

# NEWS

## Pennsylvania Section of ACOG District III

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A newsletter published exclusively  
for Pennsylvania OB-GYNs

Chair's Message

# News from the Chair

by Sherry L. Blumenthal, MD, FACOG



We just returned from a successful Annual District III Meeting, held in collaboration with ACOOG. It was well-attended with excellent education seminars. Here are some updates about current section events.

We are very active legislatively.

Dr. Lynne Coslett-Charlton provides a recap below on Legislative Day and the bills that we confront in the PA legislature. This is a tough time for women's health throughout the country, and PA is no exception. Most of the bills we are dealing with involve the attempt to make access to safe, affordable abortion impossible.

We have presented our plan for a Facebook Page to the District III Advisory council.

While there was agreement that it's needed, concerns were raised about how it will be monitored. The decision was to defer a PA ACOG page and let district handle the content and monitoring. A committee was formed, and National ACOG, while not sanctioning, agrees that it needs to be done and will not make us dismantle it!

We are pursuing the concept of a part-time lobbyist to keep us up-to-date on legislative issues regarding OB/GYN and will keep you in the loop as this evolves.

The OBesity Project was presented to approximately 150 attendees at the Pinnacle Health System Annual OB/GYN Conference and it was well-received. We are ready to take it to other institutions in PA for a Grand Rounds or a

conference and have obtained CME approval. It is part of the District III Road Show, which will be up and running shortly, and I plan to present a short introduction at the November Philadelphia Obstetrical Society meeting. In addition, we have applied for the ACOG Section Service Award for the project, and have been recommended by Dr. Richard Henderson, Chair of District III.

Anyone who is interested in having the project brought to his or her hospital, please contact Jan Reisinger at the PA ACOG Administrative office at (888)726-2496.

Respectfully submitted,

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

# Legislative Report

by Lynne Coslett-Charlton, MD, Legislative Committee Chair



Our PA ACOG Legislative Day in September proved to be our most successful. As our fellow and junior fellow participation continues to increase, we are finding our position as women's health experts establishing within the Legislature. We asked for support of HB 495, which appropriately allows physicians to express sympathy to a patient in the event of an unfavorable outcome. This expression would be inadmissible as evidence in any potential future malpractice claims and would allow an opportunity for improved doctor-patient communication. Similar bills in other states have been shown to reduce malpractice claim

filings. Our legislators seem overwhelmingly in favor of this bill and we hope that with cooperative efforts of the Pennsylvania Medical Society it may become law.

We also once again supported SB 437, which would mandate emergency care facilities that care for victims of rape to inform patients and dispense emergency contraception if asked. Because of the enormous amount of skewed information regarding the mechanism of EC, we appreciated the opportunity to educate our legislators.

Our legislative committee has been very actively opposed to multiple bills that have been introduced regarding efforts to restrict access to family planning and abortion services. Forms of legislation which would mandate clinics to comply with ambulatory surgical center guidelines have been debated in the House and Senate. We have concerns that these restrictions will intentionally place undue financial burden on the clinics, forcing many to close. Those that will suffer will be the underserved, who will have restricted access to important health screening and family planning services.

We are also opposed to the recent introduction of HB 1077, otherwise known as the Patient Right to Know Act. This Act mandates all women seeking termination to undergo ultrasound evaluation. ACOG strongly opposes any attempt to legislate the practice of medicine. Our specific concerns with HB 1077 are its attempts to criminalize current medical standards of care, mandate utilizing diagnostic testing resources for non-essential barriers use, and introduce barriers and delays to access to medical care for women, especially the vulnerable underserved.

We continue to argue that decisions regarding the medical care and management of all patients including women are always best made between the patient and the expert in health care, her physician. ACOG strongly opposes any attempts to legislate the practice of medicine.

