

MINUTES
FEDERATION OF PEDIATRIC ORGANIZATIONS
January 29, 2007, 8:30 am-2:00 pm
AAP Washington, DC, Office

PRESENT: Theodore C. Sectish, MD, Executive Director
H. James Brown, MD, Chair, ABP
Jean Bartholomew, Administrator

AAP: Errol R. Alden, MD
Jay Berkelhamer, MD
Robert Perelman, MD

ABP: James A. Stockman, MD

AMSPDC: Aaron L. Friedman, MD
F. Bruder Stapleton, MD

APA: Claiborne Dungy, MD
Kenneth B. Roberts, MD

APPD: Susan Guralnick, MD
Robert McGregor, MD

APS: Alan H. Jobe, MD
Edward B. McCabe, MD

SPR: Gary L. Freed, MD
Mark R. Schleiss, MD

AAP Staff: Karen Hendricks, JD
Stephanie Russell

NACHRI: Larry McAndrews

Guests: Richard E. Behrman, MD
M. Douglas Jones, Jr., MD

1. Call to order

Dr. Brown called the meeting to order 8:50 am and asked for introductions. All members of FOPO were present.

2. Executive Director's report

Dr. Sectish, the newly appointed Executive Director of FOPO, gave a report on his first 29 days. He noted that

- contracts are in process with Stanford and Harvard
- a proposed budget has been drafted

- a transition from a non-profit to Chapel Hill based services provided by the ABP will take place
- proposed changes in bylaws include a description/duties of the Executive Director and duties of a Secretary-Treasurer
- a need to finalize Web site and what should appear on the Web site
- he will send a press release to each member organization about the new FOPO Executive Director for their dissemination
- a date and plans for the strategic planning sessions to be determined and among other things conflict of interest of each member organization should be discussed
- the Executive Director will meet with each member to establish interface.

3. Minutes of September 18, 2006

The minutes were accepted as corrected: Dr. Brown, ABP, and not AAP as listed.

4. Report on Task Force on Women in Pediatrics

Dr. Behrman referred to a number of issues addressed in responses to the report on Women in Pediatrics and the fact that other issues will probably be added in the future. AMSPDC had a paper published regarding women in pediatrics and this will be added to the responses. There will, most likely, be ongoing issues that will need more than this one time response and a suggestion was made that a subcommittee/task force be identified to review this on a continuous basis. The report has been on the FOPO Web site and has been discussed at various meetings.

There has been no statement by FOPO on a position. It was suggested that this issue should involve other organizations such as the ACGME, AAMC, and others, and is not pediatric specific. Drs. Bonnie Stanton and Carol Berkowitz were key players in the initial responses and it was recommended that they be asked to continue to be involved with this task force.

It was further noted that this not necessarily reflect a consensus and if written in a way that is not so decided, contentious areas could be minimized. Otherwise contentious issues should be highlighted and worked out and a final product brought forward that provides a general consensus. A key issue for this group will be what kind of format this should take for FOPO. It was suggested this issue be on the agenda of the strategic planning meeting.

5. Financial statements, FY'06 (7/1/2006 – 12/31/2006)

As part of the transition, Sorensen & Holland prepared a financial report covering six months ending December 31, 2006. Dr. Sectish reviewed the report and addressed any issues raised. Beginning with the new administrative structure at the ABP, there will be periodic audits as well as a Secretary-Treasurer (in place for 3 years) to become familiar with invoices and the business of FOPO.

6. St. Geme Award

The list of nominees and their nominating organizations was included in the agenda book. Dr. Brown asked each member organization to summarize reasons for nomination of the individual.

Following the summaries of the nominees by attendees, a vote was cast asking the seven member organizations to rank the top three candidates. Once that was done and the slate was narrowed to two individuals, another vote was cast. Dr. Richard Behrman was declared as the 2007 St. Geme Awardee.

For the record, it should be noted that:

Dr. Behrman – ABP, AAP, and SPR nominee. Dr. Berkelhamer spoke to Dr. Behrman's virtues followed by Dr. Stockman and by Mark Schleiss who both highlighted Dr. Behrman's diversity of investigation in a wide range of pediatric disciplines. For one nominated to receive the award, timing is critical since a nominee must be active in pediatrics to be recognized and considered.

Dr. Judith Hall – second nominee for APS and should be kept in mind for the future.

Dr. Gail McGuinness –APPD nominee. Dr. McGuinness is involved in the Residency Review and Redesign in Pediatrics, in professionalism projects, and is a very visible role model.

Dr. Douglas Jones – AMSPDC nominee. Dr. Stapleton spoke of Dr. Jones's multiple involvements with many pediatric organizations, the recognition for the to bring subspecialists together, was Chair of the committee that examined fellowship training requirements, and highly deserving of consideration.

Dr. Ken Roberts – APA nominee. Dr. Dungy spoke of the many significant contributions of Dr. Roberts and that he clearly fulfills criteria for the award.

