

The Forum

NEWSLETTER OF THE MASSACHUSETTS CHAPTER AMERICAN ACADEMY OF PEDIATRICS

PRESIDENT'S MESSAGE

Welcome to the new *FORUM*, the newsletter of the Massachusetts Chapter of the American Academy of Pediatrics. This issue will appear electronically on our Web site www.mcaap.org and in print. In the new database program that the chapter developed this past Spring we asked you for your email address. Eighty percent of the respondents replied with an address. We will soon have a membership list-serve that we will use to send out news electronically via email. You will have the option of getting the newsletter online or in print or both. We will also be able to push to you late-breaking news about issues that affect your daily activities. There is new information about vaccines, children's advocacy issues, and practice issues that are time-sensitive. Electronic communication with the membership is an important step in keeping you informed in a more timely manner.

Our increasing electronic capabilities are allowing us to do more business effectively. We already have three list-servs, the Executive Board, the Finance Committee, and the Mental Health Task Force. I expect to add several more in the near future for the Pediatric Council and committees.

If any of you are not yet online, I urge you to do so and soon. Internet access is a free membership service of the Massachusetts Medical Society. Powerful computers with fast modems are available for less than \$500. It's time to take the step into the future.

– Eugenia Marcus, MD

State Mandates Universal Newborn Hearing Testing

New technology which allows for accurate hearing assessment in newborns makes it possible to identify children with hearing loss immediately after birth. When children are identified early, intervention can have a dramatic impact on speech, hearing, and overall development.



Recognizing the importance of newborn hearing assessment, the Massachusetts legislature passed a law mandating universal newborn hearing screening in 1998. Each birth hospital is required to develop a program to ensure that every newborn baby has his or her hearing screened before discharge to home. Babies who do not pass the screen will be referred to diagnostic testing centers for confirmatory testing and therapy if needed.

The Department of Public Health has assembled a multidisciplinary advisory committee which assisted in writing amendments to the hospital licensure regulations (105CMR 130.000) and birth center regulations (105 CMR 142.000) regarding universal newborn hearing screening

programs. The amendments took effect on September 3, 1999 and require hospitals to submit protocols for their universal newborn hearing screening programs by January 3, 2000.

The AAP recommends universal newborn hearing screening,¹ and the Massachusetts chapter eagerly anticipates this improvement in the health of our state's children. Please feel free to discuss this matter with representatives from the hospital(s) where you care for newborn babies. Any questions about the state program can be addressed to:

Janet M. Farrell
Acting Director, Hearing Evaluation
Program for Infants and Toddlers
Department of Public Health
Commonwealth of Massachusetts
250 Washington Street, 4th floor
Boston, MA 02108
(617) 624-5957 or
janet.farrell@state.ma.us

¹ American Academy of Pediatrics, Task Force on Newborn and Infant Hearing. *Newborn and Infant Hearing Loss: Detection and Intervention*. Pediatrics. 103:527-30; 1999

DEPARTMENT OF PUBLIC HEALTH HEARING EVALUATION PROGRAM FOR INFANTS AND TODDLERS

Participating Hearing Evaluation Centers

BEVERLY

Beverly Hospital, Communication Disorders
Tel 978-922-3000 ext. 2690
Fax 978-921-7007, TTY 978-921-7007

BOSTON

The Children's Hospital, Dept. of Otolaryngology
Communication Disorders
Tel 617-355-6461
Fax 617-566-3314, TTY 617-355-5574

Harvard Vanguard Med. Assoc.
Tel 617-421-5984
Fax 617-421-2037, TTY 617-421-1190

Daniels Hearing Center, Boston Medical Center
Tel 617-638-8124, Fax 617-638-6424

Mass. Eye and Ear Infirmary, Audiology Department
Tel 617-573-3266
Fax 617-573-3023, TTY 617-523-5498

New England Medical Center,
Speech/Lang. Path./Audio. Dept.
Tel 617-636-5300
Fax 617-636-1479, TTY 617-636-7200

BRAINTREE

Braintree Hospital, Communication Disorders
Tel 781-848-5353
Fax 781-849-0582, TTY 781-843-9021

