On January 20, 2011, Surgeon General Regina M. Benjamin released *The Surgeon General’s Call to Action to Support Breastfeeding*. Dr. Benjamin delineates not just the health effects of breastfeeding, but psychological, economic and environmental outcomes as well. Citing the Centers for Disease Control and Prevention’s (CDC) annual National Immunization Survey (NIS), Dr. Benjamin observed that while rates of initiation met the Healthy People 2010 target for initiation at 75%, rates of duration and exclusivity still fall short. Among children born in 2007, 75% of mothers initiated breastfeeding, 43% were breastfeeding at six months, and 22% were breastfeeding at 12 months.

Dr. Benjamin urged clinicians, employers, communities, researchers, and government leaders to “take on a commitment to enable mothers to meet their personal goals for breastfeeding.” She identifies ways that families, communities, employers and health care professionals can improve breastfeeding rates and increase support for breastfeeding:

- Communities should expand and improve programs that provide mother-to-mother support and peer counseling.
- Health care systems should ensure that maternity care practices provide education and counseling on breastfeeding. Hospitals should become more “baby-friendly,” by taking steps like those recommended by the UNICEF/WHO’s Baby-Friendly Hospital Initiative.
- Clinicians should ensure that they are trained to properly care for breastfeeding mothers and babies. They should promote breastfeeding to their pregnant patients and make sure that mothers receive the best advice on how to breastfeed.
- Employers should work toward establishing paid maternity leave and high-quality lactation support programs. Employers should expand the use of programs that allow nursing mothers to have their babies close by so they can feed them during the day. They should also provide women with break time and private space to express breast milk.
- Families should provide mothers with support and encouragement they need to breastfeed.

To order printed copies of the Surgeon General’s “Call to Action to Support Breastfeeding” and other materials, please call 1-800-CDC-INFO or email cdcinfo@cdc.gov and reference the publication title.

**PCORE CORNER**

*Steve Kairys, MD, FAAP*  
Medical Director/Chair  
PCORE Board of Trustees & Fran Gallagher, MEd,  
Executive Director, AAP NJ & NJPCORE

**Shaping Child Health in New Jersey for the 21st century**

AAP NJ & PCORE collaborate with many public and private partners to improve the quality of children’s health. We encourage you to learn more about opportunities to become engaged with AAP NJ & PCORE. If you already are actively engaged you know the many benefits... reach out to a colleague and encourage them to become more involved (e.g. as a program participant, a MD Champion, an advisory or curriculum committee member). Partnerships can be powerful... children, their families, pediatricians, and other healthcare providers benefit when we work together to make a difference!
President’s Message

Stephen Rice, MD, PhD, MPH, FAAP

It has been a cold, harsh winter but spring is truly just around the corner. Our AAP/NJ Chapter has been keeping busy these past few months, developing new benefits for our members, planning for several major spring events, strengthening our relationship with governmental agencies, moving our advocacy efforts in a new direction, and building ever stronger coalitions on behalf of children and pediatricians in New Jersey.

The most exciting news is the opportunity to partner with NJ-HITEC to assist AAP/NJ members in moving to successful adoption, implementation and use of electronic health records with the ultimate goal of becoming “meaningful users” of those healthcare technologies. There is federal funding to help primary care practices go through this process as well as significant payments to each pediatrician as various stages are completed. This is an ultimate win-win-win situation, since it is anticipated that better coordination of access to health records and communications among those caring for children and their family will result in reducing the overall cost of providing medical care through efficiency. More detailed information can be found elsewhere in the newsletter.

Other member benefits include savings on malpractice insurance, disability insurance, medical office supplies, long term care insurance, energy supply for your office and your home, CHADIS and office management services such as billing.

The First Annual New Jersey Children’s Ball will take place on Saturday, April 30, 2011 at Jasna Polana in Princeton, New Jersey. This magnificent venue will offer an evening of dining and entertainment to celebrate and honor those that tirelessly provide specialized medical, surgical and rehabilitative care to New Jersey’s pediatric population. We will be honoring one of our chapter’s past presidents as a physician champion, Bipin Patel, MD, FAAP and will also spotlight two advocate honorees, Congressman Frank Pallone (6th District) and State Senator Jennifer Beck (12th District), both of whom are steadfast and unfaltering in the fight for the healthcare rights of children. Please come and enjoy this most special evening.

Our Chapter’s Annual Meeting and CME Conference will be held on Tuesday, June 7, 2011 at The Palace in Somerset, New Jersey. The program committee, under the guidance of Vice President-elect Elliot Rubin, has assembled an excellent menu of the “Hottest Topics” in medicine today, including Electronic Medical Records, Maintenance of Certification and the Top 10 AAP Grand Rounds Articles. I present a workshop on Concussion Management 2011; anyone who has not been updated on concussion within the past year needs to be there!

The quarterly meetings with key staff for the Commissioner of Health and Senior
President’s Message cont.

Services, Dr. Poonam Alaigh, have been most productive for both sides. An additional meeting with the Commissioner, AAP/NJ and representatives from vaccine manufacturers took place in January under the New Jersey Immunization Network (NJIN) umbrella.

Chapter initiatives on our designated primary objectives of oral health, mental health and obesity prevention continue to advance. Cathy Ballance, MD and David Krol, MD, are the dynamic force behind the oral health initiative while Steve Kalrys, MD and Gary Rosenberg, MD continue to make great strides in promoting a model for better coordination of pediatric mental health services.

