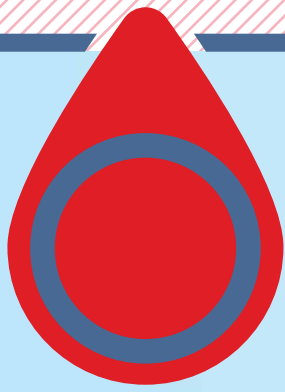


# Hear Our Voices





# DIABETES

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THIS PROGRAM IS NOT INSURANCE.



For more information contact:  
[Mary.West@nhms.org](mailto:Mary.West@nhms.org)

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## In this issue...

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Environmental Safety in the Physician Office



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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](mailto:mrossignol@nhphp.org).

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Addiction Medicine

· NH Ch of Emergency Physicians

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· NH Pediatric Society

· NH Radiology Society

· NH Psychiatric Society

· NH Society of Anesthesiologists

· NH Society of Pathologists

· NH College of Obstetricians

and Gynecologists

· NH Orthopaedic Society

Invited Guest: MGMA Representative

Eric A. Kropp, MD

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G. Kenton Allen, MD

John Klunk, MD

William C. Brewster, MD

Maria T. Boylan, DO

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Diane L. Arsenault, MD

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Anthony Mollano, MD

Dave Hutton



Eric Kropp, MD  
NHMS President

*The next phase  
of well-being  
will require  
action that  
embraces not  
only the core  
values of our  
profession...but  
also respects  
our own human  
limitations.*

## Hear Our Voices

*"The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore, all progress depends on the unreasonable man."*

— George Bernard Shaw

At first glance, this statement may be dismissed as the complaint of a contrarian, but in the context of our broken healthcare system, it shines a light on one reason why the interests of physicians and patients play second fiddle to the interests of the industry itself. The industry has been the driver of many of the most onerous changes affecting the practice of medicine. The reasonable physician is the one who adapts to each of these changes, enduring a world rife with moral injury and burnout. Counterintuitively, it is the unreasonable one who refuses to adapt to the world shaped by the interests of others and pushes the envelope of what is thought possible to accomplish a greater good. This mindset should empower physicians to be the real drivers of progress in healthcare.

Dr. Josiah Bartlett, founder and first President of the New Hampshire Medical Society, arguably holds the honor of New Hampshire's most influential physician leader to embody this mindset. He was the second person to sign the U.S. Declaration of Independence, so I chuckle as I imagine the voices of the British Monarchy grumbling about this "most unreasonable" threat to their rule. Physician leaders may be judged sometimes as unreasonable, but history will tell the real story. Whether acting within the sphere of medicine or the broader society, we should support those whose ideas and actions uphold the values of our chosen profession.



## How did we get here?

For many physicians, being asked to be unreasonable is, itself, unreasonable. After all, success in medical school and residency was incumbent on being able to adapt to a world of serious challenges; there is nothing reasonable about being on-call every other night, but we thrived, or at least persevered. However, that resilience has now become a liability. Progress in healthcare demands that physicians move past this mindset of compliance and make our voices heard.

The practice of medicine has been systematically plucked from the hands of physicians, one seemingly reasonable change at a time. The electronic medical record was sold on a promise of improved efficiency and patient care, but the reality entails pointless hours of burdensome data entry. The honorable ambition to provide healthcare for all amounts to a daily slog through codes, checkboxes, and prior authorizations to feed the demands of the insurance industry. Add to it the relentless negotiations by these behemoth companies under the guise of lowering healthcare costs, and it is easy to understand why so many private practices are being sold to corporate entities, and physicians are choosing to be employed. The additive impact of these changes over time is a known major driver of moral injury and burnout among physicians.

Patients are not immune to these changes either and often find themselves equally dissatisfied with the healthcare system. The way they contact their physicians has fundamentally been altered. A phone call that was once answered by a nurse who knew you personally is now handled by an automated option tree, voicemail, or if you are lucky, an off-site live care coordinator. While obfuscated billing statements, cost-shifting, and lack of price transparency are farcical, arbitrary formulary changes can be downright dangerous. Many patients are unaware of the significant difference in education between physicians and non-physician providers, yet they may not be given a choice of whom to see, let alone be informed of their right to choose. Consider also the practice of piling on multiple separate charges should a patient require preventive, chronic, and acute care during a single encounter. Most patients begrudgingly accept the conditions, but others choose to ration their access or withhold their questions, both of which can lead to harm.

