NHMS Welcomes New President

The annual NH Medical Society's Inaugural Dinner was held on January 19th at the New Hampshire Historical Society’s Tuck Library in Concord. During the reception, members and their guests had an opportunity to view a display in the Library’s rotunda of medical instruments dating from the 18th and 19th centuries put together from the NHMS collection of the Historical Society and an exhibit of prints relevant to the Medical Society’s history. In the exhibit were images of early Medical Society members including Dr. Josiah Bartlett, Dr. Matthew Thornton, and Dr. Mary Danforth, the first woman member of the New Hampshire Medical Society, as well a fee schedule from 1806 establishing shared billing rates for physicians, a brief history of women in the Medical Society, and a reproduction of a contemporary painting of Dr. Nathan Smith, founder of Dartmouth Medical School and medical students making a rural house call on horse back in the early 1800s, among other items.

Dr. Mark Funk, playing a solo bagpipe, lead the assemblage from the reception to dinner to the tunes of Scotland the Brave. Transitioning over dinner from views of the past to visions of the future, former U.S. Surgeon General, Dr. C. Everett Koop shared thoughts on Healthcare in the Twenty First Century and Dartmouth medical students read the mission statements of each of their classes. Dr. Koop’s comments focused on the imperative, as a matter of moral principle, to conceptualize healthcare as a right, to end healthcare disparities and to provide healthcare universally for all citizens. He reiterated a call, initially made the preceding September during his ninetieth birthday address in Washington DC, for the President of the United States to convene a bipartisan commission to create a plan to achieve these goals in a timely manner. His themes resonated strongly with the students’ statements of their missions in medicine and with the subsequent inaugural comments of incoming NHMS President, Seddon Savage, some of which are printed in the President’s Perspective section of this newsletter.♣
President’s Perspective

It is traditional at the annual NHMS inaugural dinner to hear something of the priorities of the incoming President for the year ahead and his or her vision for the future of the society. By way of introduction to those who did not attend the dinner, I wanted to share a slightly abridged version of my remarks at the dinner. The first half, printed here, reflects on the activist past of our Medical Society and some of our current public health priorities. The second half, which will be printed in the next issue, focuses on the reenergizing the role of the Society in shaping our healthcare system.

My best to all—Seddon

Colleagues, friends and family,

We come together today to celebrate a precious fellowship that extends back over 200 years. The NH Medical Society was born in 1791 dedicated, as it is today, to the betterment of the public health. In a letter to fellow medical society members, our first President, Josiah Bartlett, then governor of New Hampshire, put his hopes for the Society as follows: “That the members of this Society may be useful to themselves and the public and enjoy the exalted pleasure that arises from a consciousness that they have contributed to the health and happiness not only of their patients but by communication to others the knowledge and cure of disease to the general happiness of the human race, is the ardent wish of your very humble servant” *

In 1791 our Nation was still a brave experiment and New Hampshire was newly freed to govern itself as a state. Dartmouth College had been founded 22 years earlier, but Dartmouth Medical School would not come into being until six years later when, in 1797, Dr. Nathan Smith was given one room at Dartmouth College and began lectures aimed at the formal training of medical students. By 1806 the medical school would have 45 students and, in 1811, the first building in the United States exclusively dedicated to medical education.

In 1791 we practiced in the communities in which we lived and we cared for our neighbors. We knew our patients in many community contexts, from harvests and barn raisings and town meetings, to weddings and funerals and gatherings of faith. Our offices were most often attached to our homes. We rode on horses or in buggies or sleighs to the homes of patients. We treated entire families and we provided care from birth through illnesses to death. There was no call schedule; we were simply available when we were needed. We accepted payment for services in many forms including barter, and we provided charitable care as needed. We were not likely to decline care to our neighbors.

