

NEWS

Pennsylvania Section of ACOG District III

Vol. 16 Issue 1
Spring 2013

A newsletter published exclusively
for Pennsylvania OB-GYNs

Chair's Message

News from the Chair

by Sherry L. Blumenthal, MD, FACOG



First, I would like to thank all of the contributors to the OBesity Project, and express thanks to the CDC for awarding us the 2013 Section project prize. I read the other submissions and am quite humbled by the quality of the projects. I am looking forward to representing us at the ACM award ceremony in May.

I am beginning work on Part II: Management of the Obese Woman. It will have its first presentation at the annual OB/GYN conference at Winthrop University Hospital this fall.

If anyone is interested in collaborating, please let me know. The presentation will have sections on weight loss programs (what works in a clinic or office), instrumentation in the office and OR, modifications in OB, oncology, REI (dose adjustments, positioning, etc), and special surgical issues and techniques (including bariatric surgery). I am happy to accept any suggestions for approaches or topics to be included. If anyone works in a clinic or hospital that is evaluating a weight-loss program or currently has one in place, I would appreciate a copy of the program or the research protocol. Unfortunately, there is a shortage of evidence-based approaches to the problem. I would truly like to make this a District III project.

On March 7 our PA Executive Committee met with the officers of the PA Association of CNMs to discuss improving our relationship and entering into collaborative advocacy. The ACNM has policies which are concordant

with ACOG. One of the CNMs attended our PA ACOG meeting on April 3 and we hope to begin working together on common issues.

The District III "Road Show," now called "ROUNDS," is getting "ready for prime time." We are gathering lists of hospitals and contacts in the district, applying for CME for the talks, and finalizing the topics.

We had a large delegation from PA at the CLC. In addition to me, Dr. Coslett-Charlton, and Dr. Amanda Flicker, our incoming secretary, we had three Junior Fellows and Drs. Mehta, Cummings, and DeNicola attending from District III. I wish to congratulate Dr. Coslett-Charlton and the members of our Legislative Committee for receiving the ACOG 2012 Government Affairs Committee Award

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Legislative Report

by Lynne Coslett-Charlton, MD, Legislative Committee Chair

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PA ACOG News is an official publication of the Pennsylvania Section of ACOG.

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Note: If you have an important announcement of interest to Pennsylvania ob-gyns, send it to Jan Reisinger at the PA Section of ACOG office.



The 31st Annual Congressional Leadership Conference was held this March in Washington, DC. Pennsylvania had an enthusiastic contingency of Fellows and Junior

Fellows who lobbied our senators and congressmen and congresswomen for their support of three key priority Acts on national ACOG's legislative agenda.

The Medicare Physician Payment Innovation Act of 2013 is an important piece of legislation introduced in the House by Pennsylvania's own Allyson Schwartz of the 13th District. The Act's provisions include a permanent fix of the SGR which would eliminate the \$300 billion debt to the Medicare program, setting the stage for comprehensive payment reform. The Act would also stabilize the current payment system by averting cuts to physician reimbursements for 5 years and reward clinicians for high-value and high quality care while disincentivizing fragmented, volume-driven care. We asked our legislators in the House to support this Act and asked our members in the Senate to consider introduction of companion legislation.



from left to right: Lindsey Davis, MD; Amanda Flicker, MD; Ashley Graul, MD; Aasta Mehta, MD; Lynne Coslett-Charlton, MD; Sherry Blumenthal, MD; Brandi Ring, MD; Nathaniel DeNicola, MD; Holly Cummings, MD

The Quality Care for Moms and Babies Act of 2013 is bipartisan legislation which supports OBGYNs and other practitioners in improving the delivery of maternity care and to truly bend the maternity cost curve by supporting the establishment and expansion of maternity care collaboratives. The goal of this legislation is also to establish a standard set of maternity care reporting measures within Medicaid and support the development of additional measures by organizations such as ACOG. Funding will support improved methods of data collection and sharing in efforts to facilitate the adoption of quality improvement practices by creating a dedicated program within HHS.