The Government Affairs Committee, ably co-chaired by Pierre Coant, MD and Jeanne Craft, MD, has infused new energy and direction into our Chapter advocacy. After considerable reflection, the GA Committee has determined that AAP/NJ should focus its advocacy efforts in a different direction. A call for proposals was prepared, responses from about a half dozen was received; four were interviewed by the committee. The field has been narrowed to two excellent firms; the new advocate is shared on page 4.

As I reported in my last President’s column, the pamphlet on sudden cardiac death is completed and is in the hands of the state Departments of Education and Health & Senior Services to disseminate. As soon as those agencies determine the distribution strategy, AAP/NJ will post a version on its website for our members to download and distribute if they wish. It will be required reading for every child and parent who must obtain a pre-participation physical examination for interscholastic sports.

The New Jersey Student Athlete Cardiac Screening Task Force is in the writing stage of its agenda and expects to have a published report by May 2011. As Chairman of the Task Force, I am delighted with the focus and efficiency of our members in accomplishing our responsibility in a thorough and timely manner.

As a result of bill enacted by the State Legislature and signed by Governor Christie in January 2011, guidelines for concussion management for interscholastic athletes has become law. The Department of Education is charged with developing a model school board policy on concussion management by March 31, 2011 in order that all districts can have a policy in place at the start of the 2011-2012 school year. I am the physician representative to that eight member group. School district physicians and team physicians (as well as athletic trainers) are required under the law to receive educational training in concussion management prior to the start of the 2011-2012 school year; I am working with the Brain Injury Association of New Jersey and Rutgers University Continuing Education Department to develop that educational component. Further, primary care physicians who treat athletes with concussions need to be current and knowledgeable in concussion management since all athletes will require physician clearance to enter and complete the “graduated return to play” pathway. I have been lecturing on concussion at hospital grand rounds and CME programs throughout the state since last fall and will have several additional lectures in April, May, June and October.

Let me close by repeating my words of encouragement from my last column: AAP/NJ has the capacity to accomplish a remarkable number of projects and goals. We are on the move and making a difference. We need your interest and energy to bring these projects and goals forward to a successful conclusion. Get involved. Join a committee. Advocate. Tell us your ideas and suggestions; give us new ideas and direction. We are here to serve you, your patients, and our profession.
Together, AAP NJ and PCORE will achieve a vision to *Shape Child Health in New Jersey for the 21st Century*. This vision drives PCORE’s mission - to affect health policy and primary care practice improvements through a medical home focus, to provide education for parents and primary care provider teams, and to foster partnerships that integrate sustainable systems of care.

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velopmental delays early, it’s all part of a medical home. Our partnerships allow us to more fully address and integrate policy and community level improvements.

One of many examples...through partnerships, AAP NJ & PCORE are working with many stakeholders to improve access and quality of pediatric oral health services. Horizon is funding a pilot with 10 primary care practices involving 20 offices to increase access to oral health care and to link medical and dental homes. In this pilot, pediatricians are being paid for oral health risk assessments, varnishing, educating parents about preventative care, and referring children to a dental home. Children benefit from timely preventative care, parents benefit from the education and coordinated referral from their child’s medical home to a dental home, dentists benefit from establishing a dental home for the child earlier, and pediatricians benefit from having the opportunity to provide high quality care and to be paid for services provided... making the services sustainable and part of the medical home protocol!

In this issue you will also see articles highlighting:

- program progress and alignment with federal and state priorities in reference to wellness/obesity prevention initiatives such as the NJ Baby Friendly Hospital Initiative (p. 16);
- an opportunity for your practice to sign up for a MOC Part 4 Program entitled *Strengthening Pediatric Partners* (free, p. 21);
- free assistance for a practice EMR self assessment and assistance working to become a “meaningful user” (p. 12)
- how to access free help in becoming a certified Presumptive Eligibility provider through NJ Family Care (p. 17)

For more details on other programs and opportunities, please visit www.njpcore.org.

Finally, we want to take this opportunity to invite you to join us for our first annual Children’s Ball honoring our very own Bipin Patel, MD, FAAP; Congressman Frank Pallone, and Senator Jennifer Beck. Details on p. 10 and on the AAP NJ Chapter website (www.aapnj.org). We hope to see you there!

**Meet Our New Advocates!**

The American Academy of Pediatrics, New Jersey Chapter is pleased to announce our New Advocacy partners: Public Strategies Impact (PSI). PSI sets the standard in Government Relations, Public Affairs, and Association Management. Their business is lobbying and focusing squarely on New Jersey.

Founded by two icons of New Jersey lobbying, Harold Hodes and Roger Bodman, their expertise comes from having served in cabinets and legislative staffs in New Jersey for nearly 30 years, developing strategies that are sound, principled, bipartisan and successful.

PSI has advised governors and legislators, held local public office, conducted political campaigns for candidates on a state and national level. Their reputation has been forged achievement-by-achievement on behalf of their clients.

As Public Strategies Impact has grown, they have attracted and cultivated an impressive team of more than 20 highly qualified professionals, each with the specialized knowledge, experience and energy to advance your agenda.