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Full addresses available on www.mcaap.org

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Email: ablas@adelphia.net

Meet the New Editor of *The Forum*

The new editor of *The Forum* represents the future of pediatrics and the direction of the MCAAP. Meet David Chung, MD. David, a resident of Brookline, Mass., is a graduate of Harvard Medical School and is a third year resident at Children's Hospital in Boston. He is also one of the founders of Beansprout Networks®, an online community for pediatricians, child care providers, and the families they serve. David brings to this position the young perspective of the pediatricians entering the specialty and the skills of the electronic world. He will help us communicate better with each other and with the outside world.



David will practice primary care in the Boston area as well as continue to consult for Beansprout Networks. Relying upon his primary care experience and that of the other pediatricians involved in Beansprout, he hopes to use technology to build on the patient-doctor relationship and improve communication.

David plans on giving subscribers the option of receiving email notifications of new issues or continuing to receive *The Forum* in hard copy. Please send your email address to Bonney Erskine at berskine@mms.org. Submissions for articles or letters to the editor should be sent to david@beansprout.net.

CALL FOR NOMINATIONS

The Massachusetts Chapter of the AAP is accepting nominations for the Executive Committee from Congressional Districts 4 and 6. Please send nominations to:

Bonney Erskine
MCAAP
PO Box 549132
Waltham, MA 02454-9132
Fax: (781) 893-2105

Communities in Districts 4 and 6 are listed on www.mcaap.org

TO THE EDITOR:

Letters for publication should be less than 300 words, must be signed, and addressed to: Editor, David Chung, Beansprout Networks, 10 Wilson Rd., Cambridge, MA 02138, or by email at david@beansprout.net.

CONGRATULATIONS SEAN PALFREY

I wish to congratulate Sean Palfrey on being elected as Vice President of MCAAP. With his skill at diplomacy and strong advocacy for children, Sean will lead our Chapter well. I look forward to working with him in my new position of Chapter Treasurer.

Thanks to my many friends and colleagues who supported and voted for me. I hope to continue to serve the Chapter in various roles in the coming years.

— Carole E. Allen, MD, FAAP

MCAAP COMMITTEES & ADMINISTRATIVE APPOINTMENTS

AAP Breastfeeding Coordinators
Susan Browne, MD,
& Jean Sheeley, MD

Accident Prevention & Poison Control
Paul Schreiber, MD

Adolescent & Sports Medicine
Harris Faigel, MD

Bylaws Committee
Carole Allen, MD

Catch Coordinator
David Keller, MD

Child Abuse
Robert Nelken, MD

Continuing Medical Education
Lynda Young, MD

Developmental Disabilities
Richard Antonelli, MD

Emergency Pediatric Services
Pat O'Malley, MD

Environmental Hazards
Jordan Leff, MD

Fetus and Newborn
Elizabeth Brown, MD

Forum Editor
David Chung, MD

Foster Care
Robert Abrams, MD

Infectious Disease
Sean Palfrey, MD

International Child Health
Lisa Albers, MD

Legislative
Richard Ringel, MD

Massachusetts Healthy Families
Howard King, MD

Membership
Ernest Wu, MD

Mental Health
Howard King, MD

**MMS Delegate/
House of Representatives**
Carole Allen, MD

MMS Interspecialty Committee Rep.
Eugenia Marcus, MD,
& Kevin Petit, MD

Nutrition
Ronald Kleinman, MD

Pediatric Council
Walter Harrison, MD

Pediatric Practice
Open

PROS Network Coordinator
Henry Bernstein, DO

Public Relations
Michael Rich, MD

School Health
Alan Stern, MD

Substance Abuse
Alan Woolf, MD

What Is the MCAAP Doing for You?

– David Chung, MD

The Massachusetts Chapter of the AAP has sponsored a number of different committees and lobbying efforts for improving the lives of children, primary care pediatricians, and pediatric subspecialists. This is the first of a series of articles to let you know what the MCAAP is doing for our community.