Finally, we asked our members for support of the Women's Health Resolution introduced by Rep. Barbara Boxer (D-CA). This resolution serves to enumerate the protections that women should have regarding their healthcare and provides a platform to oppose legislation that infringes on women's health and interferes with the sanctity of the doctor-patient relationship. The purpose is to ensure that all women have access to the best available healthcare by supporting funding for women's health research, Medicaid and federal health care programs, and developing and implementing quality measures in women's health. This resolution also supports ACA provisions that cover preventative services including contraception to women at no cost, requires maternity care to be covered in all plans participating in state exchanges, prohibits gender rating, and prohibits pre-existing condition exclusions, including pregnancy.

Most impressive at this particular CLC were ACOG's efforts to lead as a respected national voice in women's health. Through the political strength of our million dollar PAC and the outstanding efforts of our Government Relations staff, it is clear that we will have influence on

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PA ACOG, Government Affairs Report

Milliron Associates, LLC, by Andy Sandusky

Springtime at the Capitol

Governor Corbett released his executive budget in February which was followed by weeks of legislative appropriations hearings in March. As spring and summer approach, the General Assembly and the Corbett Administration will debate and decide upon the fiscal priorities of the state. While there is program funding that assist women and children that will impact patient care in the budgets of the Departments of Health and Public Welfare respectively, the budget process also forces a Constitutional deadline for action. This required action, provides for an opportunity for legislative movement on a variety of different issues and legislation, some good, and others not so good. PA ACOG members can be confident that your lobbying team, Milliron Associates, LLC will be present and advocating on your behalf until the last bill is considered sometime in late June/early July corresponding with the passage of a state budget.

Insurance Coverage of Abortion Services under the ACA

PA ACOG recently expressed its opposition and concern with the members of General Assembly on legislation that would prohibit insurers from providing abortion coverage in their benefit packages under the Health Insurance Exchange (Exchange). The Exchange is expected to be administered by January 2014 when the Patient Protection and Affordable Care Act (ACA) is set to cover all US citizens. While the ACA is set to expand many covered services for women, it also expressly permits states to determine policies regarding abortion coverage which has led to the introduction and legislative movement in the PA General Assembly on House Bill 818 and Senate Bill 3. House Bill 818 passed the House on April 24 by a vote of (144-53). The issue is highly volatile, visceral and complex, making it difficult to impact or add to existing state law that prohibits any state government funds from being used to cover an abortion, except for cases of rape, incest or to avert the death of the mother. PA ACOG will continue to oppose limiting abortion coverage on the Exchange for additional maternal health reasons of the mother and also for lethal fetal indications. Throughout the contentious debate on the legislation, PA ACOG has remained clinically and professionally focused arguing only facts.

Expedited Partner Therapy (EPT)

The CDC lists Pennsylvania as a state where Expedited Partner Therapy (EPT) is permissible. PA ACOG member, John P. Gallagher, MD, describes EPT as when a

physician provides treatment to the sex partners of patients with sexually transmitted diseases without an intervening medical evaluation or professional prevention counseling. Unfortunately, there is no clear legal guidance in Pennsylvania for physicians who want to prescribe under EPT. In April, PA ACOG member, John Mantione, MD, and Milliron Associates, LLC have met with critical legislative staff of the General Assembly in the effort to begin consideration on a change in the law to explicitly permit EPT. Additionally, PA ACOG is exploring the idea of seeking legal clarification on the matter from oversight agency in the administration in lieu of legislation. EPT is supported by the CDC, ACOG, AMA, American Bar Association, and the American Academy of Pediatricians. As this effort progresses, reports will be provided to the PA ACOG membership.

Breast Density Legislation

Two companion bills have been introduced in the Senate of Pennsylvania regarding breast density, Senate Bills 358 and 359. SB 358 requires notification of breast density to patients who received a mammogram and SB 359 requires insurance coverage for ultrasound screening, MRIs or other supplemental screening if a mammogram demonstrates dense breast tissue. While the intent of the legislative sponsor of the bills, Senator Bob Mensch (R-Montgomery) appears to be well-meaning, they can project more harm and stress on women unnecessarily. At this time, a mammogram is the only medical imaging screening test proven to reduce cancer deaths. Further, many cancers are seen on mammograms even if a woman has dense breast tissue. PA ACOG believes these conversations should occur in the examination room and not as a requirement of state law. PA ACOG opposes SB 358 and SB 359 because it will most likely result in patient panic accompanied by more testing and biopsies, with little medical efficacy at stake. Milliron Associates, LLC will closely monitor any subsequent legislative movement on these bills and potentially look at amendments that will make the legislation more palatable as other states have done.

