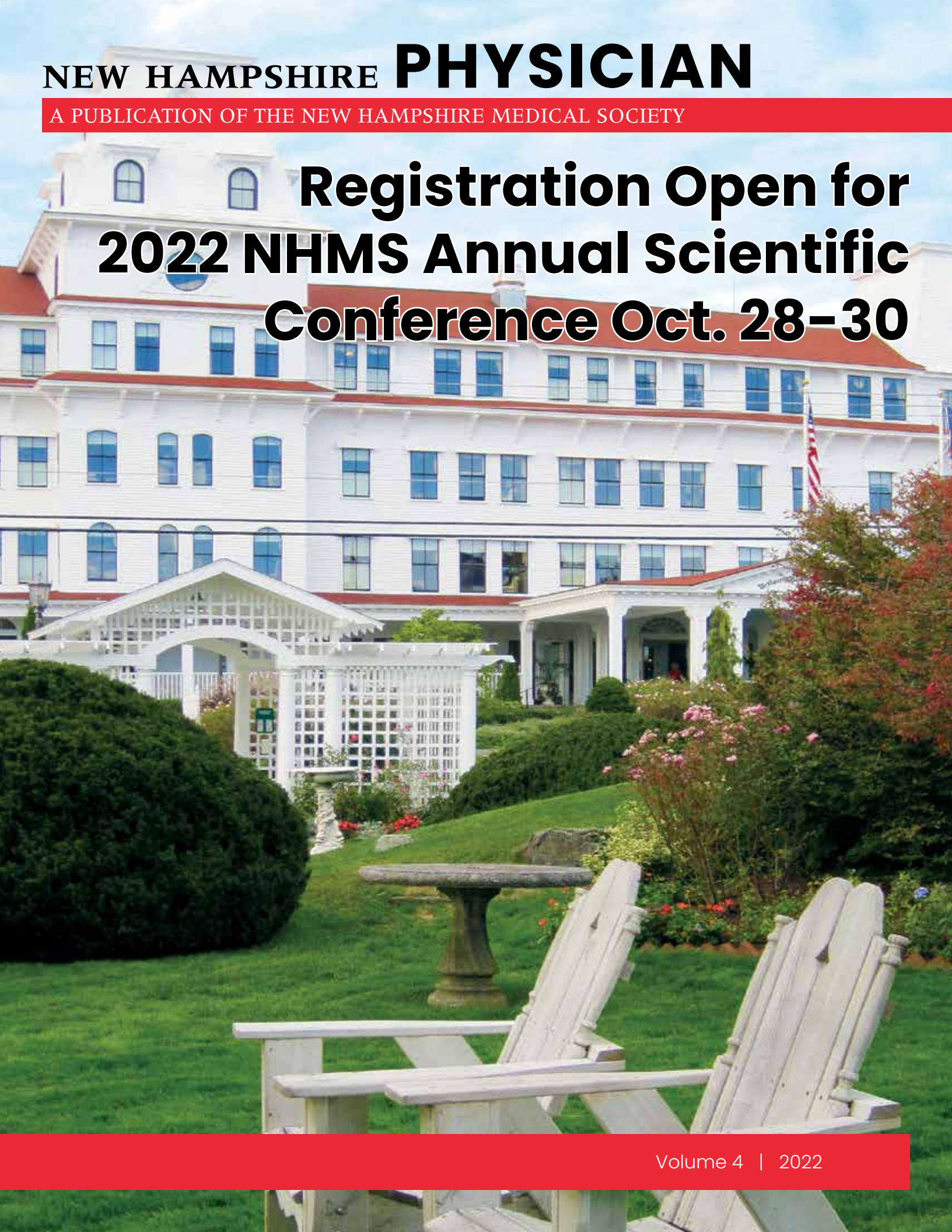
NEW HAMPSHIRE PHYSICIAN
A PUBLICATION OF THE NEW HAMPSHIRE MEDICAL SOCIETY

Registration Open for 2022 NHMS Annual Scientific Conference Oct. 28-30



Volume 4 | 2022

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In this issue...

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Mary West
Editor

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, dieticians, 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 Orthopaedic Society	Anthony Mollano, MD
Invited Guest: MGMA Representative	Dave Hutton

Eric Kropp, MD
NHMS President

President's Perspective

The 2022 NHMS Annual Scientific Conference

The 2022 NHMS Annual Scientific Conference (NHMS22) will take place at the beautiful Marriott Wentworth by the Sea Hotel, just south of Portsmouth, on October 28-30, 2022. Please consider joining us in-person to meet with colleagues, participate in scientific presentations and enjoy the beauty of New Hampshire's seacoast.

For those unable to participate in-person, the Scientific Conference will again offer the option to attend virtually – simulcast or available on-demand through our online NHMS Learning Center until the end of the year.

