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2021 NHMS Legislative Priorities Summary

Volume 5 | 2021

New Hampshire

MEDICAL SOCIETY

ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

2021 Annual Scientific Meeting - NHMS21

November 5-7 Attend Remotely!

Are restrictions preventing you from attending NHMS21 in person? That's OK - we have an option for you! **This year NHMS21 will offer a remote live-stream of all courses that will be recorded and available at a later date.**

As the leading event for physicians featuring cutting edge research from physician-scientists, NHMS21 offers keynote addresses, expert presentations, a virtual exhibition hall, and more! Attendees can choose from a wide selection of sessions covering a broad variety of clinical and practice management topics such as COVID-19, technology, and therapeutic cannabis.

2021 Trending Topics:

- COVID-Related Diagnostic Testing, Sequencing and the "RECOVER" Wastewater Study
- Long Term COVID-19 Effects
- Sleep, Play, Zoom
- Diversity Impact
- Understanding Fiscal Health Risk Factors and What You Can Do to Avoid Them
- Tick Borne Illnesses in NH
- Therapeutic Cannabis: Promises & Pipe dreams
- Tele-ICU, Using Technology
- Creating a Sustainable Medical Career

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

- Reducing the Opioid Crisis
- Opioid Management
- Medical Legal Issues of the Opioid Crisis

The Maine Medical Education Trust designates this live activity for a maximum of 14 Hours of AMA PRA Category 1 Credit . Sunday's courses qualify for the 3 CME credit requirement for opioid medication education (ME PL 2015, Ch 488 & 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.

Register: NHMS.org/2021conference

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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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Invited Guest: MGMA Representative	Dave Hutton

G. Kenton Allen, MD, MBA
NHMS President

President's Perspective

An Invitation to the New Hampshire Medical Society Scientific Conference

As we enter into the fall season, much of the Medical Society's efforts become focused on making plans for the final stages of the NHMS Scientific Conference. The conference this year, which will be held at the Mt. Washington Hotel, (livestream option also available) on November 5th-7th, is one for which we are particularly excited, and I'd like to highlight some of the events and scientific sessions with the hope that you may consider joining us for the weekend whether it is in person or virtually.

The format for the conference this year will offer attendees the option to participate in every session either in-person or remotely via videoconferencing. Full vaccination against COVID-19 will be required to attend in-person. The enhanced CME learning platform will allow for live, remote attendance as well as the ability to view recorded sessions once the conference has ended.

New for 2021, will be the feature for CME credit earned during the conference to flow directly from the learning portal to the NHMS CME portfolio used to verify licensing requirements. Our aim is to make the CME reporting a smooth and streamlined process.

Our Scientific Sessions will feature interactive lectures related to the ongoing effects of the COVID-19 pandemic, including topics titled:

"Long Term COVID-19 Effects", given by Dr. Apara Dave

"COVID-related Diagnostic Testing, Sequencing and the RECOVER Wastewater Study", given by Dr. Joel Lefferts

"Tele-ICU, Using Technology", given by Dr. Kate Riddell

"Creating a Sustainable Medical Career", given by Dr. Kristin Yates

Several of our speakers are young physicians from across our state and New England and we are excited to offer them a platform to share the exciting work and passions to which they have contributed to the scientific community.

As in years past, the Sunday morning session will be dedicated to an opportunity to satisfy the 3-hour opioid-related CME licensing requirement. This year, the lectures will be:

"Reducing the Opioid Crisis", given by Dr. Richard Barth

"Opioid Management Strategies", given by Dr. Jason Yong

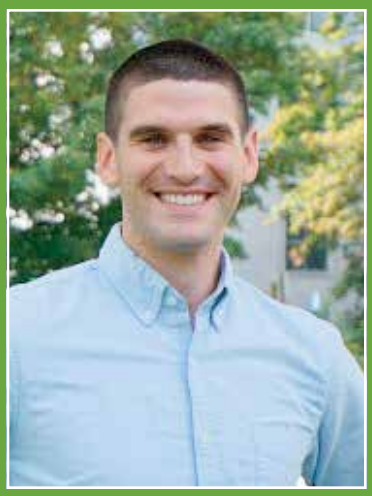
"Medical Legal Issues of the Opioid Crisis", given by Dr. Zwade Marshall

The live conference will also have socializing opportunities. Weather permitting, we will host a cocktail hour on the new patio deck overlooking the mountains. There will also be a black tie dinner, live music, and our annual fun run/walk.