Is it really reasonable to adapt to a system in which the very nature of the physician-patient relationship is so gravely affected? These characteristics of our healthcare system do not represent the core values of physicians, nor do they effectively contribute to the health of patients or physicians themselves.

## What will we do?

When it comes to medical care, patients and their families often ask each other, “What did the doctor say?” But when it comes to influencing change within the healthcare industry, all too often physicians’ voices have been drowned out and inadequate to prevent others from taking advantage. Shouting into the abyss, or preaching to the choir doesn’t get us anywhere. If we resist the urge to take the safe position of a reasonable conformist, we can nurture dreams of what’s possible. Empowering physicians to lead healthcare change requires a mindset that refuses to adapt to a broken healthcare system, or accept unwelcome intrusion into the physician-patient relationship. Just as the steps toward a broken healthcare system played out one at a time, we can also repair the dysfunction one piece at a time.

Carefully considered physician-led changes will make our personal lives and professional care better and drive progress at every level from an individual’s daily tasks to new laws delivered to the Governor’s desk. These positions may appear unreasonable to those whose own personal, corporate, or political interests are threatened by our protestations, but consider what we have already given up almost without objection. The demands from employers, third-party payers, and efforts to legislate the practice of medicine continue unabated. Who determines the patient care workflow in your office? Who negotiates with the insurers on your behalf? When did you last speak to or write to your elected representative? Reasonable or not, our voices must be heard, loud and clear.

No one is asking for physicians to undertake foolish risks, go on strike, or risk career or livelihood, but physician voices with solutions for better care at lower cost need to be heard. We need to stop being so darn resilient with our “Yes I can” capability when a resolute “No I won’t” attitude will require the world to sit up, take notice, and begin to adapt to our needs.

As the values that define physicians and the practice of medicine are relentlessly whittled away by changes thrust upon us, being reasonable and adapting to those demands makes us complicit in a world in which we are losing the essence of what it means to be a physician. Physician-led progress is going to take introspection and gumption. But the choice is ours whether to speak up or not. Success is uncertain, but without action, there will be no hope for change or improvement. If progress in medicine is to be consistent with our core values, support healthy lives for physicians, and facilitate medical practice to the highest clinical and ethical standards, it will require the voices of unreasonable physicians to be heard loud and clear. ■





**Chuck Cappetta, MD** is a full-time pediatrician at Children's Hospital at Dartmouth for the past 31 years. He has been a member of the Nashua Board of Health for seven years, and for the past 28 years, he has served as the physician of record for the Nashua school system.

*I wear my mask out of respect for those around me... I don't know where your immune system is at the time we meet or interact.*

## Urging Continued Mask Use in Public Spaces

*The following is a snapshot of my presentation to the Nashua Board of Alderman on 12/21/21 regarding the re-instatement of the indoor mask mandate with the ensuing holiday season and the inevitable bump in infectivity rates and COVID numbers for the weeks that follow as a result of family gatherings during these festive times.*

*A huge thank you is given to both the Nashua Division of Public Health and their amazing crew of dedicated professionals who help to keep us healthy and safe and the Alderman for supporting the science and the reality of the facts we presented in favor of the mandate through 1/31/2022.*

As a physician and public health advocate who took a lifelong professional oath to protect, defend, educate and support the patients each of us serve each day, I know that COVID-19 is real, COVID-19 can make you sick and COVID-19 causes death in the most vulnerable among us.

As a pediatrician in the Granite State for over 31 years, nothing matters more to me than the life-long health and wellbeing of the children and adolescents that now, too, are under siege from this pandemic.

This virus is an equal opportunity attacker that does not care about what street you live on, how much money you make, how you voted in the last election or what age you are. These statements are fact—not opinion—and are not up for debate in the medical community in which we live and breathe.

The COVID-19 vaccine works—there is no doubt—and it is an amazing blessing that we can now offer it to younger and younger patients, but there remain those less than five years of age who, for now, are still vulnerable, still at risk and still need to be protected.

With the arrival of the Omicron variant, we are faced with even more unknowns and more anxiety around what may or may not happen.