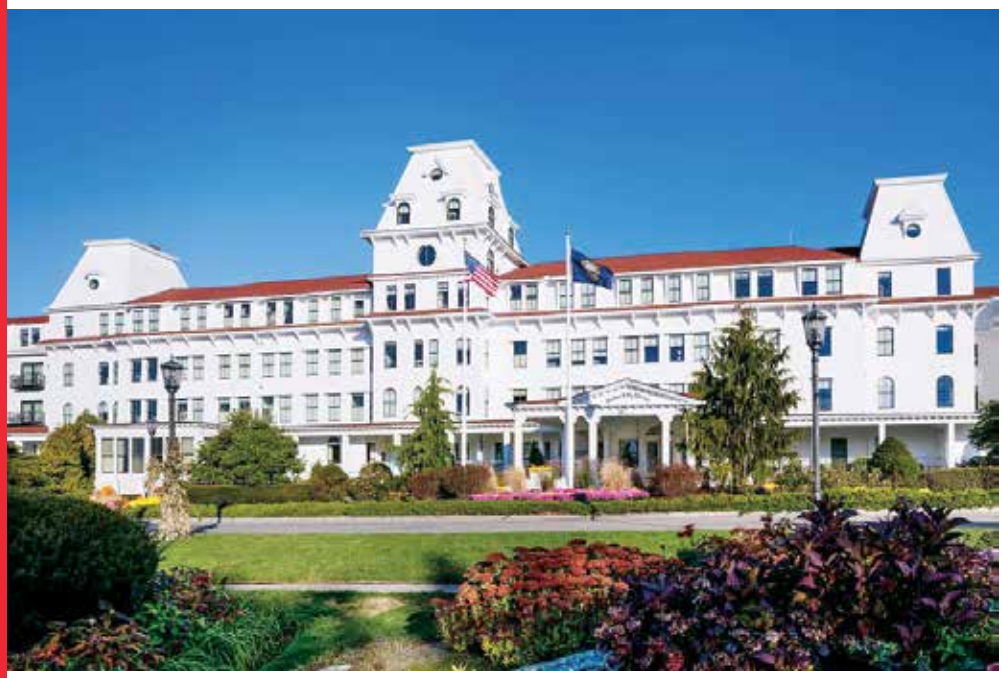
The theme of this year's conference is "Trending Topics in Medicine 2022" and will include discussion of physician-led primary care, point of care ultrasound, long COVID and much more.

We will again be offering, on Sunday morning, three hours that satisfy the Opioid Competency CME required in New Hampshire, relating to pain management and substance use issues.

Lastly, we will offer an opportunity for an early morning fun run/walk and a "masked" ball in addition to other activities to engage the entire family. We hope that this will be an opportunity for camaraderie, education, and fun.

Please consider joining us for this weekend of education and fun in the magnificent setting of the Marriott Wentworth by the Sea Hotel, Newcastle, NH. ■

For those unable to participate in-person, the Scientific Conference will again include the option to attend virtually.



New Hampshire
MEDICAL SOCIETY

ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

Preliminary Agenda

NHMS22: Trending Topics in Medicine

Offering 13.5 hours of CME with In-Person, Remote Livestream and Enduring Learning Options

Wentworth by the Sea, Newcastle, NH

Friday PM, October 28 – Sunday AM, October 30

Friday, October 28

Noon **NHMS Council meeting**

1:30 pm **Our Role in Helping Elders Age in Place**
Ana Castellanos Mendez, MD

1:45 – 5 pm **NH Orthopaedic Society Track**

2:30 pm **Physician Led Primary Care – There are Options**
Fee for Service - Steven Kaitz, MD
Large Group – Doug Dreffer, MD

4:00 pm **The Power of First-Person Narrative in the Field of Medicine**
Susanne Schmidt, MS, LCMHC

5:45 pm **Reception - Halloween Theme**

6:30 pm **Dinner**

Saturday, October 29

6:30 am **Bowler-Bartlett Fun Run/Walk**

8:00 am **The Supplements our Patients are Taking: Risks, Benefits & the Evidence**
Elisa Joy Mercuro, DO

9:00 am **Point of Care Ultrasound – Back to the Future**
Zachary Soucy, DO

9:30 am **Family Adventure – both live and hybrid**

10:45 am – 12:15 pm **NH Board of Medicine – Licensing, Renewals and Investigations**
David Conway, MD & Beth Catenza, Esq.

12:15 pm **Lunch & NHMS General Session**
Physician Wellness Initiatives
& 50-year Member Recognition
Eric Kropp, MD, NHMS President

1:45 pm **In this for the Long Haul**
Apara Dave, MD

2:45 pm **How Doctors can Make Real Changes in Healthcare**
Jeff Gold, MD

4:00 pm **Primary HPV Screening for Cervical Cancer: How and Why**
Laura Fry, MD

6:00 pm **President's Reception**

7:00 pm **President's Inaugural Dinner**
Passing of the Presidential Medallion
Eric Kropp, MD to Eric Loo, MD

Sunday, October 30

The following 3 courses are compliant with NH RSA 318-B:40 - opioid education requirement.

8:00 am **Pain Management, Opioid Use Disorders and Silo Medicine: Missed Opportunities**
Gerard Hevern, MD

9:00 am **Evolution of Medication for Addiction Treatment**
Molly Rossignol, DO

10:00 am **You Can Do It: Adding Medication-Assisted Treatment to your Toolbox for Patients**
Hilary Alvarez, MD

11:00 am **Program Ends**

The Maine Medical Education Trust designates this live activity for a maximum of 13.5 Hours of *AMA PRA Category 1 Credit™*. Sunday's courses qualify for the 3 CME credit requirement for opioid medication education (NH RSA 318-B:40).The Maine Medical Education Trust is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

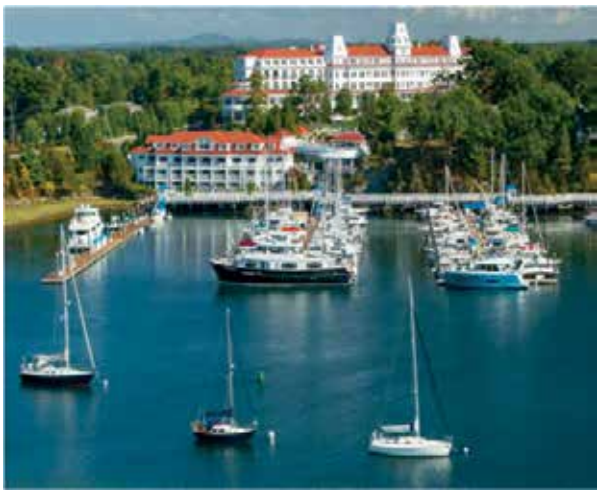
No refunds after October 13, 2022. Refunds before October 13 are subject to a $35 processing fee.
Registrations must be postmarked before September 15, 2022 to receive early bird rate.

