Legislative Session Produces Big Wins, Several Disappointments

By Eric Dick, MNAAP Lobbyist

Legislators, like students cramming for a big test or project, often work best under the pressure of deadlines. That was the case this legislative session, too, as it took an old-fashioned “all-nighter” for legislators to complete the work of the 2019 legislative session. Legislators, called back to the Capitol for a special session by Governor Walz on May 24, worked for more than 20 hours straight to complete the work for the year.

The MNAAP had a very strong legislative session. Most notably, the chapter played a leading role in the successful effort to repeal the sunset of the provider tax. The tax, used to support funding for Medical Assistance and MinnesotaCare as well as other access and public health programming, had been slated to be repealed on Dec. 31, 2019, however the Legislature’s actions now extend the tax indefinitely. The MNAAP joined a group of more than 150 health care providers, hospitals, social justice advocates, labor unions, and others in the robust campaign to preserve funding for these important programs.

Investments in pediatric mental health, another chapter priority, was also an area that saw strong results. The Health and Human Service (HHS) budget saw a significant investment in school-linked mental health funding in 2020 and beyond, and funding was also appropriated for mental health services delivered in homeless shelters. Robust funding for suicide prevention was adopted, as was authorization for the Department of Human Services to add up to 80 additional residential mental health beds. An important measure to strengthen the state’s laws that mandate parity for mental health services was also adopted into law.

The session saw a number of other notable wins. Advocacy by pediatricians saw the innovative, effective “Reach Out and Read” program receive funding in 2020 and 2021, as part of a new emphasis on disparities in prenatatal care. Two important tobacco control proposals – state funding for a nicotine cessation services and an extension of clean indoor air requirements to include e-cigarettes – also became law. And while the move to increase the age at which individuals may purchase tobacco and nicotine products from 18 to 21 did not become law, this session saw significant progress. A newly created task force on rare diseases will bring together health care leaders (including at least one pediatrician) to provide advice on research, diagnosis, treatment, and education related to rare diseases.

(Continued on page 13)
Word from the President: Lori DeFrance, MD, FAAP

The much-anticipated warm weather and activities are upon us. I live in Duluth, so when we start to see ships passing under the Aerial Lift Bridge it’s official: Spring is here!

I am pleased to report that advocacy has been the driver of a great deal of energy in the Minnesota Chapter of the AAP these past few months. We had a robust attendance of more than 140 at our Pediatricians’ Day at the Capitol this year. Having the opportunity to learn more about our legislative priorities and meeting with Minnesota lawmakers enriches our advocacy experience, and the engagement was palpable this year.

The Minnesota State Capitol has been literally buzzing with activity. It was a vigorous legislative session in 2019 with over 5,000 bills introduced. Thousands of those failed to meet deadlines, but many have made it through the relevant policy committees in the House and Senate. I want to acknowledge and thank all the pediatricians who have given testimony in the hearings for several relevant bills. We have a “deep bench” of participants and have been able to call on them with short notice. (You can see a full list of these advocates and their efforts on page 10.)

In addition, many pediatricians have been speaking up at their local city councils on behalf of Tobacco 21 ordinances in the metro area and in greater Minnesota. Tobacco 21 ordinances would raise the purchase age for tobacco products to 21 and can help prevent or delay nicotine addiction. The pediatricians who are sparking conversation and encouraging change are the “boots on the ground” folks. You have been very influential in getting these ordinances passed. There are many pediatricians across the state that apply advocacy in their practice, schools and communities. I thank you for your dedication and tireless efforts.

I am currently reading a book about Eunice Kennedy Shriver, who lived a life emblematic of advocacy. Even though she lived in the shadow of her politically accomplished brothers, she had a fervor for advocacy that resulted in the formation of the Special Olympics. She was described as impatient, insistent and formidable, qualities that led to a lasting legacy of social justice.

It is with that same persistence and passion that we will continue to speak up and speak out on behalf of all children and families of Minnesota.

Lori DeFrance, MD, FAAP
MNAAP President
lori.defrance@essentiahealth.org

Coordinating care for a child with complex medical needs is...complex.

Gillette Children’s Specialty Healthcare makes it easy. We work with you to help children and young adults who have complex and chronic medical conditions get the best care. Our Complex Care Clinic offers a 2-hour assessment to evaluate the whole patient—from head to toe.

We then partner with you to develop a multidisciplinary customized care plan that will address current concerns, anticipate future needs, and help families with scheduling to ensure those needs are met.