**Our Lobbyists:**

Joseph A. Simonetta, CAE

Joseph Simonetta, partner, is an experienced lobbyist and association manager who has...
Senior Section Report

During the past several months, there has been a lot of discussion concerning Maintenance of Certification (MOC). The gist of this issue for Senior members of the AAP is the fact that the American Board of Pediatrics (ABP) has decided to terminate lifetime certification. Specifically, this means that those who were certified by the ABP prior to 1987, must now participate in a fairly costly re-certification program periodically in order to be considered certified in Pediatrics by the ABP and thereafter by other organizations (e.g. hospitals, third party payers, etc.). The proposed genesis for this change is the public demand for accountability and concerns regarding the quality of patient care provided by physicians including older pediatricians. Thus far, the national AAP has stated that the ABP is an independent organization with limited acceptance of influence by the AAP. Needless to say, there has been a considerable amount of dissatisfaction with this rather arbitrary action by the ABP and some of the financial ramifications. Your input regarding this would be appreciated.

The problem of misguided legislation regarding conscientious exemptions from immunization mandates has again reared its ugly head with the recent bill introduced in the NJ Assembly (No. 2450) by Charlotte Vandervalk. Please continue to reach out to your NJ state legislators to explain the potentially dire consequences of this legislation: the return of epidemics of vaccine preventable diseases.

This June, there will again be a Senior Section breakfast at the AAP/NJ Annual Meeting on June 7, 2011 at 7:30AM at The Palace in Somerset, NJ. NJ legislative advocacy issues will be reviewed along with the mandated participation in the NJ Immunization Registry (NJIIIS). Please e-mail (lfrenkel@uic.edu) or call (908-616-8650) regarding your suggestions for agenda items. Please put the date on your calendar.
Athletic Trainers are licensed healthcare providers who work with physicians, parents, participants and coaches to provide health care to physically active patients.

Athletic Training encompasses the prevention, assessment, treatment and management of emergency, acute and chronic medical conditions.

**Athletic Trainers:**
Keeping Active People Healthy

For more information, go to www.ATSNJ.org.
PROS (Pediatric Research in Office Settings) had a wonderfully productive meeting this fall in San Francisco.

The Boys’ Puberty Study (Secondary Sexual Characteristics in Boys) has finished data collection and analysis is almost complete, and the manuscript is being written for publication which should follow soon.

PROS is starting an exciting dissemination study in selected states (NY, FL, CA, PA, IN, HI, and NC) to address Teen Driving. The study, funded by the CDC, will assist pediatricians in helping parents discuss driving with their teens, and to promote safety rules and driving contracts for decreasing accidents, injuries, and deaths. The first six months of driving without adult supervision is the highest risk period for all teen drivers and setting limits above and beyond the graduated driving license laws have been shown to decrease morbidity and mortality. This is very simple study for those to try if you are new to PROS or interested in joining the group (for those in the aforementioned target states). AND, it addresses a very important topic to help save lives.

PROS has begun work on an effort to build and test and HER-based version of the network, and to conduct a comparative effectiveness research project through this subnetwork.

PROS will soon be starting a Teen Smoking Cessation Study (Smokebusters), and if you have a high adolescent population in your practice, this would be a great study for you! Most smokers get hooked in their early teens and helping them to quit early would make a huge impact on the life of teens and their family.

The National Institute of Child Health and Development (NICHD) also presented a potential study to look at the use of atypical antipsychotics in children and the medical consequences of their use. This is a topic of great interest to many pediatricians throughout the nation, whether there is or is not any viable access to mental health professionals. And the NICHD also proposed future studies looking into the more common but unstudied “off-label” use of medication in the pediatric population.

Ongoing studies under development includes studies to look at dental health of children, ways to more accurately identify child victims of abuse, and the use of “Common Factor” to help address mental health topics during pediatrics visits.

Current ongoing studies in the middle of the data collection includes CEASE (Clinical Effort to Address Second-hand Smoke Exposure to promote parental smoking cessation), a pilot study to look at the acceptability/tenability of a test for the tobacco marker cotinine in practice, and BMI2 (Brief Motivational Interviewing to reduce BMI to study obesity prevention).

This is a very exciting time for PROS and we welcome interested practitioners as several important will soon begin. Please see PROS website (www.aap.org/pros) or contact PROS Central office at 800-433-9016, ext 7623 or Harris Lilienfeld, MD, FAAP (New Jersey Coordinator) at 609-896-3808 or lilienfeld@aol.com
Pediatric home care with a commitment to clinical excellence

- Expertise in caring for your patients with special health care needs at home and school
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- Evidence-based clinical practice committed to quality and patient safety
- Coordination of care with you, the hospital, DME companies, payors, and families
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- RN clinical leaders provide supervision on all levels of care
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One in 94 children in New Jersey has an autism spectrum disorder according to the Center for Disease Control and Prevention (CDC). In response to New Jersey having one of the highest rates of autism among those states studied, New Jersey enacted a law to create the Autism Registry that requires all licensed physicians who diagnose or follow a child with autism to register. The following diagnoses are included in the definition of autism: Asperger Syndrome, Autistic Disorder, and Pervasive Developmental Disorder Not Otherwise Specified, Rett Syndrome, and Childhood Disintegrative Disorder (Administrative Rules, N.J.A.C. 8:20 subchapter 2).

By registering, you can help these families obtain better care and services. The Registry links families to coordinated community-based care through the Special Child Health Services Case Management Units.

- Once a child is registered, a letter and information pamphlets are sent to the parent or legal guardian named on the registration, notifying them that the child has been registered.
- A case manager will then contact the family to inform them of available family-centered services in their community.

These case managers will assist with referrals as well as obtaining community resources at no cost to the families.

By registering children to the Registry as part of your standard practice, you and your staff are opening up many service opportunities for these families.

