



News Update

California Chapter 1 AAP

<http://www.aapca1.org>

Vol. 2012, Issue 1

Special points of interest:

- Practice Management
- President and VP Commentaries
- Asthma Programs
- Lots of State Budget News
- Tobacco Programs
- Vintage Docs Initiative

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ICD-10 or ICD-11?

Is there Controversy regarding transition to ICD-10 ?

By Mark Simonian MD, Practice Management Committee

In a recent online discussion on the Section on Administration and Practice Management listserv the *AAP Committee on Coding and Nomenclature* commented on the proposed transition from ICD-9 to ICD-10. The committee says that ICD-9-CM is old and outdated and is running out of room. The committee says that CMS published the final rule moving the US to ICD-10-CM in January 2009 giving the healthcare industry over 4-1/2 years to prepare for the changeover (and almost 2 years from the 5010 implementation). The standard electronic billing forms (HCFA 1500 and UB-04) were modified to accept the 7 digit alphanumeric codes of ICD-10-CM for several years. The US had the opportunity to implement ICD-10-CM at the same time it made the mortality code set in 1998, but has delayed it until now.

Many EMRs and practice management systems have already started to make the transition with their diagnosis terminology engines to ICD-10-CM. The cost for

implementing a new health information technology is not clear though. One question is *how adding the new coding system will affect practices* and how much of the cost to make changes in electronic medical records will be passed on. EMRs have to be ASC X12, version 5010, and the NCPDP, version D.0, compliant regardless of the ICD edition used. It is estimated that physician practices that still use paper superbills would need no more than 4 hours to convert to the new code set, and this is without taking advantage of resources such as the AAP. How the committee arrived at the four hour number is not known.

Some opponents of the transition have cited widely varying figures for physician practice implementation. It is estimated by a national coder's organization that it would take no more than 16 hours for comprehensive training for the office staff member responsible for billing. Physician training is estimated to be between 4-8 hours depending on the specialty and depth of training. Professional coders will receive ICD-10-CM training as part of their required continuing education. The American Hospital Association and the American Health Information Management Association have both done

field testing with ICD-10-CM and do not foresee major issues with training and implementation.

While the World Health Organization is working on the 11th revision of ICD with the goal of initial approval by the World Health Assembly in 2015, it cannot expect to be ready for implementation until at least 2020. Some have heard information that is different suggesting that the newer system could arrive much earlier. With so much already invested in time, effort and money for the 2013 start of ICD-10-CM, some believe it would be unwise and costly to wait for a system that is still very much on the drawing board and no clear direction of a possible format. Is it in the best interest of the healthcare industry in this country to move forward with the ICD-10-CM system as planned if a better system is relatively close? Individuals like **Joseph Schneider**, MD CMIO at a Houston, Texas hospital has concerns about moving to a system that has already been around for about 20 years. He believes it may not be the best choice at this time. He also suggests that waiting to adopt the newer system would be the wisest course. In this writer's opinion it is not known if pressure will appear at the last minute to stop the process. I

News Update

President's Column

am waiting to see.

President's Column

*By Charles Wibblesman,
MD*

As we begin 2012 as pediatricians practicing in the state of California, we face mounting challenges as the significant budget deficit will be affecting children and our practices throughout the coming year. Proposals as of this writing from the Governor's office include the elimination of the Healthy Families (HF) program and the transfer of all of these children to Medi-Cal over the next 9 months. Indeed if this proposal is approved, there will be a significant impact on the patients we care for as well as our own practices.

Currently, there is also a proposal to cut Healthy Families reimbursement by 25%.

On the table of cuts to balance the state deficit is a \$200 million General Fund slice from the Department of Developmental Services system wide. Such deletion and trimming of services and reimbursements would have a devastating effect on our practices and our children. Quality, access, and follow up care would be compromised. As your President, I urge all of our chapter members to support the active legislative and advocacy leaders of our chapter and district to ensure that such draconian changes do not occur. Please encourage your colleagues who may not be members of Chapter 1, District IX, to renew their membership, or if a recent graduate of residency or fellowship to join the AAP and our chapter.

