

POLICY & PRACTICE

Blue Cross/Shield Sets Campaign

The Blue Cross and Blue Shield Association last month unveiled a five-point plan for building on the current employer-based health insurance system to improve quality, rein in costs, and provide universal coverage. The plan would create an independent institute to support research comparing the relative effectiveness of different medical treatments; change incentives so that providers are rewarded for delivering high-quality, coordinated care, especially for those with chronic illnesses; empower consumers and providers with personal health records and cost data on medical services; promote healthy lifestyles to prevent and manage chronic illness; and foster public-private solutions to cover the uninsured. For each of the five action steps, the proposal outlines what Blues plans are doing in their local communities, and lists the necessary steps for implementing the steps nationwide. The BCBSA said that it and its 39 member plans will promote the plan in a multifaceted campaign this year.

AAA: Car Seat Laws Inadequate

Parents strongly support child safety seats and the laws requiring their use, but nearly 100 children under age 5 years die annually in automobile accidents they could

have survived if they had been using child safety seats correctly, according to AAA. In a survey released by AAA to coincide with the 30th anniversary of Tennessee's first-in-the-nation child safety seat law, more than half of all parents said they look to their state law for guidance on how to restrain their children. Almost all parents reported that they are aware of their state's child restraint laws, and 86% said the laws should be consistent across the country. However, only 39% surveyed could accurately identify the age at which their state allows a child to ride with only a lap and shoulder belt. "Parents look to the law to provide guidance about when and how their children should be restrained but, in many cases, the laws are letting them down," said Robert Darbelnet, president and CEO of AAA, in a statement. Every state has a provision for children under age 4 years, but just 18 states and the District of Columbia require children up to the age of 8 years or older to use a booster seat.

N.J. Triples Medicaid Rates

Physicians and others who provide health care to poor children in New Jersey are getting their first increase in Medicaid rates in 2 decades, with reimbursement more than tripling. Last summer, Gov. Jon Corzine (D) added \$10 million in state

funds for Medicaid reimbursement for 2008, and the federal government will match the money for a total of \$20 million dedicated to pediatric providers. This means, for example, that physicians who were previously paid \$23.02 for a visit now will be paid \$73.70, and dentists who previously were paid \$18.02 for an examination now will be paid \$64. Like many states, New Jersey's budget constraints prevented Medicaid rate increases, and rates have remained static for about 20 years. "These new rates will benefit existing Medicaid providers and will help the Department of Human Services attract new ones," said Human Services Commissioner Jennifer Velez in a statement.

AAP Wants DC Gun Ban Upheld

The American Academy of Pediatrics has called on the U.S. Supreme Court to uphold the District of Columbia's handgun ban. Joining four other groups, including the Society for Adolescent Medicine, The Children's Defense Fund, Women Against Gun Violence and Youth Alive!, the AAP argued in its Jan. 11 friend-of-the-court brief that "the absence of handguns from children's homes and communities is the most reliable and effective method to prevent firearms-related injuries to children and adolescents." The 31-year-old ban, which was overturned in March 2007 by the U.S. Court of Appeals for the D.C. Circuit, makes it illegal to own

handguns in the District and requires that shotgun and rifle owners unload and disassemble their guns, or use a trigger lock, if the guns are kept at home. Oral arguments in the case, *District of Columbia v. Heller*, will be heard this spring.

School Scoliosis Screening Urged

The American Association of Orthopaedic Surgeons has called for more states to adopt a school-based screening policy for scoliosis. About half the states currently require and pay for adolescents to get screened for the disease. The AAOS has teamed with the Scoliosis Research Society, the Pediatric Orthopaedic Society of North America, and the AAP to educate lawmakers on the importance of scoliosis screening in schools. Dr. Michael Vitale, director of pediatric spine surgery at the Morgan Stanley Children's Hospital of New York-Presbyterian, said in a commentary published in the January issue of *Journal of Bone and Joint Surgery* that states may be concerned about the cost of screening and diagnosis for those children picked up as possible scoliosis patients during the screening. "Early screening does pick up some scoliosis in the early stages, but it is controversial because some feel it is not cost effective," Dr. Vitale wrote. "That sends a message to society that it is not important to look at our children's spines."

—Jane Anderson

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