We had relatively few treatments that were predictably effective and many of those we had would be considered first aid today: ice for fevers, splints for fractures, compression and tourniquets for hemorrhage, adhesive plasters for wounds. Our medical arsenal was limited and what medicines we had were often difficult to acquire. We added a knowledge of local herbs and remedies learned from Native American neighbors. The basis of practice was often more empirical than scientific and the art of medicine was of necessity grounded in a rich healing relationship with our patients.

In 1791 training for doctors was highly variable. Few physicians in New Hampshire received formal training in medicine or had college educations—only the University of Pennsylvania, Columbia and Harvard offered medical training and their curricula were much more limited than ours today. The training of our first Medical Society President, Dr. Josiah Bartlett, was fairly typical: He was competent in the three R’s—reading writing and arithmetic—as well as Latin and Greek, before he began to apprentice with a physician relative, Dr. Nehemiah Ordway, in Massachusetts. After five years of apprenticeship, he began solo practice in Kingston, New Hampshire, at the ripe age of 21.

It was in this context in early 1791, that nineteen physicians met to lobby the NH Legislature to incorporate the NH Medical Society. In February the Legislature approved the Charter of NHMS and on May 4th 1791 ten members of the Medical Society gathered for the first meeting at Lamson’s Tavern in Exeter. (I note that most of the early meetings seemed to be held at taverns in Exeter raising the question of whether, in addition to the betterment of the public health, our early founders might have been pursuing the pleasure of a pint or two with the guys…though the number of early resolutions encouraging abstinence from spirits among physicians makes that unlikely…)

It is clear that our early brothers (and I say brothers advisedly because women were not admitted to the Medical Society until the late 1800s) not only shared the same goals of practice as we, it is clear that they faced many of the same challenges. Paramount among their concerns were the quality education of physicians and the maintenance of a high standard of care, financing of services to permit care of all persons, the relationships of medicine to other healing systems, and the impact of societal and environmental factors on the health of their patients. The Society rapidly established minimal education requirements for physicians, developed an examination and credentialing system, put together an educational resource library and held forums for discussing difficult cases, while hosting lectures and other forms of continuing education. It was not until 1864 that a separate Medical Board was formed to handle credentialing and quality of practice issues and the Medical Society was freed to focus on other public health and practice issues.

Many early physicians in New Hampshire were deeply engaged in the greater political life of their communities. Josiah Bartlett was a representative to the Provincial Congress and later the Constitutional Convention, signed the Declaration of Independence and served as Governor of New Hampshire. Matthew Thornton, a close associate of the Society, though retired and age 77 at the time of its formation, had served as President of the Provincial Congress in 1775, chair of the Safety Committee that organized resistance to the British, attended the Continental Congress, and signed the Declaration of Independence.

These physicians exemplified an understanding that we cannot effectively treat our patients, nor serve the public * Sources for these remarks include A History of the NH Medical Society, Hamilton Putnam, 1966 and NHMS Records 1791-1860.
health, if we do not concurrently work to change the contextual influences on our patients’ lives. As we are all too aware, our world—both locally and globally—continues to be challenged by conditions such as environmental negligence, personal life styles, unconscionable marketing of health hazards, and poorly conceived approaches to global concerns such as climate, resources and war that adversely affect the health of our patients and the public.

Engagement of physicians in the greater context of health is one of the most important functions of the Medical Society. Increasing the engagement of physicians in broader policy issues affecting the health of our patients will be a priority of the coming year. We will continue the practice, started by Albee Budnitz as President, of traveling around the State with news of Society activities and to encourage physicians in activism on issues of importance to them and their patients. We will support the work of the growing Public Health Committee that Gary Sobelson has worked to revitalize with its important exchange of information with our State health system. We will encourage continued active debate about the funding and structure of our healthcare system that Dr. Cosi Santiago has courageously stimulated in founding the independent Granite State Physicians for a National Healthcare Program. And we will work to grow our historically important relationships with the Dartmouth Medical School. We are excited by the emergence of a Health Policy interest group among students at DMS, and pleased that many of its members have joined us tonight.

