



e-News November 2017

President's Message

by Henry Neilly, MD

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Welcome to the first edition of the AAP NY Chapter 1 e-newsletter. We hope that it will keep you informed of some of the activities our chapter members are doing and hopefully get others more involved.

I became the president this past June at our annual meeting in June in Saratoga Springs. For those that were not able to attend the meeting, I discussed my goals for the next two years. I believe that advocacy should be our top priority as it is always what members list as most important. To improve our advocacy efforts however, I believe we have to improve our membership. We need to get not only more members, but also more active members. The chapter does share a legislative advocate, Ellie Ward, with the other NY chapters and you will see an update from Ellie about happenings in NY State in this newsletter. The National AAP also has an excellent paid staff that work for us and our patients, both in Washington and locally. However most successful advocacy is done by us, the members. When the AAP was recently so successful at swinging the health care debate towards what was best for the children of this country, it was largely due to members meeting with their representatives, writing op eds, speaking on mass and social media, etc.

The fight is not over as threats to the well-being of children and pediatricians continue. The AAP is so well known as a voice for children that our messages are listened to. So, we need our members to be willing to speak out at all levels. Please let us know about any issues you feel strongly about. Please call, message, or tweet your representatives if you receive an alert from us. Also, please consider attending the Legislative conference in Albany this winter where you will meet many of the important people in the state government involved in healthcare and children's issues.

Henry Neilly, MD is a partner at Shaker Pediatrics, a small independent pediatric practice near Albany. He has been involved with the AAP in many capacities including the chair of the Capital Region Pediatric Council.

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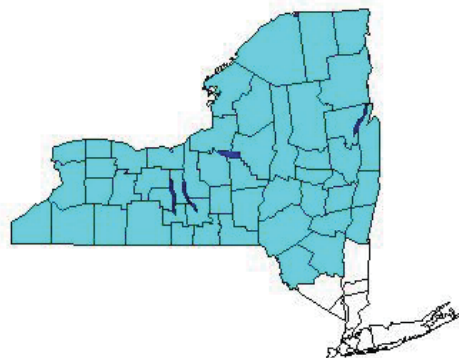
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District II Chair's Report

by Warren M. Seigel, MD, MBA, FAAP, FSAHM
District II Chair, New York State American
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There is an old saying "You can talk too much, but you can never over communicate!" With this in mind, I would like to congratulate Chapter 1 for bringing back this newsletter as a way of keeping our members informed of what is happening with our organization and what we are doing to improve the lives of our patients, their families and the pediatricians in New York.

First, I want to thank all of you for your continued support, and express my appreciation for your vote of confidence. For those of you who do not know, it was announced that I have one my first term as your District Chair after completing Danielle Laraque's last two years as District Chair for New York. I am thrilled to be able to continue to represent all of you on the Board of the National AAP, as well as representing all of the pediatricians in New York State. So thank you for your continued support!

NATIONAL UPDATE

1. National membership continues to grow. After a few years of a downward trend, we have worked very hard to correct this and I am happy to report that overall membership in the national AAP is up to 67,000 members. Additionally, after a few years of having difficulty retaining residents after graduation, that trend has now been reversed and we are converting over 50% of graduating residents into full members.
2. Financially, the national AAP is strong, and, in fact, ended the fiscal year with a positive margin. The Board has approved a budget for this fiscal year that includes financing

for a total Digital Transformation Initiative that will significantly improve the experience for our members, and strengthen our organization.

3. Our Headquarters of the Future project in Itasca, IL is on time, as well as on budget. There are still opportunities to donate to our new building, and I have challenged our 3 chapter presidents to collectively donate enough money to have a conference room named "The New York Room" to honor all of those past presidents of the AAP who came from New York, e.g. Tom McInerney, Bob Haggerty, Lou Cooper, Benard Dreyer, etc – just to name a few. Individual donations can be made, and a notation should be made to credit, "The New York Room" so these monies can be counted towards our collective pledge totaling \$50,000. Pledges can be made over five years if necessary.
4. Finally, I want to remind everyone that a very appropriate way to help the children and the pediatricians who continue to struggle during the aftermaths of the earthquakes in Mexico, as well as the hurricanes in Texas, Florida and Puerto Rico, is with a donation to the "Friends of Children". National AAP is in close contact with the pediatric leaders in those areas, and there continues to be a significant need in those hard hit areas. The AAP ensures that the money donated to Friends of Children is appropriately utilized for children and pediatricians who need the help the most, so please consider making a donation if possible.