7. Proposed budget FY'07 and FY'08

Dr. Sectish drafted the budget based on typical activities of FOPO plus it included a recognition dinner for Dr. Behrman. In order to provide pay for performance for services rendered by the ABP and AAP, rather than operate on an in-kind budget, a deficit is projected. During the period January 1-June 30, 2007, for the deficit, FOPO can look at the reserve fund and draw down. In-kind efforts available from the ABP and AAP should be expensed out and paid back to those organizations.

For the budget period beginning July 1, 2007, members will be reassessed on a pro rata share of their committed funding to cover the deficit. FOPO can build a reserve, but to do that it will be necessary to determine a reassessment. If the reserve of \$220,000 remaining after June 30, 2007, were to be invested and earn interest (estimate of \$11,000 per year), a reserve fund could be established.

The chargeback expenses includes travel expenses paid by member organizations for the FOPO Executive Director to attend their annual/executive committee meetings. The query was raised about how an invitation to attend an organization's meeting would come about. Dr. Sectish or the member organization would prompt it. Dr. Sectish would also consider paying the AAP on a per diem basis for use of their Washington, DC, office/conference room space.

ACTION: A motion was seconded and passed to use funds from the reserve account (balance of approximately \$280,000) to cover any deficit for the period 1/1/07-6/30/07. For the subsequent fiscal year (7/1/07-6/30/08) the deficit will be covered on a pro rata share by all members.

The budget was prepared as an initial attempt to identify projected needs for FOPO. This issue could be incorporated into strategic planning as well as seeking other sources of revenue and discuss what is an appropriate plan for a reserve/deficit.

8. Bylaws Changes

A revised version of the Bylaws was presented that included:

- Identifying a Secretary-Treasurer for the organization to serve a three-year term and activate a role which had not previously been done
- A description of the responsibilities of an Executive Director
- In Section 6, an E-mail message (in addition to mail or fax) should be included as a means of notice
- Other minor changes
- On the rotating schedule for Chair and Vice Chair, the issue was raised for the need to identify an individual in the absence or inability of the Vice-Chair to step in. It was agreed that in such a case, an individual would be appointed from the member organization next in line of succession according to Section 2.

ACTION: A motion was seconded and passed to accept concept of Bylaws changes and responsibilities/term for Secretary-Treasurer. The Bylaws will be distributed via e-mail to members once revisions are made for final approval.

9. FOPO Strategic Planning Process

It was proposed that strategic planning take place between now and the next FOPO September 2007 meeting and if calendars permit, to be held in April. Ken Slaw of the AAP will act as the facilitator and the retreat will be held at the AAP Elk Grove Village office. The plan would be to arrive in early am, begin first session by 10 am, conclude by 5 pm, and hold a non-working dinner. The session would pick up the next morning at 8 am and end by noon. The result of the sessions would be to identify 3-4 issues FOPO would work on for the next 3 to 4 years and identify task forces/individuals to be responsible. It will be important to review strategic plans of each member organization. Once members are together for this process, it will be most important to identify FOPO priorities and have each member bring to the table where FOPO can help externalize; how to get specificity to a mission statement and have as its core mission the core mission of each organization; and an opportunity for each member to examine its own strategic plan. The session should identify initiatives and how members can help FOPO realize these initiatives.

10. Update on the Alliance for Pediatric Quality (APQ members are NACHRI, CHCA, AAP, and ABP)

Dr. Perelman summarized efforts of the APQ as being involved in two major projects, the development of a federated database and a measures project on clinical entities where significant gaps in pediatrics exist. The organization will also advocate for pediatricians/childrens' issues and be responsible for developing topic papers about measures in pediatrics.

11. Government Affairs update

Legislative Update: The 110th Congress was sworn in on January 4, 2007, and immediately began its work. There is a new majority and leadership in both the House and the Senate. The House began by keeping its promise to complete several important bills in 100 legislative

hours – expansion of stem cell research, increasing the minimum wage and passing new ethics rules were among those initiatives. Each now goes to the Senate.

Budget And Appropriations: There are two key budget and appropriations issues that are simultaneously pending: the completion of the FY 2007 appropriations bills for 13 cabinet agencies. This should have been completed by October 1, 2006. The pediatric community has been working hard to try to get additional money added for domestic discretionary and public health programs. If there are no specified increases the FY 2007 budget is equivalent to FY 2006 – which is below FY 2005. The FY 2007 bill passed the House (1/31/07) and is currently pending before the Senate. We were successful in seeing modest increases for several programs including the immunizations, NIH, Pell Grants, community health centers and veteran's health care. The president's FY 2008 budget will be released on February 5. The pediatric community and other public health and child advocates will need to look at any and all presumptions the president makes for maintaining the FY 2008 level of domestic discretionary funding through FY 2012. It is estimated that an additional \$3.75 billion, approximately 7.5 percent, will be needed in FY 2008 to begin to reverse the erosion of support for the continuum of biomedical, behavioral and health services research, community-based disease prevention and health promotion, basic and targeted services for the medically uninsured and those with disabilities, health professions education, and robust regulation of the nation's food and drug supply.