For more information about Complex Care services at Gillette, call 651-578-5098 or fax referrals to 651-290-8710.

gillettechildrens.org/refer
A teenage patient who has been coming to you her entire life is brought in by her parent, who is concerned with the teen’s complaints of stomachache, fatigue, and loss of appetite. The teen denies having intentions of losing weight, and her BMI is still above 50 percent. However, her weight has dropped significantly enough that she has steeply fallen off her growth curve, and she hasn’t had a period for five months. When a patient like this presents to your clinic, an eating disorder needs to be on your mind. In primary care, we are well-positioned to identify eating disorders early and intervene. We just need to ask.

Eating disorders in children and adults frequently go undetected for lengthy periods of time. This is a concern because early intervention is robustly linked to positive prognosis in these deadly illnesses. Pediatricians have the perfect vantage point to initiate intervention with children and adolescents with eating disorders. This is because patients often present first in primary care, usually with nonspecific concerns such as stomachaches, fatigue, depression, amenorrhea, or unexplained weight loss. When pediatricians screen for eating disorders, we are often able to identify them earlier and support families in seeking appropriate care.

Eating disorders are typically considered mental health issues which manifest physical changes. In children and teens, however, it may be more appropriate to think of eating disorders as physical conditions with mental health side effects.

Intervention in a primary care setting can also reduce the risk of patients failing to follow up with specialty care, which is another barrier to intervention for eating disorders. When a primary care provider diagnoses an eating disorder it can reduce some of the stigma of having an illness, because it recasts it as a medical issue, rather than a mental health issue. Additionally, pediatricians often have long-standing relationships with families as trusted medical experts. This relationship can help parents feel supported as they struggle to take action to address their child’s disorder.

Good evidence-based outpatient care for eating disorders exists, but it is frequently very hard for patients to access. Family-Based Treatment (FBT) is considered the first line evidence-based outpatient treatment for treating adolescent eating disorders, however fewer than 100 practitioners worldwide are certified in this method. Most of those who are certified are located near a major metro area, which limits rural patients’ ability to access treatment. Mayo Clinic has developed and piloted a modified version of FBT for delivery in primary care, by a primary care provider. This intervention is called Family-Based Treatment for Primary Care (FBT-PC). This interdisciplinary program allows for the comprehensive management of both psychological and medical factors at a single location, and has the potential to improve access to eating disorder care for anyone with a primary care provider.

In early 2017, two pediatricians and one family medicine nurse practitioner at the Mayo Clinic received training in FBT-PC. All providers in the pilot program were volunteers and saw FBT-PC patients as part of their standard clinical practice. Providers received four hours of initial training led by two clinical psychologists who specialize in the treatment of adolescent eating disorders, one of whom is FBT-certified. The content of the training consisted of FBT interventions that focus on weight restoration and normalization of eating by empowering parents to take charge of refeeding their child through monitored meals. Throughout the pilot, providers participated in monthly hour-long FBT-PC case consultation meetings with the psychologists, and had the ability to consult with them in between sessions as well.

Results from a pilot study of FBT-PC suggest the intervention is suitable for implementation in primary care settings, and was associated with significant improvement in patient BMI percentile after three months. The rate of weight gain was comparable to that recommended in standard FBT. Providers had success engaging caregivers or parents, and retaining families in treatment. These findings suggest that additional study of the FBT-PC intervention is warranted, and confirms the idea that primary care is a feasible and potentially effective setting to implement eating disorder care for young patients.

Pediatricians are dedicated to the sustained health and wellbeing of their patients. The standard practice of reserving eating disorder interventions for specialists, and failing to involve primary care in the treatment ignores the powerful role pediatric providers can play in helping young patients get care. By shifting the paradigm and arming pediatric providers with the evidence-based tools they need to help families of children and adolescents with eating disorders, there is the potential to increase early intervention and improve patient outcomes.

About the Author

Jocelyn Lebow, PhD, LP, is a clinical psychologist at Mayo Clinic and is certified in Family-Based Treatment.

Cassandra Narr, APRN, CNP, MSN, Angela Mattke, MD, FAAP, Janna Gewirtz-O’Brien, MD, FAAP, Marcie Billings, MD, FAAP, Robert Jacobson, MD, FAAP, and Leslie Sim, PhD, of Mayo Clinic collaborated on this article.
Firearm-related fatalities are the third leading cause of death among children in the U.S., taking about 1,300 young lives annually. Several thousand children are injured by firearms yearly, and as many as 4 percent of children have witnessed a shooting in the past year causing immeasurable psychological trauma.