Mask wearing in indoor public places is one such proven method of protection.

By protecting the forgotten, the immunocompromised, the youngest and the oldest, we all win in defense of our collective community health. We are all in this together to defeat this microscopic nemesis. Wearing a simple mask indoors in public spaces for the next two to three months is not, in my opinion, that much to ask.

I am not writing this to “challenge the right or freedom of personal choice” around the wearing of masks. I truly respect everyone who speaks their mind and shares their thoughts. My intention is to only show that I, too, cherish and value this access to freedom of speech and choice with every ounce of my being.

I am not going to defend the politics that has permeated into the discussion around what we do in our personal and professional lives and the decisions each of us make.

I wear my mask out of respect for those around me. Even as a fully vaccinated and boosted individual, I don't know where your immune system is at the time we meet or interact.

I don't even know what my own body is doing at any given time or place in terms of creating antibodies against all that we face, but if I can protect those around me by this small gesture, then I have done my bit to

minimize my chances of passing this silent and deadly adversary on to someone else.

The wearing of masks is one small step to help potentially knock down the spread, keep us safe and preserve our health. Especially with the cold winter months ahead, encouraging the ongoing use of masks is in strong support of one further important tool in our toolbox to help continue to battle this virus. ■



## I WEAR A MASK IN PUBLIC FOR 3 REASONS:

1. **HUMILITY:** I don't know if I have COVID as it is clear that people can spread the disease *before* they have symptoms.
2. **KINDNESS:** I don't know if the person I am near has a child battling cancer, or cares for their elderly mother. While I might be fine, they may not.
3. **COMMUNITY:** I want my community to thrive, businesses to stay open, employees to stay healthy. Keeping a lid on COVID helps us *all*.

New Hampshire  
MEDICAL SOCIETY  
ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1911  
[www.nhms.org](http://www.nhms.org)

## The New Hampshire Osteopathic Association finished off its Winter Symposium at the Red Jacket in North Conway, Jan. 28-30, with a splinting workshop



## Does your New Hampshire medical license expire on June 30?

- As a pre-requisite to license renewal, physicians renewing in 2022 must report 100 CME credits earned between January 1, 2020 and December 31, 2021, including 3 pain management/addiction disorder credits if you have a NH DEA.
- NHMS now has an online reporting system for CMEs. You should have received both emailed and mailed instructions last year. Login at [www.nhms.org/cmeportfolio](http://www.nhms.org/cmeportfolio) to report your credits.
- Unless excused by the Board of Medicine for good cause shown, **a late fee of \$100 will be applied** if a physician fails to complete the 100 credits within their two-year cycle or fails to report those credits prior to the February 28th reporting deadline.

**Questions?** Contact Mary West at [mary.west@nhms.org](mailto:mary.west@nhms.org)





**Kristin Yates, DO, FACOG  
Ob/Gyn and Certified Life  
Coach**

*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 [james.potter@nhms.org](mailto:james.potter@nhms.org)*

## Members' Corner

### Whole Brain Thinking

I went ziplining with a group of fellow doctors this summer. It was an activity that was part of my Adventure Retreat for Women Physicians, which was a CME awarding retreat that focused on having fun. This may sound extraneous but making time for fun is one of the most impactful things you can do to bring more meaning and satisfaction into your life.

Dr. Jill Bolte Taylor is a neuroscientist who has the most watched TED Talk of all time. During her talk, she describes her experience of having a massive stroke and how it impacted her life in immeasurable ways. Her most recent book, “Whole Brain Living”, outlines the functions of the left and right hemispheres of the brain through, what she calls, the “four characters”. Her work has been instrumental in helping me understand how to better incorporate the right hemisphere of my brain into my work as a physician. The more I have done this, the more confident and fulfilled I have become.

Here is a brief overview of the different functions that our brain hemispheres have. Our left hemisphere is responsible for logic, policies, memorization, concepts. It's our memories of the past and projection of future events, but also self doubt, judgement, the voice that tells us we're not enough. It's the voice of comparison. This is the half of the brain that is most valued in medicine and in society in general. As we live through our medical training, we get very efficient at our left-brain functions of memorization, logical thinking and concepts. This is how we become successful and skilled physicians. However, with that left brain overuse also comes increased self doubt, self judgement, worry and anxiety. We can't have the logic without the doubt.



