



RHODE ISLAND

MEDICAL NEWS

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The 2017 General Assembly Session

For the second time in three years, the Rhode Island General Assembly halted its work abruptly and unexpectedly in June, leaving much business unfinished. At the center of this year's blow-up was the state's \$ 9.2 billion budget for the fiscal year that began at midnight on the very day the legislators went home. Both chambers had passed the budget, but in slightly differing forms; that little difference derailed the process.

Tradition prescribes that the House, being the larger and presumably more representative body and thus closer to the people, takes the lead in matters of taxation and the public fisc. Accordingly, the Senate routinely approves the House version of the state budget and transmits it to the governor unchanged.

But this time the Senate amended the budget before passing it. In response, House Speaker Mattiello immediately gaveled his chamber into recess. The budget process collapsed, with Assembly leaders in both houses vowing they had no intention of reconvening anytime soon.

The stalemate lasted more than a month, much to the distress of cities and towns in particular, whose school budgets and other expected extra revenues were held hostage by the standoff at the State House. (Providence Mayor Jorge Elorza warned that he would have to lay off 170 teachers if the budget was not enacted soon.)

Another headache created for the municipalities was the lingering uncertainty over the status of the unpopular car tax. Should towns bill at the old rate, or at the new and lower rate proposed under Speaker Mattiello's phase-out plan? (Providence took a chance with the new rate. Cranston and Warwick stuck with the old one. Other towns delayed sending out car-tax bills.)

Senate leaders ultimately gave in and called their colleagues back for a brief session on August 3, where they passed the House version of the budget. Governor Raimondo signed it the same day.

RIMS' laser surgery bill in limbo

As for the rest of the session's unfinished business, the solons are now scheduled to return to the State House on September 19 for an exceedingly rare extra session.

Among the bills up for consideration at that time is a measure put forth by the Medical Society that would permit physicians to delegate non-ablative laser or chemical treatment to a non-physician, with appropriate training and supervision requirements for safety.

Among the other bills awaiting action in September are two that fueled rancor between the two chambers and contributed to the legislative shut-down on June 30. One is the car tax, which happened to be the part of the budget that the Senate had the temerity to amend. Senators added a safety valve that would be triggered if alternative revenue sources proved to be insufficient to replace the car tax. During the July stalemate, House and Senate leaders struck a compromise that may be legislated in September: any phase-out will await the conclusions of legislative study commission regarding the sustainability of phasing out the car tax. This means that Rhode Islanders will continue to pay at the old rate, at least for now.

Another unresolved bone of contention between the House and Senate was a proposed new mandate for paid sick leave. The construction industry has been lobbying for a partial exemption from the proposal. The threshold for exempting small employers has also been a matter of debate.

Summary of health-related bills that became law in 2017

Medical Society staff and the RIMS Public Laws Committee (**MICHAEL MIGLIORI, MD**, Chair; **ELAINE C. JONES, MD**, and **PETER KARCZMAR, MD**,

Vice Chairs) sifted through 2,386 new pieces of legislation so far this year. Of those, 240 have become law. Here is a run-down on 21 new state

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The Rhode Island Medical Society
was founded in 1812 to promote
the art and science of medicine.
RIMS is the eighth oldest state
medical association in the country.

The Medical Society also
publishes a monthly magazine,
Rhode Island Medical Journal.
Current and archived issues are
available at www.rimed.org.

STATE HOUSE ADVOCACY

RIMS Continues to Oppose BCBS Modifier 25 Payment Policy

The Rhode Island Medical Society continues to advocate on behalf of physicians in strong opposition to Blue Cross' across-the-board reduction in physician reimbursement when Modifier 25 is used.

It was a little more than one year ago when BCBSRI announced that beginning October 15, 2016, reimbursement for an E&M service provided on the same day as a procedure with a 0-day or 10-day global period would be reduced by 50 percent.

Over the past year RIMS has corresponded with the Health Insurance Commissioner and with BCBSRI medical directors about this issue, and met face to face with all parties a number of times. RIMS further engaged the osteopathic and podiatric communities locally and at the national level to present a broad, united front to push back on the policy. A total of 16 national medical specialty societies have written to Rhode Island's Health Insurance Commissioner about the issue.