To register a child with autism, you can use the Birth Defects and Autism Reporting System (BDARS) if you are affiliated with a New Jersey birthing hospital, or by downloading the Special Child Health Services Registration form (SCH-0) and the Autism Supplemental Information form (SCH-1) from [http://www.state.nj.us/health/fhs/sch/schr.shtml](http://www.state.nj.us/health/fhs/sch/schr.shtml) and then mailing or faxing them to the Department of Health and Senior Services.

The information collected includes parent/guardian names and contact information, child’s name, diagnosis information, diagnostician information, and information on the person actually submitting the registration form.

- Most of this information can be obtained through the child’s charts.

Families could complete the contact information section of the forms while they wait to be seen for their appointment.

We recognize that the information reported is personal. The Registry maintains the information in a highly secured database and we do not report any personal information on any reports.

If you have any questions about the Autism Registry, please contact the New Jersey Department of Health and Senior Services, Division of Family Health Services, Special Child Health and Early Intervention Services at (609) 292-5676.
Join us for an evening of dining and entertainment to celebrate and honor children's advocates... legislative and dedicated pediatric physicians. The event will also highlight New Jersey's children's hospitals that tirelessly provide specialized medical, surgical and rehabilitative care to New Jersey's pediatric population.

Help us in honoring the Physician Champion Honoree, Bipin Patel, MD, FAAP as well as an impressive advocate honorees including: Congressman Frank Pallone, Jr. (6th District) and Senator Jennifer Beck (12th District) who are unfaltering advocates in the fight for the healthcare rights of children.

Not to be missed entertainment for the evening will include the celebrated vocal talent of Ms. Susan Owen, Christine from the Broadway cast of Phantom of the Opera.

Proceeds from this special event go toward improving New Jersey's children's healthcare by:

- Enhancing access to pediatric specialty care by implementing programs for increasing pediatric subspecialists to New Jersey.
- Supporting quality improvement initiatives for community-based pediatric health care teams to strengthen medical homes for all of New Jersey's children

For additional information about the Children’s Ball and sponsorship opportunities, please visit www.aapnj.org or contact Bert Mulder, Director of Membership & Events at 609-842-0014 or bmulder@aapnj.org.
ENDING CHILDHOOD OBESITY WITHIN A GENERATION

We support school-based nutrition and physical fitness initiatives, such as Fuel Up to Play 60, that help achieve these guiding principles:

1. Increase access to and consumption of affordable and appealing fruits, vegetables, whole grains, low-fat dairy products and lean meats in and out of school.

2. Stimulate children and youth to be more physically active for 60 minutes every day in and out of school.

3. Boost resources (financial/rewards/incentives/training/technical assistance) to schools in order to improve physical fitness and nutrition programs.

4. Educate and motivate children and youth to eat the recommended daily servings of nutrient-rich foods and beverages.

5. Empower children and youth to take action at their school and at home to develop their own pathways to better fitness and nutrition for life.
What does NJ-HITEC mean to you?

The American Academy of Pediatrics, New Jersey Chapter (AAP NJ), is very pleased to announce that it has entered a partnership with the New Jersey Health Information Technology Regional Extension Center (NJ-HITEC). AAP NJ and NJ-HITEC will offer assistance to New Jersey primary care providers in the successful adoption, implementation and use of electronic health records systems, and to become Meaningful Users of those healthcare technologies. The program will enable New Jersey primary care providers to deliver quality care improvements to children & families throughout the State.

The nation’s healthcare system is undergoing a transformation in an effort to improve quality, safety and efficiency of care by harnessing advances in EHR technologies and health information exchange. To help facilitate this vision, the Health Information Technology for Economic and Clinical Health Act, or the ”HITECH Act”) authorizes the creation of Health Information Technology Extension Programs. The extension program consists of Regional Extension Centers (REC) and a national Health Information Technology Research Center (HITRC).

The regional centers will offer technical assistance, guidance and information on best practices to support and accelerate health care providers’ efforts to become Meaningful Users of Electronic Health Records (EHRs). The extension program has established an estimated 70 regional centers nationally, each serving a defined geographic area. The regional centers will support at least 100,000 primary care providers throughout the country, through participating non-profit organizations such as AAP NJ, in achieving meaningful use of EHRs and enabling nationwide health information exchange.

AAP NJ will assist NJ-HITEC by assessing business practices and EHR needs, designed for the specific requirements of your practice professional work flow redesign for achieving “Meaningful Use” and gaining receipt of federal incentive payment awards. In addition, AAP NJ will provide support for the approved EHR vendor selection process, which eliminates the wasted time, expense and uncertainty associated with choosing the right EHR software, network infrastructure and IT services for your practice.

The core services (Education, Practice and Workflow Redesign, Vendor Selection & Group Purchasing, Implementation and Project Management, Functional Interoperability and Health Information Exchange, Privacy and Security Best Practices, Progress towards Meaningful Use, and Consumer Protections) will be provided to the provider at no cost. To illustrate the cost savings, an average IT/EHR consultation can cost a provider approximately $10,000. As the agency through which certification for Meaningful Use will be processed and applied, NJ-HITEC will only require a modest annual Physician Participation Fee to support its general operations, consistent with the Federal requirements to support NJ-HITEC. This Participation Fee of $500 per year per participating office per location (site) will be waived in the first six (6) months for all primary care providers. AAP NJ members will receive a rebate of $250.