Legislative Report

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change. The 31st meeting was also the most attended Congressional Leadership Conference, a reflection of the dedication of our membership to positively shape the future of women's health care delivery in the United States.

Report of the Young Physician Representative

by Amanda Flicker, MD, PA ACOG Secretary-Elect

One might ask what s/he can do as a young physician to become more involved in ACOG or to do more for women's health beyond our own practices, departments, hospitals, or communities. ACOG defines a Young Physician as a Fellow of ACOG who is within 8 years of their fellowship, and they have many opportunities for us to be involved.

Legislative advocacy is an important component of the work that ACOG does for the practice of medicine and for women's health. This advocacy extends to the state and national level. Each year in March, ACOG sponsors the Congressional Leadership Conference in Washington, DC, and since it started 30 years ago, it has continually become bigger with more Fellows and Junior Fellows in attendance, and better with more experience in the staff and participants. This year we encouraged our legislators to support bills to repeal the SGR and to establish regional maternity care collaboratives.

At the state level, the Pennsylvania section holds its own legislative day in Harrisburg each September, and we welcome participation of any and all that are interested. Current issues in our section are legislation regarding reporting of breast density on mammogram reports, elevating the necessary level of evidence for liability cases involving emergency care to "clear and convincing," as well as the Mcare fund that continues to be discussed. We struggle with but remain firm on our position to keep legislators out of our exam rooms; politicians should not mandate physician practice.

Fear not if you have no experience with legislative advocacy. Each of these events starts with a primer on current hot topics in the legislative session and on important things to know about lobbying. Attending

these legislative workshops can improve your knowledge of important issues in government pertaining to the delivery of women's healthcare and can help you to forge relationships with your local representatives and senators. Consider joining us in September in Harrisburg or next March in Washington, DC.

Another opportunity to become involved in ACOG is to join a committee. Since we have so many talented people in our field, one may not receive an appointment at first try. But try again! The administration tries to balance each committee with representation distributed evenly by geography, gender, and years in fellowship. Young Physicians hold a position on most if not all committees because our opinions and views matter. A list of ACOG's committees and the work that they do can be found on the website.

If you are planning to attend the ACM this year, I would like to invite you to check out the medical student, Junior Fellow, and Young Physician reception on Monday, May 6, at 5:30 pm. Attendance is free, and it is a great opportunity to interact with students interested in our field and with residents who are just starting their careers in women's health. On Tuesday, May 7, from 7:00 - 9:00 am is the Young Physician Breakfast Forum with an interesting discussion on mentoring in academia and in private practice. As Young Physicians, we may find ourselves both as the individual being mentored and the mentor to a resident or student, so hopefully you will be able to join us.

If you have any questions about these opportunities or other issues pertaining to Young Physicians in ACOG, feel free to contact me at abf11@hotmail.com.

NRMP Match 2013: Success for OBGYN, but Concerns for the Future

by Mark B. Woodland, MS, MD, Education Committee Chair, Program Director OB/GYN Drexel University College of Medicine, Vice Dean GME

This was the first year that the NRMP went for “all in,” which means that most institutions opted for including all of their open PGY1 spots for the match. This led to a misrepresentation that there were actually more spots open in OBGYN this year than in prior years. Having said this, the match was extremely successful for OBGYN in general, filling nearly all of the 1,259 spots offered in all regions of the country with only 11 spots unfilled after the Main Match was completed. Five of these were listed in the northeastern region. The SOAP (Supplemental Offer and Acceptance Program) ran after the Main Match and reportedly filled these remaining spots.

Concerns raised by this year’s match include the number of applicants unmatched in OBGYN, particularly the number of unmatched US graduates, the number of ranks per applicant, the cost of interviewing at more programs to secure a match, the likelihood of securing a match in a subsequent year, and the debt incurred by students who do not match. Overall, there will be 26,392 positions

offered in this year’s match for 52,555 applicants, of which 25,682 were US seniors. With the push of the AAMC to increase the number of US grads, this number is slated to exceed the number of available GME slots in the US by 2015. This presents a real dilemma for students in school incurring debt for their education.