We hope that you will consider joining us in whichever format may be most convenient for you. Registration is still open. You may reserve your place and learn more at our conference website: https://www.nhms.org/2021conference

We hope to see you in November! ■

The format for the conference this year will offer attendees the option to participate in every session either in-person or remotely via video-conferencing



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

2021 NHMS Legislative Priorities Summary

The New Hampshire Medical Society (NHMS) has tracked and been active on 123 individual pieces of legislation during the 2021 legislative session of the New Hampshire General Court. With access to virtual hearings and executive sessions for the first time in New Hampshire's history, more than 300 physicians provided testimony this year - many of them for the first time!

The following includes a number of priority bills that the Medical Society engaged on over the course of this year. To view the complete report, please visit 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 – Collaborative: Work with coalition partners on these bills.

3 – Monitor: Monitor these bills, engaging with lawmakers and partners when necessary.

Access to Care

HB602 – Relative to reimbursements for telemedicine

NHMS Position: Opposed *Result: Retained in committee* *Priority: 1*

HB602 aimed to roll back many of the provisions that were enacted in HB1623 from the 2020 legislative session, which expanded telehealth access and reimbursement for providers. We joined a long list of health care stakeholders in opposing HB602 this session. After an overwhelming show of opposition at the public hearing, the House Health and Human Services Committee decided to retain this bill until next session.

HB191 - Relative to Prior Authorizations and Patient Transfers Under Managed Care Group Health Insurance Policies

NHMS Position: Support *Result: Retained in committee* *Priority: 2*

NHMS helped introduce this bill along with the NH Hospital Association and Dartmouth-Hitchcock Medical Center in hopes of reforming our state's prior authorization process. One main goal of the bill was to mandate that any additional medically necessary services or procedures required during an otherwise authorized service or services shall not be denied or require additional authorization. Pushback from NH's insurance industry led the House Commerce Committee to study this bill further and retain it until the 2022 session.

HB68 – Relative to the definition of child abuse

NHMS Position: Opposed *Result: Table by full House* *Priority: 2*

HB68 attempts to add sexual reassignment surgery to the definition of an abused child in RSA 169-C, the child protection act. NHMS along with the NH American Academy of Pediatrics joined a large effort to oppose this legislation. The House Children and Family Law Committee agreed with our position and voted inexpedient to legislate. However, the full House never voted on the bill and, by default, it was tabled until next session.

Mental Health

HB120 - Relative to administration of psychotropic medications to children in foster care

NHMS Position: Support *Result: Signed by Governor* *Priority: 2*

NHMS worked closely with the NH Psychiatric Society to fine tune this bill with the prime sponsor, Representative William Marsh, MD. This bill requires the department of health and human services to provide medication monitoring for children in foster care and to ensure that the use of medication restraint conforms with the limitations of RSA 126-U.

Public Health

HB544 - Relative to the propagation of divisive concepts

NHMS Position: Opposed *Result: Added into budget* *Priority: 1*

NHMS was part of a larger statewide effort in opposing HB544, with dozens of physicians offering testimony during the hearing process. NHMS opposed this legislation in strong belief that we need to be learning about the inequities and disparities that exist in our health care system, rather than prohibiting discussion. Instead of attempting to pass this individual bill, an amended version of HB544's language was inserted into the final budget bill – HB2 that would shift the focus of this legislation to New Hampshire's school system.

HB221 - Making the state vaccine registry an opt-in program

NHMS Position: Opposed *Result: Tabled by full House* *Priority: 1*

HB221 would have modified New Hampshire's state vaccine registry from an opt-out program to an opt-in program. NHMS supports an opt out provision because it allows for individuals to opt out if they choose, but encourages swift communication of vaccine data to primary care providers for those individuals who choose to participate in the registry. This data is a critical resource for our providers to be able to serve their patients and ensure they are receiving the appropriate dosage of any vaccine they choose to receive. The House Health and Human Services Committee agreed with our position and voted inexpedient to legislate. However, the full House never voted on the bill and, by default, it was tabled until next session.