The Pediatric Council is an MCAAP committee composed of pediatricians, the associate medical directors for pediatrics of almost all the HMO's in Massachusetts, and representatives from the Departments of Public Health and Medical Assistance. The Council has discussed many issues relevant to children and pediatricians such as coding issues, vaccinations, documentation guidelines, preventative health care guidelines, etc. In essence, the Pediatric Council is the forum to discuss the concerns of pediatricians, patients, and families directly with insurers. Many issues have been resolved merely through the use of better communication. In this article, I will discuss advances and efforts in the area of child mental health services.

One of the most recent advances for patient care and communication is the agreement of all insurers to improve communication between providers of mental health and the patient's primary care physician. All too

often in the past, mental health care has been a black box where the primary care physician has been left out of the loop. Furthermore, mental health professionals have had barriers to communicating with their primary care counterpart and rounding out the care of individual patients due to concerns over confidentiality. Patients now have the option of signing a standardized release of information form to facilitate this communication.

One of the more distressing aspects of mental health care is that both inpatient and outpatient resources are inadequate to meet the needs of our children. The Massachusetts Chapter is attempting to address the situation at multiple levels, including through the Pediatric Council and other committees. In the most recent MCAAP Executive Board meeting, improving mental health resources was identified as one of the leading priorities for the upcoming year. Support from our membership is necessary to make sure that change is effected. Please continue to watch for updates regarding this pressing issue. Keep in mind that you can always check out the MCAAP Web site at www.mcaap.org for the latest news and advocacy initiatives. For further information, you may contact Bonney Erskine at berskine@mms.org.

Looking to Hire or Be Hired?

The Forum, in conjunction with the MCAAP Web site (www.mcaap.org) will be providing a free service to its members and pediatric residents. Please send the following text information via email to: david@beansprout.net

Position to fill:

practice name, contact name, address, phone number, email address, position available, time of availability (e.g. starting June 2000).

Looking for job:

name, contact info, residency training, year of graduation, time of availability (e.g. available now).

Ads run for three months. Nonmembers may contact berskine@mms.org for rates.

Hearing Evaluation Ctrs.

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Franciscan Children's Hospital, Dept. of Audiology
Tel 617-254-3800 ext. 5120
Fax 617-779-1199, TTY 617-254-6835

FALL RIVER

Charlton Memorial Hospital, Communication Disorders
Tel 508-679-3131
Fax 508-679-7083, TTY 508-679-7096

FRAMINGHAM

Learning Center for Deaf Children
Tel 508-875-5110
Fax 508-875-9203, TTY 508-879-5110

GREENFIELD

Franklin Medical Center, Speech & Hearing Dept.
Tel 413-773-0211 ext. 2360
Fax 413-773-4566, TTY 413-773-4566

HOLYOKE

Holyoke Hospital, Speech and Hearing Center
Tel 413-534-2508
Fax 413-534-2564, TTY 413-534-2508

LEXINGTON

Beth Israel and Children's Hospital
Medical Care Center
Tel 781-672-2100, Fax 781-672-2145

NORTHHAMPTON

Clarke School for the Deaf
Center for Audiological Services
Tel 413-584-3450 ext. 1114
Fax 413-587-0383
TTY 413-584-3450

PITTSFIELD

Berkshire Medical Center, Audiology Department
Tel 413-447-2225
Fax 413-447-2208, TTY 413-447-3079

SALEM

North Shore Children's Hospital
Speech/Hearing/Language Dept.
Tel 978-741-1215 ext. 2650
Fax 978-740-4980, TTY 978-745-2100 ext. 2653

SOUTHBRIDGE

Harrington Memorial Hospital, Audiology Department
Tel 508-765-9771
Fax 508-765-3073, TTY 800-974-6006

SPRINGFIELD

Weldon Center for Rehabilitation
Mercy Hospital, Audiology Dept.
Tel 413-748-6840
Fax 413-748-6812, TTY 413-788-9644

TAUNTON

Morton Hospital, Speech/Hearing/Lang. Center
Tel 508-823-3050
Fax 508-828-5858, TTY 508-821-4470