Our legislative agenda continues to evolve as our Senators and Representatives continue to introduce bills that will affect our direct care of patients. There exists a need to enlist our membership of PA ACOG to engage their legislators and protect women's health. We encourage fellows and junior fellows to become politically active and contribute to our political action committee. We are happy to report that contributions to our national PAC will now be available to candidates supportive of our legislative agenda at the state level. A [PAC Contribution form](#) is included in this newsletter.

# My Ob-GynPAC Contribution— What Took Me So Long?

by Steve Smith, MD, PA ACOG Secretary



Yesterday I sent in my first ever contribution to the Ob-GynPAC. I am embarrassed that it took me so long to commit. Why would I wait when the respected leaders in our field tell us that a well-funded Ob-GynPAC is critical to continued advocacy on our behalf? I'm not apathetic, but I am very busy and somewhat frugal. Before I

spend money, I research the endeavor because I want to know exactly what I'm paying for. Unfortunately, the PAC contribution often falls to the bottom of the To-Do list at the end of the day. I know I am not alone. Less than 10% of ACOG members contribute. After the last District III meeting, I got my act together. I did some research on PACs in general and the Ob-GynPAC specifically so that I understand what I am paying for. Let me share my new knowledge with you. Many of you will find this elementary but I remain undeterred. My intent is to convince you that it is an incredibly important endeavor and the right thing to do.

The purpose of a political action committee (PAC) is to raise and spend money for the election or defeat of a political candidate. The Congress of Industrial Organizations (CIO), the precursor to the AFL-CIO, created the first PAC in 1944. It enabled union members to contribute money to pro-union candidates, most notably President Franklin D. Roosevelt. The creation of the PAC circumvented the Smith-Connally Act, the law banning direct union contributions to a political candidate. When the Federal Election Campaign Act of 1971 set legal limits on direct contributions to a candidate by corporations and individuals, PACs increased in significance by soliciting smaller contributions from a large number of individuals, thus providing a mechanism to provide substantial funds for candidates. The number of

PACs has increased from approximately 600 in the early 1970's to over 4,000 in 2010. Currently, a single PAC may contribute \$5,000 to a single candidate per election, \$15,000 to a political party in an election year and \$5,000 to another PAC per year.

OB-GYNS for Women's Health PAC originated in 2001 and was renamed Ob-GynPAC in 2010 after the American College of Obstetricians and Gynecologists created a new organization, the American Congress of Obstetricians and Gynecologists. Please read the article from our District III Chair, Richard Henderson, M.D., for a concise summary of the evolution of ACOG [here](#). The College was a tax-exempt, not-for-profit, 501(c)(3) organization, whose activities were restricted to educational, charitable and scientific purposes. Such organizations are prohibited from involvement in political activities, including formation of a PAC. The Congress is a 501(c)(6) organization, also a tax-exempt entity but able to promote the business issues of its members, to engage in political activities and to sponsor a PAC. The new ACOG is positioned to advocate politically and economically for its membership, a critical responsibility in this tumultuous environment.

The Ob-GynPAC is the only national PAC in Washington, DC, representing obstetricians and gynecologists, advocating for our interests and working to elect politicians who support these interests. You can view ACOG's legislative agenda for the 112th Congress [here](#). With the ever-changing landscape of healthcare reform, it is vitally important that ACOG have the means to protect our interests and to advocate for its members and our patients. The Ob-GynPAC is the way to the means.

The unfortunate reality is that the great majority of ACOG's members do not contribute to the PAC. I find it interesting to look at the comparison between our PAC and other relevant PACs:

PAC	2010 Dollars Raised*	Membership**	% Contributing
Trial Lawyers (AAJ)	\$3.5 million	56,000	90%
Anesthesiology (ASA)	\$1.54 million	46,000	15%
Orthopedic Surgeons (AAOS)	\$1.4 million	37,000	28%
Radiology (ACRA)	\$1.23 million	34,000	13%
Ob-GynPAC	\$570,000	52,000	5%

\* Based on 2010 FEC documents for respective PAC. \*\* Based on information from organization's website.

