA is actively and aggressively advocating alone and in coalition work on your behalf to eliminate these changes.

Legislation

AB 1201 (M. Perez): AAP-CA jointly sponsored this bill with the California Medical Association and the California Academy of Family Physicians and would have required health plans to appropriately reimburse physicians for acquisition costs and administration costs of vaccines. However, despite hundreds of hours of staff and pediatrician volunteer time on this bill, it was held and ultimately died in the fiscal committee of the Assembly. While no specific state costs were attached to the bill (Medi-Cal was exempted due to the VFC program), the general atmosphere of concerns about the looming state deficit meant the bill was killed without even an opportunity to discuss and negotiate out any potential state costs. Vaccine reimbursement remains a critical issue for the viability of pediatric practice in California, and we look forward to reintroducing the bill in a better fiscal climate.

AB 82 (Evans): *Dependent children: psychotropic medications.*

This bill would establish a pilot project in three counties, operative until January 1, 2013, implementing more restrictive requirements that must be met before and after a juvenile court judicial officer authorizes the administration of psychotropic medications to children in foster care.

AAP-CA position: COORDINATING WITH THE ASSOCIATION OF CHILD PSYCHIATRISTS.

AB526 (Fuentes): *Public protection and physician health program act.*

This bill would establish the Public Protection and Physician Health Committee within the State and Consumer Services Agency to administer a voluntary program to help physicians with substance abuse or mental health issues pursue recovery in order to continue practicing medicine. This bill is co-sponsored by the California Medical Association (CMA), the California Academy of Family Physicians and the California Psychiatric Association.

The bill has passed the Assembly and is moving to the Senate.

AAP-CA position: SUPPORT.

AB 627 (Brownley): *Childcare nutritional and screen time requirements.*

This bill, as introduced, was extremely prescriptive in the types of foods that could be served in childcare settings in California. Because enforcement seemed difficult and costly, the AAP-CA took a WATCH position. However, the bill was amended to narrow the requirements and reduce enforcement.

The bill has passed the Assembly, as amended, and is moving to the Senate for consideration.

AAP-CA position: SUPPORT.

AB 967 (Ma): *Playground pesticide use.*

This bill would establish the Healthy Parks Act of 2009. The bill would prohibit the use on a playground or dog park of certain pesticides. The bill would require the owner or operator of a playground or dog park to maintain records of all pesticide use at the playground or dog park for a period of 4 years and to make the records available to the public upon request. The bill would require the owner or operator of a playground and dog park to post warning signs in an area of pesticide application at least 24 hours prior to application and to maintain the posting until 72 hours after the application.

This is a two-year bill and still has to move through the policy committee in the Assembly.

AAP-CA Position: SUPPORT
AB 977 (Skinner) as amended - Pharmacies to give immunizations without MD protocol.

This bill, as originally introduced, would have permitted CA pharmacists to provide vaccines without a physician protocol. The bill was narrowed to permit only flu and pneumococcal vaccines to be administered without a protocol by a pharmacist. The CMA opposed the bill, and the AAP-CA was poised to do so, as well. However, the bill was amended significantly, such that it now only would request the California Pharmacists Association to provide information to the respective chairpersons of the Committees on Business and Professions and Health of the Assembly and of the Committees on Business, Professions and Economic Development and Health of the Senate on the status of immunization protocols between independent pharmacists and physicians. The interest is in determining why independent pharmacist may be having difficulties securing physicians willing to work with the pharmacists to permit them to administer vaccines with a protocol.

It has moved through the committees and the Assembly, but has not yet gone for a floor vote.

The AAP-CA is in a WATCH position on the bill, as amended.

AB 1430 (Swanson): Medications in schools.

This bill “would require that any medication that is administered to a pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician or surgeon be administered by a licensed healthcare professional operating within the scope compliance with the Nursing Practice Act.”

The genesis of this bill was a 2008 court decision in which the court determined that schools must comply with the existing statutory requirement that only licensed and certain unlicensed individuals may administer insulin, regardless of

"nursing shortages and fiscal constraints”.