NHMS Welcomes New Members

Paul T. Berry, MD

N. Frank DeLisi, DO

Raymond Heston Hicks, MD

Amjad Y. Massoud, MD

Michael M. McLeod, Jr., DO

Gary M. Proulx, MD

Shanta K. Shrestha, MD

Joshua Joseph Skydel, MD

Alexander H. Slocum, Jr.

Paul Stetsyuk, DO

Ritu G. Ullal, MD

Akash J. Vadalia, DO

Rakesh R. Veerareddy, MD

Angela M. Yerdon-McLeod, DO

Apara Dave, MD
Core Physicians,
Exeter Hospital

Young Physician Focus highlights young or early career physicians and their research/passions. If you'd like to contribute, please contact mary.west@nhms.org.

Young Physician Focus
Why I Love My Field – Past, Present, and Future

My medical school microbiology professor at Dartmouth used to start each lecture with an anecdote that illustrated the historical and cultural context of the pathogen we were about to study. Whether it was the story of a Hepatitis A outbreak in a military camp or the discovery of the yellow fever vector in Cuba, his approach engaged the class immediately and drew us into a fascinating part of medical history. His stories also underscored the fact that the study of Infectious Diseases spans all organ systems and ages, requires consideration of issues at both individual and population levels, and is in constant interplay with social and cultural factors. This broad scope was the main reason I ultimately chose Infectious Diseases as my specialty.

Not that I wasn't advised to choose differently. A story I heard as a medical student and again as a fellow was how the field of Infectious Diseases was perpetually on the verge of becoming obsolete, that the "golden age" of Infectious Diseases was far behind us. Germ theory became well established by Louis Pasteur and Robert Koch, followed by the discovery of many medically significant bacteria in the late 1800s and early 1900s. And then penicillin was discovered in 1928, by Sir Alexander Fleming, and modern medicine was revolutionized. World War II saw a dramatic decrease in deaths due to wound infections and pneumonia, not to mention that syphilis was suddenly treatable. Concurrently, the field of vaccinology was developing rapidly. With new antibiotics and vaccines coming to market, surely the need for Infectious Diseases specialists would dwindle.

This changed when the AIDS epidemic hit: the stories I heard from my attendings were a far cry from the patients we managed as fellows, merely two decades later, with a single pill, once a day. While the story of HIV/AIDS was unfolding, the threat of antibiotic resistance was quietly growing in the background. Recognizing the need to combat this, the Society for Healthcare Epidemiology of America formally defined antimicrobial stewardship in 2007. In 2014, national guidelines for antibiotic stewardship programs were released by the Centers for Disease Control. The field of Infectious Diseases once again responded to the call to action.

Throughout the history of my specialty, the interplay of pathogen, individual, and society changed the course of events, over and over again. To me, seeing a patient from an Infectious Diseases perspective is seeing them through this incredibly wide lens, not limited to an organ system or even a single individual. We are interested in even the most minute details, and synthesize all these varying pieces of information into a cohesive story. The same approach has worked both for diagnosing a fever of unknown origin and for approaching a hospital wide quality or infection prevention issue: get all the information, don't forget the details, consider all the angles and then bring everything together. Of course, Infectious Diseases physicians and epidemiologists had to test this skill set like never before when COVID-19 hit last year. The early stages of the pandemic overwhelmed the healthcare system, and yet, less than a year later, we were distributing vaccines to our frontline staff.

I'm still learning how to better serve both patients and the community as an Infectious Diseases physician. I'm fascinated by how my specialty has changed the course of humanity for thousands of years, and how it will continue to do so for well beyond our lifetimes. And I'm awed and humbled to be a small part of it.

Dr. Dave will be speaking at this year's NHMS Annual Scientific Conference, Nov. 5-7. You can register at https://www.nhms.org/2021conference. Pay now and then view remotely and/or complete at your leisure before December 31st. ■

WANTED

Internal Medicine, Orthopedic, Neurologic, General or Family Practice Physicians interested in providing part-time or full-time staff medical consultant services for the Social Security Disability program, through the state Disability Determination Services office in Concord NH. Staff work involves reviewing disability claims on-site and requires no patient contact. SSA Training is provided.

