



The Forum

NEWSLETTER OF THE MASSACHUSETTS CHAPTER AMERICAN ACADEMY OF PEDIATRICS

PRESIDENT'S MESSAGE

GROWTH AND DEVELOPMENT OF THE MCAAP

Over the past years I have presided over exponential growth. Building on solid foundations, we have been able to represent the pediatricians and children of Massachusetts in very significant ways.

Legislation has been one of the major focuses of the chapter and takes half of our resources. Our lobbyist on Beacon Hill monitors legislation that impacts children's health and safety and the ability of the pediatrician to deliver care. We work with state agencies and regulatory bodies to review and advise on policies that impact pediatric practice. The Pediatric Council addresses issues across all insurers and regulators. Members meet with the pediatric medical directors of all Massachusetts insurers to coordinate practice issues.

Unique education is the core of our continuing education offerings. This fall there will be a conference on developing a medical home for special needs children and a conference on international adoptions that will address medical issues as well as pediatric skills to support an adoption trip.

Communicating with you is paramount. We have listservs for the MCAAP committees and for the membership. We have e-mail addresses for only half of you. We want to communicate with you quickly for late-breaking news, new rules and regulations, improvements to billing and coding issues, opportunities to serve, CME opportunities, etc. We need our entire chapter on e-mail to reach out and let you know as soon as we receive information you need. Please send your e-mail address to Bonney Erskine, berskine@mms.org.

In the next issue of the Forum, I will discuss new developments with the MCAAP.

– Eugenia Marcus, MD

Mental Health Emergency Service Program Information for Pediatricians

Through the Massachusetts Behavioral Health Partnership (MBHP), acute mental health evaluations and family stabilization treatment are available via the Emergency Service Program (ESP) 24 hours a day, 365 days a year, regardless of insurance status or ability to pay. Pediatricians can call an ESP directly from their offices if a child needs an acute mental health evaluation. If a child has health insurance through a provider that does not contract with the MBHP, the primary insurance company should be contacted first whenever possible to streamline the administrative tasks of securing either inpatient treatment or outpatient psychiatric follow-up that is covered. Currently, the MBHP provides mental health services for MassHealth PCC members and uninsured families.

Contacting the ESP provider for your re-

gion will initiate an on-site or mobile emergency assessment leading to a wide variety of services from acute inpatient hospitalization to routine outpatient care. In addition to providing services for children with mental health needs, Family Stabilization Treatment (FST) is also a program for their families. FST is a short-term, flexible, intensive clinical and case management service to assist caregivers in home settings and is available to MassHealth PCC members.

Phone numbers for regional ESP providers are listed by zip code in the table on page 4, but the closest office may not always be the appropriate program for your community. For more information about covered services, or to locate an in-network provider, you can call the MBHP Access Line at (800) 495-0086, and press 6 at the main menu.

see table on page 4

Work with *Health Now!* to Curb Kids' Smoking

Carole Allen, MD

From seemingly friendly cartoon camels to free samples, tobacco companies have never had much trouble addicting kids to cigarettes. Slick marketing beckons them to try cigarettes by convincing them that smoking will make them grown-up and glamorous. Former FDA Commissioner Dr. David Kessler termed smoking a "pediatric disease," words carefully chosen to remind us that it is the children, not adults, who are targeted by the tobacco industry.

In our role as pediatricians, educating kids and parents about the dangers of smoking and second-hand smoke is simply not enough to fight the tobacco companies' influence. The one weapon in our arsenal, which reams of research show us is effective in discouraging kids from smoking, is price. We can work with our policymakers to advocate for economic disincentives to youth smoking by getting involved in the *Health Now!* Massachusetts initiative.

Health Now! Massachusetts is a broad-based coalition of more than 60 organizations, health care providers, policymakers, and advocates working to pass legislation in an effort to decrease youth smoking by enacting a cigarette excise tax increase, while expanding health care to low-income, working, uninsured people in Massachusetts. Member organizations include MCAAP, Health Care for All, American Cancer Society, and the Massachusetts Medical Society.

The *Health Now!* legislation would increase the tobacco excise tax by 50 cents per pack and use the revenue to expand health care coverage, providing access to 85,000 low-income, working, uninsured adults in Massachusetts—including 19- and 20-year-olds. The money will also strengthen community health worker programs, and some will go to the hospital free care pool.

Most importantly, it will reduce youth smoking rates. A price increase is the single most effective, quickest way to decrease

continued on page 4

MASSACHUSETTS CHAPTER
AMERICAN ACADEMY OF PEDIATRICS
PO Box 9132, Waltham, MA 02454-9132

Executive Director

Bonney Erskine
(800) 322-2303 x7314; Fax: (781) 893-2105
E-mail: berskine@mms.org

Forum Editor

David Chung
E-mail: david@beansprout.net

Chapter President

Eugenia Marcus
Newton (617) 244-8664; Fax: (617) 244-8674
E-mail: emarcus@pediatrichealthcare.com

Vice-President

Sean Palfrey
Boston (617) 414-5202; Fax: (617) 414-4541
E-mail: sean.palfrey@bmc.org