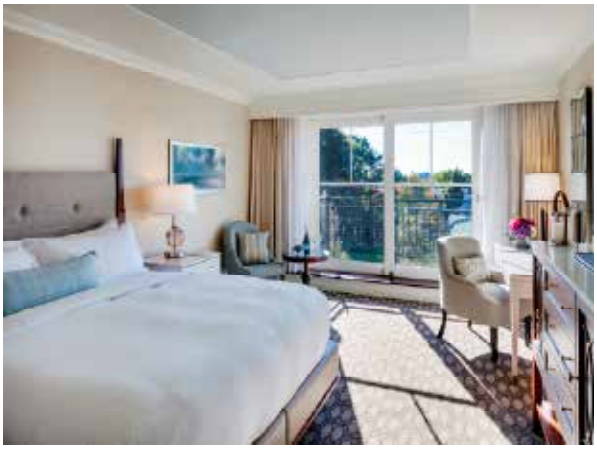
The Wentworth by the Sea

is proud to welcome

NH Medical Society

October 28-30, 2022





Please book by September 30, 2022 to receive your
Special $239.00 Rate!

For Reservations, call (866) 384-0709
Or Book Online

Book your group NH Medical Society>>

***Mention NH Medical Society when booking in order to receive special rate.**
***Cancellations must be received three days prior to arrival to avoid being charged.**

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www.wentworth.com

Register Now at https://nhms.org/2022-conference

Or, if you prefer a paper option please complete this form and return to:
NHMS, 7 North State St., Concord, NH 03301

Name_____

Spouse/Guest_____

Address _____

_____

Email_____

Phone _____

I will attend: In person ☐ Remotely ☐

Early bird (postmarked before Sept. 15):

All 3 Days:	**NHMS Member**	**$599 ☐**
	Nonmember	**$699 ☐**
	Allied Health Professional	**$599 ☐**
	Guest	**$450 ☐**

On or After Sept. 15:

All 3 Days:	**NHMS Member**	**$699 ☐**
	Nonmember	**$799 ☐**
	Allied Health Professional	**$699 ☐**
	Guest	**$450 ☐**

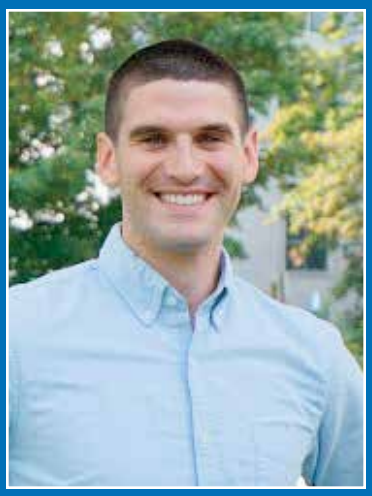
Registration includes Friday dinner, all meals Saturday and Sunday breakfast *for registrants only*. Guests will not be granted CME credit.

Total Due:_____(Please make check payable to NH Medical Society.)

Saturday AM Family Activity – FREE _____# of Adults _____# of children

Ages of children _____ _____ _____ _____ _____

No refunds after 10/13. Refunds before 10/13 subject to $35 processing fee.
Need any special accommodation? Please call 603.224.1909 or NH Toll Free 800.564.1909
If special arrangements are required for an individual with a disability, please contact Joy.Potter@nhms.org.



Michael Padmore,
NHMS Director of Advocacy

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

2022 NH Legislative Priorities Summary

The New Hampshire Medical Society (NHMS) tracked and was active on 137 individual pieces of legislation during the 2022 legislative session of the New Hampshire General Court. While virtual testimony to hearings and executive sessions was eliminated by the legislature's leadership this year – we still had more than 300 physicians provide testimony either in person or via phone or email. Some of our most effective advocacy this year was done by organizing small virtual meetings with key lawmakers where physicians could meet with them on a more personal level.

Following is a number of priority bills that the Medical Society was engaged on over the course of this year. To view this report on our website, please visit http://www.nhms.org/Policy-Advocacy/Legislative-Reports.

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 or email NHMS Director of Advocacy, Mike Padmore, at (603) 858-4744 or 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.

HB1210 - relative to exemptions from vaccine mandates

NHMS Position: Opposed *Result: Interim Study* *Priority: 1*

HB1210's goal was to allow an individual the ability to claim a personal conscience exemption for any immunization requirements required by their employer. NHMS was joined by a wide variety of healthcare and business organizations in opposing this legislation, including the NH Hospital Association and NH Business & Industry Association. This bill would have effectively nullified an employer's ability to institute immunization requirements for its employees. Furthermore, the bill's language would have put the state of New Hampshire and its health care institutions out of compli-

Drs. Jennifer Jones, Clare O'Grady, Christine Arsnow, William Palmer and Deborah Scott testifying against HB1035

ance with CMS guidelines in accordance with the Biden Administration's COVID-19 vaccine mandate, jeopardizing any federal money those institutions receive. This bill was voted interim study by the Senate HHS Committee, effectively defeating the bill.

SB288 - prohibiting the requiring of COVID-19 vaccinations for schools or childcare agencies

NHMS Position: Opposed *Result: Amended to Study Committee* *Priority: 1*

SB288 was introduced to prohibit schools and childcare agencies from ever requiring the COVID-19 vaccine for attendance. NHMS opposed this bill because the legislature is not the place to determine which vaccines should be required for school entry. That job is best left to the experts within the NH Department of Health and Human Services who have been making those judgements for decades to keep our teachers and students safe in the classroom. Our pediatric community led the charge, voicing their opinion loud and clear to the Senate HHS Committee. In turn, the committee decided to amend this bill into a study committee rather than pass the bill as introduced. The final bill was signed by the Governor.

