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# Mississippi Pediatrics

*E-newsletter of the Mississippi Chapter,  
American Academy of Pediatrics*

August 2011

Welcome to **Jonathan Shook, MD** of Hattiesburg, the new Chapter Treasurer and Vice-President Elect!  
Welcome aboard! We are grateful for Dr Shook's leadership and involvement!

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## **MS Chapter AAP and UMC Pediatrics Fall CME Meeting**

**November 4-5, 2011**

@ the

**UMC Conference Center at the Jackson Medical Mall**

(Will also be available via satellite at remote locations in North and South MS)

Topics include:

**November 4:** Asthma, Immunology, Dermatology, Pharmacology, Part 4 Maintenance of Certification, Obesity, Anticipatory Guidance, and others

**November 5:** Pediatric Orthopedic Symposium

Up to 9 hours AMA Category I Credits available.

**Watch your email and mailbox for more information. or contact the Chapter office by emailing [msaap@integrity.com](mailto:msaap@integrity.com)!**

## **Asthma Action Plans required for Mississippi students**

Senate Bill 2393 was signed into Mississippi law last year with the goal of helping improve the asthma management of Mississippi's nearly 50,000 K-12 students with asthma. Asthma is the most common chronic childhood disease and is the number one cause of school absenteeism, accounting for nearly 14 million total missed days of school. Nearly half (44%) of all asthma hospitalizations in the U.S. are for children. Sadly, there are still nearly 4,000 deaths annually, many of which are considered avoidable with proper treatment and care.

One of the key components of the new law is the requirement for all students with asthma in grades K-12 to have a **complete Asthma Action Plan (AAP)** on file for the 2011-12 school year. The AAP should be updated annually and include the correct asthma severity classification, current asthma medications, and emergency contact information. The rationale for this requirement is based on the 2007 National Asthma Treatment Guidelines which state that a person with asthma is at increased risk of asthma exacerbations, hospitalization, and death if they do not have a current written asthma management plan from their provider.

Recognizing the increasing burden of time and paperwork requirements on physicians, the Mississippi Asthma & Allergy Clinic has developed a **simple, one-page asthma action plan** that meets all of the requirements of the new law and can be completed in a short amount of time. If you would like a copy of this plan to use in your office or if you would like additional information on free patient education resources available to your asthma patients, please contact Winn Walcott at [wwaw@aol.com](mailto:wwaw@aol.com). Implementation of the new Asthma in Schools Policy will be critical in helping students with asthma in Mississippi gain control and properly manage their chronic disease.

Winn Walcott, M.D.  
Mississippi Asthma & Allergy Clinic  
601-354-4836  
[wwaw@aol.com](mailto:wwaw@aol.com)

## ***Reach Out and Read Expands Efforts in Mississippi***

The Mississippi Chapter is delighted to partner with Reach Out and Read (ROR), an innovative, evidence-based program endorsed by the AAP. Thanks to a grant from the Kellogg Foundation, Reach Out and Read hopes to serve an additional 10,000 children in Mississippi by 2013.

Reach Out and Read promotes early literacy and school readiness in pediatric exam rooms nationwide by giving new books to children and advice to parents about the importance of reading aloud. ROR builds on the unique relationship between parents and pediatricians and other pediatric care providers to develop critical early reading skills in children, beginning at 6 months of age. Families served by Reach Out and Read read together more often, and their children enter kindergarten better prepared to succeed, with larger vocabularies, stronger language skills, and a six-month developmental edge over their peers (click [here](#) to read more about the evidence-base).

The Reach Out and Read model has 3 components:

- In the exam room, pediatricians, family physicians, and nurse practitioners speak with parents about the importance of reading aloud to their young children every day, and offer age-appropriate tips and encouragement.
- The pediatric primary care provider gives every child 6 months through 5 years old a new, developmentally-appropriate children's book to take home and keep.
- In the waiting room, displays, information, and books create a literacy-rich environment. Where possible, volunteers read to children, modeling for parents the pleasures - and techniques - of reading aloud.

Reach Out and Read is currently implemented in over 4,650 hospitals and health centers across the U.S., but there are currently only 10 programs in Mississippi. We believe that more of Mississippi's youngest children should be a part of this effort, so that they too have access to the message and the books from you, their trusted pediatrician. **We would love to see you and your colleagues participate in this program!**

Getting started is simple - there is a brief online application, an online training course (that offers CME credit!), and the Reach Out and Read National Center can help provide new books to get started!

