A Message from ACOG President
Richard N. Waldman, MD

Working Together to Reduce Obesity in America

This week, ACOG Immediate Past President Jerry Joseph, MD, Past President Doug Kirkpatrick, MD, and Executive Vice President Ralph Hale, MD, joined me in a conversation with the White House Office of the First Lady Michelle Obama, on how our specialty can do our part in reducing obesity in America.

Michelle Obama launched the Let's Move! Campaign designed to educate and encourage our young people to eat healthy, be active, and stay strong. ACOG supported this campaign at the June AMA House of Delegates. In May, the White House Task Force on Childhood Obesity released a report to the President, Solving the Problem of Childhood Obesity Within a Generation.

We've partnered with the First Lady's office in her goal of ensuring healthy births and breastfeeding as early interventions to reduce alarming rates of childhood obesity. Dr. Hale made the point that C-section rates are about 50% greater among obese pregnant women. Clearly, obesity and pregnancy are not a good combination.

ACOG has a long and impressive history of clinical and patient education related to reducing obesity. Pre-pregnancy counseling and weight reduction efforts help women start their pregnancies at healthy weights and maintain healthy weight gain during pregnancy. ACOG strongly supports a range of measures designed to help women successfully breastfeed as well. These are some of the ways we, as women's health care physicians, can help ensure that babies are born healthy and that children are less likely to become obese.

Drs. Joseph, Kirkpatrick, Hale and I encourage each of you to take up the banner of obesity reduction. For healthier patients, healthier babies, and a brighter future for the next generation.
Ensuring Direct Access to Ob-Gyns Under the Reform Law: How You Can Help

Send Us Your Suggestions, or Comment Directly to HHS, on Interim Final Rules

As the Obama Administration moves quickly to keep up with implementation deadlines in the health reform law, the Department of Health and Human Services (HHS) issued Interim Final Rules, with Request for Comment by August 27, 2010, for portions of the law concerning preexisting condition exclusions, lifetime and annual limits, rescission, and patient protections, including direct access to ob-gyns. The Interim Final Rules, under the Docket ID of HHS-OS-2010-0014, are found here.

ACOG worked to ensure that the reform law would guarantee that your patients can come to you for their care without prior authorization or a referral from their primary care physician or managed care plan.

We encourage Fellows to share your thoughts with us on:

**PATIENT PROTECTIONS**

Patient Age Restriction
Patient Choice of Provider
Additional Cost-Sharing
Attainable Direct Access
Limit on Visits
Definition of Services Covered

**NOTIFICATION REQUIREMENTS**

Requirement to Inform Primary Care Physician on Treatment Decisions
Notice to Patients and Patient Rights
Reporting Requirements on the Ob-Gyn

**ENFORCEMENT**

Contact us at govtrel@acog.org

We also encourage Fellows to submit your own comments, due to HHS by August 27, 2010, by one of two options:

**Electronically.** Send electronic comments by clicking on the Submit Comments tab here, providing the Docket ID: HHS-OS-2010-0014.

**By regular mail.** Send written comments to:
Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
Attention: OCIIO-9994-IFC
P.O. Box 8016, Baltimore, MD 21244-1850
The Centers for Medicare and Medicaid Services (CMS) released Final Rules defining the initial requirements physicians must meet to be eligible for the electronic health records (EHR) incentive program that begins in 2011. Rules were also issued on the technical capabilities required for certified EHR technology.

The 2009 stimulus package included money for physicians and hospitals to help offset the cost of adopting EHR, as much as $26 billion in incentive payments over 10 years. Under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, eligible professionals could receive as much as $44,000 in incentive payments under Medicare and $63,750 under Medicaid. Hospitals could get millions of dollars under both programs.

