For the multitudes that open each issue of *Hospital Pediatrics* and with rabid enthusiasm flip to the back to devour the Report From the Section, you will no doubt be surprised to see that I am penning this letter, rather than our fearless chairperson, Ricardo A. Quinonez, MD, FAAP. Two events caused this change. First, I am honored to have been elected as your next chairperson, ascending to the position in 2 years. During this time, I will serve as your treasurer and will continue to “learn the ropes” from the great leaders who have preceded me. In addition, we are thrilled to announce that *Hospital Pediatrics* has been accepted for listing on Medline and PubMed and will now be published bimonthly. With 6 issues per year, the Section decided to write letters on a rotating basis from the Chair, the Chair-Elect, and the Past-Chair of the Section on Hospital Medicine.

The Section has been busy with many issues this year, but I would like to highlight our efforts around the “2-midnight rule.” As many of you have already heard, Medicare patients are now going to have inpatient versus observation status determined by using the 2-midnight rule; that is, for almost all patients, if the expected hospital stay is <2 midnights, the patient should be placed in observation rather than admitted as an inpatient. This new rule went into effect October 1, 2013; however, enforcement has been delayed until March 31, 2014, over objections from the American Medical Association and the American Hospital Association. The rule also states that an attending physician, not a resident or mid-level provider, must approve the order at the time of admission. The
rule currently only affects Medicare patients, but many pediatric hospitalists who work in hospitals that also treat adults are already grappling with this issue, as senior administration may not appreciate the difference. In addition, many private insurances and Medicaid have a history of applying new Medicare rules across the board to all patients. This rule is onerous, will substantially increase hospital administrative burden, and will likely increase nighttime telephone calls. Some hospitalists have even suggested that the increased nighttime telephone calls would necessitate hiring more physicians to cover the same service.

Within the Section, Jodi Carter leads the Observation Special Interest Group, which has submitted a resolution to the 2014 American Academy of Pediatrics (AAP) Leadership Forum encouraging the AAP to lobby to abolish observation status entirely. This resolution is sponsored by our Section, but it also has support and co-sponsorship from 3 other committees and 3 other sections at the AAP. In summary, the resolution states “RESOLVED, that the Academy advocate for the removal of the distinction of observation vs. inpatient status for pediatric hospital stays.” Even if the resolution is adopted, AAP lobbyists will face formidable insurance lobbies, with uncertain outcomes. Therefore, the Section is also working with the AAP’s Washington, DC, legislative office to lobby Centers for Medicare & Medicaid Services to simplify language to prevent extra nighttime telephone calls under this new rule. This action would help streamline the process and make it less onerous for hospitalists.

The determination of inpatient and observation status can be time-consuming and confusing for all of us, and these rules are likely to change. As Chair-Elect, I hope that tackling issues such as these adds value to your membership. Please feel free to contact me or any other members of the Executive Committee if you have questions, concerns, or ideas on how we can best serve our members.

Brian Alverson, MD, FAAP
Chairperson-Elect