WALTHAM

Deaconess Waltham Hospital
Speech/Language/Hearing Center
Tel 781-647-6418
Fax 781-647-6842, TTY 781-899-6831

WOBURN

Health South, N.E. Rehabilitation Hospital
Audiology Dept.
Tel 781-935-5050
Fax 781-932-8152, TTY 781-938-1273

WORCESTER

Memorial Rehabilitation Group
Audiology Department
Tel 508-792-8700, Fax 508-792-8723

UMass Medical Center, Audiology Department
Tel 508-856-3996
Fax 508-856-3170, TTY 508-856-5998

A Message from Our District Chair

– Eileen Ouellette, MD, FAAP

Greetings to the Chapter Membership. I hope this article will be the first of several periodic articles updating you on national and district AAP activities. I would like to focus on the advances in communications that the AAP has made in the past year. This has been a year of great transition for the AAP, moving from a non-Y2K compatible computer system to a brand new system that encompasses all its departments and activities.

The most exciting endeavor of the AAP is a valuable new member benefit. The AAP joined with 6 other medical specialty societies to announce the joint formation of MEDEM.COM, a new consumer medical supersite that will provide the public with reliable, credentialed medical information that is the best available. MEDEM stands for “medical empowerment,” reflecting the two goals of the Web site. First is to empower the general public by providing them with reliable medical information. The second goal is to empower the pediatrician by putting him or her back in the center of the information loop.

As you all know, many patients now go directly from their pediatrician’s office to the Internet, where the information they

acquire ranges from accurate to dangerous. All too often, patients have no way to determine which is which. The AAP has joined with the American Medical Association; the American College of Obstetricians and Gynecologists; the American Academy of Ophthalmology; the American College of Allergy, Asthma and Immunology; the American Psychiatric Association; and the American Society of Plastic and Reconstruction Surgeons to form a company that would utilize the intellectual property of these professional organizations to provide the public with sorely needed accurate medical information they can trust. The content has been reviewed by the professional societies, which represent more than 400,000 physicians. Other professional specialty societies are expected to join the group shortly.

The second component is to provide pediatricians with their own Web sites as a member benefit through which patients can access this information. The aim is to provide information to patients in the context of the doctor/patient relationship. Pediatricians will be able to customize their own sites by combining information provided by the AAP with information about their own practice. Using secure email, doctors could provide patients with appointments or labo-

ratory results, and patients could request appointments or prescription refills.

It is anticipated that the supersite will be available during the first quarter of the year 2000, so SIGN UP NOW! Simply log on to www.aap.org and go to the Members Only Channel (MOC). If you have already signed up for the MOC, simply go to What’s New and follow the directions. Otherwise, sign up for the MOC by supplying your name and AAP number. The latter is found on your membership card and the mailing addresses for Pediatrics and AAP News.

Signing on to the MOC automatically enrolls you on the AAP ListServ, enabling you to receive important AAP announcements before they appear in the press. Those of you who were signed up received notification of the vaccine statements regarding Thimerosal and Rotavirus before they were released to the press; the remainder of you learned through PedComs about a week later. Electronic communication is clearly the wave of the future. Please join with us as we enter the year 2000 to serve our patients better and communicate better with each other. Any of you who want to reach me can at ouellette@aap.org.

Reporting of Burn Injuries Aims to Identify Arsonists and Prevent Injuries

The Massachusetts Burn Injury Reporting System (M-BIRS) is celebrating its 15th anniversary as the joint burn registry for the Department of Public Health and the Department of Fire Services. The M-BIRS program statutorily authorizes the reporting of serious burn injuries. State Fire Marshal Stephen D. Coan states, “M-BIRS was created primarily to track arsonists, who often burn themselves while setting fires, and then attempt to avoid detection by seeking medical treatment far from the fire scene.” Massachusetts General Law 112, Section 12A requires “every physician and health care provider . . . examining or treating a person with a burn injury affecting five percent or more of the surface area of his body, or, whenever any such case is treated in a hospital, sanitarium or other institution, the manager, superintendent or other person in charge thereof, shall report such case . . . at once to the state fire marshal and to the police

in the community where the burn occurred . . .”

