Section reports

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Alberta

Martine N. Roy, MD, section chair

The Alberta Medical Association (AMA) finally reached an agreement with Alberta Health—the ministry that sets policy, legislation, and standards for the health system in Alberta—in May, two years after the expiration of their previous agreement. Three years at 0% increase were followed by modest increases and a cost-of-living adjustment increase in the last year of the agreement. Members of the Alberta Health Services (AHS) Board of Directors were fired by the health minister for not taking cuts to their current contract. The members were replaced by an interim administrator who has been appointed as deputy health minister. Additionally, the AHS chief medical officer has resigned. Thus, the AHS leadership structure is once again in transition.

The Practitioner Advocacy Assistance Line, the central point of contact for practitioners to share concerns or advise of challenges in advocating for patients and reporting intimidation, was transferred from AHS to AMA and a confidential third-party intake operator in August.

The Alberta Section held its semi-annual business meeting in October in Red Deer. A workforce survey has been undertaken to help assess long-term physician resource needs in this growing province, as many of our practitioners are late in their careers. The residents and subspecialty fellows have very little information from the AHS and universities, which set the funding for hospital and teaching positions, respectively. We have a shortage of subspecialists, especially in the northern half of the province, but are unable to recruit before funding is in place. Our local medical staff associations are encouraging us to remain engaged on the frontline even as senior leadership is again adrift.

The Alberta Section Annual Meeting will be held in Lake Louise on March 28, in conjunction with the Society of Obstetricians and Gynaecologists of Canada West/Central CME. An Alberta Cervical Cancer Screening Program

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Calendar of events

List of district and section officers

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colposcopist update session will also be held.

Finally, I'd like to welcome Angelina Lukwinski, MD, of Calgary, as our new section vice chair.

Arizona

Maria Manriquez, MD, section chair

Legislation of interest to ob-gyns this year includes Senate Bill 1376, which sought to create a statewide database tracking every embryo created through any form of infertility treatment. This bill was held pending a floor debate by the Committee of the Whole. Senate Bill 1178, which requested exercise of religion, could have led to individuals not performing described portions of their jobs on the basis of religion. Gov. Jan Brewer vetoed this bill. Senate Bill 1069 requested unannounced inspection by the Arizona Department of Health Services (DHS) for abortion clinics. This bill was held in the House.

All efforts focused on the expansion of Medicaid passed. DHS adopted language to allow vaginal births after cesarean delivery and breech deliveries in the home setting. A hearing will be held in December regarding scope of practice for many, including licensed midwives, who will be requesting prescribing rights for medications needed for emergency care. The Arizona Section will be present to debate the issue.

The Arizona Section Women's Health Day will be held in Phoenix in February. The section is also cosponsoring a statewide Resident Research Day in March. Two residents from each residency program will present research and compete for a cash award. We hope to hold an educational meeting in conjunction with this event.

Two University of Arizona medical students matched in residency programs in Phoenix. Ongoing recruitment for our specialty continues. This year, we have an increased number of fourth-year students applying to ob-gyn residency programs. The section sent several students to regional and national events this year.

Arizona Section Junior Fellows continue their medical student recruitment efforts, hosting a procedure night and resident panels. They coordinated an email-writing campaign to protect graduate medical education at the national level and to protect women's health at the state level. They also held a maternity clothing drive for a fundraiser that took place at the Annual District Meeting.

British Columbia

Petra A. Selke, MD, section chair

Having little to no legislative interference with our ability to practice medicine, the British Columbia Section has been able to focus on our three-year initiative: "Engaging the ACOG Fellows of Tomorrow." University of British Columbia (UBC) medical students who were selected to attend the last two Annual Clinical Meetings and Annual District Meetings have unanimously reported that the opportunity crystallized their commitment to apply for residency training in ob-gyn. One alumnus is currently in the first year of residency at UBC, and six others have applied for training for the upcoming academic year. Michael Suen, MD, our new section Junior Fellow vice chair, attended an ACOG meeting prior to beginning residency, and he is now looking forward to his two years of leadership service.