For more information, please visit www.aapnj.org/membership.
NJ-HITEC Testimonials

"We’ve always considered University Pediatric Associates a Medical Home to our patients. We’re now excited to implement some technological "renovations" in order to share our Home with the Greater Medical Community"
- Elliot Rubin, MD, FAAP

“Regarding the NJ-HITEC, I was looking for guidance in how to implement the EMR and NJ-HITEC has exactly what I was looking for”
- Michael Segarra, MD, FAAP

NJ-HITEC
New Jersey’s Regional Extension Center
www.njhitec.org

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
New Jersey Chapter

PCORE
Patients Council on Research & Education
Foundation of the American Academy of Pediatrics-NJ Chapter

MAKE-A-WISH

Make-A-Wish Foundation® of New Jersey

“What Make-A-Wish does for families is more than just trips or items, it’s giving us hope and happiness and time away from hospitals, therapists, time that we almost forget that our children are ill; a time we get to see their little spirits soar and come out to play.” - Taylor, age 6, Disney World

Refer a child today and share the power of a wish!

What makes a child eligible for a wish?
A child is eligible if they:

(1) are between the ages of 2 1/2 and 18 (referred by their 18th birthday)

(2) have a life-threatening medical condition (defined as a progressive, degenerative or malignant medical condition that has placed the child’s life in jeopardy at the time of referral)

(3) haven’t had a wish granted by Make-A-Wish or another wish granting organization

The Make-A-Wish Foundation grants the wishes of children with life-threatening medical conditions to enrich the human experience with hope, strength and joy.

Do you know a child who has been diagnosed with a life-threatening medical condition? Please contact Stacy Kreizman, Director of Outreach and Volunteer Services, to refer them for their fondest wish today. 908-964-5055 or skreizman@wishnj.org
To refer a child for a wish online, please visit nj.wish.org and click “Refer A Child”
As part of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, patients can now seek reimbursement for the cost of certain over-the-counter (OTC) medicines and drugs. The rule affects reimbursements under employer-sponsored health plans, health flexible spending arrangements (health FSAs), and health reimbursement arrangements (HRAs), as well as health savings accounts (HSAs) and Archer medical savings accounts (Archer MSAs).

Presently, the cost of OTC medicines and drugs are deemed “medical expenses” that are eligible for reimbursement from group health plans (and are “qualified medical expenses” eligible for distribution from HSAs and Archer MSAs). However, these new changes amend the definition of what is considered a “medical expense” and restrict the reimbursement of funds used to purchase OTC medicine and drugs going forward after December 31, 2010.

As of January 1, 2011, reimbursement for medicines and drugs as permissible medical expenses can only be obtained if the medicine or drug requires a prescription; is available without a prescription (i.e., an OTC medicine or drug) and the individual obtains a prescription; or it’s for the cost of insulin.

As patients seek to utilize these reimbursement vehicles, physicians are increasingly being asked to provide the documentation required to do so. While the patient simply needs to obtain a receipt of payment, according to the IRS, the documentation that a physician would be required to provide (other than for insulin) is nothing short of an actual prescription (regardless of the fact that the medications would be over the counter and medically, do not require a prescription). Under these new changes “a distribution from an FSA, HRA, HSA or an Archer MSA for a medicine or drug is a tax-free qualified medical expense only if (1) the medicine or drug requires a prescription, (2) is an over-the-counter medicine or drug and the individual obtains a prescription, or (3) is insulin. (Affordable Care Act § 106(f), § 223(d)(2)(A) and new § 220(d)(2)(A)).

Moreover, in responding to recent requests for clarification from the physician community, the IRS has posted a specific response to this very “FAQ” on its website: [http://www.irs.gov/newsroom/article](http://www.irs.gov/newsroom/article):

"If your employer’s health FSA or HRA reimburses these expenses, you would provide the prescription (or a copy of the prescription or another item showing that a prescription for the item has been issued) and the customer receipt (or similar third-party documentation showing the date of the sale and the amount of the charge). For example, documentation could consist of a customer receipt issued by a pharmacy that reflects the date of sale and the amount of the charge, along with a copy of the prescription; or it could consist of a customer receipt that identifies the name of the purchaser (or the name of the person for whom the prescription applies), the date and amount of the purchase and an Rx number.)"

For purposes of the new rule, a prescription means “a written or electronic order for a medicine or drug that meets the legal requirements of a prescription in the state in which the medical expense is incurred and that is issued by an individual who is legally authorized to issue a prescription in that state.”
It should be noted that the new rule is inapplicable to items that are not medicines or drugs, including equipment (e.g., crutches), supplies (e.g., bandages), and diagnostic devices (e.g., blood sugar test kits). These items will continue to qualify if they otherwise meet the definition of medical care, which includes expenses for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body.

In light of these new requirements, patients are certain to be increasingly seeking reimbursement for over the counter medications and physicians should be prepared for a dramatic increase in the number of "prescriptions" they are thereby asked to issue. However, before simply issuing such documents as "claim documents" or "reimbursement forms", physicians and medical practices should consider the liability concerns for issuing what will still be a prescription - and thereby intended to treat a known medical condition - without having first fully examined the patient and properly documenting the propriety and medical necessity of that non-prescription "prescription". Further, an additional problem may well arise when an established patient seeks numerous "OTC prescriptions" to be written and yet is also already taking other medications. Such a situation clearly requires the prescribing physician to assess the possible interaction of all the drugs (both OTC and non-OTC) which the physician is now "prescribing" for the patient.