HB1609 - relative to certain provisions of the fetal life protection act requiring an ultrasound examination

NHMS Position: Support *Result: Signed by Governor* *Priority: 1*

HB1609 was introduced in response to The Fetal Life Protection Act being signed into law by Governor Sununu during the 2021 legislative session. The Fetal Life Protection Act effectively banned abortion from being performed after 24 weeks with the only exemption being for medical emergencies that jeopardize the life of the mother. Furthermore, the new law required that an ultrasound must be done prior to any abortion being performed. Finally, it criminalized providers who violated the law. NHMS advocated against the Fetal Life Protection Act as it demonstrated a clear interference in the physician-patient relationship. NHMS supported HB1609 for two reasons: (1) HB1609 gives providers more discretion in determining when an ultrasound should be performed (2) HB1609 adds an additional exemption for "the case of fetal abnormalities incompatible with life", allowing for providers to perform abortions in instances where a fatal fetal anomaly arises during pregnancy. After hearing from dozens of physicians around the state, this bill passed the House and Senate and was signed into law by the Governor, effective immediately.

SB382 - relative to licensure requirements for telehealth services and relative to licensure of physicians and physician assistants through reciprocity agreements.

NHMS Position: Support *Result: Signed by Governor* *Priority: 1*

After hearing from our members concerning issues with being unable to treat their patients when they travel across state borders, we supported SB382 which directs the NH Office of Professional Licensure and Certification to seek reciprocity agreements with states with similar licensure requirements for physicians and physician assistants. NHMS will work with NH OPLC, the NH Board of Medicine, and our medical society counterparts in other states to achieve this goal.

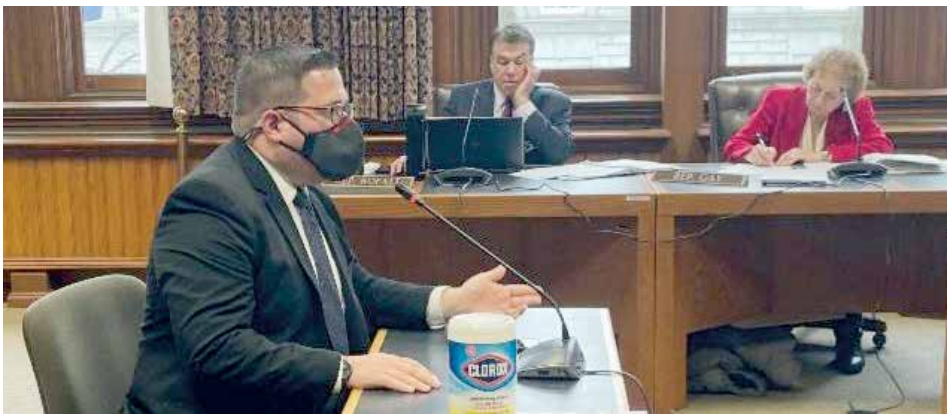
SB228 - relative to the regulation and practice of physician assistants

NHMS Position: Support *Result: Signed by Governor* *Priority: 1*

NHMS was approached in September 2021 by the NH Society of Physician Assistants in hopes of getting feedback on a bill they intended to introduce. After consulting our NHMS Council, the NH Board of Medicine, the NH Office of Professional Licensure and Certification, the NH Hospital Association, the NH Association for Justice, and the bill's prime sponsor, Senator Jeb Bradley, we were able to reach an agreement that satisfied all parties. SB228

Legislative Priorities Summary, cont. on page 19

Dr. Eric Loo testifying on SB287



Dr. Doug Phelan testifying in opposition to HB1487

Laura Fry, MD

It's all about cervical cancer screening and prevention!

At Your Cervix

For decades now, many women in the industrialized world have been programmed to "get my annual Pap", or as one patient years ago told me: "my annual come to the edge of the table exam". We've been lock stepping like this for years, not really knowing the thought and the science that has gone into this but confident that this was preventing cervical cancer. And it is indeed true, but what is the best test, what is the best interval, what are the best ages to target? Many organizations, in particular, American Society for Colposcopy and Cervical Pathology (ASCCP), American Cancer Society (ACS), US Preventive Services Task Force (USPSTF) and the World Health Organization, along with American College of Obstetricians and Gynecologists (ACOG) and American Academy of Family Physicians (AAFP) have been analyzing data, conducting research and seeking to implement programs designed to reduce the global burden of cervical cancer, along with looking at acceptability of screening programs, cost/benefit models and educating the public about what is screening versus surveillance.

There will be a change in the future, likely within the next two years, to move towards primary HPV screening versus the traditional pap, or cytology. The ACS has been looking at the data, seeking a model that best predicts the risk for people with a cervix, and is working on disseminating this information. There is a lot of science behind this, and studies that have been ongoing for decades. What I am hoping to do at the NMHS22 Annual meeting is to provide a forum for greater understanding of this topic for any of our state's providers who take care of people with cervices.

Over this past year, I have been honored to be a member of a group with the ACS, the *Provider Needs Task Force*, which is looking at just this issue: How do we spread the news among providers about the benefits and progression of the medical community towards primary HPV screening. It's been a fabulous learning experience for me and I am excited to be able to participate in this project with such brilliant people.

At Your Cervix, cont. on page 13

Appointment Management
Missed and canceled appointments, referrals not completed

Policy: Practices should develop a written policy outlining their appointment management process. Educate staff on the process and the importance of appointment management to assure patient safety and the practice's financial stability. Include the following steps in the process.

Appointment Reminders: Ask patients to sign a statement agreeing to receive appointment reminders. Reminders should not contain protected health information. Phone calls, automated messages, text messages, or the patient portal can be used to send reminders. Schedule reminders 1-2 days prior to the appointment.