Since its inception in 1984, over 6,145 burn injuries have been reported to the state fire marshal. Analysis of other types of data, however, reveal significant underutilization of M-BIRS. While the system evolved from the need to catch arsonists, almost half of all burn injuries are scald and cooking related, specifically for children under 5 years of age and adults over the age of 65. M-BIRS has proven to be invaluable to the Injury Prevention and Control Program (IPCP) at the Massachusetts Dept. of Public Health. Recently, the IPCP used the fire marshal’s data to obtain federal funding for a home fire safety program. Cindy Rodgers, Director of IPCP, says, “Analysis of the M-BIRS data allows us to better focus our energies and resources on burn prevention projects. If we can increase the awareness of health care providers on the importance of utilizing the system, together we could work to further

decrease the number of burn/scald injuries.” Data from the Massachusetts Burn Injury Reporting System is used every year to fight efforts to legalize fireworks in Massachusetts which would surely lead to increased injuries.

Because of the usefulness of the data, the Massachusetts Department of Public Health and the Office of the State Fire Marshal have joined together in an effort to spread the word about the Massachusetts General Law on burn injury reporting. In reply to the growing demands on health care providers, police, fire, and other human service staff, reporting has been simplified to a one-page fax and a phone call. For more information on M-BIRS and to obtain forms, please call the Fire Data and Public Education Unit in the Office of the State Fire Marshal at 978-567-3300. The Injury Prevention and Control Program can be reached at 617-624-5070.

Home Visits Get Parents & Infants Off to a Healthy Start

– Suzin Bartley

Executive Director, Children's Trust Fund

Pediatricians play a pivotal role in getting teen parents the personal support and encouragement that can take them successfully through pregnancy and their children's critical early years.

Now, Massachusetts pediatricians have a little extra assistance in this important role through a new program called Healthy Families, which provides new parents with home visitors.

Dr. Howard King, chairman of the MCAAP Mental Health Committee, notes: "Home visitors are out in the field visiting parents on a weekly basis . . . they are like our arms and are an extension of our health care system. They can help cut down on the number of midnight panic calls and emergency room visits. And, home visitors encourage parents to keep regularly scheduled appointments with pediatricians for well-baby check-ups and immunizations. The result — pediatricians are less rushed and more effective."

Massachusetts' Healthy Families Home Visiting program offers weekly visits to first-time mothers under age 20, from the prenatal period until their child turns three. The trained home visitors offer a wide-ranging, in-depth, knowledge of child development and parenting techniques and can guide the young parents as they devise practical solutions for life's everyday problems. The Children's Trust Fund sponsors the Healthy Families program and administers it in conjunction with the Massachusetts Department of Public Health.

"Getting a child off to a healthy start is a crucial event that shapes his or her future," said Joseph M. Carrillo, MD, Executive Medical Director of the Martha Eliot Health Center, one of 29 agencies statewide participating in the Healthy Families program. "Home visiting such as provided by the Family Network Collaborative staff is an important tool to assess a child's health, improve immunization rates, detect and intervene in developmental and social problems early, and enhance access to services."

All teen parents who request Healthy Families services are eligible. This is part of what makes the Healthy Families model so successful; it is a positive, voluntary intervention that parents embrace with enthusiasm.

"It radically alters the way information is communicated and the way it is perceived,"

said Betsy Busch, MD. Instead of having an authority figure come in and prescribe a remedy for bad parenting, "the ticket to admission is that you're a parent, and every parent needs some support and some help."

Fiscal Year 1999 funding in the amount of \$7.8 million supported the start of newborn home visiting services for first-time teen parents. The program has the potential to serve about 4,500 families.

"I think of home visiting services in two ways. It is a way to support families with

STUDY SHOWS LONG-LASTING IMPACT OF HOME VISITS

A 15-year follow-up study of adolescents whose at-risk mothers had had home visitation showed reduced antisocial behavior and experimentation with drugs.