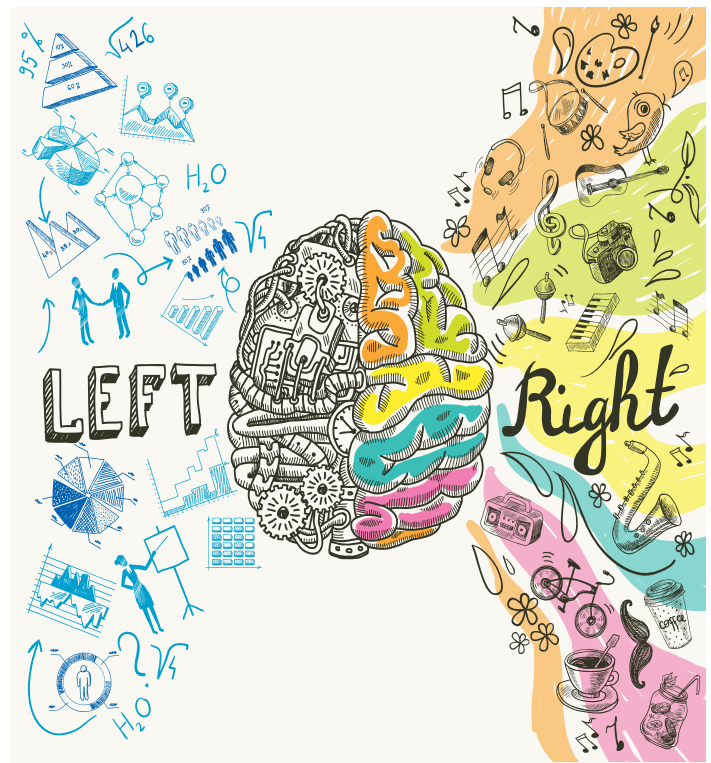


The right hemisphere of the brain is our joy, spontaneity, creativity and fun. It thinks in colors and pictures and the “here and now”. It is the love. The functions of the right hemisphere of the brain are not useful to us when we are training to become physicians. In many ways, they are seen as weak, soft and sometimes even destructive. It is no surprise that many of us graduate from residency with no hobbies, no time to focus on ourselves, no creative outlet and the belief that none of it even matters anyway because “we just need to be more productive”. We have become convinced that fun and play are nonessential to us and have no place in the life of an attending physician.

That’s what I used to think, anyway. It was just 18 months ago that I realized that I had no idea how to have fun. I would convince myself that reading medical journals was “relaxing” and that cooking dinner for my kids was “creative”, but I would be lying if I told you that these activities brought me joy. I decided that I would have more fun and that I would convince other physicians that they needed to have more fun too.

The more time that I invested in fun, the happier I became. The most thrilling detail about this transformation is that I was happier everywhere, and this was most obvious at work. I took myself less seriously while remaining professional. I wasn’t defensive with my patients, and I stopped assuming that my colleagues were thinking that I wasn’t smart enough. The right hemisphere of my brain was beginning to take charge, and the evolution was phenomenal. I was more patient in the clinic, more confident in the operating room, and more present and calmer while on call.

Having fun is a workout for the right hemisphere. We are retraining ourselves to function as we are meant to



as human beings, in the present moment, with joy and connection as the foundation. Our amazing left hemisphere is not to be ignored, but it is not meant to dominate our lives. As physicians, so much of what we do is grounded in morbidity and mortality, it is easy to forget that not everything has to be so serious. Making the time for creativity, exhilaration, laughing until it hurts, and true connection are not optional. We must stop believing that they are. These experiences are required if we want to be confident, delighted and actualized. Most importantly, we deserve time to play. ■

**Adventure Retreat for Unconventional Professionals**  
**March 11-13 2022**  
[www.consciousinmedicine.com/retreat](http://www.consciousinmedicine.com/retreat)

**CME awarding activity!**

# 2021 HIPAA Year in Review



Break out your pen and paper because if you haven't already started your list of new year's resolutions, the past 12 months have given us plenty of 'New Year, new me' examples to take note of. From ratified legislation and appointed government officials to trending cyber-threat tactics (and binge-worthy Netflix series), there have been plenty of ways that 2021 has said, "out with the old, and in with the new". So now as we've wrapped up yet another eventful year - let's take a look at what's changed, what's stayed the same and what we can expect to see from HIPAA as we take on 2022.