OR

Physicians interested in performing consultative examinations in their office for the Social Security Disability program, through the state Disability Determination Services office. Compensation is provided per exam. All administrative aspects are performed by the DDS and no billing is required. Free dictation service and a secure web portal is provided for report submission.

Any interested physician must be licensed by the state of NH and in good standing. Please email inquiries to Anne.Prehemo@ssa.gov

Marcosa J. Santiago, MD
Retired Pediatric Psychiatrist

Members' Corner

Socrates: "Those who are hardest to love need it the most."

The quote "those who are hardest to love need it the most" is evocative of a myriad of permutations - defined by different situations and involving tiers of love. Situations are varied and love has a wide spectrum, from the smallest act of caring all the way to extreme altruism.

This prologue brings up an early 2000 Secure Psychiatric Unit (SPU) experience at the Concord NH State Prison – an inpatient psychiatric hospital within the walls. Life inside is desolate, at times harsh, terrifying, and remote from the outside world. Confined here are human beings with past unfortunate events, some carrying serious mental illnesses and others having committed serious crimes.

At a glance, this group appeared most difficult to love, but needs attention most. Not by design, treatment resources were in short supply in NH correctional facilities as in many other states. At that time, I thought of running a group therapy in this setting, to reach more than one patient in an hour. Based on my belief that literature, arts, and cinema are cultural tools that offer entertainment and education, I decided to use motion picture as the main group therapy tool, because of its closer simulation of reality, making it more accessible to inmate patient viewers.

At present being retired for 12 years and uncertain whether my yesteryear movie group therapy had enough merit to record, I did a cursory online research on the subject. Indeed, movie or cinema seems to be a tool used in psychiatric hospitals and correctional institutions. I found that movies utilized were full length and viewed in toto, session durations were usually two hours, and the protocols and goals were diverse.

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

This online search affirmed that the group that I had run and named "CLASSIC MOVIE FORUM" was definitely different and worth writing up.

Modest goal was to pull patients out of isolation and provide opportunity to socialize. Participants have different needs, carry different diagnoses, and have different levels of symptom severity. Participants were limited to eight, and sessions were one hour long. The six weeks duration was dictated by the classic movie I had chosen – "Tales of Manhattan" – which was not among the list of movies used by other groups on my online search. This star-studded movie has six independent short stories linked by a gentleman's formal black tailcoat that gets passed from person to person between the stories. Each story is 25 to 30 minutes long. They were screened one at a time for six weeks, and followed by a 30 minute group discussion. The movie and group format took into consideration patients' short attention spans resulting from many causes.

The six independent stories of "Tales of Manhattan" (Fox 1942) portrayed varied human situations or experiences with lessons to be gleaned. (Note: My husband put each of those stories onto six separate DVDs to facilitate ease of screening.)

Story (1) Charles Boyer / Rita Hayworth: An example of relational problems tested by moral compass.

Story (2) Henry Fonda / Ginger Rogers: An imaginative and humorous story of honesty.

Story (3) Charles Laughton / Elsa Lanchester: Showed how one person's example can positively influence class-based hierarchies of biased ability and competence.

Story (4) Edward G Robinson: Portrayed stark realities of theoretical versus actual practice of codes of professional conduct, probes social restitution, and true meaning of friendship.

Story (5) W C Fields: Hilariously pokes fun both at excessive consumption of alcohol and some hypocritical reformers.

Story (6) Paul Robeson / Ethel Waters: Addresses individual differences and values with down-to-earth handling of fairness and equity.

In addition to entertainment, the wide variety of topics covered by this film evoked many associations. As such, the discussions following each screening were not mere critiques of the story and characters, but transitioned to discussions of their own lives and circumstances. It was a rich non-threatening source of projective material that engendered some personal insights into patients ways of relating and coping. Fellow patients surprisingly offered good advice and suggested more acceptable coping skills.

Patients burst into laughter at appropriate moments, and showed glimpses that they still had capacity to manage switching off from their dire situations.

My only role was to know when to probe, when to leave issues undiscussed, when to express reassurance, and when to interject caution.