Two other major public health issues demand our attention in the coming year. I am honored, in my current clinical position as a pain medicine consultant at the Manchester Veteran Administration Hospital, to serve United States military veterans, men and women who have served in World War II, in the Korean War, in Southeast Asia and now, increasingly veterans returning from Iraq and Afghanistan. I am humbled by the strength and courage with which these men and women face the wounds of their service, both their physical wounds and the psychological and social wounds that come from the experience of war and from the disruption of their civilian lives.

No matter what each of us may think of our current war, I am certain that we all share a deep respect for the young men and women who have been caught up in this war and a desire to assure that on their return they receive the best possible medical care to ease their transition back into our communities. To that end, this year, we will co-host with the US Veterans Administration, a conference for community-based care providers on the common medical issues challenging veterans returning from Iraq and Afghanistan and begin a process to strengthen liaisons between the VA and community healthcare systems. I know there are many here with loved ones or friends serving or who have served in our current conflict in Iraq and Afghanistan. And I would like to ask us to stand in silence for a moment, to honor the service of these men and women, to witness the human losses—American, Iraqi, Afghani and others—and to reflect for a moment what tangible actions we can take to create peace.

And finally on the public health front…my family and I had the extraordinary experience of spending Christmas on the delta of the great Mississippi River trying to make the tiniest of dents in the vast and largely unaddressed devastation that is the post-Katrina Gulf Coast. (Readers may view an exceptional video documenting some of Katrina’s legacy put together by my husband, Dr. Carl Cooley at www.veoh.com, type “Katrina ground zero” in the search box.)

Our experience reaffirmed for us that we must work together in our local and regional communities to be prepared to respond to a major disaster, whether from Avian Flu, terrorism or a natural disaster. We cannot realistically expect help from outside our region, particularly, if a disaster has widespread national or global effects. The disaster on the Gulf Coast was relatively contained and yet there has been little national mobilization to address it. The recovery work is largely from a patchwork of volunteer organizations and does not begin to meet the need. At the same time, we must be prepared to reach out globally to respond when we are able, to the crises of others. The world is shrinking, our fates are inextricably linked. Many in our state are working to develop a regional all-threats preparedness plan. In addition to participating in this planning, an important role of the Medical Society is to assure that all physicians in NH understand and are prepared to execute their roles in the plan.

Beyond public health engagement, a second broad priority for this year is a thoughtful examination of our Society and its role in our current healthcare system. To be continued in the next issue…...

![Counterclockwise from top right: Dr. Gary Sobelson introduces the 2006-7 Dudley Weider Scholars, DMS students selected for their interest in policy and the outdoors, supported by an endowment from NHMS to the Dartmouth Medical School in memory of Past NHMS President Dr. Dudley Weider; Joan Weider, Gary Woods and Dr Koop speak together; NHMS Presidents from left: Gary Woods, Jim Pilliod, Gary Sobelson, Albee Budnitz, Peter Forsell, Seddon Savage, Marc Sadowski, Georgia Tuttle, Andre d’Hemecourt, Barry Stern, Warren Emley, Burton Dibble](image)
CORPORATE AFFILIATE PROGRAM ...UPDATE

The Medical Society held its 2nd annual Corporate Affiliate Networking meeting this past February 8th. It was a breakfast meeting with more than 60 in attendance and 25 affiliates represented. I led off the meeting with a talk on the importance of marketing the program and to do so by working together especially when presented with an opportunity. I stressed the importance of using our logo (NHMScap) so that you could easily identify and file corporate affiliate product and service information.

I introduced our plan to have the first “Physician Practice Survival Seminar” on this May 3rd in Concord. This will be a seminar offering topics in practice management and technology, legislative updates, health care policy and development, risk and stress reduction as well as improved clinical practice efficiency. We will offer breakfast, are applying for 5 hours of CME and plan to be done by noon.