Your dues as chapter members are important in keeping our leaders and advocates on our behalf in Sacramento at the table for these vital and far reaching discussions related to more budget cuts that are inevitably coming this year.

And when discussing legislation related to children and the practice of pediatrics, it is important that all pediatricians be kept up to date on the new laws of 2012. In this issue of the newsletter you will see from our State Government Affairs colleagues, this new legislation and how this will affect your practice. The passage of Assembly Bill 499 in 2011, signed into law by Governor Brown in October and now law as on January 1st, is especially close to my heart as I was the co-author with **Shannon Udovic-Constant** of the this resolution concerning minor consent which is now law.

The California Health and Safety Code law states that anyone between the ages of 12 years and 17 years can consent to the diagnosis and treatment of a sexually transmitted infection. However, the law did not allow minors to consent to the prevention of an STI such as receiving an immunization, receiving condoms without parental consent, or treatment of exposure to HIV without parental consent. In 2011, the law in only 3 states allowed for minor consent for the prevention of an STI: Oklahoma, Montana, North Carolina and the District of Columbia. After the licensure of the HPV vaccine, there were numerous clinical settings in which a minor would be receiving confidential care

such as contraception or the diagnosis and treatment of an STI, and there would be an opportunity to receive the HPV vaccine in such a confidential setting; however, parental consent would be required. To address this barrier a resolution was presented from the San Francisco Medical Society in October of 2007 to the California Medical Association's House of Delegates with the specific resolve to allow minors to consent not only to the diagnosis and treatment of an STI but also the prevention of an STI. This resolution was approved by the CMA in 2007. The same resolution was presented at the Annual Leadership Forum of the American Academy of Pediatrics in 2008 and also approved after much intense debate, and finally endorsed by the AAP. The resolution was also taken by the CMA delegates to the American Medical Association as a resolution and also passed and approved by the AMA in 2008.

The American College of Obstetricians and Gynecologist (ACOG) presented this resolution to two Assembly members of the California Assembly, **Toni Atkins** of San Diego and **Fiona Ma** of San Francisco. The AAP California, as well as the California Medical Association gave strong support to the bill. Assembly members Atkins and Ma presented this bill on February 15, 2011 to the California Assembly and were subsequently successful in 2011 of having this resolution, now designated as AB 499 (Assembly Bill 499), passed. Governor Brown signed the bill into law on October 9, 2011.



President

Vice Present Report

Effective January 1, 2012, the California Health and Safety Code law now allows minors in California to consent to the diagnosis, treatment, and prevention of an STI.

This exercise in legislation shows how we as practicing physicians can make a change in the laws that affect our patients and our own practice. I do hope that any pediatrician who has the same penchant for a change in the practice of pediatrics or to change a law for the improvement of the care of children and adolescents will follow in drafting a resolution which your chapter via the AAP or local medical society via the CMA will carry forward. Please feel free to contact myself, charles.wibbelsman@kp.org, **Donald Miller**, dmiller@nchs-health.org, Shannon Udovic-Constant, Shannon.udovic-constant@kp.org, **Ricky Choi**, rychoimd@gmail.com, or **Amy Whittle**, whittleae@gmail.com if you are interested in proposing a resolution.

Vice President's Column

By Gena Lewis, MD

I am uplifted by the tremendous response and support we have had from all of you in the last six months. Many of you have renewed your chapter membership or have joined for the first time to support our local AAP chapter in the face of a continued lackluster economy that has stressed our healthcare system, our patients and our practices.