As our economy continues to contract, the likelihood that we will be putting more money into GME is poor, and the risk is that there will be even fewer positions available for our applicants. Additionally, we need to consider the number of programs that our students are applying to and the cost of that application process. Perhaps the time has come to offer video interviews to applicants who are far away to facilitate an interview with the program, but limit the expense. Finally, we need to consider career options and debt management for our students who will go unmatched. Truly, the upcoming match years will have to be monitored very closely.

Match Summary 2013 OBGYN

# Programs	Positions Offered	Unfilled Programs	# of Applicants		# of Matches		% Filled		Ranked Positions	
			US Seniors	Total	US Seniors	Total	US Seniors	Total	US Seniors	Total
249	1,259	7 (11 positions)	1,059	1,783	944	1,248	75.0	99.1	11,275	15,057
					115 not matched	535 not matched			11 ranks per applicant	8 ranks per applicant

Save the Date for PA ACOG Legislative Day!

PA ACOG Legislative Day is currently scheduled for **Tuesday, September 24, 2013**. Legislative Day is a great opportunity to build relationships with legislators, learn more about the political issues affecting obstetricians/gynecologists, and foster camaraderie with colleagues. Plan to attend!

Regional Refresher/Re-entry Course for OB-GYN Physicians

by Nielufar Varjavand, MD; Dipak Delvadia, DO; Mark B. Woodland MS, MD, FACOG

The Drexel Medicine Physician Refresher/Re-Entry Program of Drexel University College of Medicine (DUCOM) has provided a re-education program for the OBGYN physician community since its inception in 1968. Though most physicians who participate in Drexel's program reside locally, many have come from all over the United States and even internationally.

Drexel's planned clinical and didactic preceptorship is a resource for OB-GYN physicians to enhance or update a particular clinical skill or general knowledge. For instance, numerous physicians have put aside their obstetrics career to concentrate on gynecology, only to learn that they enjoy an OB practice equal to a GYN practice. Upon seeking return to obstetrics, they often face a barrier from their employer or hospital credentialing committee who may require recent up-to-date obstetrics experience. Others seek Drexel's re-entry course after complete retirement and voluntarily seek a refresher before returning to practice. Some are required by their state board to complete a refresher/reentry course if they have been away a number of years. International physicians sometimes use Drexel's course to gain a glimpse of American medicine. The course at Drexel has been able to accommodate all of these scenarios as well as others. Despite varying reasons for seeking a refresher/reentry course, all participating physicians strongly agree that Drexel's program has been an invaluable resource to their careers and for their return to OB-GYN.

Enhanced with Technology

In 2006, Drexel's Physician Refresher/Reentry Program was enhanced by combining DUCOM's instructional technology resources and faculties' experience in medical education. The result has been an innovative curriculum for physicians to individualize based on their needs and career goals. Drexel's Refresher/Re-Entry Program offers several educational & assessment opportunities online as well as onsite. The goal of the online program is to allow physicians anywhere to access courses at their convenience in order to update their medical knowledge and hone in on clinical reasoning or communication

skills and gives them comparative feedback. Enhancing one's communication skills is particularly useful when interacting with specific patient populations or situations, such as changing habits, discussing unwanted outcomes, substance abuse, intimate partner violence, or adolescent care. The onsite preceptorship combines online learning tools with onsite clinical work. At Hahnemann University Hospital in Philadelphia, physicians participate in conferences and both inpatient and outpatient clinical rotations. In addition to traditional learning, physicians learn using simulation and standardized patients. Though physicians work with all OBGYN departmental faculty, they are paired 1:1 with a dedicated re-entry preceptor for closer observation and assessment.

Non-clinical Updates

Returning physicians often need up-to-date learning in various "newer" skills pertinent for a practicing physician: electronic medical records, medical documentation changes, computer or research skills, skills of disclosing medical errors, and health policy changes. In addition, program staff and director guide physicians in the maze of career counseling and regulations to determine the best way of achieving each physician's career goals. Physicians who have completed the program stay in touch long after they finish, seeking guidance with letters and credentialing and reporting on their progress.