Patient Follow-up: If the patient is unable to schedule their follow-up appointment at check out, continue contact with the patient until the follow-up appointment has been scheduled.

No-Shows: When a patient does not keep their appointment, take the following steps:

- Notify the provider of patients who miss or cancel appointments, so they can direct additional follow-up activity.
- Follow up with the patient as directed by the provider, and make at least three attempts to contact the patient.
  - The initial attempt can be a phone call.
  - The second attempt may also be a phone call or a letter sent by first-class US mail.
  - Because receipt of voicemail messages by the patient cannot be verified, proceed to send a written notice if the second phone call does not result in direct contact.
  - Document all attempts in the patient's medical record.
- For missed or canceled appointments where serious consequences could arise due to lack of follow-up, the letter sent in the third attempt should outline the possible medical issues that may arise from not returning for treatment. This should be sent certified, return receipt requested mail.
- If the patient refuses a certified letter:
  - Note the refusal in the patient's medical record.
  - Place the unaccepted letter in the envelope in the medical record, or scan a copy of the unaccepted letter and place in the patient's electronic health record.
  - Make a copy of the letter.
  - Send the copy back to the patient in a plain envelope with no office practice identifiers.

Cancellations without Re-Scheduling an Appointment: When a patient cancels an appointment without re-scheduling another appointment, notify the provider and follow the steps outlined above for no-show patients.

Referred Patients Who Fail to Schedule or Miss Initial Appointments: If a referred patient fails to schedule an appointment or does not keep their initial consultative appointment, the specialist should notify the referring provider.

Patient Portal and Appointment Management: A patient portal offers options designed to facilitate appointment management. When using a patient portal:

- Verify the patient's appointment view is enabled. Verify the patient's referral appointments are listed in the patient's appointment view.
- Enable a standard patient response to their attempts to schedule, reschedule or cancel an appointment via the patient portal. ■

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.

Kyle Moyles, MD, MBA

How Interest Rate Hikes Affect Medical Practices in 2022

In the United States, spending on healthcare is rising sharply.[1] This isn't necessarily due to the effects of inflation, though that may have something to do with it. When one factors in the decreasing value of the dollar, the average American still spends a higher proportion of their income on healthcare than they used to.

Some of this was due to the COVID-19 pandemic, but even two-and-a-half years after its onset, healthcare spending remains high. The average household expenditure on medical costs has grown to be an increasingly high percentage of income.

Part of this is due to increased government spending on public health through the crisis. Another factor is the fact that the dollar has less buying power[2] than it used to.

To sum up, COVID-19, the economy, and inflation have all led to much higher rates for medical procedures. In turn, most households are spending a greater portion of their money on healthcare than ever before in history.

What does this all mean for medical practices operating in 2022?

1. Medicare and Medicaid Reimbursement

For one, physician reimbursement under Medicare has remained stagnant[3] even through the pandemic. At the same time, inflation has risen. This means that physicians are getting reimbursed a slightly higher number of dollars under Medicare and Medicaid, but the value of the dollar has decreased dramatically over the past 60 years.

Medicare is still an economical option for medical practices, especially because people tend to spend more on healthcare using Medicare[4] than they ever do during their working years. Still, the amount of income from Medicare and Medicaid isn't growing very fast, and all the while the dollar is dropping in value.

...most households are spending a greater portion of their money on healthcare than ever before in history.

2. Compressed Margins

Very few medical practices have positive margins[5] without Coronavirus Aid, Relief, and Economic Security (CARES) and other outside funds. This means that outside of government subsidy, medical practices are rarely profitable. However, the subsidy cannot always be relied upon.

The compressed margins come from higher expenses for the medical practices and a season of dramatically lower volume. Even when medical practices have returned to relatively normal volume, the expenses have remained. This includes extra steps taken for sanitation, and tools to facilitate remote consultations.

3. Elective Procedures

Elective procedures decreased by a huge percentage[6] during the first several months of the COVID-19 pandemic. There was a time in most states where it was impossible to go in for any elective procedures. Then, some could occur, but only under strict conditions. This continued to lower the volume of elective procedures until recently.

At the moment, the number of elective procedures has bounced back to pre-lockdown levels. However, as mentioned just above, these procedures typically have a lower margin. This is due to the stagnation of Medicare/Medicaid reimbursements and higher expenses for medical practices.

What Does All This Mean?

For doctors and practices, it all means lower profitability. Few medical practices reported profitability during the past two years, unless it was adjusted for relief and aid. While rates have indeed hiked up, medical practices and those who staff them haven't necessarily seen an increase in profit.

For newer medical professionals, this could make it difficult to find gainful employment and repay student loans. If you find yourself with a great deal of debt with high interest rates, you may benefit from consolidating your loans[7] into one with a lower rate and then starting your debt elimination plan.

At Doc2Doc Lending, we specialize in helping dentists, medical doctors, and practice owners with business and even personal financing. Give us a call at 404-793-0764 to see how we can help you, too. ■

[1] https://www.healthsystemtracker.org/chart-collection/u-s-spending-healthcare-changed-time/

[2] https://www.officialdata.org/us/inflation/1800?amount=1

[3] https://revcycleintelligence.com/news/impact-of-future-medicare-cuts-on-physicianreimbursement

[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361028/

[5] https://www.healthcarefinancenews.com/news/medical-groups-generated-profit-2019-while-health-systemaffiliated-groups-took-losses

[6] https://med.stanford.edu/news/all-news/2021/12/surgery-rates-covid-19.html

[7] https://www.doc2doclending.com/loan-details/#in-practice-program

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At Your Cervix, cont. from page 10

Some of the challenges of this new model are:

1) How do we get people away from saying: "Have you gotten your Pap?" and towards: "Have you done your cervical cancer screening?"
2) Primary HPV screening does require a particular infrastructure and lots of communication from consumers all the way through to industry.
3) In developing countries, how does one develop sustainable programs that include HPV testing and that are affordable?

