

NEW HAMPSHIRE **PHYSICIAN**

A PUBLICATION OF THE NEW HAMPSHIRE MEDICAL SOCIETY

Starting a New Year



New Year

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PRESCRIPTION
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This Program is **NOT** Insurance.

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Program Highlights

Save up to 80% on prescriptions | Free pharmacy coupon card | Discounts on brand & generic drugs
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In this issue...

Legislative Preview

Understanding Public Service Loan Forgiveness

Current Issues Regarding Gun Bills in NH



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*Opinions expressed by authors may not always reflect official NH Medical Society positions. The Society reserves the right to edit contributed articles based on length and/or appropriateness of subject matter. Please send correspondence to "Newsletter Editor," 7 N. State St., Concord, NH 03301.

Do you or a colleague need help?

The New Hampshire Professionals' Health Program (NH PHP) is here to help!

The NH PHP is a confidential resource that assists with identification, intervention, referral and case management of NH physicians, physician assistants, dentists, pharmacists, nursing licensees, veterinarians, chiropractors, dietitians, licensed drug and alcohol counselors, mental health practitioners, midwives, optometrists, podiatrists and psychologists who may be at risk for or affected by substance use disorders, behavioral/mental health conditions or other issues impacting their health and well-being. NH PHP provides recovery documentation, education, support and advocacy – from evaluation through treatment and recovery.

For a confidential consultation, please call Dr. Molly Rossignol @ (603) 491-5036 or email mrossignol@nhphp.org.

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- NH Chapter, American Acad. of

Addiction Medicine

- NH Chapter of Emergency Physicians
- NH Society of Eye Physicians & Surgeons
- NH Pediatric Society
- NH Radiology Society
- NH Psychiatric Society
- NH Society of Anesthesiologists
- NH Society of Pathologists
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Tessa Lafortune-Greenberg, MD

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Leonard Korn, MD

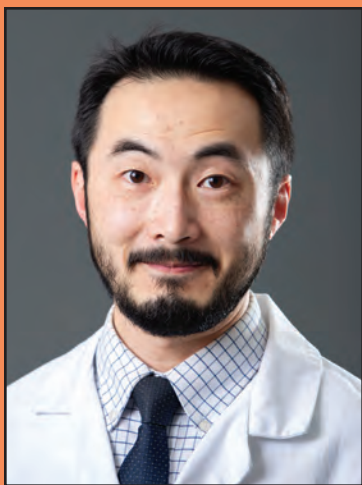
Kate Riddell, MD

Eric Y. Loo, MD

Oge Young, MD

Anthony Mollano, MD

Dave Hutton



Eric Loo, MD
NHMS President

We've been struggling to do more with less: and the problem of burnout has been worsening.

President's Perspective

Starting a New Year

At the end of 2022, the Granite State was still feeling ripples from the COVID pandemic. We're still dealing with a variety of issues that make provision of quality care to New Hampshire patients more difficult. Many are finding it hard to hire staff, places have been forced to reduce community outreach, there's been reduced scope of programs targeted at underserved populations, and patient access to care is significantly threatened. There were concerns about a number of significant cuts to federally-sourced reimbursement as well; such as from the sequestration, PAYGO, E/M code redistribution, and inflation in general.

Some concerns were addressed to varying degrees by the \$1.7 trillion end of year omnibus bill that recently passed through Congress (Consolidated Appropriations Act of 2023). There were many problematic issues with this piece of legislation as well; legislators were not given adequate time to review the bill, and it passed even though it wasn't even ready to be signed (they had to pass another continuing resolution to keep the government running in the meantime). But that said, the bill did include \$772.5 billion for non-defense discretionary programs, including \$118.7 billion for VA medical care. Some monies appropriated for healthcare priorities.