But what can we, as pediatricians, do to protect children from gun violence?

We can give very specific guidance to parents on how to safely store guns (if owned) and how to talk to their children about firearms. We can advocate for policies that have a track record for decreasing gun violence. This is an issue “in our wheelhouse” that we are equipped, and obligated, to address.

As pediatricians, we are in a unique position to rise above the partisan debate and advocate for children in the office, in our communities, and in our capitol.

Guidelines for Safe Firearm Storage

A 2018 study from the Journal of Urban Health found that 4.6 million U.S. youth live in homes with at least one loaded, unlocked firearm. Safe gun storage prevents accidental injuries and suicides. States with laws that require handguns to be locked have 68 percent fewer firearm suicides per capita than states without such laws, even after controlling for confounding variables. Share with parents and caregivers:

- Hiding a gun in a drawer or closet is not safe storage
- Firearms should be stored in a locked cabinet, gun vault or safe and/or secured with a gun-locking device (e.g. cable lock).
- Ammunition should be stored and locked separate from firearm

Messaging for Children

Ask children to problem-solve at well check appointments: What would you do if you were playing at a friend’s house and found a gun? What if it looked like a toy?

The message you can share with children is: Stop. Do NOT touch the gun. Don’t let anyone else touch it. Even if the gun looks like a toy, don’t touch it because some real guns may look like toys. Go tell an adult.

Legislative Advocacy

Reducing firearm violence is one of MNAAP’s legislative priorities. The chapter advocates for policies that can protect children, including:

- Background checks universally applied to all gun sales
- Laws requiring waiting periods that create an important window for gun purchasers to reconsider their intentions and prevent impulsive acts of violence, particularly suicide
- Minimum age for purchasing a firearm should be 21 years old
- Safe storage laws can mandate safety requirements such as a locked container or gun lock

Additionally, since the federal assault weapons ban expired in 2004, banning assault weapons and large capacity ammunition magazines is an important area of policy to prevent mass shootings.

For additional resources, visit
www.mnaap.org/work-groups/child-safety/

About the Author
Nadia Maccabee-Ryaboy, MD, FAAP, is a pediatric hospitalist at Children’s Minnesota. She serves on MNAAP's child safety workgroup.
CONGRATULATIONS 2019
MNAAP
ANNUAL AWARD WINNERS

Each year, the MNAAP recognizes those who are leading or involved in significant efforts to protect the health of Minnesota’s children. Award winners are recognized at MNAAP’s annual meeting.

The Distinguished Service Award honors a pediatrician for his or her outstanding efforts that contribute to the improvement of child health care. The MNAAP considers this a lifetime achievement award for the pediatrician who has dedicated his or her life to improving care for children throughout the state of Minnesota.

The Child Advocacy Award is given to an individual from the community who goes above and beyond his or her everyday routine to advocate for the health and welfare of children in Minnesota.

Distinguished Service Award | Elsa Keeler, MD, MPH, FAAP

Elsa Keeler, MD, MPH, FAAP, is a state and community leader, innovator, and collaborator who is highly respected by colleagues and public officials, and loved by her patients and families. She chaired the chapter’s membership and communications work group for several years and served on the chapter’s early childhood caucus. Additionally, she has led and sustained medical home, community garden, and peer review initiatives, always prioritizing the underserved. She has been an educator and advocate for children of all ages, with a special focus on early childhood programs, policies, and systems. Dr. Keeler has been a member of AAP since 1995.

In his nomination letter for the award, her colleague Dr. Lenny Snellman wrote, “As a nearly 40 year fellow of the AAP, I am humbled by Dr. Keeler’s humanity, giving spirit, and kind heart. Even more, by the way she has lived her commitment by serving the children of our community. I can think of no pediatrician more deserving of a Distinguished Service Award than Elsa.”

Dr. Keeler accepted the Distinguished Service Award at the May 3 Hot Topics in Pediatrics Conference and Annual Meeting. In her remarks, she said she had been coming to the annual conference since 1992, the first year the Distinguished Service Award was given. “Every year I would go home and I would say to my husband, "I just had a shot in the arm!"” Dr. Keeler told the crowd there is a place for everyone in advocacy. “In the beginning, I never saw myself as an advocate. It took me 15 years before I met with one of my legislators. It took me 20 years before I wrote a letter to the editor... Don’t worry that you haven’t done that [advocacy work] because your voice is still so important in this organization.”