I concluded by asking us all to look for an opportunity to work together in an effort to bring about change for improvement in healthcare cost and quality while also helping doctors improve their satisfaction with their profession. By working together, the Corporate Affiliates and the Medical Society will become the ‘go to’ guys in New Hampshire medicine.

Palmer Jones then spoke about the legislative process and how an apparently obscure issue may have a big impact on the health and well being of the residents of our state. Dr. Seddon Savage and Dr. Gary Sobelson then gave a very informative talk on health care cost comparisons between countries with an organized healthcare system and a country like ours.

Palmer, Seddon and Gary invited all affiliates to sit in on legislative task force meetings and to become involved in the Medical Society.

John Castelot offered to sit on the Oversight committee. He is with the company Medical Practice Solutions. He will join Thom Lavoie of ProMutual on the oversight committee.

I welcome all of you to participate in the Corporate Affiliate Program. Please do not be shy. Call me and see what there is for you. For now, please make a file for NHMScap labeled items and keep it with your “Member Services and Affiliate Guide”.

In the past 2 months we have had 3 new affiliates join the program Medic who provide revenue management for the healthcare providers. Merritt, Hawkins and Associates, are a physician and healthcare staffing provider. Principal Healthcare is an innovative practice management outsourcing and solution company.

Unfortunately, we have lost affiliates over the year so our number is fairly stable at 36…

Peter Edwards

NATIONAL NEW ENGLAND COMPOUNDING PHARMACY LLC (NNECP)

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1-800-444-0094 + 603-984-0094 / 603-444-0095
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A Request from the NH ACLU & the NHMS Corrections Health Task Force

Through the NHMS Corrections Medicine Task Force, the NHMS has built some bridges with the NH ACLU which, as part of its work and in partnership with the NH Disabilities Rights Center, tries to help inmates with health care concerns when there is a question of inadequate care provided.

You should be aware that inmates in county jails or the State prison are entitled by the US Constitution to free medical care, but they cannot continue to get this care through their usual community channels.

The ACLU attorney assigned to this project, Barbara Keshan, receives occasional (20/year) requests from inmates and their lawyers relating to medical issues (i.e. meds arbitrarily changed on incarceration, diabetic care standards not being met, etc) and was hoping that some of us might help her sort out the "wheat from the chaff" with some brief reviews of the concerns and follow up discussions with her. This might be done via phone, or there might be a request to review a letter and give her ideas about what she should ask or what we think about further ACLU involvement, etc. The role is consultory to the ACLU attorney only! You will not be asked to have a medical role beyond sharing your knowledge and standards.

If you are interested and willing to help out (this is strictly a volunteer activity), please contact Gary Sobelson (GSobelson@comcast.net).

United to fine physicians if patients go to "wrong" lab

Health plan executives say the policy is a reminder to help patients stay in-network. Doctors fear it sets a disturbing precedent.

By Bob Cook,

If UnitedHealth Group members get blood drawn at an out-of-network lab, then United says it could draw some blood from physicians.

The nation's second-largest private-pay health plan said that, beginning March 1, it would institute a policy that will minimally fine a physician $50 if a patient goes outside United's network for lab services. The sum represents the cost difference to United between nonparticipating and participating laboratories, according to a letter to physicians dated November 2006.

If patients continued to use out-of-network labs, the letter said, doctors could face further sanctions. Those include a "change of eligibility" in United's pay-for-performance and quality-rating programs, a "decreased fee schedule," or termination from the plan's network.

In a January meeting with the Iowa Medical Society, United representatives said the health plan did not intend to fine physicians every time a patient went to an out-of-network lab, unless there was evidence a doctor sent the patient there, said Jeannine Freeman, IMS senior vice president of legal affairs.

The objective, United told the medical society, was to remind doctors to refer patients to in-network labs. United spokespeople could not be reached for comment at press time.

But what is upsetting physicians and organized medicine is "the precedent that this sets," Freeman said.