The 4% statutory PAYGO cut was deferred for two years. Although still insufficient for most physicians impacted by the E/M-redistribution related cuts, the ongoing decreases were mitigated by 2.5% for 2023 and 1.25% for 2024. Broad payment reform and continuing relief are still urgently needed. Among other things, the PREVENT Pandemics Act (S. 3799) was also included in the omnibus, which will establish state stockpiles of medical products and supplies needed during a public health emergency, expand genomic sequencing and advanced molecular detection, enhance public surveillance of pathogens, improve recruitment and retention of the public health workforce, and modernize the supply chain for vital medical products. However, access to care in our state is still threatened and there's much left to be done.

A report from the Center for Healthcare Quality and Payment Reform was released a few months ago, noting that >600 rural US hospitals (nearly 30% of all rural hospitals in the US) were at either immediate or high risk of closing in the near future [1]. They cited that two of the seventeen rural hospitals in our state were among those at risk.



One program I would draw attention to is the 340B drug pricing program, which provides significant benefit for many hospitals in New Hampshire, including all of our 13 critical access hospitals and several others, including Dartmouth Health. This was first signed into law in 1992 and requires drugmakers participating in Medicaid to sell outpatient drugs at discounted rates to healthcare organizations that serve vulnerable communities, or many uninsured and low-income patients. Those discounts mean that those dollars expended by the hospitals are able to stretch farther to provide services that they otherwise would not be able to support. However, in the last several years at least six large drug manufacturers have unilaterally stopped providing

these discounts in violation of the 340B statute, threatening care to millions of low-income Americans [2]. This is especially problematic given the many unsustainable financial pressures our hospitals are currently facing, from historic increases in inflation to mounting labor and non-labor costs.

We've been struggling to do more with less; and the problem of burnout has been worsening. Prior authorization has been a pain point for years. After the successful introduction of "Gold carding" legislation in Texas, other state-based initiatives appear to be increasing in 2023; with bills expected to be introduced in Vermont, Indiana, Missouri, Kansas, Oklahoma, Indiana, and New York. This is one

item I've been interested in and hope to evaluate in more detail to see if it can help reduce burdens on New Hampshire physicians.

There is still so much more happening that impacts our ability to deliver quality care to our patients, but I'm limited in how much I can write for these columns. If you haven't gotten involved in advocacy previously, maybe consider it for 2023. There's a lot that needs to be addressed and far too few physician voices in the mix. ■

Reference:

- ¹. https://chqpr.org/downloads/Rural_Hospitals_at_Risk_of_Closing.pdf
- ². <https://www.aha.org/system/files/media/file/2022/11/survey-brief-drug-companies-reduce-patients-access-to-care-by-limiting-340b-community-pharmacies.pdf>

NHMS Welcomes New Members

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 Karl A. Dietrich, MD

Gregory Seymour, MD
 Mark J. Liebling, MD
 Susana C. Lugo, MD
 Thomas D. Wold, DO
 Renee A. Travassos, DO
 Boguslaw Jadwiga Kremzner, MD
 Michael D. Kaploe, DO
 Katherine Elizabeth Niegisch, MD
 Husam Farah, MD
 Luis Antonio Santiago-Rosado, MD
 Mark E. Posnick, DO
 Patrick A. Ho, MD
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 Kimberly A. Licciardi, MD
 Susan E. Mooney, MD
 Donald E. Reape, MD
 Alison Catherine Madden, MD
 Consuelo M. Alvarez, MD
 Jillian Hartwell Perry, DO
 Stephen W. Lehmkuhl, DO
 Margaret A. Bahder, MD

Scott R. Oosterveen, MD
 Angel Antonio Fernandez Segura, MD
 Scott P. Brody, MD
 Virginia Singlan Hung, MD
 Daniel Caloras, MD
 Virginia L. Alvord, MD
 Gregory F. Martin, MD
 Tamsin M. Durand, MD
 Dax Clayton Volle, MD
 Wendy DeMartino, MD
 Grayson Paul Connors, DO
 Hannah L. Duane, MD
 Hany Magdy Takla, MD
 Mary O'Dowd, MD
 Muhammad Khurram Guhjar, MD
 Heather Pollard Leighton
 Stephan H. Heo, MD
 Gregg Wolff, MD
 David F. Mattice, MD
 Rebecca R. Small, MD
 Kathleen Pearson, DO
 Donna Nimec, MD



John H. Lambrukus, MD

In selecting which CME events to attend, many factors come into play.