NEW YORK STATE

We continue to focus our efforts locally in three areas: child health, member health and organizational health!

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District Chair's Report
Continued from page 4

Child Health - Chris Bell and Elie Ward continue to work tirelessly on ensuring that whenever there is an issue that involves children in Albany, we are the “go to organization” for advocacy. We continue to be involved in advocacy on every level and are well established and well respected as the group whose opinion matters whenever children are involved. We do, however, have a need to strengthen our relationship with MSSNY so that our voices together carry as much weight as possible and we are working towards making this happen in the coming months.

Member Health – As I’m sure all of you are acutely aware, it is becoming more and more difficult and burdensome to practice medicine in the state of New York. We, as a district, as a coalition of all three chapters, continue to be the voice of the pediatrician. We have been able to strategically place many of our members on committees to ensure that when an issue is being addressed in Albany— whether it’s dealing with Medicaid redesign, the state DOHMH, etc, — the voice of the pediatrician is heard through our leaders. Under our current structure as a coalition of three chapters, we continue to work together to ensure that we work and speak “with one

voice” so that whether you practice upstate, in the city, on Long Island, or in Westchester, our members’ needs and voices are heard.

Organizational Health – We continue to work together to increase our membership. Dr. Colleen Mattimore has accepted my invitation to be part of the national AAP Committee on Membership, and I have also asked her to be our district chair for a membership committee. I am asking that all three chapters designate one person to be in charge of membership and work with Colleen to increase membership within the chapters.

In closing, I want to thank you all for what you do for children, their families and for the pediatricians in New York State.



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AAP District Hub and Spoke Initiative Focused on Improving HPV Vaccination Rates

by Manika Suryadevara, MD

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Over the past year, we have participated in the AAP District Hub and Spoke initiative, with the goal of applying quality improvement methods to improve HPV vaccine completion rates by age 13 years. For this project, we recruited 5 large pediatric practices across New York State for participation:

- Brighton Hill Pediatrics (Syracuse)
- Child Healthcare Associates (East Syracuse)
- Elmwood Pediatric Group (Rochester)
- Lancaster-Depew Pediatrics (Bowmansville)
- Shaker Pediatrics (Latham)

In December 2016, an initiation training day was held for the lead provider and staff member from each practice to learn the process of quality improvement and to discuss practical and feasible systematic changes to increase HPV vaccine completion in this age group. Specific topics covered included PDSA cycles, making small systematic changes, and practice evaluation using run charts, as well as interventions, such as standing orders, provider reminders, and reminder-recall systems. During this session, we also reviewed the use of QIDA, the Quality Improvement Data Aggregator site to aid with chart review, data entry and analysis.

Following the training and establishing access to QIDA, each lead provider performed a chart review to collect HPV vaccine completion data of ten to twenty consecutive 11-12 year olds seen in the practice that month. Each practice

then held their own quality improvement team meeting to discuss chart review results, determine areas where change is needed, and decide upon an intervention. After a few weeks of implementing this change, another chart review was completed, followed by another team meeting to determine the need for change in intervention. There were 6 of these cycles over the course of the project period in each of the 5 pediatric practices involving over 33 participating pediatricians across NYS.

Most of the practices focused on systematic changes such as standing orders, vaccine updates during nurse's visits, and reminders to review immunization records at each visit. The aggregate of missed opportunities, defined as a visit where a vaccine was due but not given, decreased from 45.2% in cycle 1 to 9.8% in cycle 6. Specifically, missed opportunities during well child visits and nurse's visits decreased to 0% from 9.1% and 11.1%, respectively.

Practices had positive experiences and feedback throughout the project. More importantly, providers felt comfortable and enthusiastic about implementing these quality improvement methods in other areas of their practice.



Manika Suryadevara, MD is an Associate Professor of Pediatrics, in the division of Pediatric Infectious Diseases at SUNY Upstate Medical University, Syracuse, New York.

Her clinical and research interests are focused on vaccine advocacy, specifically improving pediatric vaccine access and uptake in the community.

Western NY Pediatric Council

by Michael D. Terranova, MD FAAP
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The Western NY Pediatric Council was established about ten years ago. Our AAP Chapter President at that time, Dr. Jake Felix, wanted Councils established in the major metropolitan areas of our Chapter as the medical insurance environment varies greatly across the State.