Moreover, those physicians who are contemplating charging for the initial prescription may well face later regulatory problems. A physician cannot write a prescription without examining and evaluating the patient (unless it's an established patient and the physician reasonably believes a new examination is not required to write a new prescription). So in many cases, if a physician wants to charge for writing the initial prescription, it is anticipated that such a charge would be in addition to the office visit fee - yet, if a patient complains, such a combination of fees may well be latter viewed as "excessive." Therefore, as a result of this new rule, it is anticipated that both new and established patients are going to want to come in once a year (i.e., now) and have as many of their OTC prescriptions written at that office visit as possible, with as many refills authorized as possible. In fact, some practices are already charging patients (having provided advance notice of such a policy) for writing prescription refills in between visits to incentivize patients to follow such a "once a year" protocol.

Looking ahead, every physician and practice should be strongly cautioned not to casually "back-date", "re-write" or "post-date" prescriptions in order to ease the burdens imposed upon the practice by passage of these new rules. Whatever later issues may arise, the falsification of a prescription, whether for OTC or non-OTC medications, will take greater precedence and pose a far greater threat to the practice than any underlying or originating issue.

Kern Augustine Conroy & Schoppmann, P.C., Attorneys to Health Professionals, www.drlaw.com, has offices in New Jersey, New York, Pennsylvania and Illinois. The firm’s practice is solely devoted to the representation of health care professionals. Mr. Schoppmann may be contacted at 1-800-445-0954 or via email - mschoppmann@drlaw.com.
AAP NJ/PCORE is partnering with the New Jersey Department of Health and Senior Services (DHSS), Office of Nutrition and Fitness (ONF) on the NJ Baby-Friendly™ Hospital Initiative. ONF has received funding from the US Center for Disease Control (CDC) CPPW-STI (Communities Putting Prevention to Work-State and Territory Initiative) to support this initiative to increase exclusive breastfeeding rates in NJ, thereby preventing obesity and improving health outcomes. Through an RFA process, ten hospitals (listed below) were awarded $10,000 each to support their implementation of the “Ten Steps to Successful Breastfeeding”. A Leadership Training Session was held on January 10th at the New Jersey Hospital Association. Multidisciplinary teams from each hospital had the opportunity to present storyboards, as well share information and resources.

NJ Baby-Friendly Hospital Initiative Medical Champion Lori Feldman-Winter, MD, FAAP, discussed “The NJ Pathway for Change” as well as “Getting Started: Step One”. Anne Merewood, PhD, MPH, IBCLC, presented “Tell the Truth: How to do a Self-Assessment” and both speakers led a “Train the Trainer” session. Trish MacEnroe, Executive Director, Baby-Friendly USA discussed “The Baby-Friendly™ Journey” and answered questions about the site visit as well as the new 4D pathway for Baby Friendly certification. To further support the hospitals, monthly technical assistance calls provide a collaborative means to discuss current activities and share successes, barriers and how they are being addressed. In the spring, site visits will be conducted by Dr. Feldman-Winter and Dr. Merewood to offer further guidance to each hospital’s clinical and administrative staff.

**Awarded Hospitals**
- AtlantiCare Regional Medical Center
- Capital Health
- CentraState Medical Center
- Cooper University Hospital
- Hunterdon Healthcare System
- Jersey Shore University Medical Center
- Our Lady of Lourdes Medical Center
- Robert Wood Johnson University Hospital
- Saint Barnabas Medical Center
- South Jersey Regional Medical Center - Vineland

**Cooper University Hospital Team**

Front Row - Harriet Lazarus, MBA, Anne Merewood, PhD, Beth Milton
Back Row - Shreya Durvasula, Lori Feldman-Winter, MD, Trish MacEnroe, Fran Gallagher, MEd, Lisa Asare, MPH

Cooper University Hospital Team
Do you have a large number of uninsured patients, or are your patients losing medical coverage due to unemployment/economic crisis?

Would you like to retain your uninsured patients and be paid for their care?
Would you like to add new patients?

If you answer is YES, we are here to help!

Pediatric practices located in Atlantic, Bergen, Burlington, Cumberland, Essex, Gloucester, Hudson, Middlesex Passaic and Union Counties are encouraged to participate in this initiative.

The Healthcare Partnership to Insure NJ Kids is an initiative led by the New Jersey Hospital Association’s Health Research and Education Trust (HRET), with funding from the Centers for Medicare and Medicaid Services. As project partners, the Academy of Pediatrics, NJ Chapter/Pediatric Council on Research and Education (AAPNJ/PCORE) and the New Jersey Academy of Family Physicians (NJAFP) are reaching out to educate and support community pediatricians and family physicians who would like to help uninsured families enroll their children in Medicaid and NJ FamilyCare.

This initiative offers:
- Free materials to inform patients about NJ FamilyCare (in multiple languages);
- Links to community and state organizations providing resources and application assistance to families in need;
- Free training and technical assistance on becoming a Medicaid/NJ FamilyCare provider; and,
- Connection to free training for becoming a certified Presumptive Eligibility provider. Certified PE practices that submit NJ FamilyCare Presumptive Eligibility applications on behalf of uninsured patients receive fee-for-service reimbursement for the care of these patients during the PE period.