The absence of drop-outs, lively participation, and the group's persistent requests not to wait for the following week to see the next story despite my consistent denial, must have meant this particular classic movie and group format was a worthwhile tool and was well received. The memory I treasured most was the patients' expressions of joy when at the end of the last session, each received another small attention, via awarding them an attractively designed individual certificate of attendance with their name printed on it. ■





Malpractice 101: Communication and Disclosure

MedicalMutual
INSURANCE COMPANY OF MAINE

Communication

Effective communication is essential to high quality, safe patient care. Communication failures can lead to adverse patient outcomes. Patient-centered care is at the heart of improving communications.

Empathic listening is paramount to effective communications. According to an article published in American Family Physicians, "Empathy requires understanding the patient's circumstances and perspective. Empathic listening skills and a non-judgmental, caring attitude are necessary to improve patient trust and adherence to treatment. This approach may decrease unnecessary diagnostic testing and reduce the risk of malpractice accusations."[1]

While communicating effectively leads to improved patient relations and improved patient outcomes, there are times when providers and staff encounter difficult conversations with patients. Strong communication skills are necessary to effectively deal with difficult patient encounters. Providers and staff members who feel increasing pressure to do more with fewer resources may wonder how they can find time in their busy schedules to improve their communication skills.

Identifying how your attitudes and behaviors contribute to conflict in the workplace is a good first step in improving communication skills. Common factors such as negative bias towards specific health conditions, poor communication skills, and situational stressors may lead to communication breakdowns. Being aware of factors that affect your ability to communicate effectively is an important first step in overcoming these obstacles.

Employing empathy can help to diffuse difficult patient encounters. Actively listening to the patient with a posture signaling openness, good eye contact, and a non-threatening tone of voice will show the patient you are willing to listen to their concerns and accept them without judging them.

Disclosure of Unanticipated Outcomes: Adverse Event Communication

Despite the best efforts of healthcare professionals, adverse events sometimes happen in healthcare settings. When a patient experiences an unanticipated outcome, there is an expectation that the healthcare establishment will deal with the event openly and honestly and that the parties involved will accept responsibility, express empathy, and work to prevent the event from happening in the future.

Healthcare providers have a legal, regulatory, and ethical obligation to disclose unanticipated outcomes and medical errors to patients. The American Medical Association states that when a patient suffers a significant medical complication that may have resulted from a physician's mistake, then the physician is ethically required to inform the patient of all the facts necessary to ensure understanding of what happened.