Child Advocacy Award | Rep. Mike Freiberg

Rep. Mike Freiberg (DFL - Golden Valley) is widely recognized as one of the Minnesota legislature’s leading advocates for vaccines and public policy supporting increasing immunization rates. In recent legislative sessions, Rep. Freiberg has led efforts to tighten Minnesota’s weak immunization requirements, as well as initiatives to fund outreach and education initiatives in communities with pockets of lower immunization rates. Serving in his fourth term in the Minnesota House of Representatives, Rep. Freiberg has also long been a leader in tobacco control, both through his work as a legislator and in his position as an attorney at the Public Health Law Center at Mitchell Hamline Law School.
Close to 150 pediatricians and pediatricians-in-training from across the state gathered in St. Paul for Pediatricians’ Day at the Capitol on March 6, 2019. The annual event is the biggest advocacy event of the legislative calendar for the MNAAP.

MNAAP President Lori DeFrance, MD, FAAP, opened the event with welcoming remarks, followed by a description of the political dynamic at the Capitol by MNAAP lobbyist Eric Dick. Sen. Matt Klein (DFL - Mendota Heights) served as the keynote speaker. Klein, a hospitalist at Hennepin County Medical Center, spoke of pediatricians’ leadership on issues from firearm safety to access to care to immunization policy. MNAAP members Sue Berry, MD, FAAP, Emily Borman-Shoap, MD, Tom Scott, MD, FAAP, and Nate Chomillo, MD, FAAP, also spoke about efforts to extend the provider tax, support mental health training for pediatric residents, invest in early brain development, and support for the Reach Out & Read program.

Attendees practiced advocacy in action during the annual day at the Capitol, accounting for 53 meetings with legislators covering 32 districts. They used the time to discuss MNAAP’s four legislative priorities for the 2019 session:

- **Improving vaccination rates**
- **Extending the provider tax to support access to care for low income Minnesotans**
- **Reducing firearm violence**
- **Improving access to mental health services for children and adolescents.**

View more photos from the day on page 12
Why I Became a #WaterWatchDog

When I was 8 or 9 years old, I watched my younger sister, not yet 4 years old, jump off the diving board wearing her “bubble” (an inflated football shaped flotation device belted around her waist). The bubble floated to the surface; she did not. My young self swam to help her, and we both struggled. Fortunately, our father was watching. In a flash, he was in the deep end of the pool, helping us both to safety. We were lucky.

Several years ago, moments after fishing acorns out of my 9-month-old nephew’s mouth, I sprang into action, while still holding my nephew, to scoop my then 2-year-old niece out of the shallow end of the pool. Despite being told to stay on the steps, she ventured further and within moments was underwater. Another adult was supposed to be watching them both.

Swimming with my own kids at a local fitness center pool, with lifeguards and multiple other adults around, I saw yet another child slip underwater, the child’s caregiver facing another direction. I helped that child, too.

Drowning happens quickly and at unexpected times when supervision, for whatever reason, lapses. It only takes a moment. As parents, we must be vigilant, alert, responsible. As pediatricians, it is our duty to counsel parents about water safety, to practice what we preach and to lead by example. Active supervision in and around water is required to prevent drownings, and is why I became a #WaterWatchdog. A #WaterWatchdog agrees to maintain constant visual contact with the children in your group, not to drink alcohol, talk on the phone, socialize or read while watching children, to keep a phone near the water for emergency purposes only, and to remain by the water until relieved by a new #WaterWatchdog.

I encourage everyone, my colleagues, friends, family members, and patients/parents to become a #WaterWatchdog. Pledge to actively supervise children in and around the water, and prevent drowning, here: https://abbyshope.org/water-watchdog/. Together we can make a difference, and keep kids safe. Take the pledge, share and promote safety, actively watch kids and prevent drowning. #PutKids1st, always.

About the Author

Christina Dewey, MD, FAAP, is a pediatrician at All About Children Pediatrics, in Eden Prairie, practicing in the Twin Cities Metro area since 1999. Learn more about Dr. Dewey at allaboutchildren.net & follow her on Twitter @PedsMamaDoc.

AAP Revises Water Safety, Drowning Prevention Policy Statement

The American Academy of Pediatrics recently issued a revised policy statement on water safety and prevention of drowning because of new information and research regarding populations at increased risk, racial and sociodemographic disparities in drowning rates, water competency, and other factors. Drowning can be silent and quick, and it kills nearly 1,000 children every year. “Drowning is the single leading cause of injury-related death among children ages 1 to 4,” said Sarah Denny, MD, FAAP, lead author of the policy statement, “Prevention of Drowning” published online in March 2019 in Pediatrics. “Many of these deaths occur when children are not expected to be swimming or when they have unanticipated access to water. Toddlers are naturally curious; that’s why we must implement other strategies, such as pool fencing and door locks.”

The second age group at highest risk of drowning deaths is teens, said Dr. Denny. Every year, about 370 children ages 10 to 19 drown. “Adolescents can be overconfident in their swimming abilities and are more likely to combine alcohol use with swimming – compounding their risk significantly. Children of color, especially African American teens, are especially at risk.”

In the policy statement, the AAP lays out strategies to protect children at each stage of their life. New parents are advised to be vigilant at bath time and to empty all buckets and wading pools immediately. All children should learn to swim, and children and teens should wear life jackets while near open bodies of water. Teens can learn CPR and other water safety skills. To read more, visit https://pediatrics.aappublications.org/content/early/2019/04/15/peds.2019-0850.

AAP has also published new information for families on its website for parents, HealthyChildren.org, including water safety advice based on children’s developmental stages, and recommendations on choosing a good learn-to-swim program.

- Information adapted from an AAP press release
Long summer days in the sun are just around the corner, which makes this an excellent time to take a few minutes to talk with your patients about sun protection.

The past five years have seen a surge of attention when it comes to sun protection. In 2014, the U.S. Surgeon General issued a “Call to Action” for skin cancer awareness and prevention, and specifically called out health care providers to educate our patients about sun safety.

In 2015, the Sunscreen Innovation Act was passed with the intent to bring currently unavailable sunscreen products onto the market. Earlier this year in 2019, the U.S. Food and Drug Administration (FDA) released a proposed rule asking for sunscreen manufacturers to provide safety and efficacy data on many chemicals currently used in sunscreen products. New data suggests that certain sunscreen chemicals may have negative effects on coral reefs, leading to bans on the sale and use of oxybenzone and octinoxate in select parts of the world.

As trusted sources of information, patients look to us to help them make the healthiest decisions for their children. Here are some key points to consider when having discussions with your patients about the sun:

**Empower parents to make a plan for sun protection.** There are lots of ways to reduce sun exposure. Seeking shade or planning outdoor activities before 10 a.m. or after 2 p.m. are simple ways to reduce risk. Recommend sun protective clothing, such as a swim shirt. These garments are easy to find (most large retailers offer them in the swimwear section) and typically cost less than the equivalent amount of sunscreen used over time. Recommend routine use of a hat and sunglasses to protect the scalp, ears and eyes.

**Reiterate that sunscreen is safe.** The buzz in the media about sunscreen has sent some parents into a panic. Although the FDA is requesting more safety and efficacy data on many sunscreen ingredients, they have clearly stated that this is *not* because they are suggesting these products are unsafe. There are no known reports of sunscreen causing harm to humans. More data about sunscreen ingredients will help us make choices based on science instead of fear, and might help drive more choices onto the market. For your youngest patients and patients with sensitive skin, recommend the “physical” sunscreens made with only zinc oxide and titanium dioxide, since these already endorsed by the FDA and tend to be the most hypoallergenic. The coral reef question is one that needs further investigation: some argue that changes in water temperature and other water pollutants are main factors behind declining reef health.

**Why is this a high-priority topic?**

Sun exposure in childhood is an important risk factor for the development of skin cancer later in life. Even one sunburn is dangerous. A 2008 meta-analysis published in the Annals of Epidemiology concluded that more sunburns meant a higher risk of melanoma. One sunburn prior to age 13 meant a 1.9 times higher melanoma risk.

Tanned skin is sun-damaged skin. Cumulative suntans over time leads to cumulative sun damage and higher skin cancer risk.

**Permission slips for sunscreen are a thing of the past.** Students will be able to possess and apply sunscreen during the school day under a new law signed into law by Gov. Walz. The bill makes clear that school districts must allow a student to possess and apply a topical sunscreen product during the school day, while on school property, or at a school-sponsored event without a prescription, physician’s note, or other documentation from a licensed health care professional.

**About the Author**

Ingrid Polcari, MD, FAAP, FAAD, is a pediatric dermatologist at University of Minnesota Masonic Children’s Hospital and an assistant professor in the department of dermatology at the University of Minnesota Medical School.
MNAAP members are committed to protecting and advancing the health of every child and adolescent in Minnesota through advocacy, education and special projects. The 2019 legislative session has been an active one, with opportunities for MNAAP to be represented in different formats. Many thanks to members who have stepped up to testify in legislative committee hearings, written letters to editors on priority issues, and dedicated their efforts to the health and wellbeing of Minnesota’s children.

### Testifiers

<table>
<thead>
<tr>
<th>Testifier</th>
<th>Support/Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Sheldon Berkowitz</td>
<td>in support of immunization education bill (HF 1182)</td>
</tr>
<tr>
<td>Dr. Mike Severson</td>
<td>in support of Paid Family Medical Leave</td>
</tr>
<tr>
<td>Dr. Marilyn Peitso</td>
<td>in support of banning conversion therapy (HF 12)</td>
</tr>
<tr>
<td>Dr. Nate Chomilo</td>
<td>to reduce disparities in prenatal care (HF 909)</td>
</tr>
<tr>
<td>Dr. Andrew Kiragu</td>
<td>in support of requiring criminal background checks for private firearm sales and transfers (HF 8) in addition to the “red flag” bill (HF 9)</td>
</tr>
<tr>
<td>Dr. Gigi Chawla</td>
<td>to increase funding for Reach out and Read (HF 2111)</td>
</tr>
<tr>
<td>Dr. Sheldon Berkowitz</td>
<td>on effects of screen time in children (informational Senate hearing)</td>
</tr>
<tr>
<td>Dr. Lindsey Yock</td>
<td>about the link between child hunger and health (informational House hearing)</td>
</tr>
</tbody>
</table>

### Letters to the Editor

<table>
<thead>
<tr>
<th>Editor</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Sue Berry</td>
<td>in support of the provider tax in the Star Tribune</td>
</tr>
<tr>
<td>Dr. Ann Sneiders</td>
<td>on importance of immunizations in Owatonna People’s Press</td>
</tr>
<tr>
<td>Dr. Nate Chomilo</td>
<td>on the need for paid family medical leave in the Star Tribune and the Sun Post in support of the provider tax</td>
</tr>
<tr>
<td>Dr. Mike Severson</td>
<td>on preserving the provider tax in MinnPost</td>
</tr>
</tbody>
</table>

### Chapter letters of support or written testimony

<table>
<thead>
<tr>
<th>Bill/Issue</th>
<th>Committee/Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization education bill (HF 1182)</td>
<td>to House HHS Finance Committee</td>
</tr>
<tr>
<td>Provider tax</td>
<td>to House HHS Finance Committee</td>
</tr>
<tr>
<td>Funding for mental health services to homeless youth (HF 1542)</td>
<td>to Rep Ruth Richardson</td>
</tr>
<tr>
<td>Funding to expand Reach Out and Read (HF 2111)</td>
<td>to House Early Childhood Finance and Policy Committee</td>
</tr>
<tr>
<td>Funding for a work group to examine links between health disparities and educational achievement (HF 2171)</td>
<td>to House HHS Policy Committee</td>
</tr>
<tr>
<td>Funding for mental health training for pediatric residency (SF 1702)</td>
<td></td>
</tr>
<tr>
<td>Opposition to legalization of recreational marijuana</td>
<td>to Senate Judiciary Committee</td>
</tr>
</tbody>
</table>

Advocacy work is always on-going because the work of protecting the health of children is a never-ending job. This legislative champion summary is accurate as of press time, but you can view a routinely updated list any time on www.mnaap.org under the Advocacy tab.
The MNAAP fosters an interest in pediatrics in upcoming medical students through grant funding for special projects within Pediatric Interest Groups at medical schools in Minnesota. Kylie Andersen, with the Mayo Clinic School of Medicine Pediatric Interest Group, offered this overview of the group’s most recent project using MNAAP grant funding, the Pediatrics Selective.

The Pediatrics Selective is a week-long introduction to the field of pediatrics for first-year students from Mayo Clinic School of Medicine (MCSOM). Now in its sixth consecutive year, the week is planned by the Pediatrics Interest Group with a goal of providing first-year students a broad overview of the specialty, simultaneously offering an early opportunity to explore more targeted interests within pediatrics.

Throughout the selective program, students had the opportunity to interact closely with residents, consultants, allied health professionals and patients. Early in the week, students received introductory lectures on the field of pediatrics, pediatric surgery, and research within pediatrics. They also learned about music therapy, services provided by Child Life, and ways to talk with patients about sexual health, as well as more difficult topics such as child abuse and neglect. Later in the week, students had the opportunity to tour the pediatric departments of the hospital, spend time shadowing pediatric specialists, and sit in on interviews with inpatient child and adolescent psychiatry patients. They also spent an evening volunteering by preparing dinner for residents of the local Ronald McDonald House. The week concluded with a lecture on the “Path to a Peds Residency” from Mayo Clinic’s Pediatric Residency Director, Jay Homme, MD, FAAP.

Each year, students complete surveys before and after the selective in order to help the Pediatric Interest Group better understand the interest of incoming students, learn what sessions were useful, and to improve the week in the future. Over the course of this program’s history, it has continued to be well received by students and faculty at MCSOM and we look forward to watching continue to develop in the coming years.
MNAAP Members Confirm New Board Candidates

Board elections are held each spring for open positions on the boards of the Minnesota chapter of the American Academy of Pediatrics (MNAAP) and the Minnesota Academy of Pediatrics Foundation (MAPF).

This year, there were three openings on the MNAAP board of directors and all were for member-at-large positions. MNAAP members who voted confirmed Ria Bardhan, MD, FAAP; Seth Gregory, MD, FAAP; Katie Smentek, MD, FAAP to serve on the MNAAP Board of Directors. Congratulations to our new board members!

(Left to right) Ria Bardhan, MD, FAAP; Seth Gregory, MD, FAAP; Katie Smentek, MD, FAAP

AAP National Elections Coming Up in September

The AAP National Nominating Committee has selected Lee Savio Beers, MD, FAAP, of Washington, D.C., and Pamela K. Shaw, MD, FAAP, of Kansas City, Kansas, as candidates for AAP President-elect. You can cast your ballot online, when it is made live during the national election between September 7 - 21, 2019. Results will be announced on September 23.

More info at www.aap.org/elections.
Un Fortunately, several other MNAAP priorities were less successful. A MNAAP-supported effort to reduce death and injury by firearms could not draw support in the Senate despite a forceful lobbying effort by advocates and the House of Representatives. The chapter was also unable to secure funding to improve the state’s immunization rates.

A House-led effort to fund education and outreach efforts in communities with lower rates of immunization was not included in the budget bill, and a related proposal in the Senate came up short, too. The good news is that no anti-vaccine proposals became law, despite lobbying by anti-vaccine legislators and advocates. Regrettably, a MNAAP-supported effort to bar the use of so-called “conversion therapy” for minors was also rejected by the Senate.

The increased profile of pediatricians and the MNAAP was another highlight of the 2019 session. Pediatricians testified on almost a dozen different bills or issues, and a nearly equal number of letters of support were distributed to policy makers. Coupled with the action alerts to lend the chapter’s support to the provider tax fight, the 2019 session saw a very active and vibrant chapter. The pediatric community was well represented by the terrific pediatricians who participated in these efforts.

With the 2019 session having concluded, the chapter will begin building our game plan for the 2020 session very soon.

The 2020 legislative session starts on Feb. 11, 2020, and there are innumerable threats and opportunities awaiting pediatricians and the state’s most vulnerable patients.

Join a MNAAP Work Group!
MNAAP has work groups that meet on a monthly or bi-monthly basis by conference call to share best practices, identify helpful resources and consider advocacy efforts in the following areas:

- Mental health
- Immunizations
- Safety and injury prevention
- Poverty and health disparities

Email debilzan@mnaap.org for more information, or visit www.mnaap.org/take-action for more ways you can get involved with MNAAP.
You’re an attorney and a physician. How do these two roles intersect for you in your work?

I attended the Joint Degree program in Law, Health and the Life Sciences at the University of Minnesota, receiving my law degree in 2008 and my medical degree in 2011. After finishing residency at Mayo, I stayed in Rochester for a year as chief resident. Since 2015, I have been at Children’s Minnesota as both a pediatric hospitalist and an adjunct attorney.

My position consists of clinical work (80%) and assignments through the office of the General Counsel (20%). In my legal role, I am a member of the Institutional Review Board (IRB), where my familiarity with federal regulations can be helpful, and I consult on various initiatives and projects, such as our onsite healthcare-legal partnership and the legal implications of clinical practice guidelines that Children’s develops. This year, on behalf of the Children’s advocacy team, I testified at a hearing at the state capitol in support of a program to reduce childhood hunger.