To qualify for incentive payments, physicians have to demonstrate "meaningful use" of EHRs:

- Practices have to meet 20 core objectives, plus 5 of the remaining 10 standards relevant to their specialty;
- Practices have to electronically prescribe 40% of medications;
- Physicians qualifying through Medicaid can adopt EHRs without meeting meaningful use requirements the first year, as long as they adopt a certified system;
- Meaningful use will expand in three stages over four years, with each stage building on the last; and
- Eligible professionals who practice in multiple sites can qualify for the program, even if one or more of the sites do not have EHRs, if at least 50% of patient encounters occur at sites that use EHRs.
Timetables

The Incentives program goes into effect in 2011, and the Administration is taking steps to meet the tight timeline for approving technology systems.

The Office of the National Coordinator for Health Information Technology (ONC) is in the process of certifying EHR systems with the ability to meet the meaningful use standards, and recently issued a Final Rule establishing a temporary certification program for health information technology. HHS is setting up a nationwide network of Regional Extension Centers to assist providers in the adoption and meaningful use of certified EHR technology.

Over the next few years, federal officials will release additional information on stage 2 and 3 meaningful use requirements.

Dr. David Blumenthal, the National Coordinator for Health IT, said in a July 13 New England Journal of Medicine article written with CMS official Marilyn Tavenner:

"Like an escalator, HITECH attempts to move the health system upward toward improved quality and effectiveness in health care. But the speed of ascent must be calibrated to reflect both the capability of providers who face a multitude of real-world challenges and the maturity of the technology itself."

For More Information

You can read the HHS announcement and summary of the Rules here. CMS has set up an EHR Incentives website, with helpful fact sheets, the latest news, and information on how to register for the program. The website section on Meaningful Use is here.

CMS and the Office of the National Coordinator for Health Information Technology (ONC) are also providing free Audio Trainings in July and August on the Incentives program. Check the Spotlight and Upcoming Events section of the CMS Incentives website for the dates of future trainings, audio recordings of past trainings, and downloadable materials.

For a detailed presentation of what's included in the Rules and how you can register, also see this CMS Power Point on the EHR Incentives program.

Related Regulations

The HITECH Act also requires health information privacy and security rules to include broader individual rights and stronger protections when third parties handle individually identifiable health information.

The HHS Office for Civil Rights recently announced a Proposed Rule to strengthen and expand privacy and security protections under HIPAA laws.
The Proposed Rule

- Expands individuals' rights to access their information and to restrict certain types of disclosures of protected health information to health plans.
- Requires business associates of HIPAA-covered entities to be under most of the same rules as the covered entities;
- Sets new limitations on the use and disclosure of protected health information for marketing and fundraising; and
- Prohibits the sale of protected health information without patient authorization.

Read more about the Proposed Rule, and the public comment period that runs through September 13, 2010, here.

HHS also launched a new privacy website.

Viewpoints: Rep. Roe, FACOG, Calls for Repeal of Independent Payment Advisory Board

Unelected Board's Mandate to Cut Costs Harms Patient Care

In his July 23 op-ed in the Washington Times, A Board Congress Should Nail, ACOG Fellow and U.S. Representative Phil Roe, MD (R-TN) calls for the repeal of the Medicare Independent Payment Advisory Board (IPAB) created by the reform law, saying "This board does not have a mandate to improve patient care - it has a mandate to meet a budget, and that harms patient care."

Rep. Roe compares the IPAB's automatic cost-cutting role to the flawed Sustainable Growth Rate formula for physician payments, which trigger automatic double-digit payment cuts:

"After this experience, you would think Congress would think twice about putting the power to set Medicare rates in the hands of an unaccountable board whose sole job is to make care decisions on the basis of a budget. [...] The IPAB's sole intention will be to determine whether Medicare is spending more than is budgeted and, if so, to make cuts that then will be fast-tracked with very little opportunity for congressional input. In effect, with the creation of this board, Congress has ceded much of its authority to oversee Medicare."