Treasurer

Carole Allen
Arlington (781) 643-7155; Fax: (781) 643-0540

Secretary

Lynda Young
Worcester (508) 752-4511; Fax: (508) 797-4729
E-mail: lmyoung@massmed.org

Legal Counsel

Edward Brennan, Esq., Kirkpatrick & Lockhart
Boston (617) 951-9143; Fax: (617) 951-9151

District 1 – David Sigelman

Holyoke (413) 536-2393; Fax: (413) 536-1087
E-mail: sigelman@javanet.com

District 2 – David Norton

Ware (413) 967-2040; Fax: (413) 967-2044
E-mail: david.norton@bhs.org

District 3 – Julie Meyers

Uxbridge (508) 278-5573; Fax: (508) 278-7142
E-mail: meyersj@umhmc.org

District 4 – Bruce Korf

Partners Center for Human Genetics
77 Avenue Louis Pasteur, Suite 642, Boston, MA 02115
Boston (617) 525-5750
E-mail: bkorf@partners.org

District 5 – Michael Gilchrist

Chelmsford (978) 250-4081; Fax: (978) 250-3956
E-mail: drmike@childdocs.com

District 6 – Suzanne Graves

Beverly (978) 927-4980

District 7 – Jonathan Finkelstein

Boston (617) 509-9898; Fax: (617) 509-9861
E-mail: jonathan_finkelstein@hphc.org

District 8 – Kevin P. Petit

Boston (617) 636-4194
Fax: (617) 636-1456
E-mail: kevin.petit@es.nemc.org

District 9 – Jordan Leff

Bridgewater Goddard Park Medical
110 Liberty Street, Brockton, MA 02301
Brockton (508) 894-0400; Fax: (508) 894-0618
E-mail: jordanhleff@netscape.net

District 10 – Arthur Blasberg, III

Plymouth (508) 747-9700; Fax: (508) 747-2290
E-mail: ablas@adelphia.net

CHAPTER DUES NOTICE

During the month of June you will receive your dues notice from the AAP. Please notice that there is a separate line for Chapter dues. The Chapter needs you as a member and we need your dues payment to maintain our operating budget, so please pay promptly!

As voted by the membership at last year's annual meeting, the annual Chapter dues for fellows will be \$120 (a ten dollar increase). Candidate fellows pay \$75 and post-residency training fellows pay \$25. Your dues support Chapter advocacy on behalf of pediatricians and our patients. National AAP dues will not be raised this fiscal year. The AAP Board of Directors is cognizant of financial constraints upon members and member chapters.

MCAAP is incorporated as a 501(c)(6) organization. Dues remitted to the Chapter are not deductible as a charitable contribution but may be deducted as an ordinary and necessary business expense. However, 20 percent of the dues is not deductible as a business expense for 2001 because of the Chapter's lobbying activity. Please consult your tax advisor for specific information.

– Carole E. Allen, MD, FAAP, Chapter Treasurer

FORUM JOB LISTINGS

LOOKING TO BE HIRED:

Contact: Safaa Ali, MD
183 Nanaquaket Road
Tiverton, RI 02878
(401) 625-5266, fax: (401) 625-5922
mands4@msn.com

Comment: Board certified female pediatrician, Mass. licensed, 20 years experience in private practice, Master's in clinical psychology seeking a part-time position in office or hospital-based practice.

LOOKING TO BE HIRED:

Contact: Sonia Diaz, MD
56 Laurel Road
Milton, MA 02186
(617) 696-2191
sommerdiaz@cs.com

Residency: Cincinnati Children's Hospital Medical Center

Graduation: December 1997

Available: September 2001

Comment: After rewarding work at a community health center in an underserved community, I relocated to Boston. My current interest is in a part-time position.

Looking to Hire or Be Hired?

Job listings are a free service provided by *The Forum* to MCAAP members and residents completing their training. Non-members may submit ads for a fee.

If you are looking to fill a position

MCAAP members: Free

Non-members: \$250

Please submit the following information:

- Practice Name
- Position Title and Description (25-word limit)
- Availability (e.g., starting June 2001)
- Contact Name
- Address, Telephone Number, E-mail address

If you are looking for a job

MCAAP members and residents: Free

Non-members: \$50

Please submit the following information:

- Your Name
- Contact Information
- Residency Program
- Availability (e.g., available now)
- Comment (25-word limit)

Please send text information via e-mail to

david@beansprout.net. Checks may be mailed to the MCAAP office c/o Bonney Erskine, Executive Director, P.O. Box 9132, Waltham, MA 02454-9132. All submissions must be received by September 15, 2001, to be included in the next issue of *The Forum*. All submissions are subject to review for appropriateness. For further information, please contact the editor at **david@beansprout.net**.