And a few teasers:

- There will be a short quiz (mostly for us to assess knowledge).
- I will also talk about my trips to Rwanda and Cameroon, and the challenges of addressing and reducing cervical cancer morbidity and mortality in areas where screening is a bit of a foreign concept.

And now a little bit about myself. I am a close to retirement family physician who has been working in New Hampshire since 1995. I started out as a faculty member at the NH-Dartmouth Family Medicine residency program in Concord, where I started their colposcopy and LEEP services. In 2005, I started with the Manchester Community Health Center, now Amoskeag Health where I am now Associate Medical Director. I started LEEP services here more than 10 years ago and also did OB until I turned 65. Now I enjoy a 4-day work week without nights, weekends or holidays!

As an invited speaker for the NHMS Annual Meeting this coming October, I am thrilled to be able to give you a little preview about why this topic is vital to me. It's all about cervical cancer screening and prevention! ■

Do you ever treat people with cervices? Come hear Dr. Fry's presentation at this year's NHMS Annual Scientific Conference, Oct. 28-30. You can register at https://www.nhms.org/2022-conference. The CME package is available for both in-person and remote purchasers. Pay now and then view remotely and/or complete at your leisure before December 31st through the NHMS Learning Center.

Elisa Mercuro, DO

The Supplements Our Patients Are Taking- Risks, Benefits and the Evidence

More than fifty percent of US adults are taking biologically active substances in the form of supplements. Something taken day in day out - even if water soluble will impact an individual's biochemistry to benefit health or may pose health risks. Just as with pharmaceuticals, the efficacy and risks vary greatly depending on the genetics of the patient, their medical history and other medications as well as the quality, form and dose of the supplement. Topping the charts for the types of supplements most commonly utilized are multivitamins, followed by vitamin D, omega 3 and calcium. Since the pandemic, economic data suggests an increase in supplement sales, which had been already trending upward over the last 15 years.

Let's consider pandemic trends in Vitamin D use. It has been my observation that the use of vitamin D increased dramatically over the past two years likely to the benefit of some and the detriment of others. I attribute this to some observational data on vitamin D levels and decreased morbidity and mortality from COVID-19 sensationalized by the media. Of course, we know the importance of adequate vitamin D for bone health, the immune system and the cardiovascular system. Preventing deficiency and achieving optimal levels is important for the efficiency of our biological systems; vitamin D receptors are found throughout the body, not just in bone. My sense is that there is a lack of public awareness that too much of this fat soluble vitamin can be detrimental. People do not know how much is too much and for how long, plus it varies from person to person. What I think is often missed and is particularly salient is that there are risks for hypervitaminosis D even in the absence of signs of severe vitamin D toxicity. The Endocrine Society does recommend testing of vitamin D for those patients on high dose supplementation. I think that sometimes we may not

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be aware our patients are actually on high dose supplementation.

Susan, a generally healthy 58-year-old presented post hospitalization with new onset of kidney stones along with the incidental finding of significant vascular calcifications. Further workup revealed increased carotid artery intimal thickness which is correlated with and an early predictor of coronary artery disease. Prior to this, Susan enjoyed very good health with no major chronic disease diagnoses, exercised daily, consumed a healthy diet and had no family history of heart disease. She was also vaccine hesitant and was taking a pandemic regimen of supplements that included a very high dose of Vitamin D over the course of a year. For Susan, there may be other variables. However, it is biologically plausible that overuse of vitamin D contributed in part to her presentation with calcium oxalate kidney stones and perhaps the finding of cardiovascular calcifications. She was consuming at least a moderate level of oxalates such as spinach in her morning smoothie which may have been a factor for her kidney stones. She was also found to have an elevated Lipoprotein(a) which genetically may confer increased cardiovascular risk. Excess vitamin D can increase serum calcium, a reduction in parathyroid hormone as well as calcium in the urine and cardiovascular calcifications. In this case, there was no elevation in serum calcium.

Hypervitaminosis D is defined as levels greater than 100 ng / mL of 25 hydroxy-vitamin D. Symptoms can be minimal and vague including fatigue, weakness, decreased appetite and insomnia. Vitamin D toxicity is defined as levels greater than 150 ng/ mL of 25 hydroxy-vitamin D can present with bone pain, nausea and vomiting, abdominal pain, polydipsia and polyuria and then ultimately the signs and symptoms that go with hypercalcemia. Excess vitamin D can increase serum calcium, cause a reduction in parathyroid hormone as well as increase calcium in the urine and cardiovascular calcifications. Susan's vitamin D level was 148 mg/dL and she did not have an elevated serum calcium or other symptoms of toxicity. In animal models, administration of excess vitamin D– even in the absence of other signs of toxicity does increase endothelial dysfunction and an increase in lipid peroxidation driving cardiovascular calcification. It is my theory that in Susan's case, her genetically driven lipoprotein profile along with hypervitaminosis D contributed to her clinical presentation.

Fortunately, vitamin D toxicity is rare. However, it is my concern that some patients are taking high dose vitamin D in the absence of monitoring and increasing health risks including endothelial dysfunction. I have had more new patients in the last six months presenting with incidental findings of elevated vitamin D than I have in the last seven to eight years. My call to action is to take a history of supplement use and to include dose. I would recommend testing levels when the patient indicates they are taking doses greater than 4000 IU daily (by consensus this is considered high dose) for an extended period of time. I have only noted elevated serum levels in patients taking more than 10,000 IU daily but this likely is variable.