Keeping Up

The value of continuing medical education (CME) would seem self-evident, but the process of obtaining pertinent updated information may feel challenging at times, as we navigate our busy schedules and the myriad of offerings. The pandemic may have disrupted our comfortable routine of regularly scheduled in-person events, but then remote learning presented alternatives for us to keep up. And now that in-person events are returning, we have what some might consider to be a plethora of learning opportunities to choose from - so choosing can become easier and more difficult at the same time.

My personal approach and commitment to learning has led me to the New Hampshire Medical Society (NHMS) Education Committee where I find value in its promotion of the availability of high quality medical education for physicians and other practitioners. I've been a member of the NH Medical Society for many years, and appreciate the connection it provides for physicians, particularly those of us who have experienced practice as solo-practitioners. This committee has a number of roles, which include supporting health care organizations seeking Accreditation Council for Continuing Medical Education (ACCME) accreditation through the Medical Society, developing and delivering CME activities, and fostering public health information.

In selecting which CME events to attend, many factors come into play. Of course, we want to meet our particular licensing board's requirements for license renewal, we want to maintain expertise in our selected fields, and we want to enjoy the mental challenge of critical thinking. But upon reflection, continuing medical education also affords other benefits. In some ways, it offers us a sense of connection and community with other professionals who are like-minded. I find this to be particularly the case with the NHMS Scientific Conferences. These have been expanded to include remote live learning, in-person learning, and on-demand learning. My partner (a nurse) and I have attended a number of these conferences and enjoy the camaraderie of in-person learning, where medical professionals of varied disciplines, both physicians and non-physician health care personnel, come together and share comments and questions that provide insight into points of view that may not be as apparent when we attend more specialty-focused trainings. This experience affords an opportunity for attendees to better understand the provider and patient experience beyond one's particular area of expertise, opening a window for communication and improved interaction with colleagues outside of one's typical workday. The value of communication between different disciplines is frequently called to our attention, and this is an opportunity to share in such communication in a relaxed and enjoyable venue.

The benefits of continuing medical education may expand even into retirement years, where the challenge of learning new things and of complex thinking can be both pleasurable and beneficial. My perception is that the public presumes health care professionals are knowledgeable when discussing current health related topics, even in casual conversation, even when not directed towards patient care, but simply as a matter of everyday life. When you speak, people may listen, so there's value in keeping your comments informed and up to date. ■

Minors and the Right to Consent to Health Care Treatment



States have historically recognized the right of parents to make healthcare decisions on their children's behalf. However, federal and state policy have established that some minors have the capacity and the right to make their own healthcare decisions. According to EMTALA, all minors can consent to receiving a medical screening exam and emergency treatment in an emergency department.

Balancing the rights of parents and the rights of minors remains an area of controversy. While parental involvement in healthcare decisions is desirable, many minors will not seek services if they must inform their parents. Minors' consent laws become extremely important for these situations. The laws encourage young people to seek the healthcare services they need and allow them to speak confidentially with their healthcare providers.

Ensuring Confidentiality

A minor who may consent to healthcare services is entitled to the same confidentiality afforded to adults. When a minor who has the right to consent to their own treatment presents for care, they should be informed that if their insurance is billed, their parents will receive notification from the insurer. Offer the minor the option to make other payment arrangements to maintain the confidentiality of their treatment. (If a minor comes to an emergency department for care, assure no payment questions are asked until the minor



has received a medical screening exam (MSE) to avoid an EMTALA violation.)