## **Proposed HIPAA Privacy Rule Modifications**

2021's transformations began even well before the new year countdown with the announcement of proposed HIPAA Privacy Rule modifications made back in December 2020. The government's proposed modifications help bring the HIPAA Privacy Rule up to current technology standards and address things like removing the barriers to value-based health care, reducing "unnecessary regulatory burdens" and improving the privacy of protected health information (PHI). These highlights only brush the surface of what the 357-page document aims to amend but until the ruling is finalized, it's important for your practice to ensure your HIPAA compliance program is up to date and easy to manage as we should anticipate the new requirements coming into effect in 2022.

## **HIPAA Safe Harbor Law**

2021 checked off another one of its resolution list items back in early January by officially signing the HIPAA Safe Harbor Bill into law. The amendment of the HITECH Act takes into account whether healthcare organizations have "recognized cybersecurity practices" in place and allows for some leniency in fines and other enforcement actions in the case of a data breach. The biggest thing for your practice to know is that as long as you have a Security Risk Analysis (SRA), technical safeguards and other HIPAA Security Rule basics down - you can not

only reduce the penalties associated with a data breach but lessen your chances of falling victim in the first place.

## **21st Century Cures Act**

Following the Safe Harbor Law's lead, the 21st Century Cures Act came into effect just a few months later in April 2021. The new legislation is centered around helping providers and app developers give patients easy access to their ePHI without compromising data privacy and security. The Cures Act requirements enable things like transparency into the cost and outcomes of patient care and the prevention of information blocking. Now, this law requires a bit of further reading to see just how it impacts your practice but having a complete HIPAA program lays the foundation for meeting these additional requirements and ultimately protecting patient data.

## **Proposed Budget & New Appointed OCR Director**

If all the new legislation wasn't enough of a tell-tale sign that 2021 was the year of patient rights, healthcare and technology - the proposed 2022 HHS budget that increases its funding for those areas specifically sure is. In early June, the Biden Administration released their proposed budget calling for additional spending to better safeguard the healthcare industry from evolving cyber threats and support government efforts in compliance enforcement. This additional spending comes in the form of over \$200 million for several different cybersecurity measures and \$67 million in funding for the HHS and their HIPAA enforcement efforts. But the initiatives don't just stop at the dollar signs - this past September the HHS officially appointed Lisa J. Pino as the new Director of the OCR, marking another step in the right direction of continuing their mission.

## **HIPAA Waivers Extended**

In the midst of all the change, there have been some things that have stayed the same - one of them being the extension of the HIPAA Waivers and Enforcement Discretions. At the onset of COVID-19, the government issued a National Public Health Emergency. With it came several waivers and flexibilities that work in mitigating the risks to the health of the general public while assist-

ing healthcare providers with the necessary accommodations to continue caring for their patients. So after several extensions to the waiver's expiration date, we have started off our second new year with the Public Health Emergency status with the hopes that the current end date of January 16, 2022 sticks. But even with the current flexibilities still in place, it's important to adhere to HIPAA requirements for to avoid any violations once the enforcement discretion is lifted.

## **Patient Right of Access Enforcement**

Now a seasoned veteran to the regulatory priority list, Patient Right of Access violations has had yet another impactful year in HIPAA enforcement. 2021's Right of Access settlements has brought the total violation number to 25 and dollars collected to \$1,505,650 since the government announced their initiative in 2019. So as the government's focus on timely medical record access continues to reign, your practice should be adding HIPAA right of access standards to the top of your 2022 to-do list too.

## **Data Breaches**

Last but certainly not least comes another trend that has shown little to no signs of stopping - data breaches. Between ransomware threats, phishing schemes, accidental disclosures and business associate incidents, 2021 has put up record numbers. And just in the past year alone, a total of 550 covered entities had experienced a data breach putting the PHI of over 40 million individuals at risk. So while maintaining strong cybersecurity within your organization is easier said than done, knowing how to identify a cyber threat and having the necessary technical safeguards to mitigate your risks are essential to protecting your practice and your patients from a data breach in 2022.