I know that our chapter will continue to provide excellent support in many areas including those of political advocacy and continuing medical education. I am also

delighted that we will soon be able to bring you support in the form of a new practice management committee dedicated to helping private practitioners in Northern California navigate contracts, negotiations and networking in the ongoing pursuit of running a successful practice. We welcome any of you interested in participating in this new committee to join in the meetings and guide its focus and direction.

In addition, as the State reorganizes subsidized insurance for children, many of us will likely feel the repercussions in our patients' ability to access care. I invite you to participate in our annual legislative day April 17, 2012 in Sacramento where we, along with the other California AAP chapters and the CMA, can advocate for our patients, their families and our professional selves.

Chapter 1 represents a large and diverse group of pediatricians and pediatric subspecialists. We would like you to be involved at any level of the organization from member to leader and we would like to know how the chapter can better meet your professional needs.

Personal Belief Exemption Bill in progress

AAP California District IX in conjunction with Chapter 1 State Government Affairs and the California Immunization Coalition are supporting a bill authored by representative **Richard Pan**, MD that would require a *Personal Belief Exemption* to be signed by parents in their office of the medical caregiver before school entry.

Currently a parent may

immediately enroll their child in school without immunizations by signing an exemption form in the school office. The new bill aims to make this process less convenient for these parents and encourage education about the benefits of immunizations before a parent makes their final decision.

The AAP does not endorse a Personal Belief Exemption but does support education for families about the important decision to vaccinate.

Contact me directly at glewis@mail.cho.org or 510-428-3129. I look forward to working together.

New Pediatric Laws

SGA Committee

Below is a list of new laws that were supported by your AAP Chapter through our statewide advocacy process. Your member dues made these successes possible. These bills may have a direct impact on your patients and their families, and generate questions from them during office visits. To view a bill's full text, go to the link provided with that bill. For a complete list of AAP-CA bills from the 2011-2012 sessions, including more that were enacted and others that are still in process, please go to www.aap-ca.org. If you have specific questions about any of the new laws or legislation please contact your Chapter's State Government Affairs Representative **Amy Whittle** at (whittleae@gmail.com) **AB 25** (Hayashi) http://leginfo.ca.gov/pub/11-12/bill/asm/ab_0001-0050/ab_25_bill_20111004_chaptered.pdf

This bill would require that a



Vice President

News Update

School Asthma Collaborative

News Update

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Chapter Web Site:

www.aapca1.org

student athlete suspected of a
concussion be evaluated by a
health professional, as defined, and
not return immediately to play,
consistent with National AAP
policy.

AB 301 (Pan)

http://leginfo.ca.gov/pub/11-12/bill/asm/ab_0301-0350/ab_301_bill_20111004_chaptered.pdf

This bill extends the sunset
date for the California Children's
Services (CCS) fee for service
carve-out from Medi-Cal managed
care until January 1, 2016,
permitting vulnerable children
with complex medical conditions
and their families to continue to
get the support they need.

AB 499 (Atkins)

http://leginfo.ca.gov/pub/11-12/bill/asm/ab_0451-0500/ab_499_bill_20111009_chaptered.pdf

This bill permits minors of
age 12 and up to consent to
medical care related to prevention
of a sexually transmitted disease
(STD), including HPV and
Hepatitis B vaccines and HIV
prophylaxis.

AB 1319 (Butler)

http://leginfo.ca.gov/pub/11-12/bill/asm/ab_1301-1350/ab_1319_bill_20111004_chaptered.pdf

This bill enacts the Toxin-
Free Infants & Toddlers Act to
help to protect children from
bisphenol A (BPA) by restricting
the sale, manufacture, or
distribution of BPA in baby
products.

SB 929 (Evans)

http://leginfo.ca.gov/pub/11-12/bill/sen/sb_0901-0950/sb_929_bill_20111004_chaptered.pdf

This bill requires a booster
seat for children up to 8 years of
age or 4-foot-9 inches in height.