Citing bipartisan opposition to such a board, Rep. Roe has introduced legislation to repeal IPAB, the Medicare Decisions Accountability Act of 2010, H.R. 4985. ACOG strongly opposes IPAB and supports Dr. Roe's legislation to repeal this section of the health reform law.
Mark Your Calendar: ACOG's Health Reform Webinar Series, Session 2, August 12: Benefits and Insurance Reforms

ACOG launched our new free Webinar Series on Health Reform and You. On July 14, ACOG Immediate Past President Gerald F. Joseph, Jr., MD, and ACOG Government Affairs Director Lucia DiVenere presented the first of six 30-minute installments, on payment issues. If you missed that program, click here to see the Webinar, here to read the transcript, or download the Power Point.

Check here for schedule and registration information for upcoming programs, including the next session on benefits and insurance reforms, Thursday, August 12, from noon to 12:30 p.m. Eastern Time.

MLR in the News: House Subcommittee Approves Free Liability Coverage for Physician-Volunteers in Community Health Centers

Fate of Bill is Uncertain

Seeking to attract more physicians to medically underserved areas of the country, the Health Subcommittee of the House Energy and Commerce Committee unanimously passed H.R. 1745, the Family Care Accessibility Act of 2009, offering free medical liability coverage to doctors volunteering at community health centers (CHCs). A markup in the full Committee could occur next week.

The legislation expands the Federal Tort Claims Act, which already covers liability costs for CHC employees. CHCs are private facilities that receive federal funds to treat patients. In the past, many physicians have wanted to volunteer at CHCs but found liability coverage prohibitive. Supporters hope volunteer coverage allows more physicians to help communities in need.

Cost is not the problem, with Congressional Budget Office cost estimates at $1.5 million annually. The problem is likely to be the Senate. Although the House passed similar language twice in the last two years, the measures ran aground in the Senate, where Leaders appear less willing to support tort reform or run up against the trial bar.

With the reform law providing $11 billion for CHCs over the next five years, the number of patients at CHCs could rapidly grow, but "the number of physicians available to treat these patients is decreasing," warns the bill's lead sponsor, Rep. Tim Murphy (R-PA). Read more here.
Research Corner: Alan E. Guttmacher, MD, Appointed Director of NICHD

National Institutes of Health Director Francis S. Collins M.D., Ph.D., announced the appointment of Alan E. Guttmacher, M.D., FAAP, as director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).

Dr. Collins: "As a pediatrician, geneticist, and highly regarded leader at NIH over the last decade, Alan has the experience and the vision to lead the NICHD during what promises to be the most exciting time for science as well as for women's and children's health."

The NICHD sponsors research on development before and after birth; maternal, child, and family health; reproductive biology and population issues; and medical rehabilitation. Over the next year, the Institute's staff under Dr. Guttmacher will work with interested communities, including ACOG, to identify promising scientific opportunities in the decade ahead.

Dr. Guttmacher, who recently served as acting NICHD director, began his NIH career at the National Human Genome Research Institute (NHGRI) as a special assistant to the director. He coordinated a number of initiatives and rose through the ranks to become acting NHGRI director in 2008. He came to NIH from the University of Vermont, where he directed the Department of Pediatrics' Vermont Regional Genetics Center and Pregnancy Risk Information Service, and served as medical director of the Vermont Newborn Screening Program.

The NICHD mission, Dr. Guttmacher said, "includes ensuring that every person is born healthy and wanted, that all children have the chance to achieve their full potential for healthy and productive lives, that couples are able to achieve the family size they desire, that childbearing is safe for all women, and that optimal rehabilitation is available to all who need it, due to injury or disease."

You can read more about the new NICHD Director here.

Ob-GynPAC: Election 2010

Physicians Running for the U.S. Congress

Ob-GynPAC helps elect the right candidates through direct campaign contributions, independent expenditures, and supporting leadership PACs.

This election, over 30 physicians are running for office. With your help, we can send smart sensible candidates to Congress; candidates who understand our issues and will champion medicine. This election, let's send a doctor to the House, the U.S. House of Representatives, that is!
Below you'll find a list of physicians running for Congress, as well as two nurses, including a high-risk obstetrics nurse. Click on candidate websites for more information.