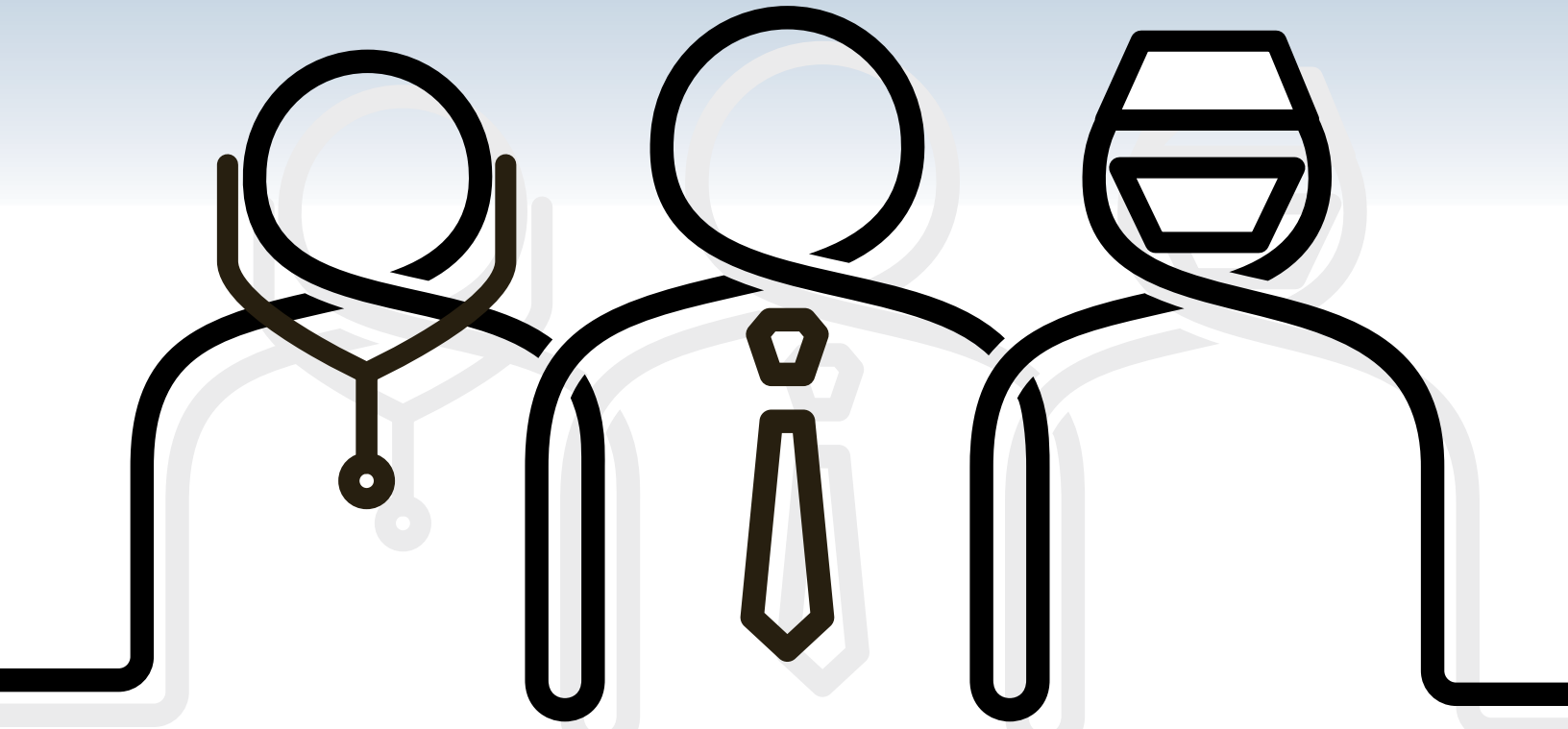
Disclosure should be seen as a part of open communication with patients and families. From the onset, patients should be informed of the risks, benefits, and alternatives to their care. When providers communicate openly with patients from the beginning, it can ease tensions if or when an unanticipated event occurs.

Lack of training on addressing the patient disclosure and fear of a malpractice suit all contribute to the reluctance in communicating with the patient. Timely communication with the patient and family, expression of empathy, and factual disclosure of what occurred can minimize a patient's anger and desire for retribution, and maintain the patient-physician relationship. ■

[1] Lorenzetti, R. C., Jacques, C. H. M., Donovan, C., Cottrell, S., & Buck, J. (2013, March 15). Managing difficult encounters: Understanding physician, patient, and situational factors. American Family Physician. https://www.aafp.org/afp/2013/0315/p419.html.

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.

Partners in patient safety & medical liability protection



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Tyler Brannen,
Life & Health Director
NH Insurance Department

...the underlying health status of a population is one of the most important considerations with insurance.

Health Insurance Made Interesting

There are very few things that stimulate a more passionate response from people than concerns about their health and who should pay for care.

The New Hampshire Insurance Department receives thousands of inquiries from consumers each year. Also, in support of policymakers and the public, the Department provides information about coverage, costs, and how insurance policy changes will touch the various components of the health system. One of the Department's most valuable assets is the information we have on our insurance markets.

Many people are familiar with the Department's NH HealthCost website that shows prices for common health care services. Less visible is the array of information we produce for our hearing, taking place on October 29th. The Department summarizes data on insurance coverage, costs, and trends, and manages the hearing more like a forum. Past hearings have considered prescription drugs, mental health parity, provider networks, high deductibles, industry consolidation, and alternative provider payment systems. This year, we will be focusing on federal requirements for price transparency, and separately, the stability of our small employer market.

The price of care and questionable business practices routinely get a lot of attention, but the underlying health status of a population is one of the most important considerations with insurance. Essentially, the healthier the population, the cheaper the insurance. Like a hydraulic, the cost of insuring sicker people goes up when the healthier population goes elsewhere.