We are very proud of our participants to date. They have universally found the program to be more than helpful and they have achieved their desired goals from participation in the program. There are only a few of such programs that exist in the country and we are fortunate to have this program in Philadelphia as a regional and national resource.

For more information about Drexel's refresher/reentry program, please visit <http://webcampus.drexelmed.edu/refresher> or call 215-762-2580.

What Does ACOG Do For You Legislatively?

by Sherry L. Blumenthal MD, FACOG, Chair PA ACOG

The American Congress of Obstetricians and Gynecologists has the highest percentage of members of any specialty, with over 92% of practicing OB/GYNs as members. The second highest national organization participation is the American Academy of Pediatrics, which has 57% participation. While all of us are familiar with the more visible aspects of the society, such as the Green Journal, Practice Bulletins, Clinical Opinions, patient brochures, and CME meetings, many question what ACOG is doing on the legislative scene.

The answer is: an enormous amount. Our PAC (Political Action Committee) has broken the \$1 million mark, giving us much greater influence. ACOG is the most vocal organization advocating for women's health. As an example, each year ACOG has a Congressional Leadership Conference in Washington, DC, with 3 Fellows participating from each section. At least 3 Junior Fellows from each section also attend. National ACOG chooses 2 important issues to "push," and then there are educational sessions to teach how to speak to senators, representatives, or their staff, promoting sponsorship or support for bills on those issues. Participants then go to "the Hill" to visit their senators and reps. The purpose of the conference is to train us to be able to effectively contact our elected leaders to push legislation that we favor and influence defeat of those we oppose.

The issues this year were repeal of the SGR, repeal of IPAB, and passage of a bill advocating for Women's Rights (sponsored by Sen. Boxer). SGR, the Sustainable Growth Rate, is a flawed formula for calculating Medicare reimbursement, which threatens to cut our fees by large percentages every year. Each year we are "saved" by an eleventh hour postponement of the cuts, but each year we have to fight to avoid the cuts. IPAB, the Independent Payment Board, was established as an independent, non-physician group to monitor health care costs. It is independent of Congress and the President.

Rep. Allyson Schwartz, PA-Dem, co-sponsored a bipartisan bill to repeal the SGR and IPAB. She received a service award at the meeting, and the PA Delegation had the privilege of presenting it.

ACOG also has increased representation of OB/GYN in the American Medical Association and the Pennsylvania Medical Society (PAMED). PA ACOG has been working with PAMED lobbyists, and that partnership stopped

the vote on the bill requiring ultrasound before abortion (and forcing the woman to hear the heartbeat or view the images).

PA ACOG has been extremely active legislatively. We now have a lobbyist who helps us identify and work on issues that PAMED may not identify as pertinent. We are also writing legislation and trying to identify sponsors. We contributed to the successful campaign of an influential state senator who is very pro-active on women's health issues.

Currently we are working on a liability reform bill to prevent "apologies" by the physician from being included as evidence in the case. We are also co-sponsoring a bill with PaACEP to require stricter standards for liability ("clear and convincing") in cases of emergency care in the ER or DR. Another piece of legislation that we are working to find a sponsor is a bill limiting liability for physicians who prescribe Expedited Partner Therapy for Chlamydia.

A bill is coming up in PA that would require radiologists to report "Dense Breasts" directly to the patient so she can contact us for the appropriate next step. Many states have been unsuccessful in blocking this bill, although we object to legislation dictating the practice of medicine. There is also no clear standard as to managing these cases. Unfortunately, the radiologists have not opposed

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Rep. Allyson Schwartz, PA-DEM, receiving a service award at the meeting.

News From the Chair

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for Improvement in State Legislative Advocacy. The PA section had the privilege of presenting the 2012 ACOG Public Service Award to Rep. Allyson Schwartz. She has introduced a bipartisan bill to repeal the SGR, HR 574, and supports repeal of IPAB. She is also a consistent advocate for women's health care rights.

As usual, there has been much legislative activity in PA. We have had a very productive relationship with our lobbyist, John Milliron.