**If you want to learn more about the program or have questions about how to get involved, contact Brian Gallagher, Reach Out and Read's Director of Program Development and Outreach at [brian.gallagher@reachoutandread.org](mailto:brian.gallagher@reachoutandread.org) or 617-455-0667.**

## ***2011 Legislative Wrap Up and Outlook for 2012***

by Lynn Evans, Chapter Legislative Monitor

After eight years of effort by MSAAP, the Mississippi Legislature finally passed an ATV Safety Bill this session. The new law will go into effect in July and will require anyone under 16 riding an ATV on public lands to wear a helmet, and all persons riding an ATV on public lands to have either a driver's license or to have passed an approved ATV Safety Course like that offered by 4-H. The Department of Public Safety will approve the safety courses. Passing this bill took not only the assistance of 4-H, the UMC, the state Department of Health, the state Nurses Association, Mississippi State Medical Association, the Brain Injury Association, and many other health and safety advocates, but also good data on what ATV injuries are costing the state. It also took a LOT of phone calls to legislators, who were finally convinced that it was time to protect the young people who are most at risk for severe injury and death from ATV crashes. We owe a special debt of gratitude to Senate Judiciary Committee B Chairman Gray Tollison, who introduced this bill year after year, and to the numerous strong supporters in the House who pushed the bill through. Thanks to everyone who helped get this done!

The Distracted Driving-Texting Ban bills died in the process when law enforcement support of the bill appeared to be tepid and no law enforcement representatives were able to say how they would enforce the law - i.e. know if someone was texting. A bill to make it illegal for parents to host parties where teens drink did pass; many of the most horrific crashes killing teens happen after they have been drinking.

The other big initiative that MSAAP joined this year - a statewide smoking ban, the SmokeFree Air initiative - went nowhere. The bill was stripped by the Senate of any provision to ban smoking in business establishments and never taken up due to lack of support in the House. Despite testimony to the contrary, legislators were not convinced that second and third-hand smoke is the health risk that state and national studies have shown it to be. The tobacco industry has a significant presence in the Capitol; their generosity with campaign contributions helps make them hard to beat during an election year.

A big issue at hand that will have a significant effect on pediatricians is the state's Health Exchange. The State Insurance Commissioner's Office introduced bills in the House and Senate to set up the Board that would design and govern Mississippi's Health Exchange to offer health insurance policies under the federal Health Care Reform law. The Insurance Commissioner's plan was heavily weighted to the insurance industry and included only one physician. The House Insurance Committee amended this plan to make the Exchange more open, require regular reporting to the Legislature and the public, and to create the required "seamless interface" between insurance enrollment through the Exchange for Medicaid and CHIP enrollment. Negotiations on these points broke down in the conferencing process. Instead, the Study Commission working on the Exchange will continue through next year.

The battles on funding Medicaid did not happen this year, as Medicaid and the governor asked for lower funding than last year. The House Medicaid Committee did hold a hearing on MississippiCAN, however, during which Dr. Sara Weisenberger testified about the many problems that pediatricians have had with the implementation of the MississippiCAN program. Medicaid representatives told legislators they were on track to save at least 5% with the new program. Magnolia and United Health Care touted their social services and their plans to strengthen the Medical Home concept. Both Dr. Weisenberger and a child psychiatrist, the only two physicians to testify, talked about problems with Approved Drug Lists - it turns out that Magnolia, United Health Care, and Medicaid all have their own drug list - problems with patient notification, problems with referrals for services that had been previously provided, and problems being paid. A hospital representative also complained that MississippiCAN is not paying on time, or at all. The Medicaid Chairman, Dirk Dedeaux, said that the law requires Performance Evaluation and Expenditure Review (PEER) to report back to the Legislature on problems with MississippiCAN; PEER representatives were at the meeting and taking notes. Dedeaux asked providers experiencing problems to please report those to him and he will forward the information to PERS.

Bills restricting immunization requirements were filed but went nowhere. Instead, a bill was passed to facilitate application for a federal grant to give flu shots at schools.

There were several bills introduced to address the state's obesity epidemic. Two bills passed: a bill to study "Food Deserts" in Mississippi where healthy foods are hard to come buy, and a 34 member Obesity Council charged with developing a 10 year state plan to combat obesity.

Finally, a bill to study and make recommendations on reforming mental health services for children was passed. The aim is to serve children appropriately, early on, and in the community rather than send them to institutions, either as children or as adults.

