February 14, 2024 – NHMS Council Meeting Minutes

Called to order at 5:05

In Attendance: Maria Boylan, Patrick Ho, Eric Loo, Danielle Albushies, Travis Harker, John Klunk, Stephen Bishop, Melissa Martinez-Adorno, Eric Kropp, Gary Sobelson, Alan Hartford, Mark Windt, Neil Meehan, Seddon Savage, Amy Lee, Victoria Jones, Ross Bickford, Terra Wilkins, Linda Martino, Lin Brown, Lisa Patterson, Frank Hubbell, Francis Lim-Liberty, John Hinck, Jennifer Christiansen

Staff: Jane Tewksbury, Julie Sawyer, Ava Hawkes, Mary West and Catrina Watson

President's Report:

- Minutes were approved unanimously
- An update on search for CEO was provided
  - A search committee has been formed.
  - The Committee considered three professional search companies. Starboard from Maine was chosen.
  - Currently speaking with staff and search committee.
- There was discussion about topics for the Fall annual meeting
  - Climate and health were suggested as one topic, with perhaps a half day addressing different facets of the issues. Seddon will send some potential topics and speakers to Maria.
  - (Another topic was suggested that people liked (sorry I missed it! I think Maria wrote it down?)
  - Health equity was suggested as a topic. It was noted this could potentially interface nicely with climate issues

Policy Discussion

- There are three folders on our google drive related to policies
  - Old/outdated policies
  - Current policies
  - Evolving policies
- There was discussion about sunsetting a group of old policies that had been sent to Council members prior to the meeting.
  - It was noted we need
    - An organized mechanism to review and update policies, perhaps with NHMS secretary to routinely lead this process
    - A process to automatically sunset policies if they are not reviewed and reaffirmed. Five years was suggested as possible automatic sunset timeline.
  - Of the group of policies that are being considered for sunsetting it was suggested that the optometry policy and general scope of practice policies might be pulled out for review and updating rather than sunsetted. (not sure, but I think in the end these were left in the group and sunsetted?)

- It was agreed the old tobacco policy, which was included in the proposed sunset group should be sunsetted, but it was noted that we have a more recent tobacco policy drafted by Albee Budnitz and adopted by NHMS.
    - It was noted that this does not address vaping so either needs to be revised to include vaping or a second policy on vaping drafted.
- It was moved and seconded that the identified group of old policies be formally sunsetted
    - Passed unanimously

- Discussion of 2001 NHMS End of Life Policy and HB 1283, Medical Aid in Dying (MAID)
    - Key elements of 2001 policy relevant to discussion
        - Physicians have a duty to provide healing and/or comfort to patients throughout their lives including at the end of life.
        - Such comfort at the end of life may include "whatever treatments are required to relieve suffering [including sedation to unconsciousness] even if such treatments hasten death, as long as the treatment is provided for the purpose of relieving suffering, not for the purpose of causing death"
            - There was discussion about whether the words "not for the purpose of causing death" should be left in or eliminated.
            - It was generally felt the policy was ambiguous without those words.
            - For the purpose of voting on the policy, the words were left in.
    - Key points of HB1283
        - Would allow physicians to provide medications to competent patients with terminal illness and anticipated death within six months to self-administer at a time, place, and context of their choosing for the purpose of ending their lives. The bill is narrow, with a number of many safeguards.
    - Discussion – comments supporting readoption of NHMS (which would put NHMS in opposition to MAID)
        - MAID crosses a bright line in long held social policy and physician roles. From societal values against civilians taking life to permitting active steps to intentionally end life. And from the role of physicians as healers and comforters to aiding in intentionally ending life.
        - Patients can currently end their lives through natural means (cessation of fluids, ending life support and medications)
            - Physicians can now aggressively use medications to provide comfort as patients make this choice even if they hasten death.
            - MAID transitions to an intentional role of the provider patients in ending life rather than providing relief of suffering.
            - The purpose or intent of the medications is key. Comfort or killing? That is the line.
        - There is space in the current policy for physicians to follow their consciences.

