American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

District II (New York State)

LEGISLATIVE PRIORITIES

Annual Advocacy Day

March 19, 2013

The NYS AAP, District II represents over 4,000 pediatricians across New York State working to support and enhance children's health and well-being.

Collective Bargaining for Physicians

The NYS AAP supports legislation creating a right for physicians to collectively bargain with health insurers. The right to collectively bargain over all aspects of the contractual relationship that currently defines the rights, responsibilities and rates for services between insurers and physicians will help create a level playing field. Right now the relationship between doctors and insurers is significantly tipped toward insurers who hold all the power. Physicians cannot bargain because of current anti-trust provisions. Therefore, as insurers merge and become more and more powerful and cover more and more lives, physicians are disadvantaged and unable to advocate for their patients or for themselves.

Legislation is currently being printed that will give physicians the right to collective bargaining in their negotiations with insurers.

We urge full support of this legislation. We will provide you with bill numbers as soon as they are available.

Fair Payment for Immunization Purchase and Administration

Currently commercial insurers are making their own rules about how much they will pay for vaccines and how much they will pay for a pediatrician to administer a vaccine. **We support legislation requiring fair payment for vaccines and for vaccine administration, based on the business model that will financially support pediatric practices.**

In many cases, pediatric practices are paying more for each vaccine than the insurer is willing to pay them. In those instances the pediatric practice is subsidizing the insurance company. This is simply unfair and unacceptable. In many other cases insurers will pay pediatricians as little as $5.00 for administration of a vaccine, while Medicare pays its physicians more than $17.50 to give a senior an immunization. And senior citizens don't squirm, cry and thrash around. You also don't have to spend time talking to parents about the safety and the importance of immunization and why it's imperative that they make a commitment to keep to their child's immunization schedule.

As a separately reported service, payments for immunization administration need to adequately cover those costs to the practice which are separate from the direct and indirect costs associated with the vaccine product. Insurers understand business principles including the concept of return on investment and expect it in their business. There is no reason physicians should accept carrier refusal to pay separately and adequately for the vaccine product ***and*** the administration/counseling. Viable businesses pass on their increased costs to their purchasers to maintain profitability. The pediatric practice has a legitimate business case to make for separate and adequate payment for vaccines and immunization administration and carriers need to provide adequate payments to cover the total direct and indirect expenses for both the vaccine product and the administration.

Pediatric practices are the public health infrastructure for the nation's childhood immunization program. It is imperative to incentivize pediatricians to participate in immunization efforts by appropriate payment for immunization administration.

This legislation is currently being written. We will provide bill numbers when they are available.

408 Kenwood Avenue, 2nd Floor, Delmar, NY 12054
Phone: 518.439.0892 / Fax: 518.439.0769

For more information, contact Elie Ward at eward@aap.net

Safe Storage of Firearms A03221/S01804

The NYS AAP enthusiastically supports this legislation as a second component of NYS's gun control efforts. The first was the SAFE Act which will go a long way to help protect children and all New Yorkers from gun violence. But SAFE did not go far enough in delineating Safe Storage as a key issue in responsible gun ownership.

Safe storage requirements, when implemented with public education and law enforcement supports, have been proven to reduce children's deaths and injury from firearms. They are an important second level of gun violence prevention. This legislation clearly defines safe storage requirements and outlines consequences for not complying with those requirements.

Studies indicate that the presence of an available firearm in the house increases teen suicide. In1997, 53 children under 18 were killed in firearm homicides and 178 were injured seriously enough to be hospitalized. (Above are New York State Department of Health figures.) We believe that these numbers have increased significantly in the last fifteen years. But with the federal limitation of research into gun violence, it is impossible to secure valid numbers.

Many of these firearms were in homes where they were unlocked. A 1996 report issued by the State Department of Health indicated that a substantial number of firearm owners in New York State do not properly secure their firearms. In the report, Firearm Ownership and Safe Storage in New York State, 38% of respondents reported some form of unsafe storage, where unsafe storage is defined as either failing to lock all firearms or to secure ammunition separately in a locked place.