**2012 Outlook** The 2012 Session will be a 120-day session with new legislators, a new Lt. governor, a new speaker, and new committee chairmen. Legislators will undoubtedly look at MississippiCAN again, and they will have to agree on a plan for the state Health Exchange. The Smoke Free Air Coalition will have to establish a direct link between second and third-hand smoke and the state's poor health indicators to make headway with significant legislation. Data from the Child Death Review Panel, as well as from pediatrician's practices, should help identify other issues that MSAAP brings before the legislature. Finally, we could potentially expect to see a "physician gag rule" in regard to firearms in the home, similar to what was addressed in Florida earlier this year. For more information, click [here](#).

MSAAP has established a real presence at the Capitol despite our small numbers. The active participation of pediatricians on behalf of their patients in the legislative process is having a significant effect; thank you all!

### ***Pediatric Research in Office Settings (PROS) Network Needs You!***

The Pediatric Research in Office Settings (PROS) network is looking to expand its base of primary care practice-based researchers across the nation, and **YOU** are invited to participate!

The Pediatric Research in Office Settings (PROS) network was established in 1986 to provide research opportunities for Fellows of the AAP engaged in office-based practice (or similar primary care settings). At that time, the Academy recognized a gap in the research available on children's health care, largely because most studies had been based in academic and hospital outpatient settings. The PROS network studies *child health problems seen in practice, ways that these problems are treated, and the effectiveness of such treatments*. The mission of PROS is to improve the health of children by conducting collaborative practice-based research to enhance primary care practice.

There are currently at least 725 practices and more than 1750 practitioners involved in the PROS network. Involved state AAP Chapters have a PROS coordinator that is responsible for recruiting practices and overseeing research training and data collection in that Chapter. **Bill Payne, MD** is the MS Chapter PROS coordinator, and extends an invitation to any primary care practitioner interested in participating in practice-based research.

Past research studies have included febrile illnesses in infancy, secondary sexual characteristics in girls, pediatric gastroenteritis patient outcomes, childhood asthma management, adolescent smoking cessation, Life Around Newborn Discharge, and Polio Immunization Delivery Study, among many others. Suggestions for future research subjects can be made at any time.

To learn more about PROS, the benefits of participation, time required for involvement and to get answers to your questions, visit [http://r20.rs6.net/tn.jsp?llr=mkj5abdab&et=1107631028966&s=-1&e=001-lylgJt0DreykXPiGWuTfz9AL3zHNjehyu60zpqEwweY02i\\_H1a-tMPjHqQAQGxeHmC0d-mhKlQt9pPfn6uE\\_oqy-S7XaMeA9qRzFcohLX-JUh0X28KSw==](http://r20.rs6.net/tn.jsp?llr=mkj5abdab&et=1107631028966&s=-1&e=001-lylgJt0DreykXPiGWuTfz9AL3zHNjehyu60zpqEwweY02i_H1a-tMPjHqQAQGxeHmC0d-mhKlQt9pPfn6uE_oqy-S7XaMeA9qRzFcohLX-JUh0X28KSw==) or contact Bill Payne, MD, at 601/856-2598 or [drbpayne@comcast.net](mailto:drbpayne@comcast.net).

### ***Coding Q and A***

**Q.** It seems that Mississippi has been categorically denying all of our patients with Down Syndrome for coverage by the Disabled Child Living at Home program. Is there some sort of criteria that we can use to determine whether these children will eventually need to be institutionalized in order to obtain Medicaid coverage?

**A.** It seems to be semantics. You must code Trisomy 21, not Down Syndrome. Medicaid has determined that you could have a child with Down Syndrome and if they were a mosaic, they might not be mentally retarded. In addition, in the event of an older child with an intellectual disability, that disability should be documented and included.

### ***The FDA's Bold Move***

In June, the FDA announced nine cigarette health warnings required to appear on every pack of cigarettes sold in the United States and in every cigarette advertisement. This bold measure is aimed at making sure that every American understands the dangers of smoking. These graphic warnings have been met with some controversy.

The warnings sent the most significant changes to cigarette labels in more than 25 years and will affect everything from packaging to advertisements. Manufacturers are required to place them on all cigarette packs, cartons and ads by no later than September 2012. Each warning is accompanied by the phone number 1-800-QUIT-NOW, a smoking cessation resource, so it will be seen at the time it is most relevant to smokers, increasing the likelihood that smokers who want to quit will be successful. Tobacco use is the leading cause of premature and preventable death in the United States, responsible for 443,000 deaths each year, according to the Centers for Disease Control and Prevention. It costs our economy nearly \$200 billion every year in medical care and lost productivity.