Words such as "inspiring" and "exciting" were used over and over again to describe the experiences gained by the medical students. Michael Hsaio, a third-year UBC student, attended the ADM in Maui and rated it as one of his top three experiences in medical school. He was particularly moved by ACOG's advocacy for women's health in North America and internationally. To this end, he has organized an educational evening for medical students titled "Advocacy in Women's Health, a Global Perspective." Brian P. Fitzsimmons, MD, past section chair, and I will be among the speakers at this event addressing reproductive choice, global outreach, maternal mortality, and accountability for clinical outcomes.

Central America

Eduardo Cordova, MD, section chair

The Central America Section Meeting was held in Roatan, Honduras, May 31-June 1. In addition to Central America members, Luis B. Curet, MD, past District VIII chair, and Robert H. Palmer Jr, MD, District VIII vice chair, attended.

Luis A. Villatoro, MD, immediate past section chair, presented a report of section activities and reports from board members of each Central American country. Dr. Villatoro also shared pictures of the audiovisual equipment the Honduras ob-gyn residency program bought with grant money from the Central American

Education Project.

During the meeting, all members joined in a posthumous tribute to Sterling B. Williams, MS, MD, PhD, for his important contributions to the foundation and organization of the Committee of Accreditation Central American Federation of Associations and Societies of Obstetrics and Gynecology (FECASOG)–ACOG and the Central America Section as well as for the friendship he offered through the years.

Lastly, a special recognition was presented to Dr. Curet for his invaluable support toward the founding and development of the Central America Section and Central American residency programs.

Colorado

Kimberly D. Warner, MD, section chair

The Colorado health insurance exchange is running well. We will have a better idea of the number of people who sign up through the exchange this month. The first month's premiums are due upon signing up, so most people are waiting until closer to the deadline.

Legislatively, we are working on a bill regarding cerebral palsy. In the past, we've worked with the Cerebral Palsy Society in Colorado to pass a bill that would allow families of babies born with cerebral palsy (and who have certain criteria) to access assistance without having to go through long and expensive legal battles. We were met with some resistance from trial lawyers who wanted the bill to allow these families the right to take legal action, and negotiations fell apart. This year, the bill will likely allow that provision. Our goals are still to create a fund that families of babies born with cerebral palsy can access and to develop a network of support they can use to navigate the system of care for their babies. One of the major issues we need to address, though, is how to financially support the fund.

The Colorado Section Fall Conference was held in Denver, October 18–19. It was our second annual conference in Denver, with a half-day focusing on maternal morbidity and mortality, including case studies that have occurred in Colorado over the past year.

Hawaii

Lori E. Kamemoto, MD, MPH, section chair

The Hawaii Section is working on legislative initiatives, organizing its 26th Annual Hawaii Section Ob-Gyn Update Meeting, and addressing increasing requests for its participation in community committees and meetings.

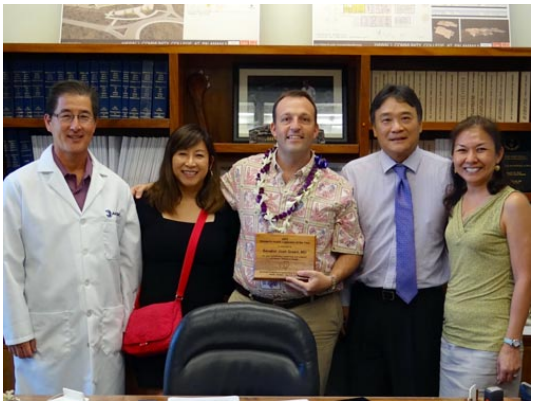
Dr. Kamemoto; Hawaii Gov. Neil Abercrombie; and Cynthia J. Goto, MD, past Hawaii Section chair, at the signing of a bill proposed by the Hawaii Section to allow expedited partner therapy for sexually transmitted diseases

The expedited partner therapy (EPT) bill introduced on our behalf passed through the Legislature and was signed into law on July 1 by Gov. Neil Abercrombie. The section is in the process of assisting the Hawaii Department of Health and pharmacy organizations on implementation.