The AMA and state medical societies sent letters to United protesting the intent to fine doctors. While plans have used various means to fight paying out-of-network rates, medical society executives say they can't think of a case in which plans bluntly assessed financial penalties on physicians for their patients' decisions.

NHMS Is Proud to Present
Physician Practice Survival Seminar
First in a Series May 3rd
Applying for 4 hours CME
Includes Breakfast
All for under $ 45
7:30am-12 Concord, NH
Interesting and stimulating faculty and agenda about practice survival
Call NHMS for details: 224-1909
**NHMS Public Health Task Force**
2/7/07 6:00-7:30 PM  Minutes

**Present:** Clint Koenig, Spencer Brody, John Bassi, Janet Monahan, Og Young, Gary Sobelson, Jim Pilliod, Seddon Savage, Bill Danby, Catrina Graves, Palmer Jones

**Old Business:**

IMS vs. State of NH – Dr. Sobelson noted that Judge Barbadoro’s decision is pending, as well as the interesting nature of the testimony and the issues of freedom of speech being considered. Appeal of the decision is expected by either losing party.

DMS Policy Training – Dr. Savage noted that approximately 40 DMS students are involved and are awaiting a date for a “field trip” to Concord.

NHMS Membership Survey re: Single Payor attitudes – Dr. Savage will be working with Andy Smith, Ned Helms, and Jim Squires to advance this project.

Academic detailing – no update (Dr. Sadowsky leading)

C and D bills – Dr. Bassi reported that he had testified regarding HB 427 and 428, expressing the NHMS favorable position toward keeping the definitions of C and D debris as “solid waste” and banning their burning. Governor Lynch also testified in favor of the bills.

**New Business:**

HPV vaccine – It was noted that Texas has become the first state to make HPV vaccination mandatory (with opt out exceptions based on religion, personal belief, etc.). Discussions about the public health issues, pro and con, ensued, with a plan to follow this issue and consider action next year.

Global Warming – M/S/A (unanimous) – The NHMS Public Health Task Force supports the following documents: 1. The NH Climate Change Resolution; 2. The Cleaner Cars program; and 3. The policy summary of the Union of Concerned Scientists titled “The Changing Northeast Climate: Our Choices, Our Legacy” and requests that the NHMS Executive Committee or Council endorse this position and therefore make it the advocacy policy of the NH Medical Society.

**State Medical Director’s Report:**

HIV testing - HB 41 allows routine HIV testing of pregnant women with an “opt out” provision. A sentinel case of perinatal HIV transmission from an untested woman in NH was reported.

SB 131 regarding insurance coverage for lay midwives (opposed by NHMS) is being discussed. Medicaid apparently does cover lay midwife services, and NH HHS licenses lay midwives. ACOG bumper sticker noted: “Home deliveries are for pizzas.”

Primary care recruitment and loan forgiveness being discussed by a subset of the Governor’s Health Initiative group.

Medicaid contracting changes (“selective contracting”) are being considered as well as new care coordination contractor.

Date of next meeting: Thursday April 5, 2006

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**SCHIP Funding**

Lawmakers passed a provision that redistributes $271 million in State Children’s Health Insurance Program dollars from 2004 and 2005 to six states facing the most immediate funding holes. The money comes from states that didn’t use all their program funding.

The funding is expected to keep the programs in Georgia, Illinois, Maryland, Massachusetts, New Jersey and Rhode Island in the black until May. But those states along with eight others face SCHIP deficits later this fiscal year.

SCHIP is finishing its 10th year on Sept. 30th— the end of fiscal 2007— and is up for reauthorization. The new Congress could address the $716 million funding shortfall as part of the programs reauthorization or separate legislation.

If congress doesn’t fix the problem, the affected states will have to limit enrollment or reduce coverage or reimbursement rates.

Some lawmakers along with the AMA and AAP support expanding coverage to all eligible children, but financing will be an issue.