No matter what, healthcare, technology and patient needs are always evolving so ensuring your practice's success means having the necessary programs in place to do just that. While we don't expect HIPAA to be at the top of everyone's list of resolutions, with Abyde, compliance can be the easiest one to check off. So make 2022 the year of peace of mind and protection with a software solution so revolutionary, you'll have to see it for yourself - schedule a demo today: [abyde.com/demo](https://abyde.com/demo). ■

# Environmental Safety in the Physician Office Practice



## Environmental Safety Plan

Develop a safety plan that describes how to maintain a safe environment. Include the role of the physicians and employees.

### Plan Elements

#### Life Safety: Office Setting

- o Install call bells and safety bars in patient restrooms.
- o Remove clutter, equipment, and obstacles from walkways.
- o Maintain stairwells with firmly attached handrails and adequate lighting.
- o Clearly mark all exits.
- o Check emergency exit signs for visibility and lighting.

#### Life Safety: Grounds and Parking Areas

- o Remove snow from parking areas and walkways.
- o Frequently sand/treat icy areas.
- o Repair uneven surfaces, potholes, and cracks.

#### Life Safety: Americans with Disabilities Act (ADA)

- o The Americans with Disabilities Act (ADA) requires medical care providers to make their services available in an accessible manner.
- o Requirements under the ADA can be found at this link: [https://www.ada.gov/medcare\\_mobility\\_ta/med-care\\_ta.htm](https://www.ada.gov/medcare_mobility_ta/med-care_ta.htm)

#### Fall Prevention

- o Monitor occupants of waiting areas. Clearly identify wet floors and steps with a warning sign.
- o Seat the patient in a chair in the exam room, not on the exam table, while awaiting the physician. Do not leave a patient alone if they are at risk for a fall.

#### Equipment Safety

- o Inspect office equipment for functionality and integrity.
- o Follow manufacturer requirements for preventative maintenance and safe usage.
- o Store oxygen tanks that are not in active use in upright stands or chained together to prevent falling and explosive discharge of contents. Store oxygen away from flammable items.

#### Fire Safety

- o Develop a fire safety plan for your practice.

- o Conduct fire drills as required by state and local ordinances.
- o Place fire alarms and fire extinguishers in an accessible area.
- o Service fire extinguishers annually.

#### Hazardous Materials; Infection Control

- o Label and store hazardous products in appropriate containers in a locked storeroom.
- o Provide sufficient supplies of personal protective equipment.
- o Maintain Safety Data Sheets (SDS) in a central office location or electronically.
- o Store needles and syringes in a locked area.
- o Dispose of needles and sharps in approved containers that are puncture resistant and have a lid that prevents reaching in.

#### Medical Emergency

- o Develop a plan for addressing medical emergencies in the practice.
- o Train staff to respond to medical emergencies.
- o Conduct periodic drills of your medical emergency plan.

#### Medication Safety

- o Store medications throughout the practice in a lockable space accessible only to authorized personnel.
- o Secure prescription pads from unauthorized access. Perform refrigerator temperature checks each day and record on a monthly log.
- o Dispose of opened multi-dose medication vials 28 days after opening. If medication samples are in the office practice, please reference our practice tip [Medications: Distribution of Sample Medications in the Practice Setting](https://www.medicalmutual.com/risk/practice-tips/tip/americans-with-disabilities-act/35) at <https://www.medicalmutual.com/>.

#### Environmental Safety Education

- o Educate new physicians and staff on safety practices and expectations.
- o Provide annual safety education to physicians and employees.

#### Resources

<https://www.medicalmutual.com/risk/practice-tips/tip/americans-with-disabilities-act/35>. ■

*Medical Mutual'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.*





**Michael Padmore**  
NHMS Director of Advocacy

*If you are  
interested in  
getting involved  
with our advocacy  
work, don't hesitate  
to call/text or email  
Mike Padmore, at  
(603) 858-4744 or  
Michael.Padmore@  
nhms.org*

# 2022 NH Legislative Priorities Preview

Looking forward to the 2022 legislative session of the New Hampshire General Court, the New Hampshire Medical Society plans to track more than 150 bills. With last legislative session being conducted virtually, we saw over 300 individual physicians give testimony in front of committees. However, this year the Republican majority in legislature has chosen to remove all virtual access to testimony for public hearings. All committee work will be done in person.