The introduction of these warnings is expected to have a significant public health impact by decreasing the number of smokers - resulting in lives saved, increased life expectancy and improved health status. To view these new warnings, click [here](#).

### ***Counseling Parents to Quit Smoking: An Expectation of Pediatricians?*** ***by C. David Hill, MD, Chapter Tobacco Control Champion***

The Chapter's Spring CME meeting in early April 2011 included a discussion about pediatricians becoming more involved in tobacco cessation of parents and caregivers of their patients. Pediatricians attending the meeting raised concerns about the appropriateness of treating parents and caregivers, and what, if any, concerns might arise from such action. In response, a brief review of literature related to pediatricians' involvement in such was conducted on behalf of the Chapter by the Tobacco Control Legal Consortium.

It is arguable that there is a duty on the part of pediatricians (on behalf of their child patients) to do some parent counseling about options to eliminate second-hand smoke, analogous to their practice of offering advice to parents to require bike helmets, to use outlet covers, practice water safety, and so on, once they receive information that their patients are at risk.

Winickoff et al (1) published a review showing that the majority of parents would support some type of intervention on behalf of a pediatrician. The review stated that pediatricians are not helping parents with cessation due to a lack of time, a lack of skill, reimbursement issues, and, most frequently, a lack of information/misperceptions about parental attitudes. Their findings also show that a majority of smokers want and expect pediatricians to have these conversations with them.

Winickoff et al reports that one study found that 69% of pediatricians surveyed believed that prescribing or recommending Nicotine Replacement Therapy (NRT) was the responsibility of another clinician. It indicates that 3% of the 32 pediatricians surveyed listed this as a reason for not prescribing or recommending NRT. The CEASE tobacco website (<http://www2.massgeneral.org/ceasetobacco/>) suggests that pediatricians in at least 14 states are routinely discussing cessation with the parents of their patients. The checklists and plans from each of those 14 states suggest that pediatricians are counseling parents about cessation, generally, but are not prescribing medication to them. There appear to be concerns on the part of pediatricians about entering into a patient/physician relationship with the parent, for a variety of reasons, including malpractice concerns.

Oncken et al (2) assessed the tobacco intervention practices of obstetric and pediatric providers. Obstetric providers were more likely to view smoking cessation counseling as their responsibility in treating pregnant women than pediatric providers did in treating infants with mothers who smoked. In addition, obstetric providers believed that smoking cessation counseling was more effective than did pediatric providers on a five-point scale ( $P < .05$ ) and were more likely to report provision of cessation assistance.

These findings reflect that it is perfectly acceptable, expected, and I would argue necessary, for pediatricians to be involved in inquiring and counseling parents in regard to tobacco use cessation. In the next newsletter, we will address the issues related to pediatricians writing prescriptions for cessation medications for parents and caregivers of the child patient.

For more information about tobacco cessation treatment and interventions in Mississippi, contact the Chapter office at [msaap@integrity.com](mailto:msaap@integrity.com) or the Chapter's Tobacco Control Champion, David Hill, MD, at [bccdoc1@aol.com](mailto:bccdoc1@aol.com). The Richmond Center for Excellence at the American Academy of Pediatrics is also an excellent resource for further information and can be accessed at [http://r20.rs6.net/tn.jsp?llr=mkj5abdab&et=1107631028966&s=-1&e=001-lylgJt0DrfrytP-3k4tzfvYCIwqvIqxaP8WWFMMH5UwUxf4\\_VH4GOVZ7jk-ZzOpYSgrvf6yiJdz2qpmh9B8Adt7LV6EeshzoFLAizFBHXRbxL6TPpr4xcNup5qh78du](http://r20.rs6.net/tn.jsp?llr=mkj5abdab&et=1107631028966&s=-1&e=001-lylgJt0DrfrytP-3k4tzfvYCIwqvIqxaP8WWFMMH5UwUxf4_VH4GOVZ7jk-ZzOpYSgrvf6yiJdz2qpmh9B8Adt7LV6EeshzoFLAizFBHXRbxL6TPpr4xcNup5qh78du).

