



February 2012 Edition

Editor: Lisa Sharp

President's Message

The Utah NAPNAP Chapter has many exciting programs planned for this spring.

- The Annual Spring Dinner is April 10th at Primary Children's Medical Center in Salt Lake City. The dinner will start at 6:30 and the speakers will start at 7 pm.

This year we celebrate all of the opportunities that membership in NAPNAP provides. We will have speakers answering frequently asked questions regarding the annual re-certification process with PNCB, a post conference wrap-up with highlights from the National NAP{NAP conference and an official unveiling of our new Utah Chapter website. This is a great evening to bring a fellow PNP who may not already be a member of NAPNAP to hear about the updates and transitions that our chapter is involved with. There is no cost for current NAPNAP members for the dinner and a \$10 charge for non-members. Contact Barb Faust or Lisa

Runyon for more information (see email addresses listed below).

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- The **Utah NAPNAP board** is excited to announce and enthusiastically support the announcement from the **Utah American Academy of Pediatrics (AAP) chapter**. This year they will be offering *Affiliate membership status to Nurse Practitioners*, Physician Assistants and mental health care providers involved with children's health. Their current President, Dr. Claudia Fruin contacted our chapter to recruit the affiliate members. We will provide an electronic link to the membership form from our website in April. The membership benefits will include:
 - Discounts at the annual Common Problems Conference, IPIQ and free CME outreach courses
 - A vehicle for payer advocacy, community-oriented research
 - Improving quality of care and practice management education
 - Receive AAP Chapter newsletter, legislative alerts and

network with members to
exchange ideas and solutions

- The **Save-The- Date** information is out for our annual **Fall Pediatric Conference**. The conference is **September 20-21**, 2012 at Shriners Childrens Medical Center, Salt Lake City, UT. Topics this year include: EKG interpretation, Lactation, Hematology, Sleep Habits, Renal, Community Nutrition resources, Pulmonary Function test update, Behavioral Pediatrics, Adolescent Medicine, Urology in World Care, Speech Therapy resources Endocrine and Allergy testing updates.
- We will also be announcing our **Spring Community Service project** at our April meeting as the Utah NAPNAP chapter continues its goal supporting pediatric health and well being in our state.

I look forward to hearing from you, what a great time to be a Utah NAPANP member!

Lisa Runyon, CPNP

President, Utah NAPNAP Chapter

UTAH NAPNAP MEMBERS

Utah Chapter of NAPNAP is led by a *volunteer* board. Every *spring* we hold an election for positions on our board and this year I am seeking members for the position of **Secretary** and for the **President-elect**.

Our current Treasurer, Rob Nichols has agreed to run for a second term. Recent financial changes between the chapter and the national organization will make his experience very helpful.

Board Secretary is a two year position with meetings held approximately every other month and President-elect/President will be followed by the role of chair of the conference committee.

Members are oriented and supported by the previous position holders. Membership participation is crucial for our chapter and it is a great way to connect with members and promote the well being of the children of Utah.

The national NAPNAP meetings are a wonderful opportunity for education CEUs and NP legislative concerns and NP role development.

Volunteer board members are sponsored by the chapter and are encouraged to make connections at the national level. This is an important

opportunity for you to be involved in a great organization at both the state and the national level.

Please contact me at
www.n.c.brown@comcast.net.
Thank you for your participation,

Nancy C Brown CPNP
Nominations Chair Utah NAPNAP

**Mandated Coverage of the Treatment of
Obesity and other Risk Factors for
Cardiovascular Disease**

Dot Verbrugge, MD (Co-chair of the UMA
Healthy Lifestyles Committee)
Ken Schaecher, MD, FACP, CPC

Have you ever wondered what you can do to help your patients who struggle with obesity? Have your patients ever expressed concern that they cannot pay for services related to improving their weight? National health care reform legislation implemented in 2010 may have the solution for you and your patients!

The Patient Protection and Affordable Care Act (PPACA), enacted in March 2010, included mandatory coverage of preventative health services by commercial health insurers with no cost (no co-pay or co-insurance) to patients.

The list of medical services considered “preventive” includes predictable elements, such as immunizations and well child care, but it also includes all “evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force (Task Force) with respect to the individual involved.” (A list of these recommendations can be found at <http://www.uspreventiveservicestaskforce.org/uspstpics.htm>). Coverage of these preventive services with no cost to the patient went into effect for all commercial insurance plans purchased or renewed on or after September 23, 2010 (with the only exception being groups that opted to be “grandfathered” according to PPACA guidelines).

One USPSTF recommendation resulting in additional health care coverage that received surprisingly little media attention is the USPSTF recommendation for clinicians to “screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.” (B recommendation) Similarly, the USPSTF recommendation to “screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status” (B recommendation) has also received little attention. *For clinicians, these recommendations mean commercial health plans*

must now reimburse appropriate providers for applicable CPT codes used when they perform obesity screening and counseling, and these services are covered for all obese individuals who have commercial insurance at no cost to them.

Different insurers have interpreted this mandate for coverage of obesity counseling in different ways, but most commercial health plans have changed their benefits to *cover at least a limited number of visits to a licensed Dietician or Nutritionist at no cost share to any patient who is defined as obese* (Body Mass Index >30 kg/m² for adults or $>95^{\text{th}}$ percentile for age for children). Patients should be encouraged to call their health plan to determine the specifics of coverage for their particular plan, since detailed guidelines cannot be laid out here due to the presence of “grandfathered” and exempted plans (mostly governmental and other administrative programs).

Not only are dietary intervention services covered at no cost for your commercially insured patients with obesity, these services are also covered for non-obese patients with certain other diet-related disease such as hyperlipidemia, cardiovascular disease, and diabetes. Specifically, the USPSTF has a B recommendation for “intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists,

such as nutritionists or dietitians.” Since different commercial health plans may interpret which conditions are included in this somewhat vague recommendation, it is important that the patient or provider contact the health plan to determine the specifics of this benefit as it relates to the covered conditions, the number of visits allowed, and what specific CPT codes are covered under this benefit.

While the legitimacy of some aspects of national health care reform continue to be debated and will be decided upon by the US Supreme Court in the spring of 2012, the mandate for coverage of dietary counseling for the situations identified above is already in effect, and is not likely to be repealed. Act today! It is not often your patients can achieve these sorts of clinical benefit with no associated financial burden.