MCAAP COMMITTEES & ADMINISTRATIVE APPOINTMENTS

AAP Breastfeeding Coordinators Susan Browne Jean Sheeley	Continuing Medical Education Lynda Young	International Child Health Lisa Albers	MMS Interspecialty Committee Reps. Eugenia Marcus Kevin Petit
Accident Prevention & Poison Control Paul Schreiber	Developmental Disabilities Richard Antonelli	Legislative Richard Ringel	Nutrition Ronald Kleinman
Bylaws Committee Carole Allen	Emergency Pediatric Services Pat O'Malley	Massachusetts Healthy Families Howard King	Pediatric Council Walter Harrison
Catch Co-Coordinator David Keller Emily Roth	Environmental Hazards Jordan Leff	Membership Ernest Wu	Pediatric Practice Open
Child Abuse Robert Nelken	Fetus and Newborn Elizabeth Brown	Mental Health Howard King	PROS Network Coordinator Henry Bernstein
Children's Advocacy Board Barry Zuckerman	Finance Carole Allen	Mental Health Task Force Walter Harrison Eugenia Marcus	Public Relations Michael Rich
Committee on Adolescence Harris Faigel	Forum Editor David Chung	MMS Delegate House of Delegates Carole Allen	School Health Linda Grant
	Foster Care Robert Abrams		Substance Abuse Alan Woolf
	Infectious Disease Sean Palfrey		Technology Robert Gerstle

Mercury in the Environment

New Information for Pediatricians

Michael Shannon, MD, MPH

Member, Committee on Environmental Health

The AAP Board of Directors has just approved a technical report on Mercury in the Environment, written to provide pediatricians with up-to-date information on this environmental toxin of rising concern.

Like lead, mercury is a potent neurotoxin that can produce significant and enduring neurobehavioral effects in children. Also like lead, mercury is becoming environmentally ubiquitous as a result of its widespread use in industry. The medical and dental professions have contributed significantly to environmental pollution through the use of mercury-containing drugs and devices, e.g., thermometers and dental amalgam.

Recently, there have been extensive discussions about three vectors of children's exposure to mercury: vaccines, seafood, and medical devices.

Thimerosal is a mercury-containing preservative that is found in contact lens solutions, medications and several childhood vaccines. Two years ago, an analysis of the extent of thimerosal use in vaccines revealed that the quantity of mercury contained in many vaccines potentially exceeded safety

guidelines. This led to a coordinated push by the Academy and the U.S. Public Health Service to have vaccine manufacturers begin a rapid phaseout of thimerosal. Equally important, concerns were raised that thimerosal in vaccines contributed to the development of autistic spectrum disorders (ASD). However, to date there is no persuasive evidence of such an association.

Mercury is also found in freshwater and ocean fish, particularly large predatory fish. Because the amount of mercury in fish can be substantial, the FDA has recently released recommendations on seafood consumption by three groups: young children, pregnant women, and women who may become pregnant. For the two groups of women, the FDA now recommends abstention from eating shark, mackerel, swordfish and tilefish. Commercial tuna is typically lower in its mercury content; therefore, tuna consumption is permitted, although women and children are advised to limit their consumption. Many groups feel that the FDA was not sufficiently protective; they are recommending even greater restrictions on fish consumption by at-risk women and children. *Consumer Reports* has just released recommendations

that are more stringent than FDA guidelines (*Consumer Reports*, June 2001).

Finally, in an effort to limit further environmental contamination from mercury, there is a growing effort to end the use of mercury-containing medical devices. Many organizations, such as the American Hospital Association, have recommended that mercury thermometers and sphygmomanometers be completely eliminated from medical practice. Many states in the U.S. have enacted or are considering legislation banning the sale of mercury thermometers. The Academy has supported this principle and is advising that pediatricians and parents cease using mercury thermometers.

The concerns about children's exposure to mercury and its consequences are appropriate. Mercury's neurotoxicity is incontrovertible and its environmental presence is extensive. The upcoming technical report will hopefully serve its goal of increasing pediatrician knowledge so that pediatric practice, including discussions with parents, can meet the goal of reducing exposure to this potent environmental toxicant.

EPSDT Regulations Update

On May 14, 2001, the Commonwealth of Massachusetts Division of Medical Assistance (DMA) promulgated updated regulations governing Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for all MassHealth members under age 21. This update was made in response to changes in the American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care and to reflect changes in clinical practice. One significant change to note is the addition of the 7- and 9-year-old health visits, which is supported by the MCAAP.

Furthermore, to reduce duplication and promote consistency, the DMA was one of 21 health plans and provider organizations that have endorsed the Massachusetts Health Quality Partners (MHQP) Pediatric Preventive Care Recommendations, which reflect the requirements of the EPSDT Medical Protocol and Periodicity Schedule (Schedule). The EPSDT regulations provide greater detail, but the MHQP Guidelines poster can be used as a prompt for what services to provide at each EPSDT visit. In May, the MHQP Guidelines were mailed to all primary care practitioners

in the state, and in the upcoming months, the DMA will be sending the new EPSDT regulations and the MHQP Guidelines to all primary care clinicians (PCCs) and MassHealth providers that serve children. The DMA will include in its mailing other materials that may assist providers in providing well-child services to all MassHealth-enrolled children and adolescents.

By updating these regulations, the DMA is taking steps to ensure that all children enrolled in MassHealth have access to high quality, preventive health care services. To that end, the DMA will continue to look for innovative strategies to help providers deliver these services to our members.