SB 136 (Yee)

http://leginfo.ca.gov/pub/11-12/bill/sen/sb_0101-0150/sb_136_bill_20111009_chaptered.pdf

This bill requires insurance
providers to cover smoking
cessation programs, which will

help decrease exposure to
secondhand smoke by children and
young adults.

SB 161 (Huff)

http://leginfo.ca.gov/pub/11-12/bill/sen/sb_0151-0200/sb_161_bill_20111007_chaptered.pdf

This bill authorizes a school
district to have nonmedical
employees receive volunteer
training to provide medical
assistance to pupils with epilepsy
suffering from seizures.

SB 946 (Steinberg)

http://leginfo.ca.gov/pub/11-12/bill/sen/sb_0901-0950/sb_946_bill_20111009_chaptered.pdf

This bill requires commercial
plans to cover evidence-based
behavioral therapy for children
with pervasive developmental
disorder/autism, as specified until
federal rules for coverage under
health reform are finalized. AAP
California is working to define
who will qualify to provide these
services.

School Health Committee

By George Monteverdi, MD

What Is SEHAC?

In response to rising
asthma prevalence and to
implement the schools
component of the Strategic
Plan for Asthma in California,
the California Schools
Environmental Health and
Asthma Collaborative
(SEHAC) was established to
improve asthma management
and indoor air quality at
California K-12 schools.
California Breathing, an
asthma program in the
California Department of
Public Health (CDPH), serves
as the SEHAC's organizational
home, providing the resources
and sustainability that enable
the Collaborative to
accomplish its goals. From an
initial team of six government
agencies and non-profit
organizations, SEHAC has

grown to include members
from all sectors addressing
indoor air quality and asthma
management at California K-12
schools. It is now ready to
reach out to specific school
sites and communities in order
to:

Provide resources for
addressing asthma and indoor
air quality issues, increase
collaborations that leverage
community partnerships and
parent and student involvement
to address asthma and indoor
air quality issues in schools,
and engage state and local
policymakers and education
leaders to promote school
based asthma management and
indoor air quality programs

SEHAC has completed
development of several quality
audio-visual tools which will
assist schools in addressing
asthma emergencies at school,
understanding the California
Asthma Medication Self-carry
Law, reducing or eliminating
indoor asthma triggers, and
minimizing the impact of
outdoor asthma triggers. We,
the pediatricians of District IX
Chapters of AAP, now have an
opportunity to assist schools
and communities in the
acquisition and utilization of
the resources developed by
SEHAC. I have been asked by
SEHAC to *spread the word* to
you and ask you to be ready to
collaborate with your
communities and schools in
helping to improve asthma
management and air quality.

A February distribution of
the audio-visual materials is
planned. Immediately, it is
necessary to identify
individuals and groups who
would receive the resources
and help to disseminate them to
other local health professionals
and schools.

Resident Advocacy

Are you aware that locally constituted School Health Advisory Councils (SHAC) have been effectively utilized for the alignment of nutrition and physical education standards legislated for California schools? Pediatricians are valuable members of these school health advocacy groups. Such councils foster and enrich your interest and dedication to California schools and students. They are a valuable resource that will help you to improve asthma management in your community.

Learn more about School Health Advisory Councils at the following website: <http://www.nchealthyschools.org>

To learn more about CA Breathing and the SEHAC project please visit the website at: <http://www.californiabreathing.org/about-us/projects-initiatives>.

You may contact me by e-mail: ggmale@sbcglobal.net, or by phone: 707-265-7611

Healthy Meals

By Adam Schickedanz, MD

UCSF Department of Pediatrics, Resident Year 2 Grant Recipient

In late 2010, the San Francisco Board of Supervisors was at a crossroads. Before the Board was a modest but controversial ordinance opposed by a vocal business community, a mayor who vowed to veto the legislation, and a multinational corporation whose spokesperson – a clown – is one of the most recognized characters in the world. Despite these detractors, the legislation had an important strength: it was good for kids. It also had a grass-roots coalition of advocates, including a handful of pediatric residents from the University of California San

Francisco, who found themselves in the middle of a burgeoning debate around the limits of the law to protect children from fast food marketing that has driven rates of obesity for the last half-century.