Most confidentiality laws contain a so-called "safety" exception, which allows or requires a mental health provider to disclose confidential information to protect the patient or another person from serious harm. Specific instances include:

- Suicidal ideation
- Homicidal ideation
- Physical abuse
- Sexual abuse
- Behaviors that put one at risk for physical harm

NEW HAMPSHIRE LAW

In 2020, New Hampshire passed an emancipated minors statute Chapter 461-B EMANCIPATION [1] which allows minors 16 years and older to petition the court for limited emancipation.

Minors who are not emancipated may consent for the following care by NH Law:

- Blood donation at age 17
- Sexual assault forensic exam
- At age 14 and older for treatment of STDs
- At age 12 and older for drug and alcohol abuse treatment

New Hampshire does not have laws explicitly authorizing or prohibiting minors to consent for contraception. Therefore, it would be reasonable to conclude that minors who have the capacity to give informed consent may receive contraceptive services.

New Hampshire does not provide a statute addressing delegation of powers by a parent or a guardian to another person to consent or to withhold treatment for their child in the parent's/guardian's absence. Parents commonly write authorizations for a friend or relative to have permission to secure care for a child in the parent's absence. The document and the presenting adult should be reviewed for authenticity. ■

Notice

Medical Mutual Insurance Company of Maine's "Practice Tips" are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.

¹ <https://www.gencourt.state.nh.us/rsa/html/XLIII/461-B/461-B-mrgc.htm>



Michael Padmore
Michael.Padmore@nhms.org

As in years past, NHMS will continue to be a strong advocate for Medicaid Expansion.

2023 Legislative Preview

The 2023 New Hampshire Legislative Session is in full swing! Read below about a few initiatives that NHMS will be focused on this year. As always, please reach out to me if you have any questions, at Michael.Padmore@nhms.org.

Medicaid Expansion Reauthorization

The Granite Advantage Health Care Program [1] is up for reauthorization in 2023. This program expanded Medicaid coverage to patients who had previously not qualified for benefits, giving them access to critical health care services and medications. The New Hampshire Medical Society will play a key role in helping lawmakers understand the impact this program has had on our patient population across the state.

As in years past, NHMS will continue to be a strong advocate for Medicaid Expansion. Every day, our physicians see the impact that Medicaid Expansion has on our patient population, and we hope to illustrate that for lawmakers this session. If you would like to help in this legislative effort, please let me know! Email me at Michael.Padmore@nhms.org. Your stories will truly make the difference in whether this program is reauthorized.

Gun Violence Prevention Legislative Update

NHMS intends to focus on a few different pieces of legislation this session all intended to reduce gun violence.

- HB32 - Relative to Possession or Discharge of A Firearm In A Safe School Zone
 - Adds a criminal offense for the possession or discharge of a firearm in a safe school zone.
- HB59 - Requiring A Background Check Prior to Any Commercial Firearm Sale
 - This bill requires commercial firearms sales or transfers in this state be subject to a criminal background check and provides a criminal penalty for a violation. It excludes private, noncommercial sales or transfers between individuals, provided neither individual is prohibited from owning or possessing a firearm under state or federal law.
- HB76 - Imposing A Waiting Period Between the Purchase and Delivery of A Firearm.
- HB106 - Relative to Extreme Risk Protection Orders
 - Establishes a procedure for issuing extreme risk protection orders to protect against persons who pose an immediate risk of harm to themselves or others.