The DMA will monitor our progress through multiple evaluation processes, using data derived from the MassHealth claims system. Therefore, it is important to bill correctly for EPSDT services, since this allows the DMA to credit providers for furnishing well-child care in accordance with the Schedule, and to track well-child care provided to its members. Proper billing practices also allow physicians and group practices to receive an

enhanced fee for providing well-child care in accordance with the Schedule. Rather than receiving a separate enhancement for well-child care visits, community health centers, acute hospital outpatient departments, and hospital-licensed health centers receive provider-specific rates for well-child care.

The EPSDT regulations can be found on the DMA website at: www.state.ma.us/dma/.

If you are a MassHealth PCC and have any questions about well-child-care services available to MassHealth members under age 21, please call the PCC Plan Hotline at (800) 682-1061. If you are a MassHealth provider and have questions about billing and claims payment, please call the MassHealth Provider Services Department at (617) 628-4141 or (800) 325-5231. For a copy of the EPSDT regulations, send a request to MassHealth Publications, P.O. Box 9101, Somerville, MA 02145; e-mail: mapublications@unisis.com; fax: (617) 576-4487. Copies of the MHQP Preventive Care Recommendations can be requested from Melinda Karp at (781) 466-9056 or by e-mailing her at Melinda_Karp@tufts-health.com.

MCAAP Child Advocate of the Year Award

Presented to Rep. Nancy Flavin

Eugenia Marcus, MD

We are honored to award State Rep. Nancy Flavin the Child Advocate of the Year Award in recognition of her leadership in harboring the passage of the Child Fatality Review Law, Chapter 247 of the year 2000 legislative session.

Rep. Flavin is a five-term state representative from Easthampton. She is currently the assistant vice chair of the House Ways and Means Committee. Previously, Rep. Flavin was house chair of the legislature's Joint Committee on Insurance for four years.

Over the last eight years, the MCAAP has been working with law enforcement officials and other advocacy groups to enact a meaningful child death review law. Understanding the well-intentioned interests of the various parties and obtaining the collective will to work together for a child death review program in Massachusetts proved daunting. State agencies, prosecutors, and child advocates needed to be brought together. Into this breach came Rep. Flavin. In character with her longstanding interest in children's issues, Rep. Flavin made enactment of a child fatality review law a priority and brought the law into existence.

Under the new law, the deaths of all children under the age of 18 are to be reviewed by local child fatality review teams in the various counties of Massachusetts. Reports will be made to a statewide child fatality review team, which will compile valuable public health and safety information, enabling the Commonwealth to develop policies to decrease the incidents of preventable deaths and injuries. The law provides that a pediatrician with experience in diagnosing and treating child abuse and neglect, who is appointed by the MCAAP, will be a member of the statewide review team. Dr. Ed Bailey is our first representative to the statewide team.

It is clear that without Rep. Flavin's hard work we would still be waiting for a child fatality review law. Now we are in the process of implementing Chapter 247. On behalf of the MCAAP, I would like to thank Rep. Flavin for her efforts on behalf of children and their families and honor her with the Chapter's Child Advocate of the Year Award.

Regional ESP Providers

continued from lead article, page 1

Zip Code	Site Name	Town	Phone
01040	Mt. Tom	Holyoke	(800) 437-5922
01060	Servicenet	Northampton	(413) 586-5555
01085	Carson Center for Human Development	Westfield	(413) 568-6386
01109	Behavioral Health Network	Springfield	(413) 733-6661
01201	MHSAB (Berkshires)	Pittsfield	(413) 499-0412
01301	Clinical and Support Options, Inc.	Greenfield	(800) 562-0112
01440	North Central Human Services	Gardner	(978) 632-9400
01453	Community Health Link, Inc., The Lipton Center	Leominster	(978) 534-6116
01550	Harrington Memorial Hospital	Southbridge	(508) 765-9771
01568	Blackstone Valley Emergency Services	Upton	(508) 634-3420
01655	UMass Memorial Medical Center	Worcester	(508) 856-3562
01702	Advocates (Psychiatric Emergency Services)	Frammingham	(508) 872-3333
01830	North Essex (HES)	Haverhill	(800) 281-3223
01841	Greater Lawrence Mental Health Center	Lawrence	(877) 255-1261
01854	Choate (Solomon Mental Health Center)	Lowell	(800) 830-5177
01901	Tri City Mental Health (Lynn, Wakefield, Malden)	Lynn	(781) 596-9222
01915	Health and Education Services (North Shore)	Beverly	(888) 550-4433
02062	Riverside Community Care	Norwood	(781) 769-8674
02111	Boston Emergency Services Team (BEST)	Boston	(800) 981-4357
02139	Cambridge Hospital	Cambridge	(617) 665-1560
02169	South Shore Mental Health	Quincy	(800) 528-4890
02302	Brockton Multi-Service Center	Brockton	(508) 897-2100
02360	Family Health Service	Plymouth	(800) 469-9888
02421	Center for MH and MR Services	Lexington	(800) 540-5806
02601	Cape Cod	Hyannis	(508) 778-4627
02720	Corrigan Mental Health Center	Fall River	(508) 235-7277
02746	New Bedford Child and Family Services	New Bedford	(877) 996-3154
02766	Taunton/Attleboro Emergency Services	Norton	(508) 285-9400