The mothers, many of whom were unmarried, younger than 19, and of low socioeconomic status, received prenatal and early-childhood visits from nurses, according to the study headed by David Olds, PhD, of the University of Colorado Health Sciences Center. The 315 adolescent children of these mothers who took part in the study, when compared to a control group, reported fewer:

- ★ instances of running away (0.24 vs. 0.6)
- ★ arrests (0.20 vs. 0.45)
- ★ convictions and violations of probation (0.09 vs. 0.47)
- ★ lifetime sex partners (0.92 vs. 2.48)
- ★ cigarettes smoked per day (1.50 vs. 2.50)
- ★ days having consumed alcohol in the previous six months (1.09 vs. 2.49).

The youths' mothers reported fewer behavioral problems related to alcohol or other drug use (0.15 vs. 0.34).

The authors attributed the reported reduction in antisocial behavior to the home visitation.

young children, and historically, home visiting has made a lot of sense in that it is both cost-effective and culturally appropriate," said Edward Bailey, MD., a pediatrician practicing at Baystate Medical Center Children's Hospital in Springfield and chairman of Children's Trust Fund. "There is real value here. We've found a good way to invest in the infrastructure of our country — our young children."

The potential benefits to the families involved are many. For example, studies of home visiting programs have shown that

when families have home visitors, children have better immunization rates. For example, at the Martha Eliot Health Center 100% of the children whose parents had home visitors were immunized, compared to only 60% of the rest of the population.

Children in these programs have fewer emergency room visits. Their families record fewer cases of child abuse and neglect because parents have improved skills, knowledge, and self-confidence and, as a result, less stress. Participating mothers are less likely to have a repeat pregnancy within two years. The Healthy Families program also aims to improve educational status and economic self-sufficiency of young parents.

"The data we have on how well the program works is stunning," said Busch, who said she was skeptical of the numbers at first, "but I've seen so many numbers from so many sources . . . It's not too good to be true; it's real."

WHAT PEDIATRICIANS CAN DO

Pediatricians have two opportunities to refer patients to the Healthy Families Home Visiting program: when a teen patient is found to be pregnant or when young parents bring a newborn in for initial clinical visits.

While the program is shown to benefit the teen parent and her child, it also can increase the pediatrician's effectiveness.

The home visitor can help the young parent plan ahead for the visit and voice questions that she might otherwise not know enough or be too shy to ask. "If the presence of a home visitor can help you target the needs of a parent in the short amount of time available, it will improve immeasurably the communication between parents and health care providers," said Busch.

"I think every teenage mother should have a home visitor," said Felicia Roberts, who became pregnant at 19 and gave birth to a son, Jahcari, in October 1998. "It's hard to be a mother, especially when you're so young, and she's like an older sister or a mother figure who can help you find answers to your questions."

Posters and brochures about the program are available for pediatrician's offices. For copies of these materials or for more information about the program, contact the Massachusetts Children's Trust Fund at 1-888-775-4KIDS.

Legislative Report

– Edward J. Brennan, Jr.

This year's legislative session has been particularly active for the Chapter. We have strongly advocated for children and pediatricians by taking positions and submitting testimony on scores of bills before the Legislature.

TOBACCO CONTROL

Tobacco control continues to be a priority of the Chapter. This year, a record number of bills have been filed addressing a variety of tobacco-related issues. Taking priority is the decision the Commonwealth will make on allocation of the \$7.7 billion it will receive over the next 25 years as the state's share of the settlement negotiated by the Attorneys General of 46 states with the tobacco industry.

TOBACCO SETTLEMENT

The Chapter has joined with health advocates to support efforts to ensure that revenues from the tobacco settlement be directed toward public health programs, with particular emphasis on funding smoking cessation programs.

The Governor and the Legislature have accepted the premise that the settlement monies should be dedicated to public health programs. The Legislature has enacted, as part of the state budget, a provision which requires 70% of the settlement funds received each year be earmarked to a trust fund. The remaining 30%, as well as 30% of the interest generated each year by the trust fund, will be used for public health programs with 25% of that amount dedicated to tobacco control.