Ob-GynPAC is strongly supporting a number of these candidates, based on this criteria established by our Ob-GynPAC Governing Committee: (1) the candidate is supported by Fellows in the State or District; (2) the candidate satisfactorily answers our candidate questionnaire; and (3) the candidate's race is consistent with the Ob-GynPAC Governing Committee's political strategy.

Are you a personal friend or supporter of any of these candidates? Ob-GynPAC has met with many of these candidates and is already supporting candidates starred* below.

Let us know at pac@acog.org.

**Senate Races**

Arkansas: John Boozman, O.D. (R), Optometrist, [http://www.boozmanforarkansas.com](http://www.boozmanforarkansas.com)


**House Races**


AZ-01: Steven Mehta, M.D. (R), Cardiologist [http://www.mehtaforcongress.com](http://www.mehtaforcongress.com)

AZ-05: Chris Salvino, M.D. (R), Trauma Surgeon [http://drchrisforcongress.com](http://drchrisforcongress.com)

*CA-03: Ami Bera, M.D. (D), Internist, [http://beraforcongress.com/](http://beraforcongress.com/)


IL-07: Mark Weiman, D.M.D. (R), Dentist
IN-08: Larry Bucshon, M.D. (R), Cardiothoracic Surgeon
http://www.bucshonforcongress.com/

*IA-02: Mariannette Miller-Meeks, M.D. (R), Ophthalmologist
http://millermeeks.com/campaign

KS-01: Jim Barnett, M.D. (R), Family Physician
http://barnettforcongress.com

KS-03: Stephene Moore, R.N. (D), High Risk Obstetrics Nurse
http://www.stephenemooreforcongress.com/

*MD-01: Andy Harris, M.D. (R), OB Anesthesiologist
http://www.andyharris.com

MD-02: Marcelo Cardarelli, M.D. (R), Cardiothoracic Surgeon
http://www.cardarelliforcongress.com

MA-02: Jay Fleitman, M.D. (R), Internist
http://www.jayfleitman.com

MA-07: Gerry Dembowski, D.C. (R), Chiropractor
http://www.gerrydembowski.com/index.html

*MI-01: Dan Benishek, M.D. (R), General Surgery
http://danbenishekgforcongress.com/

MI-15: Robert Steele, M.D. (R), Cardiologist
http://robsteeleforcongress.com

*NV-03: Joe Heck, D.O. (R), Emergency Physician
http://heck4nevada.com/

*NY-19: Nan Hayworth, M.D. (R), Ophthalmologist
http://www.nanhayworth.com

NY-28: Jill Rowland, D.D.S. (R), Dentist
http://www.jillrowlandfornewcongress.com/

NC-02: Renee Ellmers, R.N. (R), Nurse
http://www.reneeeforcongress.com

NC-04: William (B.J.) Lawson, M.D. (R), General Medicine
http://www.lawsonforcongress.com

OK-05: Johnny Roy, M.D. (R), Urologist
http://royforcongress.com

*PA-06: Manan Trivedi, M.D. (D), Family Physician
http://www.trivediforcongress.com/

TN-04: Scott DesJarlais, M.D. (R), Family Physician
http://www.scottdesjarlais.com
TN-06: Diane Black, R.N. (R), Nurse
http://www.votedianeblack.com

TN-08: George Flinn, M.D. (R), Radiologist
http://www.georgeflinn.com

TN-08: Ron Kirkland, M.D. (R), Otolaryngologist
http://www.votekirkland.com

TX-16: Tim Besco, R.N. (R), Nurse
http://www.letsgobesco.com/

TX-25: Donna Campbell, M.D. (R), Ophthalmologist & Emergency Medicine
http://www.drdonnaforcongress.com

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Note:
The July 20 edition of ACOG's Legislative News included a reference to a White House meeting on women's preventive health care, with ACOG President Richard N. Waldman, MD, leading a coalition of medical and nursing groups. The list of participating organizations should have included the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN).