



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Speaking for Maryland Kids!

I already belong to the National AAP, why should I become a member of the Maryland Chapter?

Advocacy

- Increase your knowledge of and participation in legislative activities at a state level
- Increase involvement in the legislative arena to positively influence the quality of pediatric practice and the welfare of children in Maryland
- Build coalitions with other organizations working toward improving children's health and well-being
- Promote the interests of Maryland pediatricians within the American Academy of Pediatrics
- Promote fair reimbursements for pediatricians throughout Maryland

Leadership

- Participate in chapter committees in areas that interest you
- Be nominated to participate in national committees as openings become available

Networking

- Network with other pediatricians with similar interests
- Improve chapter membership participation on national AAP projects and committees
- Join us for opportunities to meet your colleagues throughout the state

Education

- Receive chapter quarterly newsletters and other informative mailings and e-blasts
- Attend local PREP courses and Continuing Medical Education meetings sponsored by the chapter
- Participate in Quality Improvement projects

What has your chapter done lately?

- Embarked on a quality improvement program with MOC part 4 credit, through grant funding
- Introduced legislation for acquisition, distribution and reimbursement for immunizations
- Partnered with the Department of Health and Mental Hygiene to promote the use of the immunization network (ImmuNet)
- Joined established coalitions to advocate for children's health insurance programs
- Conducted various focus groups throughout the state on: asthma, obesity, foster care, Medical Home and Children with Special Healthcare Needs, EPSDT
- Revised and upgraded the quarterly chapter newsletter
- Provided training and support for the Reach Out and Read Program; received funding through Race to the Top (MSDE) to enroll 75,000 additional children statewide
- The Chapter is a strong public advocate for a wide range of issues which are of vital importance to Maryland's children

Annual Chapter Dues: Fellow \$175; Specialty Fellow \$150; Emeritus Fellow \$0; Retired Fellow \$150; Affiliate Member \$75;

Candidate Member \$75; Post Residency Training \$25; Resident \$25; Honorary Fellow \$25

Questions? Contact Loretta I. Hoepfner, MDAAP Executive Director, at 410-878-9702 or loretta@mdaap.org.

Five Best Reasons That MDAAP's Advocacy Efforts Make Membership Worthwhile

1. MDAAP actively engaged in all aspects for Federal Health Care Reform Implementation and Medicaid policy considerations. MDAAP supported DHMH's efforts to increase Medicaid reimbursement levels to Medicare rates for all physicians, not just those identified at the federal level. The reimbursement rate increase is worth \$75 million to Maryland physicians. MDAAP also worked to ensure that Maryland's definition essential health benefits (EHB) relative to health reform implementation included critical benefits for children and that the continuity of care provisions ensured that there would not be unreasonable disruption of care when children moved from Medicaid to commercial insurance.
2. MDAAP supported the successful enactment of important child maltreatment initiatives including the creation of an "alternative response program" and the implementation of substance-exposed infant reporting requirements that brought the State into compliance with federal CAPTA requirements in a manner that appropriately balanced protection of the newborn and access to care barriers for the mother. MDAAP continues to advocate for rational child abuse and reporting requirements and a comprehensive system for meeting the needs of children subject to abuse and neglect.
3. MDAAP is protective of the "practice of medicine" in relationship to the scope of practice of other health care practitioners. These efforts included opposition to the licensure of "naturopaths" without appropriate physician collaboration requirements; opposition to the licensure of "lay midwives"; and support for pharmacists authority to administer vaccines with the critical limitations that the authority does not apply to children under the age of 11 and that between the ages of 11 and 18 administration is only authorized pursuant to a physician's prescription with strong "reporting back" requirements.
4. MDAAP is a strong public health advocate on a range for issues that have included successful strengthening of child safety seat and seat belt requirements; the ban on the sale of crib bumpers in the state; the implementation of programs to address concussions and heat acclimatization in school and recreational sports programs; facilitation of a homeless minors ability to consent to health care services; and support for important environmental policy initiatives such as pesticide reporting, clean air initiatives and the elimination of certain chemicals from child products.
5. MDAAP regularly advocates for insurance reform. For example, successful efforts have included passage of an assignment of benefits provisions that enables non-participating providers to be reimbursed for services provided; the development of uniform standards for prior authorization requirements; the establishment of a workgroup and technical advisory committee to address issues relative to the coverage for and provision of habilitative services.