PRESUMPTIVE ELIGIBILITY FOR CHILDREN-WHAT IS IT?
Presumptive eligibility is a way for health care providers and certain other organizations to provide temporary NJ FamilyCare coverage to children for a fee for service payment rate. To be eligible, children generally must have a gross family income below Medicaid eligibility levels (Note: a family may be earning $77k and be eligible for Family Cares). To maintain NJ FamilyCare coverage, families must complete the regular application process by the end of the following month or the temporary coverage will expire. New Jersey has had such an option for pregnant women for more than ten years, but presumptive eligibility for children is new. The presumptive eligibility option allows states to move enrollment into the community in a way that would not otherwise be possible under Medicaid rules.

If you are interested in this Initiative please contact Juliana David, Program Director at AAP-NJ/Pediatric Council on Research & Education at 609-588-9988 or jdavid@njpcore.org
This organization, which grew out of the AAP/NJ Immunization Action Committee is now co-chaired by Drs. Fisher and Frenkel, from the AAP/NJ and Dr. John Moore, from the NJAAFP. The thrusts of activities during the past few months have revolved around four areas.

The first is staffing, funding, and organizational structure. Due to the inspired efforts of our Executive Director, Fran Gallagher, NJIN has received a $100,000 grant from the state to move ahead. A new, very talented, and experienced director, Patty Van Abs and, along with communications specialist, Michael Weinstein have been hired. At the present time, the NJIN will remain under the administrative umbrella of the AAP/NJ.

The second main area of effort includes educational efforts targeting providers, the public, policy makers, and other stakeholders. Recent efforts have included reaching out to media outlets with op ed and letters to correct misinformation regarding the safety and efficacy of immunizations and spotlighting the dangers regarding the increasing number and percentage of unimmunized NJ children. There has been a dramatic decrease in the percent of children in NJ who are appropriately immunized over the past five years causing NJ to drop to 42nd out of 50 states in the rate of immunized children! Far worse is the fact that New Jersey now has the greatest disparity in immunization rates between VFC funded and non-VFC funded children!

The third area of concern is to optimize the use and of success of the NJIIS (the immunization registry). As of December 31, 2011, all providers will be mandated to enroll all children, under 7 years of age, into this electronic registry. The registry has many positive attributes for patients, providers, and public health officials. First and foremost, is a proven ability to dramatically increase immunization rates. The greatest challenge is to minimize provider time and cost which lies in the registry to allow automatic electronic transfer of patient data or bar coding entry. This is especially important to private pediatric practices are now so financially stressed that any added financial burden could lead to their bankruptcy.

The fourth area of interest to the network addresses the critical need to properly educate members of the executive and legislative branches of the state government. In doing so, we effectively advocate for better health for all citizens of NJ. In that regard we ask all of you to reach out to your friends and representatives in government to alert them to the dangers of conscientious objections to immunization mandates: the return of epidemics of vaccine preventable diseases. This is a very real concern and we desperately need your help in communicating the danger to your representatives in the state legislature.

All members are invited to attend our next meeting on March 16th from 12:00 PM to 2:30 PM at the Mercer County College Conference Center. Lunch will be served at noon followed by our general meeting, which will start promptly at 12:30 PM. In addition, members are welcome - and encouraged - to bring new members to the rapidly growing New Jersey Immunization Network table. Moving forward, subsequent meeting will take place on the 4th Wednesday of each month. For those of you unable to attend the meetings in person, teleconferencing will be available. Please RSVP for the March 16th meeting or to receive call in information, please contact NJIN Program Manager, Mary Jo Garofoli at 609-588-9988 or via e-mail at mjgarofoli@njpcor.org.
Physician offices that currently utilize an electronic medical record (EMR) system have the option of automating transfer of immunization data to the New Jersey Immunization Information System (NJIIS). At the present time, NJIIS has approximately two hundred interfaces with provider offices. Details on setting up an interface between an EMR system and NJIIS are available in the document called Interface specifications available by clicking on forms and Documents (left navigation bar) on the NJIIS home page -https://njiis.nj.gov

The current interfaces have been created from the following EMR systems (listed alphabetically):

1. DocComply
2. Doc-tor
3. EclinicalWorks
4. EHS
5. e-Mds
6. EPIC
7. GE Centricity
8. Horizon
9. JMJ
10. MCLand
11. Medcom Computers
12. NextGen
13. Office Practicum
14. PCC
15. RDE
16. Sage Intergy
17. SHA
You Can Save 20%!

Save 20% on your MDAdvantage Medical Malpractice Insurance by joining the AAP NJ Purchasing Alliance. This exclusive AAP NJ Chapter member benefit would save you at least $1,800 and up to $3,600 per year on your MDAdvantage malpractice premiums.

For additional information, visit www.aapnjpurchasingalliance.org
Alternatively, please call AAP NJ Purchasing Alliance at 609-433-7600, your broker, or MDAdvantage directly at 1-888-355-5551.

TURNER SYNDROME affects 1 in 2000 girls.

Yet 80% of these girls go undiagnosed until they are teens or much older.
If you have a female patient that is falling off the growth chart by age 2 or at any age has only one or several of the below indications, please order a karyotype for TS:

- Short stature
- Ear infections/ Hearing loss
- Wide, short neck
- Kidney issues/ UTIs
- Broad chest
- Heart abnormalities
- High arched palate
- Pigmented moles
- Lazy, drooping eyes
- Failure to reach puberty

Turner Syndrome Foundation

www.TurnerSyndromeFoundation.org

Turner Syndrome Foundation Inc. is a non-profit 501c3 organization.
EIN# 27-1409942
PO BOX 726, Holmdel NJ 07733, 800-594-4585
MOC Part 4

Is Your Board Certification Expiring in 2011?
Register Today for the NJPCORE Quality Improvement Program

*Strengthening Pediatric Partners*

This ABP-approved program utilizes established collaborative quality improvement methods for enhancing patient care by providing practices with the necessary training, tools, and support to help parents and other caregivers circumvent four critical child abuse and neglect triggers: Crying, Maternal Depression, Toilet Training, and Discipline.