The nurses association is the sponsor of the bill.

The bill has stalled and is a two-year bill.

The AAP-CA joins the American Diabetes Association and the California Academy of Family Physicians in an OPPOSE position on the bill.

AB1542 (Committee on health): Establishes patient centered medical home act of 2009.

The California Academy of Family Physicians (CAFP) has introduced AB 1542, a bill to codify in statute the definition of a medical home. This important bill would facilitate the future development of state policies, programs, and funding that support the medical home. AAP-CA supports this concept, and is working with CAFP and the CMA to ensure that the language in the bill is consistent with AAP policy that physicians are best qualified to lead the patient-centered medical home.

SB 249 (Cox): Meningococcal disease education outreach.

Current law requires the State Department of Public Health to develop information about meningococcal disease. This bill makes explicit that such information must specifically address the needs of children ages 11 to 18.

The bill has passed the Senate and is moving to the Assembly for consideration. It is sponsored by Sanofi-Pasteur, vaccine manufacturer.

AAP-CA position: WATCH

SB 810 (Leno): Single Payer

Establishes a Single Payer Health Care System in California. A similar bill (SB 840 Keuhl) was vetoed by the Governor. This bill has been held in Appropriations Committee due to the estimated many billion dollar cost.

Due to a lack of consensus among our members regarding a single payer system, the AAP-CA is in a WATCH position on this bill.

Please note that this information can change rapidly as bills may be amended.

So anyone wanting to act on behalf of a bill for the AAP should contact me to be sure that the bill and our AAP-CA position has not changed since the posting. As always you are free to act as an individual at any time.

For more information including bill text and analyses go to www.leginfo.ca.gov.

Please contact me at sudovic@hotmail.com about any state legislative issues of interest.

Brief Overviews on Member-at-Large

George Bunch, Monterey

New Board Representative for Monterey Bay George and his wife Elizabeth moved in 2007 to Santa Cruz where his son teaches at UC Santa Cruz. George is doing locums Pediatric coverage in Monterey Bay Area & back in New Mexico where he had a private practice in Northern NM for 34 years.

In New Mexico George served as President of the New Mexico Pediatric Society & later President of the NM Medical Society. He was on the NM Human Services Advisory Committee & chair of the NMMS Liaison Committee with NM Human Services.

As advocate for children George started a Reach Out & Read program in his office, developed an Annual Bicycle Safety Rodeo where each child is given a helmet & safety lessons, and, along with the Safe Kids Chapter he helped start, passed a city ordinance requiring helmets for all children to age 18 for all wheeled sports activities, later used as model for similar NM state legislation. He served as Boy Scoutmaster for 14 years & was Elder, Deacon, & led annual Medical Mission trips to Presbyterian Border Ministry in Juarez as chair of Mission & Peacemaking committee. For the above he received the AAP Community Hero award as well as the NMMS Community Service Award.

George & Elizabeth, who accompanies several choirs at Cabrillo College, enjoy helping with care of their 3 year old grandson & 6 year old granddaughter as well as the wonderful music, biking, hiking, & other activities of the Santa Cruz area.

David Hoffman, Alameda

David received his bachelor's of science degree from the University of California at San Diego in 1991. Subsequently he spent a year in Costa Rica as a field biologist. Upon returning to the United States, he taught sailing to children and university students at San Diego State University. As a sailing

instructor, David realized that he enjoyed the reward of communicating difficult concepts, even when in a stressful situations, such a being on the verge of capsizing. Seeking to put this skill to good use, David returned to the University of California at San Diego for medical school. During medical school, he spent 3 months in Peru, working at a government hospital in the Amazon basin. His love of different cultures, and desire to work with underserved children led him to choose a residency at Children's Hospital and Research Center of Oakland. David currently is employed by Stanford University as a pediatric hospitalist at Washington Township Hospital in Fremont, and has an outpatient clinic at Alameda County Medical Center, Highland Campus. He is the incumbent chairperson-elect of the department of pediatrics at Washington Hospital, where he is working hard to improve the health of children in Alameda County by improving support for breastfeeding. In addition to breastfeeding advocacy, David's professional interests include multiculturalism, complementary medicine, and improving access to quality healthcare for the underserved. Outside of his career, David's passions include his wife Mandy, his two children Mia and Toby, as well surfing, sailing, and running.