After months of fits, starts, and all the messiness of San Francisco politics, the ordinance passed by a veto-proof majority. What it said was simple: fast food meals marketed specifically to children should meet healthy nutrition standards. However, what it took to pass *Healthy Meals* was anything but straightforward, and it offered UCSF residents the chance to flex their advocacy muscles talking with legislators, testifying at City Hall, publishing op-eds in the city newspaper, and working hard to make it easy for the Board of Supervisors to do the right thing for San Francisco's kids. The process was an invaluable education in health advocacy. In December of 2011 the ordinance took effect, but the fight didn't end there.

In the months following passage of the ordinance, similar legislation was introduced in New York and Boston, while conservative policymakers considered and, in one state, passed bills that preempted fast food from such regulation. Back in San Francisco, the residents who advocated for the ordinance saw a new need to help advocates elsewhere drive similar legislation of their own to prevent childhood obesity. They decided to create a toolkit to provide other pediatricians the building blocks to promote legislation like *Healthy Meals* in other counties.

To the residents' delight, this project was supported by Community Practice Training Initiative (CPTI) and their local AAP chapter. Soon the residents' efforts led to a surge of resident

interest in the toolkit and the legislative efforts it promoted. A number of interested resident volunteers (many more than initially authored the grant) developed an expertise in media influence on children's diet. These residents developed the *Healthy Meals* toolkit and began to disseminate the information it contained through a series of noon conferences attended by faculty, other residents, and medical students. In addition, the efforts of these residents have been widely discussed within the department, leading to even greater encouragement and enthusiasm for advocacy activities as a central component of our residency experience at UCSF.

Though the work is far from done and the national debate over fast food marketing regulation is still raging, we look forward to the discussion and hope to shape it for the sake of our patients' health.

Mission Possible: Notes from a wandering Vintage Doc: Engaging More Doctors

*By Harvey S Kaplan, MD
Co-Chair, Vintage Docs' Committee*

Your mission, should you choose to accept it, is engage more young physicians in active involvement in the Academy through the Chapters. That seemed like a good idea for the Vintage Docs to take on as a project back in January of last year when last our committee met at the Paragon restaurant in San Francisco and reaffirmed at the Chapter Board meeting a month later. As co-chair I have to admit we have not yet moved the ball, but taking some inspiration from those

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News Update

California Cancer Research Act

Earn Free Chapter Dues

Chapter leadership has approved a trial initiative to gain members and give back to ongoing members. **You only need to enlist three new members (not renewals) to earn one year credit for your chapter dues.**

Easy and you save \$160.00 for another project. We hope the new members will continue to see value to their membership and renew yearly. California Chapter 1 appreciates your support.

Contact Beverly Busher for more information at aapbev@sbcglobal.net or 415.479.9200

amazing San Francisco 49ers, let's get going this year!

One starting point suggested was through the training directors of the residency programs. By informal or conference format, VD pediatricians and residents would meet and establish relationships, hopefully to learn from each other. It has been 5 years since we held the *Life After Residency and Practice* seminar at Stanford. A repeat performance would require lots of work and planning (energy anyone?) but something to consider.

Follow up on First Five and AB 99 which would have swept a billion dollars into California's General Fund from First Five by July of this year is now off track thanks to a Fresno County court decision ruling AB 99 illegal on almost all counts. The state now has until the end of January to appeal the decision. Low income families who rely on First Five supported services for health care access, quality early childhood development programs, transition to kindergarten, in-home support and many other services would suffer this loss of community support. I attended a San Mateo County and Schools Partnership conference last week calling for a broad community commitment to deal with issues such as gang violence, lack of integration of services for young children and access to affordable health care. It was interesting how attention to early childhood health and development was stressed as key to the prevention of later in life problems such as chronic illness, school failure, drug use and criminal behavior. No surprises there.