The following are a few of the priority bills that the Medical Society will be engaged on over the course of this year.

Please let us know if you have any questions. If you are interested in getting involved with our advocacy work, don't hesitate to call/text or email NHMS Director of Advocacy, Mike Padmore, at (603) 858-4744 or [Michael.Padmore@nhms.org](mailto:Michael.Padmore@nhms.org).

## NHMS Legislative Priority Levels

- 1 – Lead: Help lead advocacy on these bills.
- 2 – Collaborate: Work with coalition partners on these bills.
- 3 – Monitor: Monitor these bills, engaging with lawmakers and partners when necessary.

**HB1466** – relative to the off-label use of prescription drugs and relative to pharmacy prescriptions.

NHMS Position: *Opposed*      Priority: *1*

NHMS supports physicians' ability to prescribe off label drugs when met with sound evidence. NHMS is opposed to HB1466 because it would allow any physician to claim that science or common medical practice supports use of any medication in an off-label fashion and be free of any accountability to the professional oversight and standards that the Board of Medicine requires of all physicians.



**HB1022** – permitting pharmacists to dispense the drug ivermectin by means of a standing order

*NHMS Position: Opposed*

*Priority: 1*

The science and understanding of risks, benefits and application of ivermectin are constantly evolving as is the target itself, SARS-Cov-2. The legislature is not the place to determine what is an appropriate use of medications during a rapidly evolving pandemic. NHMS opposes HB1022, which falls well short of the patient safety afforded by both the existing laws for standing orders for specific FDA approved medications and RSA 318:16-a, which already establishes the minimum requirements to ensure patient safety in a collaborative model of evidence based medical care between a pharmacist and a practitioner.

**HB1035** – relative to exemptions from school vaccine mandates.

*NHMS Position: Opposed*

*Priority: 1*

NHMS supports our local schools' ability to require vaccinations to keep their staff and students safe. HB1035 would allow any student to receive an exemption for being a "conscientious objector". Allowing for such broad exemptions runs contrary to the evidence based, public health reasoning for requiring certain vaccinations for school attendance.

**HB1651** – adding sexual reassignment to the definition of child abuse.

*NHMS Position: Opposed*

*Priority: 2*

HB1651 is a mimic of **HB68** from the 2021 session which was unanimously rejected by the House Children and Family Law Committee, voting Inexpedient to Legislate 15-0. NHMS was joined by the NH Chapter of the American Academy of Pediatrics in opposing this bill last year and will oppose HB1651 this year.

**SB382** – relative to licensure requirements for telehealth services.

*NHMS Position: Support*

*Priority: 2*

With the expansion of telehealth over the last few years, NHMS has been dedicated to ensuring that any New Hampshire patient who receives care, receives it from a licensed New Hampshire provider. SB382 would explicitly state that all out of state health care professionals must hold a New Hampshire license in order to treat patients located in New Hampshire.

**SB399** – repealing the fetal health protection act.

*NHMS Position: Opposed*

*Priority: 2*

Signed into law by Governor Sununu as part of the state budget, the Fetal Life Protection Act banned abortion after the gestational age of 24 weeks, with no exceptions for rape, incest, or the instance of a fetal anomaly. In addition, the law requires that any patient seeking to terminate a pregnancy at any stage, must first receive an ultrasound to determine the gestational age. Finally, any provider found in violation of this law is subject to felony penalties. NHMS opposed the Fetal Health Protection Act as it was a clear interference between the physician-patient relationship. NHMS supports repealing this law and will support SB399 as it moves through the legislative process.

**HB1625** – repealing the prohibition on entering or remaining on a public way or sidewalk adjacent to a reproductive health care facility.

*NHMS Position: Opposed*

*Priority: 2*

Buffer zones are a critical tool that reproductive health facilities use to keep their staff and patients safe. For that reason, NHMS opposes HB1625 as it would arbitrarily prohibit any facility from establishing a buffer zone even if that facility determined it was in the best interest of their staff and patients' safety. ■



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James G. Potter  
NHMS Executive Vice President

*...one size does not fit all in promoting immunizations across various age spans, ethnic and religious communities, and stakeholder partners.*

## Medical Society Facilitates CDC COVID-19 Vaccine Support Grants

More than \$2 million in grant funds is available and intended for New Hampshire physician practices, clinics and medical offices (not providing services as a community health center, federally qualified health center, or hospital and their affiliates) to increase infrastructure and capacity to administer and reduce access barriers to COVID-19 vaccinations. COVID-19 vaccine support funding for CHCs, FQHCs and hospitals is being coordinated through separate state contracts with the NH Hospital and Bi-State Primary Care Associations.