John I. Takayama, San Francisco

John is a fellowship-trained general pediatrician at UCSF who practices primary care pediatrics and teaches residents in continuity clinic. His varied interests include understanding physician patient communication, improving systems of care especially for children with special needs, and considering cultural diversity. He recently returned to the Bay Area after 5 years in Tokyo developing a general pediatrics program at the National Children's Medical Center. John lives with his wife and teen-aged daughter on the Peninsula and, in his free time, helps lead an organized youth soccer program. As an Alternate Member-at-Large, John's goals are to work with Chapter 1 members to improve quality of patient care and to support pediatrician

career development. His current hope is that the health care system will be reformed soon so that everyone will have access to quality health care.

Jim Carpenter MD, MPH, Contra Costa

My Northern California tenure began in 1972-76 with undergrad at Stanford. After a 4 year hiatus at the University of Chicago for medical school, I returned to the Bay Area to do my pediatric training at CHMC aka CHO aka CHRCO in Oakland.

I remained at CHO as an ambulatory/ED doc for two years while completing my MPH in maternal and child health at UC-Berkeley.

In 1981, I took a one year position at Contra Costa Health services that has become a 28 year career. I am a general pediatrician working with a county health system based upon a Family Practice model. I teach FP residents and staff and am a hospitalist as well as a primary care physician. I also subspecialize in Child Abuse pediatrics and perform acute and nonacute sexual abuse evaluations, chair the CCC Child Death Review Team, am the medical consultant to the SART (sexual assault response team) and am a member of the section of Child abuse/neglect of the AAP.

I am married to **Hope Friedman, RN, MSN** who is transport coordinator and nurse educator for CHRCO. We have two children: Seiji, 29, a research analyst for David Binder Research and Lily, biology major and premed.

Raelene Walker, Central Coast

Raelene Walker is Alternate Member at Large for the Central Coast area which includes Santa Cruz, Monterey and San Benito Counties. She previously held that position and completed a 2 year term as Member at Large in 2007 and is eager to return to the Board. She is also a member of the Section on Early Education and Child Care. Raelene is in private practice in an independent pediatric practice in Santa Cruz County and looks forward to working on pediatric advocacy issues as well as pediatric practice issues.

Richard Gould, Sacramento Valley

As a new board member at large, I want to introduce myself. I have been in practice

for about 21 years, and have really enjoyed the entire work of pediatrics. I have been married for 29 years to my insightful wife, and have 4 wonderful children who have somehow never disappointed.

While challenges of practice have been the norm, rather than the exception, I enjoy constantly learning about regulation, information technology, and, oh yes... pediatric advances.

Over the years, my appreciation of my colleagues has grown as I recognize the integral part diversity plays in caring for our patients. One of the biggest dangers I see of the future are not so much the increasing demands for our time and energy with shrinking reimbursement (well maybe this is still a major concern,) but rather that we become forced to all practice medicine exactly the same way.

We are being judged by increasingly uniform criteria amplified by the pressure to provide cost effective medicine. As we lose the idiosyncratic nature of private practice, we also become increasingly monoculture. The ability to care for more difficult or outlier patients becomes more difficult and less rewarding, leading to the marginalization of segments of our population. Just like the rain-forest, I think that a diverse physician population maintains a greater potential to remain relevant to our patient population.

The future will continue to look different from the past as it always has. The rate of change however continues to accelerate, and if we are to remain relevant politically and medically to our patients, we need to continue to step up to the plate and play ball. I urge all our members to simply ask themselves how they can be just a bit more relevant to their patients and community.

California Chapter 1 AAP
<http://www.aapca1.org>

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Coming Events:

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