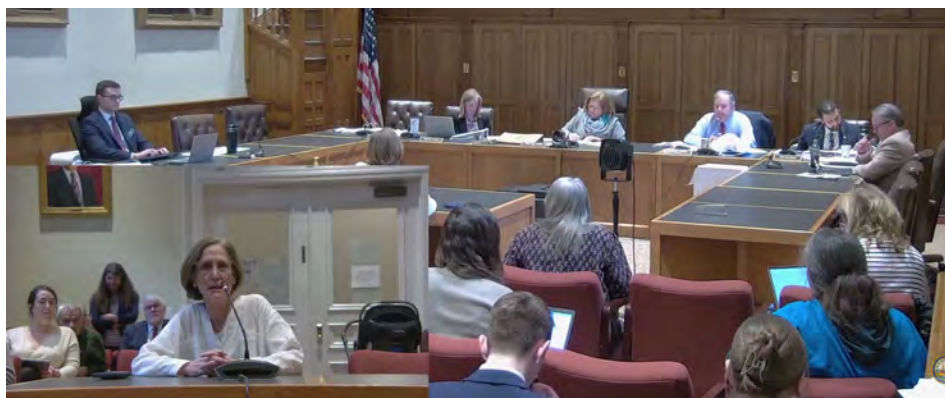
Reproductive Health Legislative Update

In July 2022, the New Hampshire Medical Society adopted a new policy relative to reproductive health services that mimicked what the American

Medical Association had adopted at their 2022 Annual Meeting of the AMA House of Delegates. See the text below.

Resolved, that the New Hampshire Medical Society:

1. Recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right;
2. Opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion;
3. Will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, contraception, and abortion;
4. Supports shared decision-making between patients and their physicians regarding reproductive healthcare;
5. Opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of



Dr. Janet Perkins-Howland testifies in support of Senate Bill 181 - the Access to Abortion Act.

- the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients;
6. Opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services;
7. Will advocate for legal protections for patients who cross state lines to receive reproductive health ser-

vices, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services.

Based on this new policy, the Medical Society intends to support the Access to Abortion-care Act which provides that the state shall not restrict a woman's exercise of her private decision to terminate a pregnancy consistent with the Fetal Life Protection Act (24 week abortion ban) and corresponding statutes.

If you have any questions in the meantime, please don't hesitate to reach out! ■

¹ <https://nheasy.nh.gov/#/granite-advantage>



SAVE THE DATE!

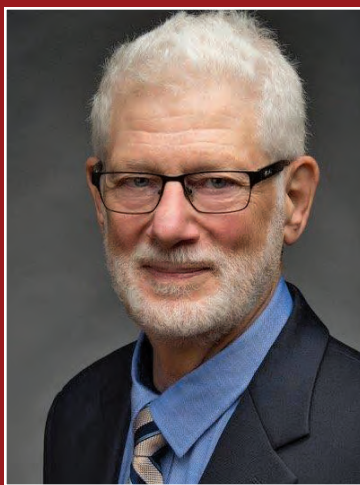
NHAFP CME 2023

May 12-14

at the Mountain View Grand
Resort with Hybrid option



Topics include: Opioids in Primary Care, Long COVID Syndrome, ADHD with Comorbidities, ABFM, POCUS, Future of Primary Care & more...



Leonard Korn, MD

Members' Corner includes selections focusing on personal and professional issues impacting doctors in New Hampshire – a forum for sharing the “voices” of NHMS members. We also encourage “Letters to the Editor,” responding to articles published in prior editions. Please submit articles for our Members' Corner to mary.west@nhms.org

Members' Corner

Current Issues Regarding Gun Legislation in NH in 2023

Far too many people in the United States lose their lives and their health each year to gun violence. This is, of course, *old news*. Unfortunately, we lead the western world by far in gun related tragedies. It is an unenviable fact of living in America. In the last few years, gun violence has become the largest cause of death for children and adolescents in the country, greater than cancer, auto accidents or infectious diseases. Our kids and teachers are increasingly frightened, and anxiety ridden. And yet the political climate in the United States keeps the problem of gun violence ever-present, and ever-worsening.