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# World's Highest Rate of IVF

by Annette Lee MD, Pennsylvania Reproductive Specialists, PA ACOG Member

Israel is the world's capital of IVF with an astounding 4% of Israeli children conceived by IVF, compared to 1% in the US. Despite IVF being one of the Isreal's largest public health expenditures, it is very well supported by the public, and is one of the few issues that almost all sectors of the country agree upon.

Israel is unique when it comes to treatment for infertility with IVF in providing full coverage for IVF for up to "two take home babies" up until the age of 45. In contrast, here in the US, the majority of insurance plans do not cover any infertility treatment. There are 15 states with mandated coverage for infertility diagnosis and treatment

but unfortunately, PA is not one of them. Even these mandated states do not compare to the coverage offered to every Israeli citizen.

In this unique high tech, yet traditional culture, the driving force behind such excellent coverage for fertility treatment lies in the importance of family and in particular, children in their culture. In Israel, high value is placed on having children, and denying a woman this opportunity for financial reasons is not acceptable. The US will probably never have the same policy as Israel, but we can all continue to try to help our patients to the best of our ability to deal with financial stressors of treatment.

## 2011 PA ACOG Legislative Day A Great Success!

PA ACOG Legislative Day, held on Tuesday, September 27, had the best turn out yet with a number of residents and young physicians in attendance. 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. PA ACOG would like to send a special thanks to Legislative Chair, Lynne Coslett-Charlton, MD, for coordinating this event and we look forward to another great Legislative Day next year!



# PAMED Joins PA ACOG to Support Contraceptive Coverage

by John Gallagher, MD, Division V Representative

In a major victory for our patients' rights, the 2011 Pennsylvania Medical Society (PAMED) House of Delegates passed a resolution submitted by PA ACOG to actively pursue contraceptive coverage as a fundamental benefit in all health care coverage issued in Pennsylvania. This resolution will allow PAMED to take an active role with PA ACOG in proposing and lobbying legislation to push forward this long-time goal of our specialty organization.

In the United States, 3 million women face an unintended pregnancy each year. Studies by the Alan Guttmacher Institute report that this accounts for 50% of all pregnancies. In some areas, this number is even higher. The decision to proceed with or defer childbearing is integral to a woman's healthcare needs. These unplanned pregnancies also increase both neonatal morbidity and mortality, as well as abortion rates. For every one dollar spent on contraception, more than 3 dollars are saved in additional healthcare costs. In spite of these numbers, many employers and health plans continue to exclude contraceptive coverage from their members. Women continue to earn less than their male counterparts in the workforce while spending 60% more in out of pocket healthcare costs, much of this related to contraceptive needs.

Cost should not play a role in this decision. As stated above, providing contraceptive coverage actually saves money in the total healthcare system. Implementing approved contraceptive coverage and counseling services is estimated to cost less than 2 dollars per member per month. When the federal government instituted such

coverage in 1999 there was no appreciable cost increase noted. Most insurance policies cover prescription drugs and devices as well as counseling services but do not cover all FDA-approved methods of contraception. Many cover no reversible methods at all. Twenty-eight states have already passed legislation to resolve this contraceptive inequity.

Under the Affordable Care Act, effective 2013, all insurance plans offered within the state exchanges will be required to provide a basic level of coverage for everyone. In 2011, the Institute of Medicine recommended, and Secretary of Health Kathleen Sibelius accepted, that contraceptive coverage must be included in this mandate as a preventive service without a co-pay. This will, however, only apply to new plans offered in the exchange, not existing plans which are "grandfathered" and not affected. This is why PA ACOG continues to fight for permanent changes in Pennsylvania.