Optimal 25 hydroxyvitamin D levels are critically important but we should be cautious and monitor, as like many things in the body, the therapeutic window for risk/benefit is key. ■

Interested to learn more on this topic? Dr. Mercuro will be speaking at this year's NHMS Annual Scientific Conference, Oct. 28-30. You can register at https://www.nhms.org/2022-conference. The CME package is available for both in-person and remote purchasers. Pay now and then view remotely and/or complete at your leisure before December 31st through the NHMS Learning Center."

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James G. Potter
NHMS Executive Vice President

Medical Society Uses Amicus Brief to Challenge Insurers' COVID-19 Science

In an amicus brief in a case before the NH Supreme Court between a hotel chain and eight insurers, the New Hampshire Medical Society was critical of the insurers and its industry trade for using what it calls "scientifically unsupported statements" that "minimize the severity" of COVID-19 and "falsely" claim that the virus can be easily removed by surface cleaning or dissipation. The brief continued, "Their statements are, at best, scientifically inaccurate."

The Medical Society filed its brief in a case now on appeal before the New Hampshire Supreme Court involving the Schleicher and Stebbins Hotels (S&S Hotels) chain and eight insurers that issued policies that, combined, afforded $600 million in coverage. The issue before this and other courts centers on whether the presence of COVID-19 inside a property can cause "direct physical loss of or damage" to that property as required to trigger coverage in the insurance policies. The brief did not offer a view on whether certain insurance policies cover such business losses.

The Superior Court upheld the coverage claims against seven insurers that are appealing...

The insurers are appealing a partial summary judgment that the Merrimack County Superior Court granted the hotel firm last June. That lower court followed a New Hampshire Supreme Court precedent from 2015 (Mellin v. Northern Security Insurance Co.) involving cat urine, in holding that the virus changed the hotel's properties. Judge John C. Kissinger rejected the insurers' argument that changes to property "must be readily perceptible by one of the five senses, be incapable of remediation, or result in dispossession." Citing the 2015 case, he ruled that coverage is triggered where there is a "distinct and demonstrable alteration" to property.

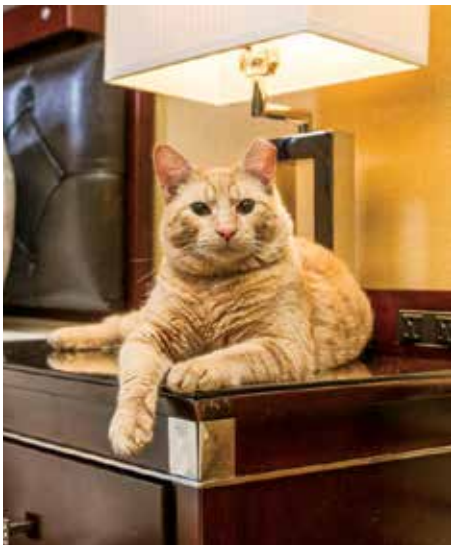
The Superior Court upheld the coverage claims against seven insurers that are appealing: Starr Surplus Lines, certain underwriters at Lloyd's, Ever-

est Indemnity, Hallmark Specialty, Evanston Insurance, Scottsdale and Mitsui Sumitomo Company of America. However, he dismissed the claims against AXIS Surplus Lines Insurance, because its policy contained a pollution exclusion that encompasses viruses.

The Schleicher and Stebbins Hotels, which owns 23 properties in New Hampshire, Massachusetts and New Jersey, was forced to close its operations for periods during the pandemic due to government shutdown orders in these states. Even after the hotels were permitted to reopen, they were subject to restrictions such as bans on weddings and business functions and being allowed to accept in-state guests only.

The Superior Court rejected the insurers' arguments. It said physical loss includes not only tangible changes to a property but also changes that "exist in the absence of structural damage," provided they are both distinct and demonstrable. The Superior Court's decision also stated that COVID-19, like cat urine, may be removed from the surfaces but that does not mean the properties have not been changed, according to the court. While the virus may not have an odor, the virus can still be detectable on surfaces and thus qualifies as damage and direct physical damage under the policies, the lower court concluded.

Contrary to insurance industry claims, the Medical Society's brief asserted that the virus cannot be effectively removed from surfaces by disinfection. Moreover, cleaning and disinfection are ineffective because the virus is "continuously and repeatedly reintroduced into the premises," the brief states. In such, methods do not remove the virus from the air, which the brief pointed out is COVID-19's number one transmission vector.



The brief also took issue with insurers' argument that the presence of the virus "does not render a structure uninhabitable," particularly during the early phases of the pandemic before vaccines and treatments were widely available. It criticized insurers for trivializing COVID-19 by comparing it to the common cold, insisting the "two are not comparable at all."

The Medical Society concluded that false information is a threat to public health. "The briefs of Insurers and the APCIA, unfortunately, spread exactly the kind of scientifically inaccurate information that cause our physician members' patients to deny the seriousness of COVID-19, ignore the medical advice of our members, and fail to protect themselves against this deadly virus."

In another court case where insurer's used similar arguments in Maryland, the Medical Society requested that the Maryland State Medical Society (MedChi) draft a similar brief challenging the insurer claims about the science of COVID-19. ■

NHMS Annual Golf Tournament – June 20, 2022

1st Place team and Harold Robbins Trophy Winner:
Henry Veilleux, Bruce Berke, Tim Soucy, and Jim Demers

2nd Place team:
Caroline Feng, Brian McGrath, Kim Fitzpatrick, and Lauren Erikson

3rd place team:
Richard Waite, Harry Waite, Andy O'Sullivan, and Flynn O'Sullivan