The Finger Lakes Pediatric Council preceded ours and the Capital District and most recently, the Central New York Pediatric Council were established.

Dr. Felix would be proud to see that his vision has been accomplished.

In Western NY I was able to bring together outstanding pediatric leaders to join the Council.

Dr. Colleen Mattimore and Dr. Michael Heimerl have been members since the beginning and Dr. Thomas Cozza served for many years.

Recently Dr. Dennis Kuo has replaced Dr. Cozza.

Dr. Gale Burstein, Erie County Department of Health Commissioner joined the Council several years ago as our link to public health. We have representation from our major insurers - two of whom also have managed Medicaid products.

Managed Medicaid products YourCare and (sometimes) Fidelis are also represented. As an AAP initiative, Pediatric Councils are charged with bringing together pediatric leaders with insurance company representatives to discuss and hopefully move forward payment, quality and procedural improvements.

In the past, we were able to secure a number of improvements the pediatric community desired including:

- Payment for each calendar year well visits (instead of the old 365 day rule)
- Payment for the 2 1/2 year well visit
- Adequate payment for vaccine administration codes
- Frequent review of vaccine payment amounts given price increases
- Universal Tdap coverage in personnel working in pediatric patient care
- Universal Tdap use instead of Td in all area ERs and urgent care centers
- Pediatric quality standards for urgent care centers (a work in progress)
- Our recent work has centered on a continued push to get all insurers to use the AAP Vaccine Payment model, payment for Maternal Depression Screening, payment for Mental Health services in the pediatric office and training pediatricians and payment for Screening, Brief Interventions and Referral for Therapy for substance abuse problems (SBIRT).

All AAP NY Chapter 1 members have a Pediatric Council that represents your area. If there are questions or issues that are important to you concerning the types of issues listed above, please feel free to contact me or your local Pediatric Council Chairman.

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Finger Lakes Pediatric Council

by Edward D Lewis, MD, FAAP

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The Finger Lakes Pediatric Council met on September 26th. We continue to address vaccine payment concerns, payment for developmental maternal depression screening and maintain dialogues with the medical directors of the major payers and ACOs in our area. The major issue we discussed was that Monroe County Child Protective Services is in crisis. The caseloads are increasing with a projected rate of 27 new reports a day. CPS is gravely understaffed.

Contact information to lobby for an increased budget was provided and will be sent to our members. Please let us know if you have any issues you would like to have addressed.

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Central NY Pediatric Council

by Margaret Hellems-Stanley

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The CNY Pediatric Council is finally up and running thanks to inspiration from our previous chapter Executive Director Nancy Adams and the wonderful guidance of our new Executive Director Chris Bell.

Our first meeting was 11/1/16. We have a large variety of pediatric groups on the council, including large, small, solo, rural and academic practices and the participation has been wonderful. We had initially had so much interest from pediatricians that we held separate planning meetings so that we could balance the number of AAP NY 1 pediatricians with the number of payor medical directors and not overwhelm them!

Dr. Vito Losito and I serve as co-chairmen of the council. We have met with or had phone conferences with medical directors from Excellus, MVP and YourCare. They have been very supportive of us as pediatricians and the issues we face.

Issues discussed have included telemedicine, schedules for routine well care visits and expectancy of appropriate vaccine reimbursements. They have educated us as well about how employers can have different requests and have listened as we advocate for consistency across payers to simplify the workflows of our practices.

We were also successful in persuading a regional pharmacy chain to stop doing POC testing for flu and strep on non-adults. The conversations with the pharmacists were enlightening on both sides.

We have a very active pediatric society that meets monthly but has not been designed to handle financial and political issues. The pediatric council is the best forum for this and while we feel we haven't made any monumental changes it is inspiring that we now have the format to do this.



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Who is CHHUNY?

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Our core belief that Care Management Services must be driven by the family, Our Health Homes are partnering together to ensure that the children's community continues to have a strong leadership voice.

We aim to offer resources to families, service providers, referral sources, and local government offices in guiding families to receive the highest level of care through the New York State Health Home Care Management System.



Why Choose CHHUNY?

CHHUNY has been created in order to provide quality family driven, youth guided care management to children and youth with needs in the region by partners experienced in both managing and providing care to children and their families.



What is a Health Home?

A Health Home is a care management service model whereby all of an individual's caregivers communicate with one another so that all of a patient's needs are addressed in a comprehensive manner. All the services and partners are considered collectively as the "Health Home."