Adolescent Smoking

continued from page 1

youth smoking. A recent long-term study that tracked the same youths over a period of six years provided unique and powerful evidence that higher cigarette prices discourage teens from experimenting with cigarettes, and are especially effective at preventing teens from becoming regular, addicted smokers. The study showed that teens are two to three times more sensitive to price increases than adults, with participation rates and smoking intensity affected by price. The price elasticity for initiation of daily smoking of at least one to five cigarettes a day by high school kids was found to be -1.23 , meaning a 10 percent increase in the price of cigarettes would result in a 12.3 percent decrease in teens taking up daily smoking. The study confirmed substantial other research that concluded that tobacco tax increases are the most effective deterrent to youth smoking. ("Effects of Price and Access Laws on Teenage Smoking Initiation: A National Longitudinal Analysis." The University of Illinois Health Research and Policy Center. <http://tobaccofreekids.org/reports/prices/>)

Even with the aggressive tobacco control movement of the past decade, youth smoking rates are higher than adult smoking rates in

49 of 50 states. But make no mistake—we are making progress. Massachusetts is one of the only states that is seeing an actual decline in youth smoking. However, even with that good news, 30.3 percent of Massachusetts youths smoke, and 24,000 kids become new, daily smokers each year in our state.

As the people who care for children and guard their health, we can be most effective when we work beyond the clinical level. Think of this tax legislation as a kind of vaccine. It will prevent disease and premature death, and help slow the pediatric epidemic of youth smoking. This vaccination depends on political will. As pediatricians, we have a responsibility to flex our collective political muscle if this vaccination is ever to see the light of day. To learn more about *Health Now!*, check out www.healthnowma.org.

I urge you to call your state representative and senator and ask him or her to support *Health Now!* If you do not know your representative or senator, contact your local town clerk's office or check online at www.state.ma.us/legis/citytown.htm. Our positions as pediatricians add considerable weight to our opinions of children's health. Let's use our influence for this positive legislation!

Legislative Update

Edward J. Brennan, Jr.
Kirkpatrick & Lockhart LLP

The following is a list and summary of the legislative initiatives the Chapter is following during the 2001–2002 session of the Massachusetts Legislature.

SEAT BELTS

S.1211, “An Act Relative to the Enforcement of the Safety Belt Law.” The bill would make enforcement of the seat belt law a primary offense as opposed to its current status as a secondary offense. MCAAP supports. Dr. Paul Schreiber testified before the Public Safety Committee. The bill has passed the Senate and was debated in the House on May 29th. The House vote on passage was tied at 76–76 and the bill was not advanced. A motion to reconsider failed and the bill died.

H.3393, “An Act Relative to Child Passenger Safety.” The bill would change the child safety seating system by requiring that such seats be used for children under age eight and for children weighing 80 pounds or less. MCAAP supports. Dr. Paul Schreiber testified before the Public Safety Committee.

H.1084 and H.3392, “An Act to Promote Safety in the Transportation of Students.” The bills promote lap-shoulder belt use on school buses. MCAAP supports. The bill has been reported favorably from the Public Safety Committee. Dr. Paul Schreiber submitted testimony.

INJURY PREVENTION

H.1083, “An Act to Amend Chapter 85 of the General Laws to Require the Use of Safety Helmets While Using In-Line Skates, Scooters, Skate Boards or Other Manually Propelled Wheeled Vehicles by Children Under the Age of Sixteen.” MCAAP supports. Dr. Paul Schreiber submitted testimony to the Public Safety Committee. The bill was reported favorably to the House.

IMMUNIZATION

H.1936, “An Act Relative to the Hepatitis B Vaccine.” This bill would repeal the requirement that children be immunized against hepatitis B in order to be admitted to school. MCAAP opposes H.1936. Dr. Sean Palfrey testified before the Education Committee. The bill has been discharged to the Health Care Committee.

VISION EXAMINATION

S.224, “An Act Regarding Eye Exams for Children.” This bill was filed by the Optometrist As-

sociation and would require that every child, in order to attend school, must present a certificate of an eye examination completed by an optometrist or ophthalmologist. The Chapter opposes S.224, but would support a redraft of S.224 which would require that every child have an eye screening examination conducted by a health care provider (including a pediatrician) before admittance to kindergarten.

Dr. Sean Palfrey testified before the Education Committee.

PRIVATE SCHOOLS

H.2483, “An Act Relative to Enhancing the Health of School Children.” The bill would ensure that private school pupils receive the same physical examinations as public school children receive. The bill would require that every private school obtain from a parent of an enrolled pupil on an annual basis a certificate signed by the pupil’s pediatrician or primary care physician stating that the physical examination required by law for public school students has been conducted by the physician. MCAAP supports. Dr. Sean Palfrey testified before Education Committee.

ASTHMA

H.1757, “An Act Requiring Emergency Personnel to Be Trained in the Usage and Administration of Epinephrine.” This bill would require all levels of EMTs and first responders to be trained to carry and administer epinephrine. MCAAP supports.