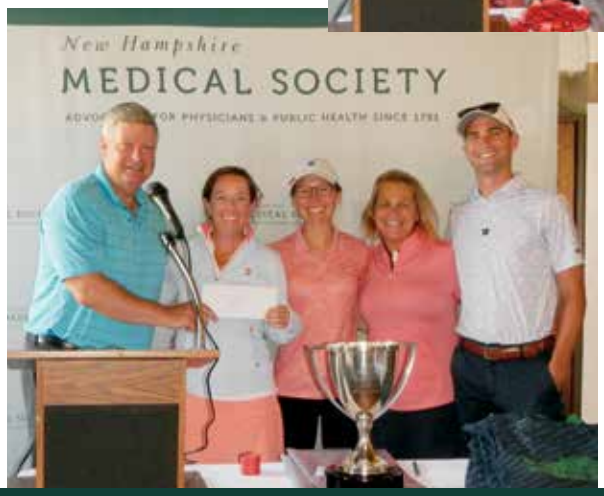
Women's Longest Drive:
Jess Crete Gashill

Men's Longest Drive:
Alastair Howie

Women's Closest to the Pin:
Lisa Ryan 18′ 6″

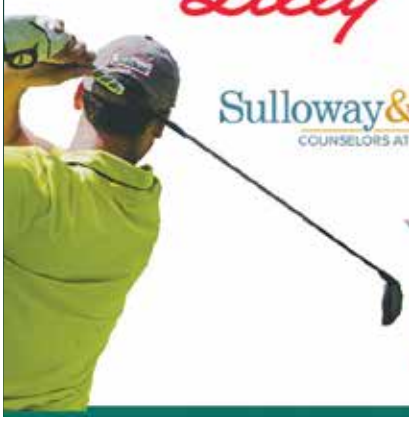
Men's Closest to the Pin:
David Rich 12′ 2″

Putting Competition Winner:
Bruce Berke – Four tickets in the Baystate Financial suite at either a Celtics or Bruins game!



THANK YOU!!

The 2022 NHMS golf tournament to benefit the Bowler-Bartlett Foundation was a huge success! Thank you sponsors for your support!



does not allow for physician assistants to practice independently of a physician. Rather, all PAs must enter into a written collaboration agreement with a sole practice physician or a physician representing a group or health system so long as the sole practitioner or at least one physician in the group or health system practices in a similar area of medicine as the physician assistant and is a licensed New Hampshire physician. That agreement must outline processes for the PA to collaborate and consult with the appropriate physician within the practice, acknowledge the PA's scope of practice is limited to their education, training, and experience, and require the PA to have a physician available for consultation at all times. Regarding liability, the "participating physician" who enters into the collaboration agreement with a physician assistant shall not, by the existence of the collaboration agreement alone, be legally liable for the actions or inactions of the physician assistant; provided, however, that this shall not otherwise limit the liability of the participating physician. In essence, this language provides added legal protection for physicians in instances where they are not involved in their PA's patient care.

HB1606 - relative to administration of the state immunization registry

NHMS Position: Opposed *Result: Signed by Governor* *Priority: 1*

HB1606 aimed to require that health care providers must ask their patient after every immunization administered if they would like to opt in or opt out of the state's immunization registry. NHMS opposed this bill as it would have added an unnecessary administrative burden on health care providers. Instead, we support an "opt out" policy because it simplifies the process for providers and still gives patients an opportunity to opt out of the registry if they so choose. While we were able to successfully amend the bill so that providers would not have to query patients after every immunization they administer, the final bill did change the registry from its current "opt out" system, to an "opt in" system. While the Governor signed this bill, the law does not go into effect until July 2023. We will continue to work on this issue during the next legislative session.

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

NHMS Position: Opposed *Result: Vetoed by Governor* *Priority: 2*

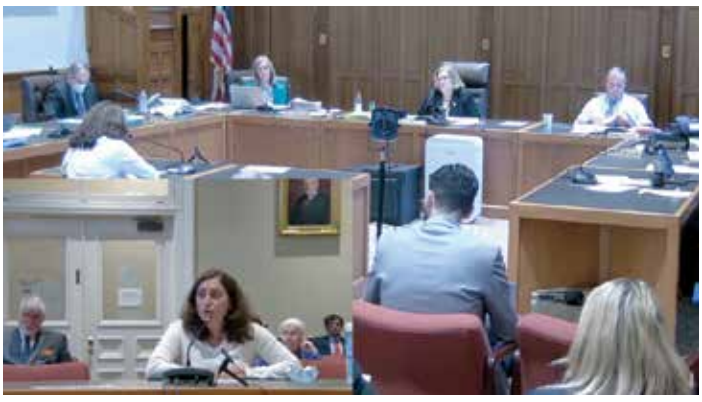
Our state only has a few standing orders currently in law, all of which went through an exhaustive study process prior to going into effect. NHMS supported the creation of those standing orders and participated in that study process. This study process is a critical component because it is designed to engage all the impacted stakeholders to collect feedback. HB1022 attempted to bypass that study process. In addition, the New England Journal of Medicine published a study in March 2022 that concluded "Treatment with ivermectin did not result in a lower incidence of medical admission to a hospital due to progression of COVID-19 or of prolonged emergency department observation among outpatients with an early diagnosis of COVID-19". As a general rule, the creation of a standing order for the indication of a drug that is not supported by evidence is poor public policy. For those reasons, NHMS opposed HB1022. This bill passed both the House and the Senate but was vetoed by the Governor.

SB407 - relative to expanding Medicaid to include certain postpartum health care services

NHMS Position: Support *Result: Amended into HB1661 & signed by Governor* *Priority: 2*

After passing through the Senate with no issues, House leadership decided to amend the personal conscience exemption language from HB1210 into this bill, even though HB1210 had already been voted down in the Senate. In response, the Senate defeated SB407 because it had been tainted by HB1210's language. However, the Senate salvaged SB407's language by amending its language into HB1661, a bill they knew the House wouldn't be inclined to defeat. ■

Drs. Sevde Felek and Mica Goulbourne prepping for State House visits



Dr. Albushies testifying on SB1609

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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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