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CHILDREN'S HEALTH HOME OF UPSTATE NEW YORK (CHHUNY)

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Capital District Pediatric Council

by Todd P. Giombetti, MD, FAAP

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The council has been busy working on several initiatives over the last several months. Healthcare costs, coverages, and relationships with payors and conceptions on how to get reimbursed have been in some flux in our area much like most of the nation. There has been an increased emphasis on 'capitated' 'efficient' care with some emphasis on showing efficacy of care through proper coding. This was causing some issues where providers were appropriately screening and coding for depression screening which is a mandate in Bright Futures, but some patients were being billed a co-payment for these services. This led to unhappy calls at the practice level as parents were frustrated they were being charged. This issue was remedied by our pediatric council with the insurance company CDPHP through efficient direct dialog.

Because we found this successful we will be trying to meet individually with our main insurers in the future. If people are having issues with specific insurers in the Capital Region, please let us know.

At our last meeting we also discussed the A.P.C. initiative going forward and came to the conclusion that much like most of healthcare, it is a moving target and we don't really know if it will replace, enhance, or be swallowed up by the NCQA medical home certification requirements. We will continue to monitor the situation.

Lastly, we discussed the rising costs of IT. It costs significantly more to run a practice due to skyrocketing IT costs. We would like the AAP to advocate that these escalating costs be factored into the general billing/compensation equation in determining fee structures and capitation amounts if in a capitated system.

2018 Pediatric Council Meetings

Capital District

6:00 pm – 7:30 pm

January 18

May 24

September 27

Western New York

7:30 am – 8:30 am

January 11

May 24

September 30

Central New York

8:00 am – 9:00 am

January 25

June 14

September 13

Finger Lakes

8:00 am – 9:00 am

January 29

May 29

October 9

Childhood Poverty Task Force

by Thomas McInerny, MD, FAAP
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At the Chapter 1 annual meeting in June 2016 the Childhood Poverty Task Force held its first meeting to discuss what activities pediatricians in upstate NY could take to ameliorate the effects of poverty on children. Since then the Task Force has held two conference calls and one face-to-face meeting. The chair of the TF is Thomas McInerny, and the members are Andy Aligne, Carolyn Cleary, Stephen Cook, Ellen McHugh, Joseph Domachowske, Chris Kjolhede, Travis Hobart, Winter Berry, Elizabeth Murray, and Christopher Bell, representing the major cities and the rural areas of upstate NY.

The TF has been working in their communities to provide the following activities:

1. The Syracuse members have developed a Diaper Bank Service to distribute free diapers to those in need, doubling the number of diapers distributed. Additionally, Dr. McHugh's practice has hired a social worker to assist families and partnered with a Health Home Care Management Agency. Dr. Hobart has applied for a grant to support the development of urban farms and providing education on cooking locally sourced health foods.
2. The Rochester members, Led by Dr. Cook, has been increasing its use of the food insecurity survey in screening for food insecurity and found that approximately 20% of families respond positively. In addition, Dr. Cook has partnered with Foodlink to educate families about the Curbside Market (where SNAP benefits may be used), and providing legal aides to link families up with WIC/SNAP.
3. In the Southern Tier, Drs. Kjolhede and Berry have obtained grants to screen children for mental health problems and refer them to resources in the community. In addition Dr. Kjolhede leads the Cooperstown Children's Hospital school health clinic program which promotes increased access to medical and dental care for children living in poverty.
4. All members are working on advocacy at the local, state, and Federal levels for programs to assist children living in poverty such as funds to increase access to high quality day care, preserve and strengthen Medicaid and CHIP, enhance WIC/SNAP, institute pre-K education for three and four year olds, and provide for paid parental leave for families with newborn children.

Access to quality healthcare is an important part of reducing poverty. This includes increasing well child care visits when children have medical homes. Doing in office recalls for patients overdue for physicals or other preventative care improves the quality of medical care received. It also can improve office revenue by increasing well child visits and helping to meet quality metrics which may generate quality payments. Sometimes the thought of doing recalls can be overwhelming, so it is helpful to start with visits that either have the best chance of catching up on quality measures or meeting school requirements, for example ages 18 months, 4 years and 16 years.

The Chapter leadership encourages all members to increase their activities to assist children living in poverty to improve their health and well-being in innovative and imaginative ways. If anyone is interested in joining the Chapter 1 Childhood Poverty Task Force please contact Chris Bell at cbell@aap.net.