#### References:

1. Winickoff, JP, Tanski SE, McMillen RC, Klein JD, Rigotti NA, Weitzman M. Child Health Care Clinicians' Use of Medications to Help Parents Quit Smoking: A National Parent Survey, *Pediatrics* 2005, 115: 1013-1017.
2. Oncken CA, Pbert L, Ockene JK, Zapka J, Stoddard A. Nicotine Replacement Prescription Practices of Obstetric and Pediatric Clinicians, *Obstetrics & Gynecology*, 2000, 96: 261-265.

### **Online CME Offerings**

#### **Baby Friendly Hospital Initiative Training Modules Offer Maintenance of Certification Part 4**

**Credits:** In recognition of World Breastfeeding Week, the Virginia Department of Health and the University of Virginia Office of Continuing Medical Education announce the addition of 5 new Baby Friendly Hospital Initiative modules to the Breastfeeding Training website. The original modules have also been revised to reflect new evidence-based standards of care. Prior participants may earn new credit for completing these updated modules. You may access the website at [http://r20.rs6.net/tn.jsp?llr=mkj5abdab&et=1107631028966&s=-1&e=001-lylgJt0DrcySB9tvtUpGk-uWIL9UdcWevyTpMluoBEDPHTZB58qbyaz0DAHvUM8n2\\_jhXxVhtncnO8iGTNepK4E7QSIDDB2Jt7aqEMYw-eg6fnXC8jjmLZ4gw-GaI00](http://r20.rs6.net/tn.jsp?llr=mkj5abdab&et=1107631028966&s=-1&e=001-lylgJt0DrcySB9tvtUpGk-uWIL9UdcWevyTpMluoBEDPHTZB58qbyaz0DAHvUM8n2_jhXxVhtncnO8iGTNepK4E7QSIDDB2Jt7aqEMYw-eg6fnXC8jjmLZ4gw-GaI00).

In addition, the University of Virginia Office of Continuing Medical Education in conjunction with the Virginia Department of Health and the Virginia Chapter of the American Academy of Pediatrics are pleased to invite you to participate in an innovative performance improvement project on Breastfeeding. **The project has been approved by the American Board of Pediatrics for 10 Part 2 and 25 Part 4 Maintenance of Certification points and by the University of Virginia Office of CME for AMA PRA Category I Credit™.** Click here ([www.breastfeedingpi.org](http://www.breastfeedingpi.org)) to read additional information about the program and to register to participate.

The AAP's Richmond Center for Excellence in Tobacco Control offers access to several CME programs. The Chapter will offer reimbursement to up to 100 pediatricians for participation in the [PediaLink Course: Help Every Family Quit Smoking](#). If you are interested in participating in this online CME offering (to be completed at your leisure), contact the Chapter office at [msaap@integrity.com](mailto:msaap@integrity.com) to see how to obtain reimbursement for your participation. Please note that this PediaLink course is provided **free of charge** to pediatric residents (click the link above for details).

In addition, the Richmond Center offers the [EQIPP \(Education in Quality Improvement for Pediatric Practice\) Module: Eliminate Tobacco Use and Exposure](#) module for online CME participation.

## ***Do Your Families Know About Text4Baby?***

Since February 2010, pregnant women and new moms have been receiving information to help them care for their health and give their babies the best possible start in life. This has been made possible by text4baby - a free text messaging service that sends 3 health messages to these women each week from pregnancy until the baby is 12 months old. Women can sign up for the free service by texting BABY to 511411(or BEBE for Spanish), and it's even timed to their due date or baby's date of birth.

The American Academy of Pediatrics was a key content reviewer of the text messages and encourages AAP chapters and their members to promote text4baby in their pediatric practice. These messages focus on a variety of topics critical to maternal and child health: immunizations, nutrition, seasonal flu, mental health, oral health, safe sleep, and more. Text4baby also connects women to health services through the inclusion of national hotline phone numbers within the messages.

Sample text4baby messages include:

- Need free or low-cost health care for you & your baby? Your state has programs to help. Call 877-543-7669 to find out if you qualify.
- Talk to your Dr. about getting a flu shot. Pregnant moms & babies can get very sick from flu. For info call CDC at 800-232-4636.
- Did you get info from your Dr. on newborn screening tests? If not, ask for it. Your baby will have these tests in the first 48 hours after birth.

You are a critical partner in getting families enrolled in text4baby. Given the limited time available for pediatricians to discuss every health promotion topic, text4baby is an important tool to engage and reinforce this critical health information. Help spread the word about text4baby to the families you see in your practice.