Rising costs mean reauthorizing SCHIP at the status quo amount of $5 billion a year would reduce national enrollment from 4.4 million in 2006 to 2.5 million in 2016.
Smoking Ban Passes in Senate

With a wide margin of 17– 7, the Senate voted to pass a bill that would ban smoking in restaurants & bars. It now heads to the House, which last year, passed the bill.

Backers of the bill said it was a safeguard for the health of restaurant and bar workers and patrons. Several Republican senators offered eight amendments to broaden the ban, arguing that if bars and restaurants are forced to do away with smoking, so should other locations.

The bill was passed in its original format, but some say the amendments may have a second life as lawmakers hinted they would support more far-reaching smoking bans. Several lawmakers said they planned to bring forward some of the amendments, such as the ban on smoking in foster homes and within 50 feet of state buildings, as separate legislation. Other proposals include smoking bans in enclosed spaces owned by religious, fraternal and social organizations, including Veterans of Foreign Wars halls. Also proposed was a ban in nursing homes, college dormitory rooms, resident rooms in public housing facilities and outdoor events were those under the age of 18 are expected to attend., hotel, motels and resorts.

Governor Lynch said he would sign the bill if it reaches his desk.

House Ok’s Plan for Injury Damage Awards HB143

The House of Representatives overwhelmingly endorsed making a company, town or individual potentially liable for all injury damages in a lawsuit, regardless of how much the party was at fault for the incident.

The Trial Lawyers Association proposed the bill in light of 2 Supreme Court rulings since 2003 that limited damages an injury victim could collect if there were multiple responsible parties.

Numerous business and government groups tried to block the bill claiming it would undo a 20-year old law that prevented finding any party liable for all damages in an injury lawsuit unless a jury found it was at least 51% at fault.

One trial lawyer claimed that critics failed to recognize that jurors won’t let someone be held liable for all damages if that party played only a small role in the injury.

While others still feel this law just goes after the guy with the money, not who’s actually responsible. “Liability should be based upon responsibility, not on whether you have insurance, stockholders or taxpayers to fall back on”.

Both sides feel the other’s position would result in more litigation.

Among the opposers of the bill are the Medical Society, Retail Merchants Association, the Lodging and Restaurant Association, the Hospital Association, the Bankers Association, Portsmouth and Manchester chambers, the Municipal Association and several insurance companies, including Liberty and Acadia.

NHMS Members

The New Hampshire Medical Society offices at 7 North State Street Concord, New Hampshire are your offices

You are welcome to stop by anytime to:

+ Catch your breath when in Concord
+ Use wireless to check you email or search the net.
+ Enjoy a cup of your coffee, use the microwave
+ Put your feet up and read
+ Meet with colleagues (call ahead to reserve meeting space)

Usual hours 8-4:30, Monday through Friday
603-228-1909

NHMS is pleased to co-sponsor

The First
New Hampshire Physician Conference on Addiction Medicine

Integrating Addiction Specialty & General Healthcare to Optimize Care of Patients with Addictions

In association with the
3rd Annual Dartmouth Symposium on Substance Use

Friday, May 11th 8:30 – 4:30
Alumni Hall of the Hopkins Center
Hanover, New Hampshire
2007 Legislative Session Report

We are just completing the first two months of the NH legislative session and the Medical Society is tracking around 100 bills.

A huge disappointment is the proposed repeal of the pre-trial panel law for medical malpractice cases (HB455). As of the end of February, we are not sure if the bill will be retained by the committee or whether it will move forward in the House for a vote. Watch for updates.

The Medical Society and the NH Hospital Association are working together to get a statutory definition of “medical necessity” to replace the current law that only requires health insurers to have a definition on file. The two associations have also joined forces in trying to adopt some changes in the health insurer credentialing law -- to help physicians see patients and be able to bill for the services in a more timely manner.

