

*Letter From the Director*  
*Kris Calvin, AAP-CA CEO/Executive Director*  
*June 12, 2007*

In its strategic planning efforts last year the AAP-CA Board identified 5 broad priority areas. Three are issue-based: Access, Immunizations and Obesity/Healthy Lifestyles. (Process areas identified as priorities through the planning process are Membership and Advocacy.) This and future Letters From the Director are organized around the 3 priority issue-based areas, reporting on those for which there has been significant activity in the last month.

**\*\* ACCESS**

**- UNIVERSAL ACCESS FOR CHILDREN IN CALIFORNIA:  
ACTIONS YOU CAN TAKE NOW**

There are two Democratic-authored bills that would enact universal coverage for children in California, building on the local county children's health initiatives ("Healthy Kids"). AAP-CA strongly supports both these bills: AB 1 (Laird) and SB 32 (Steinberg).

Both these bills passed out of their houses of origin after brief discussion on the floor. AB 1 passed out of the Assembly with a vote of 46-24, and SB 32 passed out of the Senate by a vote of 25-13. Both bills now move to the opposite house where they will be considered by policy and fiscal committees. Committee hearings will happen most likely in late June or July, before recess begins on July 20.

Several key Republicans abstained from voting, despite a general position from their caucus to vote "no" because of the coverage for undocumented kids that these bills would provide. Further, Assembly Republican Leader, Mike Villines, recently indicated in an interview with the LA Times that his caucus can "most likely get behind covering all kids." These actions both make it easier for the Governor to sign the bills if they reach his desk. Thus, universal coverage for children in California (although not yet access) may become a reality this year. However, there is lots of work ahead. In particular, these bills do not contain funding for the approximately \$350 million state dollars that would be required annually for implementation. The funding needs to be approved through the state budget process.

Thanks to all of you who contacted your legislators, including during our AAP-CA legislative day, to urge them to support coverage for all kids. (Note that several of the abstaining Republicans are members that the AAP-CA worked diligently with on the covering kids issue!)

Assembly members voting for AB 1 were: Arambula, Bass, Beall, Berg, Brownley, Caballero, Charles, Calderon, Carter, Coto, Davis, De La Torre, De Leon, DeSaulnier, Dymally, Eng, Evans, Feuer, Fuentes, Galgiani, Hancock, Hayashi, Hernandez, Huffman, Jones, Karnette, Krekorian, Laird, Leno, Levine, Lieber, Lieu, Ma, Mendoza, Mullin, Nava, Parra, Portantino, Price, Richardson, Ruskin, Salas, Saldana, Solorio, Swanson, Torrico, Wolk, and Nunez.

Abstaining (Republicans) were Aghazarian, Berryhill, Cook, Emmerson, Garcia, Horton, Soto, and Tran

Senators voting for SB 32 were:

Alquist, Calderon, Cedillo, Corbett, Correa, Ducheny, Florez, Kehoe, Kuehl, Lowenthal, Machado, Migden, Negrete McLeod, Oropeza, Padilla, Perata, Ridley-Thomas, Romero, Scott, Simitian, Steinberg, Torlakson, Vincent, Wiggins, and Yee.

Abstaining (Republicans) were Maldonado and Runner.

ACTION YOU CAN TAKE: GO TO <http://www.leginfo.ca.gov/yourleg.html> TO FIND OUT WHO YOUR STATE LEGISLATORS ARE—IF THEY ARE ON THE ABOVE LIST, CALL OR FAX THEM TO THANK THEM FOR SUPPORTING (OR ABSTAINING FROM OPPOSING) COVERAGE FOR ALL KIDS! IF THEY ARE NOT ON THE LIST, CONTACT THEM TO URGE THEM TO JOIN THEIR COLLEAGUES IN MAKING THIS A NONPARTISAN ISSUE IN SUPPORT OF ALL KIDS.

#### **-LANGUAGE ACCESS:**

I joined Chapter Two's Past President Elliot Weinstein, MD in representing the District at the Medical Leadership Council Meeting in Los Angeles on May 30<sup>th</sup>. The AAP-CA has been a member of this Council since its inception three years ago, along with CMA, CAFP (the lead agency), ACOG and others. The charge of the Council is to facilitate access to health care for those who face language barriers. The meeting included speakers on research in the area, and provided participants with opportunities for networking and input. The AAP-CA joined other physician groups in endorsing the principles for language access, noting that we did not want to see sections taken out of context, separated from the reimbursement issues stressed in the document. It was agreed by all present that appropriate reimbursement must be part of any discussion regarding language access.