Thomas McInerny, MD, FAAP was a member of the Panorama Pediatric Group in Penfield, NY from 1971 to 2013 and Associate Chair in the Department of Pediatrics at the University of Rochester Medical Center from 1996 to 2014. He has been active on many committees in the AAP, including PROS, Child Health Financing, and Quality Improvement and Patient Safety, and served as Chair of AAP Chapter 1 in 1988 and as AAP President in 2012 - 2013. He currently is a member of the MCMS Quality Improvement Collaborative and chairs the Chapter 1 Childhood Poverty Task Force.

Transitions for Youth With Special Needs

by Anthony Malone, MD
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The Chapter Committee on Children with Disability is working on a practical guidance document for our members on enhancing the transition experience for youth with special needs to adult care and the adult world.

We would love to have any suggestions, practical hints or comments from our chapter members. Please contact me directly. The committee appreciates your help!

Joseph Domachowske, MD Selected as Deputy Editor of PREP-ID

Joseph Domachowske, MD has been selected as Deputy Editor of PREP-ID as of January 1, 2018. Dr. Domachowske has been a writer for PREP-ID since 2013, meeting twice a year in Elks Grove Village for peer review of questions and critiques. Eight (now six) questions are published for subscribers each month. PREP-ID successfully advocated for all Pediatric subspecialty fellows who are AAP members to have access to the relevant PREP subspecialty modules, including PREP-ID for the ID fellows, without paying the additional costs usually associated with the subscription. That policy was changed earlier this year.

GRANT ASSISTANCE AVAILABLE

Are you aware of any grant projects that would be a good fit for pediatricians in Upstate New York?

Can we be helpful in providing administrative support for any grants you are working on?

Contact us!

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NYSAAP Advocacy Update

by Elie Ward, MSW
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As you know, this has been a very active year for pediatric advocacy across many issues and across Federal and State Priorities. Everything we work on has the potential to impact the way you practice pediatrics. Some initiatives can have significant positive impacts on children and families and on pediatrics. Others can have a very deep and serious negative impact on pediatrics and on the health and well-being of the children and families we serve. The following is a brief bulleted outline of the many issues we have been working on with your help since late winter of 2017. Nothing on this list has been positively resolved as of this writing.

Federal Advocacy

We will continue to ask Chapter members to call their Congressional Representatives and our Senators at various times in the next several months to advocate for:

- **CHIP**—The Child Health Insurance Program
- **DACA**—The 800,000 young Dreamers in all of our communities
- **ACA**—To maintain the protections of the Affordable Care Act
- **SNAP/WIC**—To maintain the budget supports for vital nutrition programs
- **Home Visiting Programs**—To maintain budget support for key home visiting programs, like Nurse Family Partnership
- **Teen Pregnancy Prevention Funding Restoration**
- **Environmental Health** (EPA cuts)
- **CMS No cuts to Medicaid & DSH payment issue resolution**

State Advocacy & Policy

- Participation in Medicaid Reform/VBP Work Groups
- First 1,000 Days Initiative—Advocating for Bright Futures Medical Home for All Children

- State Support for NYS DACA kids
- State Support for CHIP & Medicaid to address federal challenges
- Funding to address food security in New York
- Environmental Issues—chemicals in children's products, tobacco, fracking, water, lead
- Children's mental health in primary care
- State support for addressing increasing children and poverty—impacts on health & well being—despite recent reductions in poverty as per census report, children remain the poorest of the poor
- New initiatives in telehealth
- New state initiatives addressing old and burdensome regulations—opportunity to address Standing Orders for Health Newborns
- Advanced Primary Care in Pediatrics/Value Based Payment Systems implementation in commercial insurance and in Medicaid
- Practice transformation at all levels

And our usual state-based advocacy during the program and budget discussions, Home Visiting/ Nurse Family Partnerships, Healthy Step model proliferation, ROR universally available, developmental and social emotional screening and referral supports, care management/ coordination support.

We remain involved in multiple work groups and partnerships to assure that the needs of children are part of all reform discussions and state initiatives.

When you receive an Advocacy Alert, please respond. Your voice is the voice of the children of New York.

If you want to become more active or more involved in state or Federal advocacy, please contact me directly.

*Elie Ward, MSW
Director of Policy, Advocacy & External Relations
NYSAAP, A Coalition of Chapters 1, 2 & 3*



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