There are a number of new insurance mandates being offered this year: early childhood intervention services, bariatric surgery for diabetics, hormone treatments for transsexuals, prostate cancer testing, cancer free after 5 years for insurance purposes, coverage for lay midwives in non-credentialed settings, requiring the co-pays for chiropractors to be the same as primary care providers, allowing 90 day prescriptions in local pharmacies, and mandating coverage for dependents up to age 25. It is too early to tell the mood of the House and Senate insurance committees with regard to mandates.

A bill to ban smoking in bars and restaurants has cleared the Senate and should find enough support in the House to make it to the Governor’s desk.

There are four bills that propose to amend the living will and durable power of attorney for health care laws that were just changed last year. We are hopeful that the House will not adopted new changes so soon.

There are a few scope of practice bills this year: allow pharmacists to administer flu shots, allow ARNPs to complete death certificates, license massage & somatic therapists, and allow ARNPS to certify handicap plates.

To view the current list of bills being tracked by the Medical Society, visit www.nhms.org.

by Janet Monahan

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, and dental hygienists 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. Sally Garhart @ (603) 491-5036

NH Healthy Kids

Governor Lynch urges Congress not to cut eligibility and funding for NH Healthy Kids Program. Under Bush’s proposed plan, 6,000 NH children could lose their health care coverage. He plans on cutting back eligibility to 200 percent of the federal poverty limit. This could affect 81% of the 7,400 kids in the program or 6,000.

The NH Healthy Kids Program is split into 2 groups-- the 62,580 kids on Medicaid who pay no premium and then 7,400 kids whose family pays something towards coverage. 200 percent of poverty is $41,300 annually for a family of 4. Families making above that would be at risk.

Families making up to 185 percent of poverty pay no minimum and are enrolled in Healthy Kids Gold program or Medicaid. Currently, 185 percent of poverty is $38,202 annually for a family of 4.

Families making between 185 and 250 percent of poverty can enroll in the Healthy Kids Silver program and pay $25 per month per child to a maximum or $100. Those making 250 and 300 percent of poverty pay $45 to a maximum of $135 per month.

Families with incomes of between 300 to 400 percent of poverty can buy into the program for $146 per month per child. Any family making beyond 400 percent would be ineligible.

Governor Lynch included money in his budget to boost enrollment in Healthy Kids by 10,000 over the next three years. In response to President Bush’s proposal, 13 governors presented letters to leaders in Congress urging legislative action to protect the program. Those governors continued to press for additional funding and reauthorization for the program.

Health and Human Services Secretary Mike Leavitt argues that the program is sustainable under Bush’s funding proposal if it is limited to low income children only not their parents or higher-income families.

by Janet Monahan
General Session Resolutions

RESOLVED, That the NH Medical Society seek to have third party payers disclose, in plain language, the criteria by which the carrier creates a tiered, narrow or restricted network; and be it further

RESOLVED, That the NH Medical Society monitor the development of tiered, narrow or restricted networks to ensure that they are not inappropriately driven by economic criteria by the plans and that patients are not caused health care access problems based on the potential for a limited number of specialists in the resulting network(s); and be it further

RESOLVED, That the NH Medical Society seek legislation or regulation which prohibits the formation of networks based solely on economic criteria and ensures that, before health plans can establish new panel networks, physicians are informed of the criteria for participating in those networks, with sufficient advance time to permit them to satisfy the criteria. ♦

NHMS in Washington

A delegation of the NH Medical Society, including former President and AMA delegate, Georgia Tuttle; current NHMS President, Seddon Savage; President Elect Ogilsvy Young; and Executive VP, Palmer Jones, traveled to Washington DC in mid-February to visit with members of the New Hampshire Congressional delegation, to open dialogue on key issues and nurture constructive relationships. Meetings with the Congressional delegation were preceded by two days of AMA sponsored advocacy-related educational sessions that provided updates on the political climate in Washington, on current national health policy issues, and on strategies for change.