A bill requiring "clear and convincing evidence" in cases involving emergency care was not voted upon last session but will be reintroduced in collaboration with PaACEP. We also plan to craft a bill in this session advocating protection for physicians prescribing Expedited Partner Therapy and are hoping for support from PAMED. Dr. John Gallagher will meet with Sen. Pat Vance to discuss sponsorship of the bill.

Other legislative action is as follows:

SB 379 - Apology Bill: a much needed bill to allow physician apologies has moved out of committee and may soon be considered by the full Senate. It had gotten out of committee at the last minute in the previous session, but was not voted upon. It still faces challenges. Members are asked to urge their senators to request the Senate's prompt consideration of SB 379 and to vote yes when it comes up for a vote. This bill is a priority of PAMED.

[1.SB158 - Prenatal and Postpartum Counseling and Screening Act](#) – Introduced 01.15.13 –Referred to Public Health & Welfare Committee

The general opinion of our legislative committee is that we should not support legislation that places mandates on MD's. ACOG supports prenatal and postpartum screening for postpartum depression as stated by our committee opinions. The committee opinion sets a standard for OB practice which ACOG members follow already. Should legislation be introduced it would be most appropriate to place the obligation on the Department of Health, which would supply standardized, consistent materials to hospitals and birthing centers for distribution.

[SB5 – Establishing the Community-Based Health Care Subsidy \(CHCS\) Program in the Department of Health; providing for hospital health clinics and for mobile prenatal](#)

[and natal care demonstration project](#) – Introduced 01.18.13.....(very extensive list of supporters) – Referred to Public Health & Welfare Committee

This seems like a reasonable idea to improve access for underserved women, however, we have received little comment from our legislative committee members. We will redistribute for comment and reach out to some of the members in academic medicine that may have more insight.

[SB358 and SB359 – Breast Density Bills](#) – Introduced 01.31.13

Dr. Lynne Coslett-Charlton and John Milliron have been working with Kathryn Moore at ACOG on this issue. Our position in all matters involving legislation of our medical decisions is to oppose that legislation. We also hope for specialty society support in this matter. We learned at the District III IDM that a similar bill has passed over our NJ OB/GYN colleagues' objections, and was unfortunately supported by the radiologists.

[HB809 – Genetic Testing for Infants in Certain Cases](#) – Introduced 02.25.13 (very extensive list of supporters)

This bill is sponsored by the AAP. We support the principle but again cannot support mandating any medical decisions. We plan to work with AAP to help educate our members to support this testing. Many hospitals already provide the testing, especially academic centers.

We recently received a memo sent to members of the PA House of Representatives by Rep. Matthew Baker. Rep Baker is the sponsor of countless bills trying to limit reproductive choice for women in PA. His recent bills would "undo" much of the provisions regarding contraceptive coverage gained in the ACA. We need to garner as much support as possible to prevent his bills from being passed. We have attained a resolution from PAMED to support insurance coverage of contraception for all women in PA, and will be enlisting their help.

Respectfully submitted,



Sherry L. Blumenthal, MD, FACOG
Chair, Pennsylvania Section ACOG

Congratulations Award Winners!

The members of PA ACOG have been actively involved in many fronts. Recently, their efforts have received well-deserved recognition. Congratulations to the following award winners!

PA ACOG was named recipient of the 2012 ACOG Improvement in State Legislative Advocacy Award for the maturation of our legislative advocacy program over the past several years. The section has demonstrated progress in key areas, including working with coalitions to advance short-and long-term goals, hosting a physician Legislative Day at the State Capitol, and hiring our first lobbyist. We thank all of those who have worked hard and volunteered countless hours of their time to advance our legislative presence. A special thank you goes to Lynne Coslett-Charlton, MD, Legislative Committee Chair, for her leadership, dedication to our causes and for the award submission.

Dr. Blumenthal's *OBesity Project* was named recipient of the ACOG CDC Service Recognition Award. This award is given in recognition of the single most outstanding activity carried out by Fellows of the College in their section or district. The *OBesity Project*, an educational presentation that addresses the widespread concern of obesity in women, was a collaborative endeavor among many members of the Section. We thank Dr. Blumenthal for spearheading this important effort.