As I and so many others have repeatedly emphasized, gun violence *is* an issue that can be addressed by much more targeted and specific gun regulations and laws. The data for gun violence prevention is very clear, with more and more research studies in our prominent medical journals justifying reasonable gun laws as reducing gun violence, both homicide and suicide. The struggle for responsible gun laws became even more challenging in the last year with the U.S. Supreme Court's decision in *NY State Rifle and Pistol Assoc v Bruen*. This law allows concealed or open carry without any state requirement, such as reasonable cause, to carry a gun outside the home, thus expanding the right to bear arms.

Last year, Governor Sununu signed HB 1178, which prohibited the state from enforcing any federal firearm statute, regulation, or Executive Order unless there is a similar state statute or regulation. This year's bill, HB 78, would repeal last year's HB 1178.

There was much deliberation last year in the state legislature about a law about brandishing, or at least displaying, a firearm. HB 195 amended the state's reckless conduct statute to clarify that showing off a firearm does not in itself rise to an offense under the statute. In New Hampshire, we already allow a person to carry firearms openly or concealed without a permit. Now firearms can also be displayed, making it even easier for domestic



abusers and gun toting individuals to intimidate, frighten and control our streets and neighborhoods.

New Hampshire has never been successful in passing a universal background check law. Currently, sales at licensed gun dealers are subject to a background check, but other sales such as community gun sales and internet sales do not require a background check. A universal background check law in New Hampshire would close that **loophole**. In the current legislative session, HB 59 would require a background check prior to any commercial firearm sale.

Other firearm bills warranting support include:

HB 76, imposing a waiting period between purchase and delivery of a firearm,

HB 32, relative to possession or discharge of a firearm in a safe school zone,

HB 444, prohibiting possession of a firearm in and around a polling place,

HB 106, relative to extreme risk protection orders (commonly referred to as “red flag laws”),

HB 8, urging the US Congress to enact legislation regulating and banning certain semi-automatic assault weapons and large capacity magazines.

There are also laws that warrant opposition including:

HB 474, expanding on HB 1178 by permitting lawsuits against state employees for assisting in following federal firearm laws,

HB 512, exempting firearms manufactured in NH from federal laws and regulations.

The New Hampshire Medical Society has been very supportive

of gun violence prevention measures over the years. Since 2014, NHMS has passed many policy positions supporting such preventive efforts. The voices of our physicians have always been an important factor in supporting reasonable gun laws. It behooves all physicians to make their voices heard. Please consider contacting your State House and Senate members and Governor Sununu on these and other gun violence prevention bills so that safety can replace politics on this crucial public health issue. The House Criminal Justice Committee will be primarily responsible for holding hearings on these bills. You can reach all members of the committee by emailing HouseCriminalJusticeandPublicSafety@leg.state.nh.us.

If you have any questions or would like to learn how to get more involved, please contact NHMS Director of Advocacy, Michael Padmore at Michael.Padmore@nhms.org. ■

Hypertension?

Have you asked about **alcohol**?

Alcohol use can contribute to hypertension.

Patients don't need to have a serious alcohol use disorder to experience adverse effects of alcohol use. Why use a medication to manage symptoms if a change in alcohol use patterns may solve the problem?

Ask. Advise. Refer when needed.

Learn more at NIAAA Core Resource on Alcohol

Or visit NHMS.org/alcohol-misuse for more information

The preparation of this ad was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.





Marie Ramas, MD, FAAFP
NHAFP President

In addition to access to care, we cannot overlook the limited supply of primary care in the face of growing demand.

NHMS Council Member Attends State of the Union

I had the distinct honor of accompanying Senator Maggie Hassan to the President's State of the Union address on February 7, to promote the importance of a new bill that she sponsored to reduce barriers to Medically Assisted Treatment (MAT) for opioid use disorder.

The Mainstreaming Addiction Treatment (MAT) Act¹ *has removed barriers providers face when prescribing buprenorphine.* With New Hampshire having the second highest rate of opioid deaths per capita, Sen. Hassan agrees that the more we can normalize the management of substance use disorder, the more effective the care for people who are affected by the disorder.