The grants for “Expanding COVID-19 Vaccination Program among NH Provider Practices” program are to assist physician practices in ensuring proper vaccine storage handling, administration, and documentation in accordance with state and federal guidance. Grant request applications may request assistance for one or more of the following expense categories, incurred on or after October 1, 2021, for:

- Clinical Support (for the provision of COVID-19 vaccines)
- Administrative Support (for the provision of COVID-19 vaccines, including technical IT assistance)
- Equipment (e.g., freezers, refrigerators, data loggers)
- Supplies (e.g., syringes, needles, alcohol wipes, band aids, stickers, etc.)
- Computer Software (e.g., Electronic Health Records (EHR) system upgrades to enable HL7 messaging) to maintain vaccine accountability (reconciliation) in the NH Immunization Information System (NHIIS).

As part of this effort, the intent of these grants is also to help independent primary care practices more efficiently document COVID-19 and other vaccine administration by assisting them with the ability to batch mode





immunization information through HL7 messaging protocols to the state's vaccine registry, the NHIIS.

The grants are facilitated by the NH Medical Society through the NH Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control with Center for Disease Control (CDC) federal funds as mandated by the American Rescue Plan (P.L. 117-2).

### **Application Process**

Interested New Hampshire health care practices/clinics may apply via an online application. Initial grant reviews from complete applications will be considered on a rolling basis beginning in mid-February. If funds are still available, a secondary application per practice/clinic may be announced later in the spring until all funds are exhausted.

If a grant request is accepted, the practice/clinic will have to complete an obligation agreement and agree to provide online quarterly reports on their ongoing COVID-19 immunization activities for one year.

### **Ongoing Vaccine Promotion**

The second phase of the contract, to continue over the next three years, is the Medical Society's outreach to various stakeholder organizations, businesses, and consumer groups in promoting COVID-19 and other immunizations as part of routine health care and help increase vaccine confidence through education, outreach, and partnerships. As you may recall, we convened a COVID-19 Vaccine Alliance over much of 2021, in collaboration with the NH Hospital and Business & Industry Associations on a weekly basis to promote roll-out of the COVID primary series immunizations. This program was funded through the generous contributions of Harvard Pilgrim Health Care, Anthem Blue Cross/Blue Shield, Derry Medical Center, ConvenientMD, Well Sense Health Plan and NH Healthy Families.

Good progress has been made, but much continuing work is needed. According to the Centers for Disease Control and Prevention (CDC), currently 72% of the Granite Staters eligible for COVID-19 vaccinations for 5 years and older have received their primary series. Overall, 69% of all New Hampshire citizens have done so. However, roughly half of all New Englanders have stayed up to date on COVID-19 vaccine boosters. So, the mission of working through vaccine hesitancy not only for the COVID-19 vaccinations, but other routine immunizations, to various age groups will continue to need to be a focal effort within the medical community.

One of the greatest lessons I learned during the pandemic is that one size does not fit all in promoting immunizations across various age spans, ethnic and religious communities, and stakeholder partners. As an example, who and how we engage partners for the adolescent-age immunizations is very different from senior-age immunizations. To be successful, we also have to engage stakeholders beyond the public health and medical communities earlier and on a regular basis. All too often, past immunization outreach efforts have been a series of one-off activities with little to no advance notice, coordination, planning or engagement.

To this end, we have proposed utilizing this contract to help develop ongoing "evergreen" immunization promotion plans for the various age and community cohorts across the state where stakeholders can better anticipate and prepare, even set aside annual funding for vaccine promotional efforts. More to come on these efforts, and how you, your practice or hospital, or community group can be involved.

Questions about the COVID-19 support grants application process or vaccine promotion activities, please contact me via email at [james.potter@nhms.org](mailto:james.potter@nhms.org) or by phone at 603-224-1909, ext. 103. ■



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**Mission:** *Our role as an organization in creating the world we envision.*

*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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