        - We should not shift our focus to supporting active death as a remedy for the failure of our health systems to provide good end of life care.
        - Polices tend to experience incrementalism over time when long held practices/beliefs are changed.
            - Examples of cannabis and school vouchers in NH noted.
            - Canada permits euthanasia (physicians administering lethal medications) and in fact there has been incrementalism in broadening of the indications for euthanasia.
        - Marginalized people often suffer and experience social and internalized stigma and may seek to end their lives. Stressed caregivers, payors and others may seek to expand MAID over time due to unconscious or conscious self-interest.
        - People often feel guilty for being alive, they need love and care, not support in dying
        - Let us invest more in providing good end-of-life care. Few people can currently access optimum end of life care.
        - The AMA opposes physician assisted suicide because it fundamentally changes the physician role.
    - Discussion – comments supporting MAID
        - MAID has emerged to give patients more autonomy.
        - Some patients experience very difficult end of life experiences no matter what care we offer. MAID allows them relief and autonomy.
        - Despite intensive and skilled hospice and palliative care, some patients have difficult deaths.
        - There is not a bright line between providing medications for comfort that hastens death and providing medications to cause death.
        - Patients have always had the tools to kill themselves. We are just giving them better tools.
        - Several states and Canada permit MAID and there is no evidence of misuse or abuse.
        - It is not only our patients, but also our families: examples shared of family members dying without dignity and in misery where MAID would have been preferred.
        - MAID is a kind of healing. It is healing from prolonged suffering.
        - Words matter. We should not call this killing.
        - Kill implies immediacy. Hastening implies less. But when does hastening become killing. Is there really a distinction here?
    - Discussion – neutral comments
            - We can all agree –patient, families, providers – that dying with dignity is important. This should be our aim.
            - People on both sides of this issue seem to want the same thing: to support patients in autonomy and a good death.
            - These issues are subtle, it is hard, a lot of emotions involved.
    - Discussion –Ava

        - We have not taken a position on HB1283, because we did not have a current policy.
            - If it goes to the Senate, will need to revisit, but we will not weigh in on this as an organization while it is in the house.
            - Will not likely pass the house.
        - We are seeing incrementalism on many topics, so do need to be careful.
        - When talking about autonomy around this particular issue, we need to understand the broader context of autonomy now in the legislature.
            - Bodily autonomy is a sensitive issue in the political climate of NH.
    - It was moved and seconded that NHMS adopt the 2001 policy without change in text (i.e., without deletion of the words "but not for the purpose of causing death), but with some existing text moved as in the version circulated.
        - The group voted 11 to 9 to uphold the policy with four abstentions (This is with Eric Lu's statement "I will vote as Alan Hartford votes" - should we count that? Otherwise, 10-9)
- Travis mentioned a concern about two health systems that are encouraging patients to break relationships with PCPs in order to get particular types of specialty care.
        - May be around value-based care
        - He is working on a position statement about this and invites others to join them

Legislative Update

- AVA provided an advocacy update Please have Ava read for accuracy and details. I was typing furiously and may have mixed up some things.
    - Working on partnerships
        - Collaborating with NH Healthcare Workforce Coalition
        - Gave a presentation in Lou Kazal's policy class at Dartmouth
        - Provided a presentation to the Kent Street coalition
        - Thanked Amy XXX? for her activism.
    - Reminder that crossover is April 11th
    - Tracking 230 pieces of legislation but number fluctuates
        - In January NHMS engaged in 166 bills with direct testimony on fifty bills, including by various physicians and Ava herself. Most prominently included bills related to pediatrics, psychiatric and ob-gyn.
    - Reproductive health
        - CACR 24, amend state constitution to include a right to abortion, defeated in the House
        - CACR in Senate is not likely to pass
        - Many others which would provide protection in the Senate have been deemed inexpedient to legislate (ITL)
        - Abortion bans have been defeated in the house.
    - Sports and bathroom ban for trans kids - peds have been very involved in opposing
    - Gun violence protection measures.

        - Want these measures to pass.
        - 1711 still in the house
        - Need to review our gun violence policies
    - Senate Prior Authorization bill
        - Dr Harker and Boylan worked on amendment and testimony and Hartford testified in person.
        - Hearing in the Senate, voted out of committee, on consent calendar, likely to move to the house.
        - Start of a long Prior Auth journey in our State
    - Strengthening NH Workforce bills
        - Many submitted written testimony and Ava testified.
        - Difficult to support high fiscal note bills outside of a budget year.
    - Deregulation efforts
        - Optometry scope expansion, voted to kill bill
        - Efforts brought forward by free staters to repeal the BOM and all Boards.
        - The Board of Podiatry would decrease BOM memberships by DOs and MDs.
        - Bill allowing PAs to practice independently, Ava testified in opposition.
            - Has reached out to AMA for language.
            - Society for the PA originally did not support the bill, now do
            - Proponents pointed out that APRNs can practice independently
    - Note: Margins in the house have changed. 201 R, 193 D, 4 I.
    - HB 1280 - seeks to change definition of informed consent.
        - Must disclose to patient COI, amend patients' bill of rights
    - HB1663 - seeks to build on constitution amendment from 2018 that everyone has right to privacy,
        - Would require consent to tx at every level of care or change in care.
        - Nurse or APRN on the same team requires new consent.
        - About consent for care. Not just for procedures.
- Ava received applause from the Council for her great engagement. So many health care bills, more than ever.
- Maria asked that people email her if they want to help write policy. (On what?)

Motion to adjourn 6:45, seconded and passed.