ACOG received the Gold Award for their national Facebook page from the Association of Marketing and Communication Professionals. Several of the District III leadership and Pennsylvania section young physicians played a key role in propelling this movement forward, including Nathaniel DeNicola, MD, Holly Cummings, MD and Aasta Mehta, MD.

What Does ACOG Do For You Legislatively?

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this, and the legislation most recently passed in New Jersey despite valiant efforts by our ACOG colleagues to fight it.

The fight to keep abortion safe and legal is consistent with the ACOG position of supporting equal reproductive health care rights for all. PA is a battleground for this issue, with efforts taken to close Planned Parenthood, an organization which provides contraceptive care, STI screening and treatment, and cancer screening. Many states, such as North Dakota, Texas, Virginia, and Arkansas have passed legislation to limit reproductive rights even though the legislation is unconstitutional. A Pennsylvania State representative, who is responsible for proposing most of the restrictive laws affecting women's reproduction, has proposed a bill to exempt employers from covering contraception for their employees if it violates the employer's "conscience." This legislator,

who is not interested in the facts, ignores the significant reduction in abortion with an increase in availability and affordability of contraception. He still refers to Plan B as an abortifacient, despite our efforts to clarify the science for him at his request.

ACOG is responsible for inclusion of contraceptive coverage, inclusion of maternity care, and coverage of cancer screening for women in the Affordable Care Act. ACOG, however, did not support the Affordable Care Act due to omission of Liability reform, and inclusion of IPAB.

We encourage all Fellows and Junior Fellows to contribute to the PAC, even if it is only \$10. This contribution will help ensure the rights of those of us who professionally care for women, and the right of those women to comprehensive health care. There is an enormous amount of work to do, but we know that lobbies need money to do that work. Please consider all that ACOG does, and help the fight.

Pennsylvania Premie Network

The Pennsylvania Premie Network (formally known as the Pennsylvania Premature Infant Health Network) exists to direct a spotlight on the unique issues premature infants and their families face including continuity of care, access to care and available resources. Specifically, the PA Premie Network does this through raising awareness, delivering education and promoting collaboration among stakeholders throughout Pennsylvania.

The network is under the leadership of the Pennsylvania Chapter of the American Academy of Pediatrics (PAAAP). PA AAP is committed to the health and well being of premature infants. The PA Premie Network Executive Committee is led by Dr. Albert Pizzica, DO, FAAP (Philadelphia), Robert Cicco, MD, FAAP (Pittsburgh) and Kim Costello, DO, FAAP (Harrisburg). The Advisory Committee is comprised of: Colleen Cook-Moine, MD (Lancaster), Susan Brackbill, RN (Harrisburg), Julie Hladio (Pittsburgh), Lillian Rountree Lippencott (Pittsburgh), James A. Cook, MD (Danville), Jen Fiddler, MPH (Pittsburgh), Kathie Wagner (Camp Hill), Casey Hoffman, PhD (Philadelphia), Lily Higgins, MD (Philadelphia), Susan Adeniyi-Jones, MD (Philadelphia), Charrell Bird, MD (Harrisburg), Mike Balsan, MD (Erie), J. J. La Bella, MD (Pittsburgh).

Through a multi-disciplinary network, the PA Premie Network is identifying a number of specific projects that

can help to achieve its mission. Some of our recent accomplishments are:

- Meeting with PA Dept. of Health regarding neonatal levels of care and proposing to the department that the network could be a valuable resource in developing a statewide perinatal plan
- Meeting with PA Early Intervention examining referral process for enrolling NICU graduates into EI
- Awarded a 2 year grant from March of Dimes to convene NICU Parent Focus Groups that will assess challenges parents face upon discharge from the NICU
- Held the first of several webinars for NICU and Newborn Nursery Staff on clinical issues
- Survey of PA NICUs and Hospital Newborn Nursery Departments to determine the level of neonatal services available in PA's birthing facilities
- A commitment to assist in developing the Infant Mortality and Low Birth Weight sections of the State Health Assessment

To become involved in the network or for more information on the network's activities please contact Dottie Schell, BS, RN - Program Director at dschell@paaap.org or call 484-446-3061 or 888-523-6122 (PA only).