During the day I spent with Senator Hassan, I highlighted the importance of integrating preventive care and behavioral health into the management of persons with substance use disorder (SUD). An important next step in addressing this challenge is identifying creative ways to address social determinants of health, namely housing and food insecurity.

Beyond discussing MAT itself, Sen. Hassan remarked that her hope is to remove the stigma associated with treatment of substance use disorder by creating a culture of wholistic primary care.



In addition to access to care, we cannot overlook the limited supply of primary care in the face of growing demand. Encouraging health center-based residency programs, loan repayment programs, and value-based care, and maintaining both audio and video telehealth reimbursement were topics of discussion.

All in all, my day with Senator Hassan further confirms that we have elected officials who advocate the needs of Granite Staters. However, advocacy starts at home. As physician leaders, now is the time to share your stories, expertise and experience with your local and state legislators.

Be on the lookout for more opportunities from the Medical Society on ways to share your voice and get involved in advocacy. ■

¹ <https://www.hassan.senate.gov/news/in-the-news/icymi-senator-hassan-op-ed-on-her-new-law-expanding-access-to-critical-opioid-treatment>



WANTED

NH Licensed Physicians to perform consultative examinations in your office for the Social Security Disability program. Perform as many, or as few exams per week, or month as you like. Disability exam training is provided, as are free dictation services and secure web portal access to transact your reports. All exam scheduling is provided by the NH DDS. No billing is required and payment is processed upon receipt of the report. You are not rendering a disability determination but providing current medical evidence for disability claim adjudication. Please contact Anne.Prehemo@ssa.gov or call (603) 271-4138 for additional information.

OR

NH Licensed physicians specializing in Internal Medicine, Neurology, Orthopedic, General or Family practice interested in providing part-time or full-time staff medical consultant services for the NH Social Security Disability program in Concord. This position requires the successful completion of a federal background check and a minimum of 24 hours of on-site SSA disability program training per week, before a successful candidate can work remotely. There is no patient contact, so insurance is not a requirement. Please contact Anne.Prehemo@ssa.gov or call (603) 271-4138 for additional information.



GET HELP NOW!

The NH Professionals Health Program (NHPHP) is a confidential resource available to all NH licensed physicians, PAs, dentists, pharmacists, nursing licensees, veterinarians, chiropractors, dietitians, licensed drug and alcohol counselors, mental health practitioners, midwives, optometrists, podiatrists and psychologists who are experiencing difficulties with:

- alcohol, drugs or other substances of abuse
- depression, anxiety or other mental health issues
- professional burnout or work-related conflict
- marital or family life matters

For a confidential discussion call Dr. Molly Rossignol at (603) 491-5036.

LEARN MORE @ WWW.NHPHP.ORG

Free Online, On-Demand Training Offers Strategies to Reduce Barriers to Health Care for Patients Who Experience Disabilities

Need a few continuing education or continuing medical education credits to head into the new year? Want to learn from leading providers on Responsive Practices for patients who experience disabilities? The New Hampshire Disability and Health Program (DHP) is now offering *Responsive Practice: Providing Health Care & Screenings to Individuals with Disabilities* - a free online, on-demand training that doctors and nurses can take to earn continuing education credit.

Many of us take access to high-quality, comprehensive care for granted, but this is not necessarily the case for people who experience disabilities. *Responsive Practice* training teaches strategies to both anticipate and address barriers to facilitate better care. *Responsive Practice* enhances a practitioners' ability to deliver disability-competent care that is accessible to people with intellectual, mobility, and other disabilities. It is relevant for the entire health care team including

administrative staff, medical assistants, nurses, and health care providers.

"Responsive Practice builds on knowledge that providers already have and identifies opportunities to maximize wellness for individuals with disabilities," explains Kimberly Phillips, co-author of the training. "The great thing about this training is that it is not only applicable to people with disabilities – *Responsive Practice* is person centered and inclusive for all patients, including patients with disabilities."