Let's get together and enjoy a dinner in San Francisco – a definite sentiment of fellow seniors **Lucy Crain** and **Bill Feaster** expressed over fine wine and appetizers at Packard

Children's Hospital's holiday party at the Cantor Arts Museum on Stanford campus in December. If an invitation comes your way next year don't miss this one. Any suggestions for restaurants and discussion topics are most welcome before we hold the next Vintage Doc's meeting. Please let me or Bill or Beverly know of your interests and that includes all 55 and over pediatricians who are welcome to join the seniors section of our chapter. Happy New Year to all.

Spread the word about CCRA

By *Cathy McDonald, MD, MPH, FAAP*
Member, Substance Abuse Committee

To protect 228,700 teens from becoming addicted adult cigarette smokers, prevent 22,300 smoking affected births in the next 5 years and save 104,500 lives of Californians who currently smoke, you can spread the word about CCRA the California Cancer Research Act. These health benefits were projected by the Center for Tobacco Free Kids based on studies that show that a 10% increase in cost of cigarettes results in a 6.5% decrease in smoking among teens and a 2% decrease in adults. Currently a pack costs \$6-\$7. This proposition would add a \$1 per pack tax to cigarettes, and will be voted on in California June 5, 2012. According to a University of California study CCRA can save the state \$28.2 billion in healthcare costs between 2012 and 2016.

Californians for a Cure is an organization with a website dedicated to the passage of CCRA and supported by the American Cancer Society, the American Lung Association and the American Heart Association.

Here is how the funds will be spent:

Research into cancer and tobacco-related diseases 60%
Facilities and equipment for research 15%
Tobacco education and cessation 20%

Helping police stop smuggling and enforce tobacco laws 3%

Protecting existing tobacco tax revenue streams

Administering the tax 2%
The tobacco industry has successfully defeated 14% previous attempts to raise tobacco taxes in California since 1998. The result is that California ranks 33rd among states with a tax of \$.87 per pack. CCRA would bring the tax to \$1.87 per pack making California 16th in taxes significantly behind New York State which has a \$4.35 tax on a pack of cigarettes. Tobacco taxes decrease smoking especially among young people. *The tobacco industry knows this.* That is why the tobacco industry spent \$66 million defeating the last effort to increase tobacco tax in California. According to reports filed with the California Secretary of State the tobacco industry has already spent over \$2 million to defeat the tax by purchasing commercial air time, polling and focus groups. The industry currently pays for a pop up anti CCRA ad to be the first thing you see if you Google California Cancer Research Act.

Tobacco expert Dr. **Stan Glantz**, Director of UCSF's Center for Tobacco Control Research and Education has said that if we don't increase tobacco taxes in California we are likely to lose our enviably low smoking rate of 11.9% compared to the US rate of 21%. You can help to protect California's children and others from tobacco addiction by taking action. Consider putting fact sheets that provide

Programs on the Chopping Block

information on CCRA in a prominent place in your waiting room. You can find a fact sheet to download at www.Californiansforacure.org; go to get the facts; choose summary; then choose click here for the fact sheet. Consider writing an article for other professional organizations about the benefits of this tobacco tax and or writing a letter to the editor of your local paper as the election draws near. To make a donation and or volunteer via the website go to the home page and click Action.

The Chapter 1 Substance Abuse Committee urges everyone to address tobacco systematically with parents and youth in their practice however passing this tax is more powerful than individual intervention and you can make it happen by being informed and spreading the word.

The State Budget Process AAP-CA Statewide Update January 2012: and Proposed Cuts to Children's Health Services

By Amy Whittle, MD

AAP-CA is a collaborative of the four California AAP Chapters, committed to promoting the health and well-being of all children living in California and to supporting the viability of pediatric practices for primary care and subspecialty pediatricians across the state.

California Chapter 1 actively and aggressively advocates in the state budget process on behalf of children and pediatricians. This year will be particularly challenging since the cuts to children's health services proposed by the Governor together represent the most significant change to the public sector delivery of health care to children in California in over a decade. These include:

The elimination of the Healthy Families Program (HF) and movement of one million HF children into Medi-Cal managed care over the next 9 months.

Reduction of state payment to Healthy Families plans by 25%. Expansion of Medi-Cal managed care to all counties in California, including rural counties that are currently only fee-for-service.

Creation of a process to streamline the ability of the state to reduce Medi-Cal benefits, with a goal of saving the state \$75 million this year.

New stringent income restrictions on eligibility for the Medical Therapy Program for children and families.

\$200 million in General Fund cuts to the Department of Developmental Disabilities.

AAP-CA is committed to working with the state to encourage smart choices and to developing creative strategies to close the budget gap. We understand that structural changes must occur in California's revenues and expenditures. If California continues *business as usual*, with the same tax rules and rates and the same expenditure commitments we had last year, the state will be \$13 billion dollars short to pay its bills this budget year. Nonetheless, short-sighted decisions that restrict access to care and reduce the quality of that care for the most vulnerable children in the state will exacerbate the budget problem long-term, not solve it.

State budget development lasts six months or more. The process is similar to a high stakes tennis match – the Governor serves up his budget proposal and then steps off the court, leaving the Legislature to hit the ball back and forth for months. Signature game moves include the Republicans refusing to raise taxes and the Democrats rejecting significant cuts, at which point both walk off in disgust. The Governor returns to play in May when he serves up a revised budget proposal, intended to address realities of state tax

revenues received by the April 15th filing deadline, as well as political realities uncovered in the legislators' deadlocked rally. Only then does the match begin in earnest, as legislators must play round-the-clock to create a legally mandated balanced budget. (The deadline is June 30th, but that is rarely met.) In the end, the Governor takes the ball out of play one last time, makes his own line item changes to the budget (within legal constraints), and signs the revenue and expenditure decisions that are the law of the land for that year.

AAP-CA picks up our racket from Day 1 of the process, and leaps the net as necessary to engage with both sides of play. For example, merging Healthy Families and Medi-Cal would result in administrative savings, and would enable current Healthy Families children to be eligible for the federal Vaccine for Children's *free* vaccine program, reducing costs to providers and the state. But that proposal can only work if attention is paid to adequate payments, eliminating red tape, and evaluating the transition in a thoughtful process that allows for adjustments when access and quality are at risk. AAP-CA was successful last year by working with both the Governor and the Legislature to slow down the transition in order to consider these issues. In short, it is through a nonpartisan, evidence-based approach – building on the credibility that pediatricians have as champions for children – that we are able to influence outcomes. We will continue to advocate this year for *budgeting with care for children*, even as cost imperatives are taken into account.

For frequent updates on AAP-CA state-level advocacy on your behalf and ways that you can engage in the process, please go to www.aap-ca.org and check out the CEO blog and the Advocate Now pages. You may also contact your SGA representative directly with your comments at whittlea@gmail.com.

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Coming Events

California Chapter 1

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May 26-28, 2012

The Pediatrician as Specialist, Part 3

Portola Hotel, Monterey, CA

Speakers include:

Tonya Chaffee, MD (Adolescent Med)

Robert Gross, MD (Ophthalmology)

Ivor Hill, MD (Gastroenterology)

Joshua Jacobs, MD (Allergy)

Jeffrey Lazarus, MD (Hypnosis)

Mark Sawyer, MD (Infectious Disease)

Fluoride Varnish and Oral Health Workshop on Sunday

On-Line Brochure and Registration available soon.

December 1, 2012

Chills, Thrills and Spills

Annual Winter CME Conference in San Francisco

Save the Date

More information available soon.