Legislation regarding breast density notification passed and is now law. Starting January 1, mammography providers must give written notification to patients with high breast density.

We awarded our first Hawaii ACOG Legislator of the Year Award to State Sen. Josh Green (D-Kona), who was instrumental in introducing the EPT bill and a maternal mortality review panel bill.

For the upcoming legislative session, we plan to work on reintroducing the maternal mortality review panel



Hawaii Section leaders present State Sen. Josh Green with the first Hawaii ACOG Legislator of the Year Award. Pictured left to right: Harry N. Yoshino, MD, past Hawaii Section chair; Dr. Kamemoto; State Sen. Green; Greigh I. Hirata, MD, Hawaii Section vice chair; and Raydeen M. Busse, MD, immediate past Hawaii Section chair

bill, which did not pass. The section has hired a part-time lobbyist to assist in our growing legislative efforts. The first Hawaii Section Legislative Day, an effort headed by Ronnie B. Texeira, MD, is scheduled for February 14.

We recently formed the Hawaii Section Practice Subcommittee, and Irwin Lee, MD, subcommittee chair, is leading the planning of a Hawaii Section ICD-10 conference for early 2014. The Hawaii Section has been fortunate this year to see an increase in Fellow interest and activity in our organization.

Idaho

Steve W. Robison, MD, section chair

I would like to welcome Cynthia R. Hayes, MD, as section vice chair. I plan to focus on an outreach project to help improve care in Idaho by disseminating ACOG protocols and recommendations throughout the state. Lastly, I will also be meeting with state legislators involved with health issues in Idaho to educate them about ACOG. We currently have no legislative issues affecting ob-gyns in Idaho.

Montana

Tyler J. Bradford, MD, section chair

The 63rd Montana legislative session has wrapped. Senate Bill 292 passed, protecting the confidentiality of the peer-review process by ensuring that vigorous peer review continues for the betterment of health care in Montana. House Bill 310 passed, prohibiting lawsuits for wrongful birth and wrongful life.

House Bill 28 also passed, allowing for the review of maternal deaths through existing fetal, infant, and child mortality review teams and the establishment of the Montana Maternal Mortality Working Committee, which held its first meeting in September. William J. Peters, MD, past District VIII chair and past Montana Section chair, and I are members of this committee

The Montana Section Annual Meeting will be held January 30–February 1 in Big Sky. It will be an excellent meeting, and everyone is welcome to attend. We hope to involve the Wyoming and Idaho sections in this meeting in the future.

Nevada

Timothy C. McFarren, MD, section chair

The Nevada health insurance exchange is up and running with minimal problems. Nevada physicians, and the rest of the country, are waiting to see what impact this and the increased number of Medicaid patients will have on their practices. Nevada has one of the greatest physician shortages in the country, so one wonders who will be seeing the Medicaid patients.

Another challenge is getting Medicaid patients to seek prenatal care. Recent data shows that up to 80% of Nevada Medicaid deliveries were billed under delivery only codes, rather than obstetric global care codes. Thus, we need to work with Nevada Medicaid to help increase and simplify enrollment for pregnant women earlier in their pregnancies.

The city of Las Vegas has created a medical district to promote the medical community presence close to the Las Vegas strip. Major goals are to improve the medical education and research efforts of the community and ultimately to have a world-class academic medical center.

The Clark County Medical Society has created an ad-hoc task force on opioid use and pain management issues, led by Keith R. Brill, MD, section vice chair. Once again, the concerns often heard around the nation are highlighted in the relatively small, urban center known as Las Vegas.

New Mexico

Sharon T. Phelan, MD, section chair

The New Mexico Section is gearing up for a number of activities. We had a good presence at the Annual District Meeting. Everyone had fun, including two medical students sponsored by the section—Cindy Lovato and Amelia Clement.

This is a legislative year for New Mexico, and we are involved in two possible state actions. The first is establishing a perinatal collaborative for the state. We have already had a preliminary meeting with Barbara Rose, RN, MPH, program director of the Ohio Perinatal Collaborative. Medical providers and important members from the state government and nursing and hospital associations were present and supportive. Our next step is to submit applications for funding to establish the collaborative and work on initial projects.