We have been successful in the past by obtaining mandates to cover mammograms, colonoscopies, and other needed services. With the support of our members we hope to again be successful. At the House of Delegates, there was heated discussion from the floor. With impassioned support from the medical student and resident sections, an overwhelming majority of the delegates joined PA ACOG in taking a stand for women's rights. We will now take our battle to the legislature. This will be a challenge given its current makeup, but we are hopeful that with the help of our members and PAMED we will succeed.

# PA ACOG Welcomes New Jr. Fellow Leadership!



Sanjay Patwardhan, MD, is a Third Year Resident at Crozer Chester Medical Center in Upland, PA. He obtained his medical diploma from University of Mumbai and is on Specialist Register of General Medical Council, UK. He is a Member of Royal College of Obstetricians and Gynaecologists, UK (MRCOG) and a member of

North American representative of RCOG. He is interested in Maternal Fetal Medicine and delivery of healthcare to socially challenged communities. His other interests include medical education, information & technology and history. As a PA Section Junior Fellow Chair, he intends to outreach fellow residents to generate interest, motivation and contribution to the cause of ACOG in PA.



Brandi Ring, MD, is a Colorado native who attended the University of Colorado before moving to the east coast. She completed her graduate work in the biomedical sciences at Boston University and remained there to complete her medical school training. She is currently an intern at York Hospital in York, PA. She is interested in

reproductive medicine, health policy and community service. In her spare time she enjoys being outdoors, all manner of sports and curling up with a good book. She is looking forward to an exciting year as PA vice chair.

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## My Ob-GynPAC Contribution— What Took Me So Long?

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While the American Society of Anesthesiologists boasts the largest physician PAC and the American Academy of Orthopedic Surgeons owns the largest proportion of contributing members, the American Association for Justice (formerly the Association of Trial Lawyers of America) is the clear winner. Lawyers think about PAC contributions differently than physicians. In the legal

community, political contributions are a part of doing business, just another business expense. To compete, physicians must adopt this mindset.

I hope this information causes you to consider a contribution to the Ob-GynPAC. We often complain about the state of medicine. It will not get better unless we fight for our interests. This will require money. Right now, five percent of the membership pulls the load. This must change.



**OB-GYNPAC**  
 THE AMERICAN CONGRESS OF  
 OBSTETRICIANS AND GYNECOLOGISTS  
 POLITICAL ACTION COMMITTEE

## 2011 Ob-GynPAC Contribution Form

FULL NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER\* \_\_\_\_\_ OCCUPATION\* \_\_\_\_\_

**Business and Corporate checks and credit cards not allowed under Federal law.  
 Personal checks and credit cards ONLY.**

### New! Monthly & Quarterly Contribution Option

(Contributions may be charged to your credit card in monthly or quarterly installments)

Charge my personal credit card in the amount of \$ \_\_\_\_\_ monthly

Charge my personal credit card in the amount of \$ \_\_\_\_\_ quarterly

\$1,000     \$500     \$300     \$100     Other Amount \_\_\_\_\_

Personal check made payable to **Ob-GynPAC**

Bill my personal credit card     American Express     Visa     Discover     MasterCard

\_\_\_\_\_

Credit Card Number

\_\_\_\_\_

Exp. Date

\_\_\_\_\_

Name as it appears on credit card

\_\_\_\_\_

Signature

Contributions to Ob-GynPAC are not deductible as charitable contributions for federal income tax purposes. Contributions are voluntary, and all members of the American Congress of Obstetricians and Gynecologists have the right not to contribute, or to contribute more or less than a suggested amount, without any reprisal. Federal law prohibits Ob-GynPAC from accepting contributions from foreign nationals. All corporate contributions to Ob-GynPAC will be used for educational and administrative fees of Ob-GynPAC, and other activities permissible by Federal law. Federal law requires Ob-GynPAC to collect and report the name, mailing address, occupation, and employer of individuals who give more than \$200 in a calendar year.

\*required

**Please fax this form to (202)488-3985  
 or mail to Ob-GynPAC, PO Box 23498, Washington, DC 20026**