**Practice Trends** PEDIATRIC NEWS • October 2007

### POLICY æ PRACTICE

### **New VP for AAP**

The new vice president of the American Academy of Pediatrics intends to work with the academy's leadership to improve access to care for children by fighting to enhance payments to pediatricians under Medicaid and SCHIP, the self-described "in-the-trenches type pediatrician" said in an interview. Dr. David Tayloe Jr. of Goldsboro, N.C., said "our goal is for every child to have access to comprehensive child health services and a medical home that's directed by a board-certified pediatrician—a member of the academy."

Dr. Tayloe defeated Dr. James Shira of Denver, Colo. The number of votes per candidate was not given, but the total number cast was 13,177, according to a spokeswoman for AAP. Dr. Tayloe will become the president-elect this month and will serve as the 2008-2009 AAP president.

### Tamper-Resistant Rx Rule Postponed

Congress has passed and President Bush has signed into law emergency legislation to delay until March 31, 2008, a requirement that tamper-resistant prescription pads be used for all Medicaid prescriptions. National Community Pharmacists Association spokesman John Norton noted in an interview that the delay was bundled with extensions on several programs due to expire Sept. 30, including an abstinence education initiative that the Bush administration supports. The original mandate, passed as part of war funding legislation earlier this year, requires that all Medicaid prescription be written on tamper-resistant paper to be eligible for federal reimbursement. Even though many states have similar requirements, pharmacists' organizations have maintained that most physicians do not currently use these types of pads, nor are supplies readily available.

### **Arkansas Reworks BMI Program**

Arkansas' 4-year-old program to combat childhood obesity, which includes mandatory school-based body mass index (BMI) screenings, appears to have halted the rise in the obesity rate for the state's children. A report released last month showed that nearly 21% of tested schoolchildren were overweight last year, while just over 17% were at risk for being overweight, about the same figures as the previous year. However, a new state law has reduced screenings to every other year and makes it easier for parents to opt out their children, leading some health experts in the state to voice fears that the changes could weaken the successful program. But Arkansas Surgeon General Dr. Joe Thompson said in an interview that scaling back the screenings will allow schools to concentrate scarce resources on the children and families who need the most help battling obesity.

Court Ends 'Kiss and Tell' Suit An appeals court has dismissed appeals to a Kansas lawsuit, ending attempts to enforce an interpretation of the state's child abuse law that that would have required health care providers and counselors to report all sexual activity by teenagers under 16 years to state authorities as evidence of child abuse. The case was dismissed because Kansas lawmakers revised the state's child abuse reporting laws to indicate the law does not require blanket reporting of adolescent sexual contact. The lawsuit, known as the "Kiss and Tell" case, originally was filed by the Center for Reproductive Rights in an effort to overturn an interpretation of the state's child abuse reporting law written by then-attorney general Phill Kline in 2003. Under Kline's interpretation, the Center argued, a school nurse would have had to report a 15-yearold student who disclosed that she was "making out" with her 15-year-old boyfriend. The lawsuit, filed by the center on behalf of a group of physicians, nurses, and counselors, argued that any threat to confidentiality is a strong deterrent against adolescents seeking health care and counseling.

## N.J. Task Force Eyes Physician Gifts

The New Jersey Attorney General's Advisory Task Force on Physician Compensation, which met for the first time in September, is examining the potential impact of payments and gifts to physicians from the drug and device industry. The task force will also consider possible public disclosure of gifts, direct disclosure to patients, and limits on payments to physicians. Vermont, Maine, Minnesota, West Virginia, and the District of Columbia have passed laws requiring some form of reporting of payments made to physicians by pharmaceutical and medical device companies. In response to the formation of the task force, the Pharmaceutical Research and Manufacturers of America issued a statement citing its 2002 Code on Interactions with Healthcare Professionals as an important safeguard. The code declares all forms of entertainment to be inappropriate and says that any gifts given to physicians should support medical practice and be valued at less than \$100.

**Boston University School of Medicine** 

Pediatric News / Family Practice News

# **Pediatric Infectious Diseases in** the Headlines

**A Continuing Medical Education Conference** 

November 2 - 3, 2007 **Hotel Marlowe, Cambridge, MA** 

### **Topic Highlights**

Influenza: Treatment and Prevention

Mycoplasma and Chlamydia: Role in Pediatric Respiratory Illness Revisited

Urinary Tract Infection in Children: Lessons from Clinical Trials

Staphylococcal Infections: Current Treatment and Prevention

Travel Medicine: What's New for the Primary Care Setting

**Universal HIV Testing in Children and Adolescents** Serious Infections of the Head and Neck

Acute Otitis Media: Can We Agree?

Indirect Protection From Vaccines: Getting More Efficacy for Each Dose

**Pediatric Infectious Diseases in the News** 

Advances in Pediatric ID: Relevance to the Office Practice

**Adolescent Immunizations** 

The Infectious Disease Health of Health Care Workers

**Vaccine Safety** 

Infectious Disease and Immunization Issues Before and After International Adoption

**Managing STDs in Office Practice** 

Clinical Implications of Antibiotic Resistance/Presumptive Antibiotic Therapy for Common Pediatric Infectious Diseases (Otitis, CAP, Sinusitis)

Target Audience: This conference is designed for pediatricians, infectious disease specialists, family practitioners, practitioners, and physician assistants

**Accreditation:** This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Boston University School of Medicine and *Pediatric News/Family Practice News*. Boston University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians

Boston University School of Medicine designates this educational activity for a maximum of **12.75 AMA PRA Category 1 Credit(s)™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Application for CME credit has been filed with the American Academy of Family Physicians. **Determination of credit is pending.** 

Educational Objectives: At the conclusion of this conference, participants will be able to:

- Discuss the latest modalities of treatment for bacterial and viral infections
- · List current recommendations for immunizations of all pediatric ages, including infants and adolescents
- Identify best practices for the treatment of such pediatric infectious diseases as acute otitis media, sexually transmitted infections, and influenza



### **Course Directors**

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