A major focus of advocacy for the AMA this year is improved funding of the State Children’s Health Insurance Program (SCHIP), in NH called Healthy Kids, as well as improved awareness of and enrollment in the program which offers healthcare coverage for all children up to 300% of the poverty level. The President’s proposed budget for 2008 would make significant cuts in this program. SCHIP is viewed as a critical step in expanding access to healthcare for all citizens. Substantive and permanent revisions in the sustained growth rate formula (SGR) that determines Medicare reimbursement rates, and the advancement of malpractice reform remain key AMA priorities as well. All these issues were explored in meetings with the members of the NH Congressional delegation.

The NHMS delegation encountered a lively combination of young and enthusiastic staffers early in their healthcare learning curves in some NH Congressional offices and highly experienced and seasoned healthcare staff in others. All were warmly welcoming to Medical Society members. The delegation was able to meet directly with Senator John Sununu and Representative Carol Shea-Porter and met with staff in the offices of Representative Paul Hodes, who was busy preparing testimony for debate on the President’s proposed Iraq surge, and of Senator Judd Gregg, who was in another hearing

Senator Sununu related his great interest in the scientific future of medicine, particularly in the use of technology to improve record keeping and health outcomes. When the issue of global warming and its possible relationship to public health was mentioned in passing, he met the comment with a passionate discourse about the need for good science and data to support policy making decisions related to environmental issues and a disdain for “junk science” and “half baked ideas”. Representative Shea-Porter affirmed that healthcare is a major area of interest in her work. She expressed commitment to increasing access to quality healthcare and noted that she will sign on to every bill that will incrementally, or in leaps, expand access to care. She noted that she has become a co-sponsor of the HB 676, which seeks to expand Medicare to all citizens, but when Georgia Tuttle offered to share information on the AMA’s plan for achieving healthcare, Shea-Porter voiced interested in hearing a wide range of proposals to achieve universal access. The meetings with each of the Congressional offices seemed to lay a good foundation for future work together.♣

Upcoming Meetings

4/5 NH Orthopedic Society Dinner & Case Studies- Concord
4/5 Public Health Task Force- NHMS
4/19-20 NH Association of Medical Staff Services- Waterville Valley
4/27 NE Medical Society Meeting- Newport, RI
4/28 NH Pediatric Society Meeting- Dartmouth Hitchcock Lebanon, NH
5/3 NHMS Physician Practice Survival Seminar 7:30-12- Concord
5/11 First Annual Physicians Conference on Addiction Medicine
Call NHMS for info 603-224-1909
MEMORIAL DAY

Fishing the oxbows of the Lamprey River
With my sons is how we can revisit my father
Closer than the Bitterroot, where we
scattered his ashes.

Gabriel, himself tossed back by the
Angel of Death
Just a week ago, is no longer grateful
Simply to be able to swallow:

He wants the mosquitoes to stop biting
And the trout to start. Jacob catches
One freshwater mussel and two trees,

A white pine and a hemlock. He claims
Both are too small to keep.
Uncle Cookie lands a six-incher,

And extracts the hook as carefully as
the surgeon
Backed the Mylar Star of David out of
Gabriel’s distal esophagus last Sunday night.
Cookie holds the stunned fish
upright in the water
Until it can flash from his hand like a knife.
Catch and release is the story of my life,
of all our lives:

But a Titleist winks up at me from
the moss-black
Granite of the river bottom, ten miles
Upstream from the nearest country club,

Like a jokey message from the old man
Who taught six grandsons how to fish
And how to judge a lie. He claims

He’s all right after all. It wasn’t hell he
smelled
As he was dying, it was my lost
brother Michael,
On the other side, firing up the grill for trout.
Sulloway & Hollis provides health care providers with comprehensive business planning, regulatory and employment advice (including ERISA benefits and plans), contract negotiations, estate planning, risk management, quality assurance, and vigorous medical malpractice defense.

For more information, please contact Robert J. Lanney, Managing Director

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