The second legislative initiative with which we are involved is screening for congenital cyanotic heart disease in newborns. This is a national movement with support from the March of Dimes. The proposal for the New Mexico Legislature is to mandate screening without funding or infrastructure for the safe evaluation of a positive screen. As New Mexico is a rural state, there must be an established algorithm for the evaluation steps for a positive screen prior to transport. Transports in a rural state can often cause more harm with issues such as risk of air transport, separation from family, delay in the diagnosis of the more common causes for a positive screen, and stress in the setting of a false positive screen.

Currently, the false positive rate appears to be 20 times greater than the rare true positive screen. The New Mexico Section is working with the Newborn Intensive Care Unit and pediatric cardiology services at the University of New Mexico to develop these systems and provide the infrastructure for safe and appropriate evaluation of a positive screen. We hope to get funding from the state and the March of Dimes to help with outreach and education at all delivering hospitals.

Another legislative issue in New Mexico was the proposal in Albuquerque to ban abortions after 20 weeks of pregnancy due to the issue of fetal pain. The city ordinance was ultimately rejected by voters. The New Mexico Section emailed relevant ACOG documents to ob-gyns, encouraging them to place their vote on this important issue for women's care.

Section leadership would like to make the section more relevant and important to the general membership and to promote patient safety in all New Mexico hospitals performing deliveries. To help us direct our efforts to the issues most important to rural providers, we are hosting a focus group on February 21-22 as part of our Annual Section Meeting. To optimize attendance, we plan to sponsor six to eight rural ob-gyns to participate in the focus group. Based on their input, the New Mexico Section will send speakers to hospitals to host education and simulation sessions.

Finally, the New Mexico Section Medicine-Law Dinner is happening soon. This dinner is an informal meeting of law and medical students to discuss the current legal issues affecting women's health and rights. Look for photos in the next issue of the *Gazette*. Happy Holidays to all from New Mexico!

Oregon

Marguerite P. Cohen, MD, section chair

The 2013 session of the Oregon Legislature concluded on July 8 with the passage of several laws important to women's health care providers.

Senate Bill 483 creates a voluntary early discussion and resolution process to improve the practice environment, allowing physicians to learn from medical errors and improve patient safety. The process aims to more effectively compensate individuals who are injured as a result of medical errors and decrease the collateral costs associated with the medical liability system, including insurance administration, litigation, and defensive medicine.

The process is initiated by the filing of an adverse health care incident with the Oregon Patient Safety Commission. Then, the provider, facility, and patient engage in an early discussion in a confidential setting

regarding what happened in the course of the patient's care, access mediation services, and offer compensation if warranted. If the offer is made and accepted, the practitioner or facility may require that the patient sign a release of future liability.

Nothing in the proposal prevents a patient from filing a lawsuit, unless they have already accepted an offer and signed a release in the early discussion and resolution process. The fact that a provider, facility, or patient participate or do not participate in the process is not admissible in later litigation.

Senate Bill 604 requires the Oregon Health Authority (OHA) to establish and operate a single repository of information to credential health care providers. It will be mandatory that all entities that credential health care providers obtain their information from the OHA repository. Fees from all participants will fund this program.

House Bill 2896 bans the use of tanning beds by persons under the age of 18, unless they have a note from a licensed physician.

House Bill 2997 initially required the mandatory licensure of all midwives without exemptions. However, exemptions for licensure of religious midwifery providers were included in the final bill. All unlicensed midwives will be required to provide informed consent verbally and in writing to their patients. Informed consent must include notice that the midwife cannot provide lifesaving drugs and that their education and credentials have not been reviewed by the state. Unlicensed midwives will not be allowed to advertise their services, and Medicaid cannot reimburse them.

Stella M. Dantas, MD, District VIII secretary, and a coalition of certified nurse-midwives and consumers worked hard on this bill and testified in Salem. Unfortunately, the final bill did not address high-risk home deliveries or liability insurance coverage for midwives, leaving these issues to be taken up in the next legislative session.