#### **- ACCESS THROUGH TELEMEDICINE:**

The Children's Partnership, a California child advocacy organization that we work closely with on many issues, has taken up support of telemedicine to increase access in rural areas and among targeted populations. Their lead staff on this issue and I met on June 4<sup>th</sup>. I shared with her the National AAP statement in this area. The Partnership will be providing us with materials to review and have input into regarding the best way to promote appropriate use of telemedicine in pediatrics.

June 14<sup>th</sup> I was interviewed by a consulting group that is working for First Focus, a relatively new children's advocacy group that works on federal budget issues on behalf of children. I was one of a group of identified child advocates from whom they are collecting information to guide their planning process. I presented the AAP-CA's priorities and structure. This appears to be an important group for us to engage with in the future.

#### **\*\* Immunizations**

#### **- PARTNERSHIP WITH THE STATE:**

AAP-CA has worked with the state immunization branch for over 10 years under contract to facilitate physician input into ways to increase immunization rates in physician offices. As part of that project I facilitate focus groups with pediatricians in locations across the state. (Thank you to the many of you who have participated in these groups or referred your colleagues to them over the years.) On May 15<sup>th</sup> AAP-CA hosted a group of 8 pediatricians from the Pasadena area to discuss vaccines for pre-teens. Participants shared that, with a few notable exceptions, most preteens get through the vaccine administration fairly well; participants did not feel that they needed special materials from the Department to assist them or their families with “needle-phobic teens”. Doctors in the group spoke in support of an adolescent vaccine mandate for school entry, both to deliver important vaccines and as a platform to meet other adolescent health care needs. Physicians in the group noted that the HPV vaccine has been marketed so well by the manufacturer as preventing some cancers that parents are asking for it for their daughters, again, with a few notable exceptions.

The results of these focus groups are transmitted to the Immunization Branch of DHS, which utilizes them to design materials and strategies to support private physicians. We have one more group scheduled this contract year for late June in Riverside.

#### **-VACCINE LEGISLATIVE UPDATE:**

AAP-CA is a cosponsor of SB 676, along with the California Coalition of Childhood Immunization (C3I). This bill would require pertussis vaccination for adolescent school entry, and would establish a broader school entry regulatory process within DHS. SB 676 passed the Senate this month, garnering several Republican votes despite a Democratic author. The bill moves next to the policy committee in the Assembly.

On May 16<sup>th</sup> I participated in a C3I Adolescent Committee meeting, chaired by Mark Sawyer, MD, FAAP of San Diego, where we discussed this bill and related issues. This was followed by the most recent in a series of meetings with CMA, CAFP and others who are interested in the adolescent mandate issue on June 8<sup>th</sup>. CMA’s bill in this area, AB 16, began as an HPV-mandate. Although it was broadened to require all ACIP-recommended vaccines for school entry 5 years after the recommendation, it has not been able to shed its strong association with HPV and the conservative backlash that has yielded. AB 16 also got out of its house of origin, the Assembly, but on a closer margin. At our meeting we discussed how best to potentially amend and tailor the two bills so that they are complementary, rather than competing. We made excellent progress in this regard. (It is my expectation that in the next Update I will be able to present you with the amended content for both bills, strongly supported by all partners in the discussion.)

#### **\*\* OBESITY PREVENTION/HEALTHY LIFESTYLES**

On May 18<sup>th</sup> I had lunch with Kenny Rogers, the Executive Director of the Governor’s Council on Fitness, and the Council’s Advisory Committee Chair. We discussed ways that the AAP-CA and the Council might partner to improve children’s health through promoting healthy lifestyles and preventing obesity. The Council has developed prototype prescription pads that “prescribe” exercise for children. They would like to share these with our members at no cost, possibly through a joint application for grant

funds with the AAP-CA. To facilitate our working with them on future initiatives they have asked me to join other staff on the advisory group, linking back to Mike Weiss, DO and our AAP-CA Healthy Lifestyles work group. Dr. Weiss will be bringing options for partnering with the Council to his committee for consideration and recommendation to the AAP-CA Board.

Also, I'm happy to report that AAP-CA- supported SB 120 (Padilla) passed the Senate on May 31. This bill would require calorie listing for foods on fast food boards and menus. Thanks to Matt Oster, MD for showing leadership in advocacy on this bill, and to all who helped. The bill next goes to Assembly Health.

**\*\*POSTSCRIPT: HONORING EVE BLACK**

May 20<sup>th</sup> I joined past District Chair Burt Willis, MD, Milt Arnold, MD and many others at an informal reception honoring Eve Black, long-time architect and program administrator of the AAP-CA CME Vegas meeting. Eve passed away in May in her 90s. Her daughter, Barbara Carr, continues her legacy by administering the Vegas meeting for us.

That's it for now—please watch for future updates.  
I look forward to your comments and feedback.

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