NUTRITION

H.2183 and S.722, “An Act to End Child Hunger in Massachusetts.” The bills would expand WIC eligibility by one year to age six. They would also require universal breakfast—served after the bell rings—in all elementary schools that are already required to serve breakfast and establish summer recreation pilot programs to provide activities and summer food programs. MCAAP supports.

TOBACCO

H.2169 and S.1703, “An Act Relative to the Expansion of Health Care, the Reduction of Youth Smoking and the Use of Tobacco Products and Improving the Public Health of Residents of the Commonwealth.” The two bills are the same and are known as the *Health NOW!* legislation. The bills would increase the cigarette tax by fifty cents and direct that the revenues generated be used for (1) expanding health insurance coverage, (2) investing in

public health, and (3) strengthening the health care safety net. *Health NOW!* is being pushed by a broad coalition of health care providers, consumers and unions, including the MCAAP. The legislation would expand health insurance to low-wage workers who do not have access to employer-based coverage and will offer additional benefits to low-income Medicare beneficiaries who are enrolled in the prescription drug program. A portion of the revenue will be used to support the existing programs for children, seniors, people with disabilities and the long-term unemployed. MCAAP supports. Dr. Carole Allen testified before the Health Care Committee and Taxation Committee.

ANTI-TOBACCO BILLS SUPPORTED BY THE CHAPTER

S.1194, a bill that requires the Commonwealth to develop regulations which would mandate that cigarettes sold in Massachusetts be self-extinguishing

H.3291, legislation banning smoking in the workplace, which would include restaurants

H.3046, legislation prohibiting tobacco sales through vending machines

H.3045, legislation prohibiting self-service tobacco displays in retail stores

H.3244, legislation restricting storefront advertising and other forms of advertisement of tobacco products within 1,000 feet of schools, playgrounds and other places where children congregate

MENTAL HEALTH

H.1206, “An Act to Ensure Accountability and Provide for the Mental Health Needs of Children.” The bill would create the Mental Health Needs of Children Commission, which would collect data from the various state agencies responsible for the provision of mental health services to children. The bill would enable the state and advocates to monitor access and coordination of mental health services provided to children in Massachusetts. MCAAP supports. Dr. Jeannie Marcus testified before the Human Services and Elderly Affairs Committee.

H.3352, “An Act Relative to Reimbursement for Collateral Services by Mental Health Providers.” This bill requires Medicaid, insurance companies, and HMOs to pay for currently unbillable collateral services. Collateral services include consultation by a mental health provider with parties determined by the mental health provider to be relevant or necessary to the treatment of a child. MCAAP supports.

Committee on Native American Child Health

Vinny Biggs, FAAP

I am a member of the Committee on Native American Child Health (CONACH) and the MCAAP. What is CONACH, you ask? CONACH is a national committee within the AAP's Department of Community Pediatrics. Its goal is to advocate for American Indian and Alaskan Native children's health through legislative efforts, Indian Health Service (IHS) and tribal health facility site visits, and other consultative activities. All of the members have some present or past experience with the IHS, including the specifics of day-to-day health care delivery to Indian children. I have been a member of this committee for two years, and I spent four years in Shiprock, New Mexico, practicing general pediatrics on the Navajo Reservation. As most former IHS providers will tell you, this was time that I enjoyed immensely. The combination of clinical and cultural challenge was tremendously rewarding.

Much of CONACH's work occurs via conference calls or e-mail, but the committee does meet formally twice a year. One meeting takes place during an IHS or tribal site visit,

and the other is held in Washington, DC. The latter allows for visits with members of Congress and their staffers on key legislative issues facing Indian children. This is one of the few AAP committees that schedules a day out of their meeting annually to educate legislative staff. Moreover, the assistance of the AAP's Federal Affairs Office seems to improve our effectiveness as advocates. The committee also has liaisons from the American Academy of Child and Adolescent Psychiatry, the Association of American Indian Physicians, the Canadian Paediatric Society, the Section on Community Pediatrics, the American College of Obstetricians and Gynecologists, and the IHS. These associations broaden the committee's reach and effectiveness.

As most people know there has been a tremendous improvement in the health status of American Indian and Alaskan Native children since the establishment of the IHS, but many health disparities remain. These children have very high rates of dental disease, injuries, Type II diabetes, and certain infectious diseases. High poverty rates with

the lack of basic sanitation and electricity contribute to the health issues. Access to care is always an issue given the distances to travel for health care and the lack of phone service for most families.

For anyone who has an interest in advocating for Native American children there are a number of opportunities. CONACH is in the process of expanding an advocacy listserv. This is a group of people willing to write or call legislators on behalf of Native American children. We hope the listserv will be a powerful tool to mobilize timely lobbying efforts on legislation affecting these children. The committee also has a Locum Tenens list of needs within the IHS. The Section on Community Pediatrics is also initiating a Special Interest Group focused on American Indian and Alaskan Native child health. Please visit the CONACH website (www.aap.org/visit/conachwww.htm) or e-mail me (vinbiggs@aol.com) or our committee staffer Ana Garcia (agarcia@aap.org) with any questions or interest in the above activities.

The Medical Home: How do we get there from here? The MCAAP Medical Home Initiative

Richard C. Antonelli, MD, FAAP

At its most recent meeting, the Executive Board of the MCAAP voted unanimously to accept as Chapter policy the following:

1. THE MCHB DEFINITION OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

2. THE AAP DEFINITION OF THE MEDICAL HOME

Care that is accessible, family-centered, comprehensive, continuous, coordinated, compassionate, culturally competent, and for which the pediatrician shares responsibility.

Our Chapter's endorsement of these definitions is pivotal in commencing the process of achieving the outcome goals of the U.S. Department of Health and Human Services' Healthy People 2010, essentially the agenda for the health of the country for the next decade. These include the following:

1. All CSHCN will receive ongoing, comprehensive care within a medical home.
2. All families of CSHCN will have adequate private and/or public insurance to pay for the services they need.
3. All children will be screened early and continuously for special health care needs.
4. Services for CSHCN and their families will be organized in ways that families can use them easily.
5. Families of CSHCN will participate in decision making at all levels and will be satisfied with the services they receive.
6. All youth with special health care needs will receive the services necessary to make appropriate transitions to all aspects of adult life, including adult health care, work, and independence.

The MCAAP will now begin to focus its energies on developing a statewide medical home mentoring network. All members of the MCAAP (primary care and subspecialty pediatricians alike) will be invited to participate in the activities of the network. The "Every Child Deserves a Medical Home" training program will be held at the Shriners Hospital, Boston, on November 17, 2001 (see program an-

nouncement on page 8). This event will be a key initial component of the statewide training effort. Mentoring teams from across the Commonwealth will be invited to attend. The teams will return to their respective districts and continue the process of outreach training and mentoring with other pediatricians at the local level.

The mentoring network will be supported with technical assistance and medical home-focused resources developed at the AAP's National Center for Medical Home Initiatives. We will also benefit from the efforts of MCAAP members who are currently working on medical home-related projects.

The Committee on Disabilities will continue its efforts to engage all MCAAP members in the Medical Home Initiative. We will maintain close ties to other stakeholders working to create medical homes for all CSHCN, including Family Voices, the Title V program within the MA Department of Public Health, and the MA Consortium for CSHCN.

We would like you to join in this effort as a medical home mentoring network team member. Please contact Richard C. Antonelli, MD, FAAP, Chair, MCAAP Committee on Disabilities (rantonelli@hotmail.com).

CATCHing Our Breath: Massachusetts Plans for Another Grant Cycle

David Keller, MD
Emily Roth, MD

As I write this, spring is in the air, and that means another CATCH Planning Grant cycle has begun. I'd like to report on last year's successes, in hopes of encouraging another round of creative approaches to solving the problems faced by the children in our Commonwealth.

CATCH PLANNING GRANTS:

The CATCH Planning Funds program provides grants, in amounts from \$2,500 to \$10,000, for pediatricians and pediatric residents to develop innovative, community-based proposals to increase children's access to health care. The planning process, funded by the Community Access To Child Health (CATCH) Planning Funds program, should lead to the development of successful CATCH programs that can be replicated in other communities. A CATCH program is a broad-based community partnership that increases children's access to medical homes or to specific health services not otherwise available. Every CATCH program must be led by, facilitated by, or have significant involvement from a pediatrician or pediatric resident. Resident applications are reviewed in a separate pool.

Last year, CATCH funded two of the six proposals submitted for review. Audrey Guhn, MD, of Brightwood Health Center in Springfield, Mass., led the successfully funded coalition of prison officials, family groups and social service providers that devised the "Helping Children with Incarcerated Parents" program. She wrote in her application:

"Due to changes in the criminal justice system, an unprecedented number of parents are being incarcerated for non-violent offenses. Consequently, a growing number of children who are affected by this change must cope with an often suddenly altered home and community environment. In our clinical practice we have seen that not only must these children adapt to different living circumstances, but they also experience disruptions in the continuity of their health care, resulting in special needs going unrecognized. The objective of this initiative is to identify children impacted by the incarceration of a caregiver and to perform a needs assessment for these families."

The effort is well underway, and we look forward to hearing about their success.

Michael L. Goldfein, MD, of Vineyard Pediatrics in Oak Bluffs, Mass., received funding

through CATCH for the "Campaign for Healthy Children" (CHC). In the heat of the summer, it is hard to think of the Vineyard as a rural underserved area, but Dr. Goldfein will tell you that come winter, many Vineyarders are unemployed and uninsured. His coalition is working with local resources to ensure that all of the Vineyard's children have access to a medical home.

This year, we would like to fund more projects. There are two special initiatives in the CATCH program, resident projects and medical home projects, offering fresh opportunities to Massachusetts CATCHers. You can get more information and download a copy of the application at the AAP website: www.aap.org/visit/catchgrants.htm.

CATCH VISITING PROFESSORSHIPS IN COMMUNITY PEDIATRICS

The Community Access to Child Health (CATCH) program of the American Academy of Pediatrics (AAP) is announcing the support of five Visiting Professorships in community pediatrics. The CATCH program supports children's access to health care at the community level and is dedicated to promoting the use of community resources to provide better health care for all children.