Senate Bill 132 requires parents who exempt their children from vaccines to receive education on that decision in order to make an informed choice. Educational information will be given to them by their health care provider or an online video.

Senate Bill 420 requires that women diagnosed with dense breast tissue on mammography receive written notice explaining their risk of breast cancer and possible need for supplemental testing. OHA will develop the written notice, but the facility performing the mammogram will be responsible for sending it. Dr. Dantas worked to remove an insurance mandate from the bill and shifted the notification requirement from providers to the facility.

Senate Bill 444 prohibits an adult from smoking in a car with a minor child. Police will issue tickets as a secondary offense to another traffic violation.

The legislative session was a mixed bag. We didn't get everything we wanted (eg, mandatory licensure of all midwives), but nothing particularly terrible occurred. We will continue to work to prevent legislative interference in the patient-physician relationship and to promote full coverage for all aspects of women's reproductive health.

The Oregon health insurance exchange website launched on October 1. It allows Oregonians to study the insurance options that are available, but the public is unable to sign up on the site. Gov. John Kitzhaber, MD, is encouraging people to study the options and sign up with a paper form. (Paper and pen still works! Imagine!) The exchange should be fully operational by the end of December.

The 22nd Oregon Section Annual Meeting will be held on April 12 in Portland! We are changing our format this year to have a one-day meeting held at the Oregon Medical Association Conference Center. The meeting is titled "State of the Art: Clinical Pearls for Ob-Gyn" and will include lectures on the Oregon health insurance exchange; the Choosing Wisely Program; hot topics in gynecologic oncology, pathology, and surgery; preserving ovarian function and in vitro fertilization; simulation training; hypertension and labor management; and easing the transfers from home to hospital birth.

We're planning a busy day of lectures with a dinner and reception that will allow us to reconnect with friends. Come to Portland for a lovely weekend this spring! Email me at mpcohen@teleport.com if you would like to receive a flyer.

Utah

Alan T. Rappleye, MD, immediate past section chair

The Utah Legislature passed a bill to amend the definition of "dead fetus" by lowering the threshold to 16 weeks' gestation. The previous and typical threshold was 20 weeks. Amazingly, this effort began with a friend of a legislator—a grandfather who wanted his 17-week preterm grandchild to have a birth certificate and funeral arrangements.

Unfortunately, the average person does not always understand what is viable and what is not. With no warning, the bill was passed unanimously by the Legislature in the midnight hour of the last day of the legislative session. The Utah Section was not asked for an opinion. We may face higher premature birth rates in our state due to skewed reporting because now, by definition, all births after 16 weeks are premature births. It also means an average cost of $2,500 per case for funeral expenses. The bill could have had important consequences for women seeking abortions. In this case, lawmakers were receptive to concerns, and the bill was amended to exclude abortions. We are meeting with the legislator who pushed this bill through to try and undo the unintended consequences.

On a lighter note, the Utah Section outreach program is a resounding success. We continue to send out information to outlying rural hospitals in the state and try to bring them up to date on the various issues in our specialty. W. Lawrence Warner, MD, section chair, is leading this effort and has spent much of his time providing lectures to these hospitals and preparing documents to educate nursing and physician staff members on current standards of care.

In May, we sent out information on severe sepsis and shock in pregnancy. Our most recent mailing details the new nomenclature for fetal heart tracings and includes a flow chart to help physicians navigate the steps for caring for a patient with a category I, II, or III tracing. Dr. Warner has been the driving force for this effort and certainly deserves our thanks for truly making a difference in women's health care in our state.

As an added note, I would like to thank all of you! It has been a pleasure serving as a Utah Section officer over the last six years.

Washington

Judith A. Jacobsen, MD, section chair

In 2013, Washington legalized marijuana for recreational use, legalized gay marriage, and began the operation of health exchanges for the Affordable Care Act. It has been a progressive year.