The average age of people in the individual market is about six years older than in the employer group markets. We have observed a twenty percent difference in average claims costs for people who are just five-years older, so you can see how an older population could be at risk for unaffordable health insurance. Federal premium subsidies are a good example of a support mechanism for the individual market. After obtaining a federal waiver, New Hampshire also uses a reinsurance type system to reduce the impact of high cost members.

Our small group market does not have the same kind of intervention. When the pandemic hit, there were dire consequences predicted for the economy and access to health insurance. Fortunately, the changes have been minor so far, but we continue to collect and process data so that New Hampshire is best equipped to respond to what the future brings. We will be seeking feedback from the insurance companies offering products to small employers about the challenges and policy options for this market.

We don't dummy down the information provided at our hearing so that it has little value, but err on the side of sophistication so that the audience can leave having learned something new. Our event will be livestreamed, and we encourage you attend! To register for the webinar, please email Andrew.E.Demers@ins.nh.gov.

Prior hearing reports and videos can be found on the Department website: https://www.nh.gov/insurance/reports/index.htm

Hearing information: https://www.nh.gov/insurance/

NH HealthCost: https://nhhealthcost.nh.gov/

Online CME Reporting for NH Re-Licensure FAQs

In December 2020, NHMS transitioned to an online CME reporting system. All physicians whose licenses expire June 30, 2022, should have received full instructions via email and mail.

What's the link? You'll log in at www.nhms.org/cmeportfolio, or by clicking CME Portfolio from the account actions list in your NHMS account profile.

How do I register my account? From www.nhms.org/cmeportfolio, click "Register Now", enter your email and click "Register Account". If the system cannot find the email you entered, reach out to mary.west@nhms.org for your NHMS Contact ID. Do not create a new account!

Can I still use my specialty society transcript? Yes! You can use the same documentation you would have used in the paper reporting process. In the credit entries, simply enter the name of the transcript as the course description, the total number of credits, and the most recent date on the transcript. For example, "AAFP transcript", Category 1, 117 credits, 10/5/21.

Do I need to list each activity separately? No. You need only delineate by credit type, so you're welcome to combine entries, e.g., Medscape transcript, DHMC modules, Primed, etc.

What if I don't have electronic documentation? If your documentation is on paper and you don't have easy access to a scanner, you may fax or mail it to the NHMS office.

Can I still pay by check? Yes, you may mail a check payable to "CME Coordinator".

How many credits do I need? You must report 100 credits total for your two-year cycle. Of these, 40 must be documented Category 1 credits. The remaining 60 may be either Category 1 or Category 2. If you have a NH DEA license, 3 of your Category 1 credits must be on the topic of pain management and/or addiction disorder.

When is my CME reporting cycle? The CME cycle is the two calendar years prior to your license renewal date. The CME cycle dates will be listed in the summary box at the top of your CME portfolio page.

When is my CME report due? The deadline for CME reporting is February 28.

What if I don't have enough credits? The Board of Medicine has instituted a late fee policy, so all physicians have an automatic extension through May 31 of their renewal year to complete CME credits, but must pay a $100 late fee (in addition to the $40 processing fee) if credits are earned after Dec. 31 or reported after Feb. 28. Note that any credits earned outside of cycle cannot be used again for the next reporting cycle.

How do I know if my report is approved? Please allow 2-4 weeks for processing. You will receive email verification once your audit is complete.

Still have questions? Please contact Mary West at mary.west@nhms.org.

New Hampshire
MEDICAL SOCIETY
ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

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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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Jennifer Mazzei
Director of Marketing and Project Management

Introducing NHMS's Newest Team Member

The New Hampshire Medical Society is pleased to announce the hiring of Jennifer Mazzei as its new Director of Marketing and Project Management. She has more than 25 years of marketing and design experience, which includes 20 years as owner of J Maze Design, a Concord based web design and digital marketing firm. She is a published author, copywriter, and also has numerous awards for graphic and web design work completed throughout her career.

Jen's technology expertise, along with her enthusiasm, are welcomed assets in the Medical Society family.

Jen holds a Bachelor's Degree from Southern New Hampshire University with course emphasis in marketing and computer science. She is active in the Concord community with coaching soccer and basketball for the past 10 years and spends her off time herding cats (aka her 3 active teenagers). ■