If you need to complete a Maintenance of Certification (MOC) Part 4 activity, participation in *Strengthening Pediatric Partners* will help you to meet your board certification requirements.

Participating pediatricians will lead a 3-member multidisciplinary team who will be responsible for improving screening, assessment, and anticipatory guidance given to parents and other caregivers on crying and maternal depression at 2-month well visits and toilet training and discipline at 24-month well visits.

We come to your practice to provide the Suspected Child Abuse and Neglect (SCAN) trainings. Additionally, teams will attend one full-day collaborative learning session, which will be conducted at multiple sites throughout the state this May.

Training, technical assistance, and quality improvement activities conducted by NJPCORE through the Strengthening Pediatric Partners Project are provided at no additional cost to the physician or the practice.

For more detailed information contact: Marilyn Dunning (mdunning@njpcore.org), Michael Weinstein (mweinstein@njproce.org), or Shreya Durvasula (sdurvasula@njpcore.org) or reach us at 609-588-9988

*Strengthening Pediatric Partners is part of the Educating Practices in Their Communities Child Abuse and Neglect Training Program (EPIC CAN)*

Funded by the New Jersey Department of Children and Families at NJPCORE

Quality Improvement Project Leader: Dr. Steven Kairys, MD, MPH, FAAP
Save the Date - October 26, 2011 for the Twentieth Annual Community Medicine and School Health Conference. This year features three nationally known plenary speakers including our own Dr. Meg Fisher and four workshops. We will address the new laws signed by Gov. Christie regarding treatment of concussion and the hot issues of nutrition, infectious disease, and changes in immunization schedules.

Please be available to share in the largest single event of the NJAAP to honor our member speakers, visitors, and celebrate the twentieth year of this conference. For additional information, please visit www.aapnj.org.

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Vaccines for Children Conference

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Save the Date

November 30, 2011

The Convention Center
Mercer County Community College
West Windsor, NJ

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There’s a reason Princeton Insurance insures more New Jersey pediatricians than any other carrier:

We know New Jersey.

- Over 16,000 New Jersey policyholders – more than any other carrier in the state.
- Serving New Jersey’s healthcare community continuously since 1976 – the longest continuous market presence.
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- Financial strength to protect you both now and in the future.
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- Support 100% wind power by selecting the green option when you sign up

ENERGY PLUS

The Energy Plus offer is currently available in areas serviced by Atlantic City Electric, Jersey Central Power & Light (JCP&L), PSE&G and Rockland Electric Company (REC). Your local utility company will continue to deliver your electricity. Switching to an electricity supplier such as Energy Plus is not mandatory and you have the option to remain with your local utility company. You may elect to recover a budget billing plan for the supply portion of your bill with Energy Plus. Offer not valid for government entities.

*Members will receive a Cash Back rebate check after every 12 months of service for current and active accounts. Active accounts are defined as those (i) that are billing more than $3 and (ii) for which EP has not received a request on behalf of the customer to discontinue (deactivate) service. The Cash Back rebate will be 5% of the annual supply portion of your electricity bill per business account and 3% per residential account. A $50 Activation Bonus check for business accounts or a $25 Activation Bonus check for residential accounts will be mailed after two months of active service from Energy Plus.

**Please call Energy Plus at 877-770-3379 or visit www.energyplusrewards.com/AAPNJ5521 for a current rate quote. The initial rate that applies to your first month of service with Energy Plus will be listed in the Rate section of the Terms of Service displayed on the online application page as well as in your Welcome Confirmation letter or email. The Energy Plus rate is variable and therefore subject to change. Current and historical rates should not be taken as a guarantee of future rates and Energy Plus makes no warranty, express or implied, regarding future savings.

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Resident Career Day

For additional information on the National AAP Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT), visit www.aap.org/ypn.

Check out AAP NJ website for resources for residents in New Jersey—www.aapnj.org/Resources/ForResidents

Resident Career Day 2011

September 20, 2011
Hilton Garden Inn in Edison, NJ

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN
New Jersey Chapter
Chapter Members, Mark Your Calendars! AAP NJ & PCORE have some great events, conferences and CME opportunities in 2011 that you won’t want to miss. Stay tuned to www.aapnj.org and www.njpcore.org for more information or call us at 609-842-0014 with any questions.

SAVE THE DATE!

AAP NJ Annual Meeting 2011 presents

Practicing in the Information Age:
Taming the Digital Overload

Date | Tuesday June 7, 2011
Location | The Palace at Somerset Park, Somerset, NJ

Topics to Include:
- MOC (Maintenance of Certification)
- Electronic Medical Records
- Top 10 AAP Grand Rounds Articles
- eCommunicating with Patients and their Families

Speakers to Include:
- Hank Bernstein, MD
- Meg Fisher, MD
- Colleen Kraft, MD

All Day Conference
followed by a membership at large dinner meeting

Monday, March 28, 2011
5:30 p.m. - 9:30 p.m.
Saint Barnabas Medical Center
94 Old Short Hills Road
Livingston, New Jersey

Coding Reimbursement and Practice Management