Dr. Lisa Plotnik, an Internal Medicine/Pediatrics provider at Dartmouth-Hitchcock Medical Center, appears throughout the training video to share her experience with patients who experience various disabilities and their family members. Dr. Plotnik notes, "This training reminds us that all patients want and deserve to be treated with respect and compassion. It also

demonstrates that communication can happen in many ways, and it is important for practices to be able to accommodate these different forms of communication."

The *Responsive Practice* training is eligible for up to 1.5 hours of continuing education and continuing medical education credits.

Register and learn more at www.ResponsivePractice.org or by contacting disability.health@unh.edu.

The NH Disability and Health Program is funded by the U.S. Centers for Disease Control and Prevention (CDC) cooperative agreement number DD000025. The project goal is to reduce health disparities and promote the health of adults with disabilities in NH. This article, and the training it describes, are the responsibility of the authors and do not necessarily represent the views of the CDC or the U.S. Department of Health and Human Services.

NH Disability & Health Program

Responsive Practice Training

Providing Health Care & Screenings
to Individuals with Disabilities

ResponsivePractice.org



University of New Hampshire
Institute on Disability
NH Disability & Health Program

FREE training
1 credit

available online & on-demand



Understanding Public Service Loan Forgiveness (PSLF)



PSLF is a U.S. government program that allows borrowers employed at non-profits and government entities to have their Federal Direct Loans forgiven after ten years of repayment under the Income-Driven Repayment (IDR) plan (120 payments total).

Who is eligible for PSLF?

Healthcare professionals such as nurses, doctors, and other HCPS who work in public hospitals often qualify for the program. Many teachers, first-responders, and military members may also qualify. To be eligible for the program, you must:

- be employed by a non-profit (must be tax-exempt under Section 501(c)(3) of the Internal Revenue Code) OR a U.S. government organization at any level (federal, state, local, or tribal) – including U.S. military service.
- work full-time for that agency or organization
- have Federal Direct Loans (or consolidate other federal student loans into a Direct Loan)
- be enrolled in an income-driven repayment (IDR) plan
- make 120 qualifying payments

It is important to note that PSLF is not available for private loans. Also note that while on an income-driven repayment plan, you should avoid refinancing your loans as it creates a new debt, terminating your eligibility for forgiveness.

What is the limited PSLF waiver?

On October 6, 2021, the U.S. Department of Education announced temporary changes to the Public Service Loan Forgiveness (PSLF) program. A limited PSLF waiver was enacted to help public service workers like nurses and doctors, as well as veterans, teachers, and

police officers get closer to loan forgiveness. On October 31, 2022, the limited PSLF waiver expired and on November 1, 2022, the normal program requirements for PSLF resumed.

Misconceptions about PSLF

The PSLF program's rules, complexity, and changes in the fluidity around the federal student loan forgiveness holiday have led to confusion and misconceptions.

One misconception is that borrowers need to "sign up" or "commit" to the program. While there is no application required to pursue PSLF, there is an Employment Certification Form (ECF) that borrowers must have filled out by each employer before they can qualify for the program and have their loans forgiven.

If you pursue PSLF, it's recommended that you complete an ECF annually or whenever you change employers. While it's been positioned as a "sign up" for PSLF, the reality is it just notifies the Department of Education that you're planning on pursuing loan forgiveness. Submitting the ECF could also trigger a transfer of the loans to Fedloan Servicing.

Taking advantage of PSLF

For healthcare and public service professionals in qualifying positions, the Public Service Loan Forgiveness Program (PSLF) is more accessible to students than ever before. ■



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The mission of the New Hampshire Medical Society is to bring together physicians to advocate for the well-being of our patients, for our profession and for the betterment of the public health.

Vision: The world we hope to create through our work together.

The New Hampshire Medical Society envisions a State in which personal and public health are high priorities, all people have access to quality healthcare, and physicians experience deep satisfaction in the practice of medicine.

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