The Visiting Professorship program provides up to \$4,500 for a training program to support an outstanding pediatrician with experience in general or community pediatrics to spend three days in the chosen institution. During the program, a combination of lectures, rounds, and conferences directed at community and general pediatric issues will be provided. Accredited pediatric residency programs are encouraged to apply.

More information can be obtained through the AAP website at www.aap.org/visit/NewRome.htm. UMass Medical Center recently used a Visiting Professorship to host Tom Tonniges, MD, of the Department of Community Pediatrics of the AAP for three days of seminars, meetings and site visits to enhance their teaching program in Community Pediatrics. We hope that next year, another program will find a way to use this amazing resource.

Again, please let one of your CATCH facilitators know if you are going to apply.

MCAAP, CATCH co-facilitator
(508) 943-5224; Fax: (508) 949-2211

David Keller, MD

E-mail: david.keller@ummed.edu

Emily Roth, MD

E-mail: roth_e@a1.tch.harvard.edu

Child Mental Health Seminar Recap

Lynda Young, MD

"ADHD and Beyond: An Update on Childhood Mental Health Issues" was presented to over 100 members at our annual meeting on May 23, 2001, at the Massachusetts Medical Society in Waltham. As you may recall, our Chapter has set a priority of improving the care of children with mental health concerns. Our Pediatric Council and other task forces have been working with mental health care providers and insurers to improve access to services and to further educate pediatricians on the care of children with mental health issues. This program was a result of a collaboration of the CME Committee, members of the Pediatric Council, and area child psychiatrists.

Our speakers were Bruce Black, MD, director of Comprehensive Psychiatric Associates, Wellesley; Jefferson Prince, MD, director of Child Psychiatry, North Shore Medical Center, Salem; and Barry Sarvet, MD, associate clinical professor, Department of Psychiatry, Tufts School of Medicine and Baystate Medical Center, Springfield. The morning sessions were centered on updates of the diagnosis and treatment of such problems as anxiety, mood disorders, bipolar disorders, tics, and other psychoses. When to refer for further evaluation and treatment was a particular concern for members, and this problem was discussed at length by all of the speakers. After lunch and the annual business meeting, the afternoon session was devoted to case discussions to highlight the topics covered in the morning.

The take-home messages from the meeting included the following:

- ★ "Clear cut" ADHD is now a primary care diagnosis and management issue.
- ★ Pediatric providers should be aware of the common comorbidities with ADHD.
- ★ Children with mood or bipolar disorders should probably be diagnosed and followed by psychiatrists unless the pediatrician is well-versed in the management of these patients.
- ★ Pediatric providers should be aware of common side effects of psychotropic medications.

Our chapter remains very active in presenting programs on topics of interest to our members or on current issues directly affecting our practices. We would appreciate any input from members on ideas for future programs. If you wish to contribute, please e-mail me at lyoung@massmed.org.

MCAAP CHILD ADVOCATE OF THE YEAR
Representative Nancy Flavin



*Please see page 4
 for details on Rep.
 Flavin's pivotal role
 in passing the Child
 Fatality Review
 Law.*

NOVEMBER 17 – SAVE THE DATE

**Special Education Odyssey 2001:
 Conference on Interactions of
 Environmental Factors and
 Learning Disabilities**

November 17, 2001
 Children's Hospital, Boston

Keynote Speakers:
 Phillip Landrigan, M.D.
 Ted Schettler, M.D.
 and Larry Silver, M.D.

*Presented by
 the Learning Disabilities Association of Massachusetts (LDAM).*

LDAM reminds you to keep an eye on your mailboxes
 for the Information Boards, as well as the book
*Parenting the Child with Learning Disabilities:
 The Experts Speak.*

SAVE THE DATE!

Immunization Update – Ed Penn Memorial Lecture

Saturday, September 29, 9 am to 1 pm
 MMS Headquarters, Waltham Woods
 Dr. Kathryn Edwards
 Professor of Pediatrics and Infectious Disease
 Vanderbilt Medical School

Every Child Deserves a Medical Home

Saturday, November 17, 7 am to 4:30 pm
 Shriners Hospital, Boston

For more information visit www.aap.org (click on "Community Pediatrics," "Medical Home Training," then click training sites), call (800) 433-9016, ext. 7081, or e-mail mhtraining@aap.org.

INSIDE

Mental Health Emergency
 Service Program1

Curb Kids' Smoking1

Mercury in the Environment3

EPSDT Regulations3

Legislative Update5

Native American Child Health ...6

The Medical Home6

CATCHing Our Breath7

Child Mental Health Seminar7

The Forum

– VOLUME 2 NO. 3 –

Published by the Massachusetts Chapter of the
 American Academy of Pediatrics, designed and printed
 by the Massachusetts Medical Society.

EDITOR: David Chung, MD

DESIGNER: Lisa Salvo

COPY EDITOR: Jennifer Gonzalez

Massachusetts Chapter American
 Academy of Pediatrics
 P.O. Box 9132
 Waltham, MA 02454-9132

First Class
 U.S. Postage
PAID
 Boston, MA
 Permit #59673