Pediatric Research: The biggest preoccupation related to research in the last congress was the reauthorization of the National Institutes of Health (NIH). Not much else was done although the reauthorization of AHRQ should have occurred two years ago.

National Institutes of Health Reauthorization: President Bush signed the NIH reauthorization legislation into law on January 15 as P.L. 109-687. This was one of the last bills to pass in the 109th congress in December. The amended version of the bill increases the total authorization levels for NIH to \$30.3 billion in FY 2007 and \$32.8 billion in FY 2008, which represent increases of 7 percent and 8.2 percent respectively. Please note – this is an authorization level (what could be allocated) **not** appropriations (what is allocated). The bill also authorizes "such sums as may be necessary" for FY 2009. The revised bill eliminated the 50% funding formula for the common fund, replacing it with a provision leaving common fund (CF) funding to the discretion of the NIH Director. The intent of the Common Fund is to support trans-NIH research. authorities. The final version of the bill also included a Clinical and Translational Science Award (CSTA) provision added through the efforts of Senator Kennedy and supported by the National Association of Children's Hospitals. The provision requires the NIH Director to establish a mechanism within the CTSA program "to preserve independent funding and infrastructure for pediatric clinical research by allowing the appointment of a secondary principal investigator under a single CTSA with direct authority over a separate budget and infrastructure for pediatric research, or otherwise securing institutional independence of pediatric clinical research centers with respect to finances, infrastructure, resources, and research agenda." The Director is to provide an evaluation and comparison of outcomes and effectiveness in these programs as part of a biennial report to Congress. The NIH Director has initiated an implementation process to carry out the new legislation.

National Children's Study: Through the 109th Congress the pediatric community worked to increase funding for the National Children's Study (NCS) as well as maintaining the NCS that had been deleted in the FY 2007 President's Budget proposal. Congress rejected the latter. At

the time of this writing it is anticipated that the NCS could be funded at the requested level of \$69 million. At the start of the 110th Congress we have already begun our work including working with the office of Representatives Doris Matsui (D-CA) and Judy Biggert (R-IL) on a bipartisan Dear Colleague letter to the House, Senate appropriations chair/ranking and President Bush asking for \$69 million – the amount that was requested and is needed in FY 2007. It appears these efforts have paid off and now as we await the completion of the FY 2007 appropriations process we will be gearing up for the FY 2008 request.

PEDIATRIC DRUGS: The Best Pharmaceuticals for Children Act (BPCA) and Pediatric Research Equity Act (PREA) have been important policy innovations that have expanded the information available to pediatricians and families about drugs. To date, these laws have resulted in 117 new drug labels with dosing changes, updated safety information, new formulations, etc. BPCA and PREA will both sunset on October 1, 2007 and will be due for reauthorization in the same year as the Prescription Drug User Fee Act (PDUFA). PDUFA allows FDA to collect “user fees” from pharmaceutical companies to offset the costs of drug approval. The pediatric community, under the leadership of the Academy, has been working with Senate staff to ensure that new post-market legislative proposals enhance pediatric safety information and complement the mechanisms created by PREA and BPCA. Staff for the Senate Health, Education, Labor and Pensions (HELP) Committee has announced the committee’s intention to move all FDA-related bills in March as a large package, including BPCA and PREA.

SCHIP Update: On December 12, 2006, the American Academy of Pediatrics (AAP), March of Dimes, and the National Association of Children's Hospitals joined the Georgetown University Center for Children and Families to release a report that identifies key issues that must be addressed in reauthorizing the State Children's Health Insurance Program (SCHIP). The report calls on Congress to ensure that SCHIP has funding needed to cover more children, eliminate red-tape barriers to enrollment, and address quality and accountability of child health coverage. The incoming 110th Congress is slated to reauthorize the SCHIP law, which is scheduled to expire Sept. 30, 2007.

12. Council of Pediatric Subspecialties

Dr. Stapleton referred attendees to the summary contained in the agenda. The Council will

- Hold two meetings per year
- Have members who are pediatric subspecialists
- Work on development programs for division chiefs and on fellowship issue/offer date
- Will develop a plan for subsequent funding
- Hold the next meeting at time of PAS meeting.

13. NACHRI update

Mr. McAndrews distributed a summary of the proposed NACH Federal Advocacy agenda.

14. Update of Residency Review and Redesign Project (R³P)

Dr. Jones summarized activities of the R³P project since the first meeting of the committee held September 2005; one colloquium has been held and another is scheduled to be held beginning Jan 31; themes have been written and revised.

15. International Health Initiatives

Dr. McCabe spoke about reaching out to identify countries to include in this initiative. A work group has been established and will have recommendations in late 2009. The AAP has several staff members working on International Health efforts. It was recommended that FOPO could help in this arena and should consider this as part of the strategic plan.

Adjournment at 1:30 pm.

Respectfully submitted,
Aaron L. Friedman, MD
Secretary-Treasurer

Jb

**Next meeting will be held:
September 24, 2007, and will begin at 8 am.
Dr. Peter Szilagyi of APA will Chair the meeting.**