### ***Resources You Can Use:***

***Advancing Immunity<sup>SM</sup>*** is an online tool that provides targeted initiatives designed to address barriers to vaccination. Advancing Immunity is a part of Care Management Central, an interactive and easy to use website. You can build a care management tool kit that addresses specific health care goals across multiple disease states. You can choose from a library of existing programs and tools to build your customized tool kit.

Patient and provider tools address:

- Lack of awareness about immunization requirements
- Complacency about the need for immunization
- Office management issues
- Tools available for 4 age populations

Visit [http://r20.rs6.net/tn.jsp?llr=mkj5abdab&et=1107631028966&s=-1&e=001-lvJqJt0DrenkTyQXkGef7rIP1keb-X\\_-tUXsYe7fhYHxkI\\_t1H\\_4RMDZtG8\\_v70SpqPT5OQGAB1Gdeh5ERwZ0DqWbRJJAXFccd-7JzzRhbTvhBeIUGHV\\_Fx\\_Iq2B4WG](http://r20.rs6.net/tn.jsp?llr=mkj5abdab&et=1107631028966&s=-1&e=001-lvJqJt0DrenkTyQXkGef7rIP1keb-X_-tUXsYe7fhYHxkI_t1H_4RMDZtG8_v70SpqPT5OQGAB1Gdeh5ERwZ0DqWbRJJAXFccd-7JzzRhbTvhBeIUGHV_Fx_Iq2B4WG) and sign in to access the Advancing Immunity resources.

***Mississippi Tobacco Quitline*** The Tobacco Quitline works with callers who want to stop using tobacco. Any Mississippian with a telephone can call the toll free number from anywhere in the state, however, medical clearance is necessary. Callers with medical clearance who want to stop using tobacco can receive up to eight weeks of the NRT patch or NRT gum at no charge. Callers must complete an intake and agree to participate in the cessation counseling in order to receive the products. The Quitline is available from 8:00 am until 8:00 pm, Monday through Friday and 9:00am until 5:30pm on Saturdays. Physicians who wish to make referrals to the Quitline can obtain a fax referral form by visiting <http://r20.rs6.net/tn.jsp?llr=mki5abdab&et=1107631028966&s=-1&e=001-lvJqJt0DrFYHUmIcZDKMknahv7YHfdR5Kxs->

[uP3BMtDSF5xtZV0Ero5kwGLM\\_daP9-ITPxcPcz3NhVTiXEKPa3wJwBMt6W6N3S\\_NBMivn6HY3tA5oI3c6MEMpU92ksk](#) and click on "Healthcare Providers and Employers" at the top of the page.

**AAP Richmond Center** The AAP's Richmond Center provides child health clinicians with the information and tools needed to help protect children from the harmful effects of tobacco and secondhand smoke. Many downloadable materials, CME courses, and other tools are available on the site. Visit <http://www.aap.org/richmondcenter/>

**ACT Center for Tobacco Treatment, Education and Research** The ACT Center provides face-to-face treatment services for Mississippians who would like to quit using tobacco. The program consists of a combination of supportive counseling and medications, as appropriate. There are more than 25 sites across the state, including on university campuses. Cessation services are available to anyone 18 years or older who is a resident of the State of Mississippi and there is no charge for treatment services, including medications. To refer your patients or their family members, they can call 1-800-QUITNOW or log onto <http://actcenter.umc.edu>, then click on Treatment Programs.

### ***AAP Election is just around the corner... Be sure your national membership is up to date!***

The national AAP election is opening on September 1. Please be reminded that in order to vote, members must be a Fellow, Specialty Fellow, Retired Fellow, or Emeritus Fellow in good standing. For those of you whose dues are expiring soon, please renew your membership prior to September 1 in order to vote in the forthcoming AAP election.

Voting members will receive an e-mail announcement from the AAP Election Coordinator during the first few days of September. It will contain their personalized link to the election ballot. The ballot link may also be accessed by logging on to the Member Center of the AAP Web site. For those members whose membership status is in good standing, the link will take them directly into the election ballot.

If a member is unable to access the ballot on September 1 via either the e-mailed link or the Member Center, they should check their membership status at "My Account" or they may contact the Customer Service Center, M-F 7:00 a.m. to 5:30 p.m. Central Time at 866-THE-AAP1 (843-2271) or e-mail at [csc@aap.org](mailto:csc@aap.org).

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