After hearing complaints about denials for coverage of surgery from physicians across the state, the Washington Section began working with Regence, an insurance company serving select counties of Washington, on the issue of authorization for gynecologic surgeries and the use of guidelines. We've had two meetings with the medical director, who has conveyed interest in hearing from doctors about their concerns.

An email was sent to every ob-gyn physician in Washington to encourage them to notify the medical director if they were having issues with authorization. At a subsequent meeting, the director mentioned she had heard from many doctors across the state and amended the authorization process. It remains to be seen if the changes are sufficient. In addition, the medical director of Premera, another insurance company, reached out to notify us of potential amendments to guidelines for hysterectomy authorization before the new process is launched.

The Reproductive Parity Act, which would require health insurance plans to cover abortion if maternity services are offered, has failed twice to get out of committee in the Senate. In preparation for a third attempt, we have a resolution from the Washington State Medical Association (WSMA) that it will strongly support this legislation. WSMA has remained neutral on the issue for the past two years. The Reproductive Parity Act will be one of our priority issues for the 2014 Washington State Ob-Gyn Resident Legislative Day, which will be held February 12. All are welcome to attend—especially if you are designing a legislative day and want to see ours. Contact waacog@gmail.com for more information.

Washington has seen a flood of mergers between secular and religious affiliated hospitals. Due to these mergers, there is growing concern over the ability of hospitals to provide end of life care, birth control, and pregnancy termination options. The attorney general has determined that public hospitals that provide maternity services have to provide equivalent benefits, services, or information to patients who decide to terminate their pregnancies. However, this resolution does not address end of life issues or birth control.

Washington has a new Medicaid medical director. Members of the Washington Section and WSMA had a private meeting with the director to review some of the issues on which the Washington Perinatal Collaborative has been working, including cesarean delivery rates, induction prior to 39 weeks' gestation, breast feeding, and episiotomy rates. The director was amenable to working with us and will be an asset to our state.

Wyoming

Lisa B. Williams, MD, section vice chair

Now that Susan M. Sheridan, MD, section chair, and I have finally met in person, we have a few issues we would like to report that affect the Wyoming Section.

Wyoming Medicaid is now refusing payment of obstetric care if patients have elective inductions before 41-and-a-half weeks' gestation. We don't know why this decision was made. Dr. Sheridan has spoken with the Medicaid director, but he had no information. We are waiting for a response from the director's supervisor. We plan to meet with legislators about the decision, as we've been told it was the Legislature that wanted the payment change to happen. Fortunately, it's fairly easy to meet and discuss issues directly with representatives in our state. I recently met with State Rep. Sam Krone (R-Cody), and he is investigating how the decision came about and how we might be able to change it.

We are seeking assistance from ACOG government relations staff and will be contacting section members to find out what specific issues they would like addressed with legislators. There are 50 practicing obstetricians spread out across Wyoming. Due to our small number and diverse geographic locations, we're aware opinions may vary a great deal.

Medicaid reimbursement for obstetric care has been cut 20%, and our incentive dollars for caring for a large percentage of obstetric private-insured patients were cut completely. The reasons given were that Medicaid had a budget cut of $5 million, our professional liability insurance premiums have dropped, and we are paid more than ob-gyns in surrounding states.

Concerns regarding these cuts include loss of obstetricians and loss of access to obstetric care. Our obstetric providers continue to be an unstable group, with frequent loss of providers and difficulty in recruiting. During our meeting, State Rep. Krone told me there are several legislators who are working to reverse the decision to decrease Medicaid reimbursement.

Results from a practice pattern survey were sent to the 20 hospitals that provide obstetric care in Wyoming, along with links to resources for their use. A database of nurse managers has been created to help exchange ideas. All the hospitals are already on board for various practice patterns, such as eliminating elective deliveries prior to 39 weeks, and have protocols for postpartum hemorrhage, among other complications.

Wyoming avoided the passage of legislation that would have made abortion illegal once a heartbeat is detectable by any medical device. We will be contacting the Wyoming Medical Society to remind its leaders of our presence in the state and the need for us to stay informed of upcoming legislation that affects the care of women.

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