An advisory committee, with a mandate to advise the Legislature as to how the monies from the tobacco settlement should be spent each year, has been created as a part of the budget. The Chapter was successful in having two amendments to the budget adopted, which would include on the advisory committee a child advocate as well as a member of the Massachusetts Chapter, American Academy of Pediatrics. A special note of appreciation goes to Representative Ruth Balsler (D-Newton) and Senator Cynthia Stone Creem (D-Newton) for sponsoring the amendments in their respective chambers.

ANTI-TOBACCO INITIATIVES

The Chapter has submitted testimony in support of the following antitobacco legislation, all of which are pending before the

Legislature:

- ★ institute mandatory Medicaid coverage for smoking cessation products
- ★ prohibit smoking in restaurants, public buildings, convenience stores, restrooms, taxicabs and indoor flea markets
- ★ ban tobacco sales through vending machines
- ★ prohibit self-service tobacco displays in stores
- ★ restrict stores from advertising tobacco products, especially close to schools, playgrounds, and other places where children congregate
- ★ require warning labels on cigars
- ★ prohibit the sale of individual little cigars
- ★ require the disclosure of the constituent ingredients of tobacco products

POSSESSION OF TOBACCO PRODUCTS BY MINORS

Some well-intentioned legislators sponsored legislation which would make it a crime for a youth under the age of 18 to possess tobacco products. In separate testimony before the Criminal Justice and Health Care Committees, the Chapter opposed youth penalties, noting that there is no data demonstrating that prohibiting possession is an effective deterrent. The Chapter testified that children who smoke are victims of the tobacco industry. They should not be found criminal for succumbing to the marketing that has been carefully aimed at them. The Legislature has placed youth possession bills into a study.

ADOPTION

The Chapter supported adoption reform legislation which was enacted this year. The new law would ease the adoption process, particularly for children in foster care (Chapter 3 of the Acts of 1999).

EXPANSION OF HEALTH BENEFITS FOR CHILDREN

As part of a children's coalition of advocates, the Chapter supported an initiative in the state budget which will fund more outreach programs that will enable MassHealth (Medicaid) to enroll children into the SCHIP program. The SCHIP program is a federal program which provides medical coverage for children whose family income falls within 200% of the federal

poverty level. The new state budget includes some tobacco settlement monies to be used to create a pharmacy benefit for all children under 200% of the federal poverty level.

CHILD FATALITY REVIEW TEAM

The Chapter supports legislation establishing child fatality review teams in the Commonwealth. By investigating all deaths of children, valuable public health and safety information can be discerned which would help the Commonwealth develop policies to decrease the incidents of preventable death and injuries. The bill, H.982, has received a favorable report from the Committee on Health and Human Services and is now before the House for consideration.

IMMUNIZATION

The Chapter strongly opposed legislation which would seriously weaken the statutory immunity for physicians and nurses who administer vaccines as part of the Commonwealth's public health programs. The bill, H.3510, has been reported to a study by the Judiciary Committee.

NUTRITION

In the state budget, the Chapter supported an increase in funding for child hunger initiatives, such as WIC and the school breakfast program. In addition, the Chapter supported H.1350, which would require schools to publish as part of school menus a nutritional report listing fat, grams, vitamins, minerals, and calories, which would enable parents to help their children make nutritional choices for lunch.

CHILD SAFETY

The Chapter supports H.4063, which is the so-called "Jeffrey Curley bill." This legislation would require distribution of "My 8 Rules for Safety" in schools and parks. The "My 8 Rules for Safety," published by the National Center for Missing and Exploited Children, is a poster that clearly spells out for children and parents "what to do" and "what not to do" when confronted with danger to personal safety.

ENVIRONMENTAL INITIATIVES

The Chapter submitted testimony in support of H.3119, which would provide for the recycling of lead acid batteries. The Chapter's position is consistent with its long-standing support of legislation which would rid the Commonwealth of sources of lead poisoning. H.3119 received a favorable

report from the Committee on Natural Resources.

The Chapter supports H.4803 which would require the recycling of products containing mercury. The bill is before the House Ways and Means Committee.