More informally, these two roles intersect daily on the wards when I’m working with social workers and staff attorneys to address problems that affect vulnerable families, including guardianship and family law matters, immigration status, and landlord-tenant issues.

What is a typical day at Children’s Minnesota look like for you (or just a typical work day)?

When I’m on clinical service, I’m either seeing patients on my own or working with our teaching services, which I love because of the energy, curiosity, and competence of the residents and students who rotate at Children’s.

When I’m not on service, my days are more varied. In addition to preparing for and attending bi-weekly IRB meetings, my days typically involve collaborating with various members of the health system, working independently on projects that I’m responsible for, and occasionally testifying or otherwise speaking about child health issues.

What interests you about your work on the MNAAP policy committee?

University Dean Kathy Watson introduced me to a wonderful quote from physician Rudolf Virchow: “If medicine is to fulfill her great task, then she must enter the political and social life. . . . The physicians are the natural attorneys of the poor.”

The MNAAP policy committee provides a meaningful way to engage in political and social issues that relate to the health and wellbeing of our patients. Through the Chapter, the policy committee, and all the wonderful people who support its advocacy work, we are able to deal directly with legislators and others in state and local government to champion Minnesota’s children. As one example, at the invitation of Representative Frank Hornstein and Senator Scott Dibble, whom I met during MNAAP Peds Day at the Capitol, I provided information and perspective at a MN Congressional District 61 Town Hall in 2017, when Minnesota children were at risk because of possible cuts to Medicaid.

In short, working with the MNAAP policy committee, and as a member of the MNAAP board, I get to consider issues that involve both law and medicine, and I get to contribute to discussions that affect society beyond individual patients.

What is something people might be surprised to learn about you?

Although I’m a lawyer and enjoy debate, I am not temperamentally litigious!

What would a perfect day be like for you?

After the winter we’ve just had, it would start out with low humidity, uninterrupted sunshine and a temperature in the 70s. I would open the newspaper to headlines proclaiming that vaccination rates in the United States are at an all-time high; confidence in science and physician experts is robust; childhood homelessness, food insecurity and socioeconomic disparity have fallen to unmeasurable levels; and every child feels loved and supported and excited about their future. The day would include meaningful work with my excellent colleagues (my current reality). Then it would end with an episode of “Wait Wait . . . Don’t Tell Me!” and wonderful food with loved ones.
A warm welcome to new members who joined between February 1, 2019 and April 30, 2019

Kristen Bastug
Katherine Kelsey
Tamika Lasege, MD, FAAP
Merideth Lathrop
Allie Metzler, PA-C
Katherine Rogers
Maya Sayarath
Kelsey Simmons
Taylor Thomas
Ashley Wentworth, MD, FAAP

MNAAP has a total of **1023** members!

Submit Member News and Announcements

If you or someone you know started a new position, received a promotion or recently retired, let us know! If you have received special recognition, been quoted in the media, or are quietly working on clinic or community initiatives to improve children’s health, reach out! Email venable@mnaap.org for all member news and announcements.

Member News

**MNAAP President Lori DeFrance, MD, FAAP; Megan Jennings, MD, FAAP; Alice Lehman, MD; and Marta Michalska-Smith, MD** attended the American Academy of Pediatrics 2019 Legislative Conference in Washington, D.C. Conference participants learned to become effective child health advocates through interactive workshops and in-depth training sessions.

**Nathan Chomilo, MD, FAAP**, attended the April 3 State of the State address as a guest of Governor Tim Walz. Walz mentioned Dr. Chomilo’s work in his speech to emphasize the importance of repealing the sunset of the Provider Tax.

**Angela Kade Goepferd, MD, FAAP**, spoke to the Star Tribune about the opening of Children’s Minnesota’s clinic for transgender youth. Dr. Goepferd serves as medical director of the clinic.

**Emily Chapman, MD, FAAP**, chief medical officer at Children’s Minnesota, spoke at a press conference in support of the Breakfast After the Bell legislation, which would make it easier for children to get breakfast at school.

**Robert Jacobson, MD, FAAP**, an expert in childhood vaccines at Mayo Clinic, was interviewed by the Louisville Courier Journal after the governor of Kentucky said he favors exposure to chickenpox over vaccination.

**Lucien Gonzalez, MD, MS, FAAP**, was named chairperson of the American Academy of Pediatric’s national committee on Substance Use and Prevention. The committee is tasked with producing guidance for pediatricians, state and federal government, and other stakeholders to reduce harm from substance use.
Thank you to MNAAP’s 2018-2019 sponsors