The intent of this legislation is to encourage safe firearm storage before incidents occur. Finally, safe storage laws work. Seventeen states, including Connecticut, New Jersey and Massachusetts, have passed these laws. Accidental firearm deaths of children were reduced 23% in states with Child Access Prevention/Safe Gun Storage (CAP) Laws, according to a study published in the Journal of the American Medical Association on October 1, 1997.

We urge full support for this second important step in keeping our children safe from guns.

Maternal Depression in Pediatric Primary Care

The NYS AAP is working with members of the legislature to design Postpartum/Maternal Depression legislation which creates health insurance coverage for Maternal Depression screening in both the prenatal and postpartum periods of pregnancy/childbirth, as well as during pediatric visits during an infant's first year. The legislation will also create a referral network, so mothers identified as in need of further evaluation and treatment can access the appropriate treatment to address their postpartum depression symptoms.

Maternal depression is broadly defined as a wide range of emotional and psychological reactions a mother may experience after childbirth. These reactions may include, but are not limited to, feelings of despair, prolonged sadness, extreme guilt, thoughts of suicide, lack of energy, difficulty concentrating, fatigue, extreme changes in appetite, and thoughts of suicide and/or of harming the baby. In some cases these reactions, which can occur without warning, happen before, during, and immediately after childbirth, and continue into the infant's first year of life. ➡

Maternal Depression in Pediatric Primary Care *(continued)*

Each year, approximately ten to fifteen percent of mothers and twenty- two percent of multi-ethnic inner city mothers develop postpartum depression; 50-80 percent of new mothers will get "baby blues," and 0.1-0.2 percent of new mothers develop postpartum psychosis. Postpartum psychosis has a five percent suicide rate and a four percent rate of infanticide, or death of an infant.

Often, the symptoms of postpartum depression are not immediately identified because they closely resemble those generally associated with pregnancy. As a result, maternal depression is sometimes left untreated, and ultimately may result in detrimental impact to the entire family, especially the newborn and other children in the family. Children of mothers with maternal depression are at higher risk for serious developmental, behavioral, and emotional problems. Unfortunately, the immediate family is often unaware of or unsure of how to offer support. And most often, the mother experiencing depression does not disclose her condition due to feelings of shame, and the severity of the condition worsens.

Maternal depression is often undetected and untreated by maternal and child health professionals due to both lack of training in identifying the condition and lack of support both professionally and financially, as well as concern about the availability of treatment options and coverage for women identified with postpartum depression.

Most new mothers visit the pediatrician for their infant's check-ups and health/sick visits more often than they would visit any other health professional for one year after the birth of their child. Therefore, it makes sense to create a systematic and legal way for pediatricians to screen and refer new mothers who may be struggling with postpartum depression. This legislation will create that opportunity and support its implementation.

Early screening and identification of postpartum depression has an 80 to 90 percent success rate and offers long-term health care costs savings. It also helps support healthy child development and addresses issues of early childhood mental health challenges.

Postpartum/maternal depression is a secret epidemic that impacts mothers and their babies across the state, across economic and social boundaries and across racial, ethnic and cultural differences. Maternal depression knows no boundaries. It requires a universal screening to identify moms who need help. It requires a high quality accessible network of treatment options to deliver that help. And it requires public support so that moms and their new babies can truly have a healthy start.

It is our hope that as we work together on legislation to address postpartum/maternal depression we can shine a bright light on this secret epidemic and help the thousands of moms and babies at risk of mild, moderate or serious mental illness that can disrupt mother/child bonding and healthy child emotional development.

408 Kenwood Avenue, 2nd Floor, Delmar, NY 12054
Phone: 518.439.0892 / Fax: 518.439.0769

For more information, contact Elie Ward at eward@aap.net