MANAGED CARE REFORM

Both the House and Senate have passed versions of managed care reform. A conference committee has been appointed to work out the differences between the two versions. Legislative leaders expect that the differences can be resolved when the Legislature returns to session at the beginning

of the new year. Of particular note for pediatricians, the Chapter supported successful efforts in both versions to make sure that children in managed care networks have access to pediatric specialists.

While the particulars of the House and Senate versions may differ, both branches provide:

★ a grievance and appeals process for certain adverse decisions of health insurers is required for all insurance plans, with a right of appeal to an external authority

★ all insurers must cover emergency care, whether by a network or out-of-network

physician or provider, that a prudent layperson would consider a medical emergency

★ managed care organizations would be subject to greater regulatory control and the state would develop "report cards" that would enable consumers to reevaluate and compare health care plans.

Health insurers would be required to pay interest on payments due to physicians after 60 days under the House version and 45 days under the Senate version.

Grandparents Raising Grandchildren

– Harris Faigel

About one in 20 American children (more than four million children) lives in a home headed by a grandparent, an increase of 40% over the past 10 years. According to the Census Bureau, 46% of these grandchildren are African American, 42% are Caucasian, and 12% are Hispanic. Clearly, there is a large percentage of children raised by their grandparents, and yet little is written about this issue in the medical press. The Committee on Adolescence of the



Massachusetts Chapter of the Academy has collected information about this topic to follow this trend.

The most common reasons grandparents are needed to raise their grandchildren are parental drug abuse, child abuse, abandonment, teen pregnancy, or death. Drug abuse accounts for almost half of the cases. More than one in five were placed with grandparents because the children were being abused by their parents.

Grandparents raising grandchildren face many challenges. These include their own declining health, the need to provide support for their own adult children, as well as lack of support and respite services, affordable housing, and access to medical care. Being supportive while setting limits is difficult. Helping the children grieve is hard. Making peace with the child's own parents may be difficult. And the lack of support can

cause loneliness, despair, and depression.

Many grandparents living solely on social security benefits may not qualify for public welfare or aid to families with dependent children benefits, particularly in states that only provide such benefits for a limited time. As a result, many of these grandparents, retired for several years, are forced to return to work to support their grandchildren, only to face low wages, the risk of losing social security benefits, and age discrimination.

Being raised by grandparents has many stresses for the children. At the same time, these children need to grieve the loss of their parents and develop a comfortably bonded relationship with their grandparents. They also need to understand that they are not the cause of the separation.

Pediatricians need to ask caregivers who bring a child to a medical visit what their relationship is with the child and understand the stresses these families endure. The providers also need to know how to help these families find the support they need.

A search of the Internet meta-search engines such as Askjeeves.com and Dogpile.com using the key phrase *grandparents raising grandchildren*, can be helpful. These connect the searcher to the US Administration on Aging, the AARP, and to foster parent communities. Other resources include the Child Welfare League of America and the Brookdale Foundation's initiative for grandparents raising grandchildren, among others. Even individual state offices providing service for older adults such as an Office of Elder Affairs will have programs.

The Internet chat rooms for grandparents raising grandchildren offer access to a community of adults dealing with the same

issues. Similar chat rooms for children and teens provide like communities for them as well.

For more information, consult one of the agencies listed in the Organization Resources box. You can also search the Web using your favorite Internet search engine. Or you can log into the MCAAP Web site for a list of selected Internet resources for grandparents at www.mcaap.org.

ORGANIZATION RESOURCES

- ★ **US DEPARTMENT OF HEALTH AND HUMAN SERVICES**
Administration on Aging
200 Independence Avenue SW
Washington, DC 20201
- ★ **THE BROOKDALE FOUNDATION**
126 East 56th Street
New York, NY 10022
- ★ **AARP GRANDPARENT INFORMATION CENTER**
601 East Street NW
Washington, DC 20049
- ★ **NATIONAL COALITION OF GRANDPARENTS**
137 Larkin Street
Madison, WI 53705
- ★ **NATIONAL FOSTER PARENT ASSOCIATION**
9 Dartmoor Drive
Crystal Lake, IL 60014

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The Forum is also available at the MCAAP Web site, www.mcaap.org. Check here for rapid updates and job listings.



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