RIMS opposes BCBSRI contract changes

In June the Medical Society filed a three-page complaint with the Office of the Health Insurance Commissioner (OHIC) regarding unilateral changes that Blue Cross & Blue Shield of Rhode Island proposed to make in its Participating Physician Agreement, the first such changes in many years. The full text of RIMS' letter was shared with RIMS' members by email at the time.

As early as April 2017 OHIC had asked RIMS for comment on the proposed changes, based at that time only on Blue Cross' general description of what the changes would be. About May 15 BCBSRI disseminated the actual language of the amended Agreement.

RIMS detailed in writing to the Insurance Commissioner how "(s)everal of the proposed changes would unfairly diminish the rights of physicians and/or potentially harm physicians and patients, and/or undermine the patient-doctor relationship. Others invite potential conflict as a result of ambiguities in the language of the agreement."

New 180-day notice requirement "unacceptable"

The most problematic change involves the term of the Agreement and physicians' rights of termination. RIMS wrote, "It is unacceptable that the new proposal sharply abridges

the rights of physicians and physician groups to terminate their relationship with Blue Cross." Whereas the current Agreement permits physicians to terminate at any time with 60 days' notice, the new language clearly requires at least 180 days' notice and limits the effective date of physician-initiated termination to January 1 of any given year, unless the physician is responding to a contract change initiated unilaterally by Blue Cross (whether fee schedule changes count is ambiguous – see below), in which case the physician still has an opportunity to terminate with 60 days' notice. In other words, the window of opportunity to terminate will generally close for all physicians on or about July 1 of each year, and it is possible that physicians or groups may wait close to a full year for their exit to become effective.

The "Modifier 25" example

In a letter to RIMS President **SARAH J. FESSLER, MD**, in late August, BCBSRI disputed RIMS' interpretation that changes in the fee schedule do not constitute the kind of change that creates the opportunity for physicians to terminate with 60 days' notice. BCBSRI asserted that "The Rhode Island Department of Health has clearly stated that a fee change is a contract change and thus gives the provider

RIMS initially called upon BCBSRI to delay implementation for 90 days; RIMS later called upon the Blues to rescind the policy and to cease penalizing physicians who are efficiently meeting the multiple medical needs of their patients. RIMS finds that the policy incentivizes fragmentation of care and ironically rewards practitioners who may abuse Modifier 25. BCBSRI has ignored both demands.

In its most recent letter to RIMS President **SARAH J. FESSLER, MD**, received at RIMS on August 23, 2017, BCBSRI stated that "We are pleased to report that we have received no

member or provider complaints related to this issue since March 2017" and "we have not seen a significant or on-going increase in multiple office visits as a result of this policy change."

Not "everybody is doing it"

In defending the policy one year ago, BCBSRI asserted that "everybody is doing it" and that still more payers, including Medicare, soon would be. In fact, Tufts Health Plan appears to have been the sole other pioneer of this policy. As for Medicare, a 2005 document from the Office of Inspector General of HHS

does question whether some practitioners may be abusing Modifier 25; yet, a dozen years later Medicare has not seen fit to change course, let alone to move as drastically as BCBSRI did last year.

Today Modifier 25 policies like BCBSRI's and Tufts' remain a rarity across the country, but they are not as rare as they were one year ago. It appears that another seven carriers have implemented similar policies, the latest being Independence Blue Cross, based in Philadelphia. ❖

AMPAC Campaign School 2017

The American Medical Political Action Committee (AMPAC) will hold a new edition of its acclaimed Campaign School October 2–29 at the AMA Office in Washington, DC. The school is targeted to AMA members, their spouses, residents, medical students and medical society staff who want to become more involved in the campaign process.

Running an effective campaign can be the difference between winning and losing a race. That's why the AMPAC Campaign School is designed to give you the skills and strategic approach you will need out on the campaign trail. Our team of political experts will teach you everything you need to know to run a successful campaign or be a sought-after volunteer.

During the two and a half day in-person portion of the program under the direction of our political experts, participants will be broken into campaign staff teams to run a simulated congressional campaign using what they've learned from the pre-school workbook activities and videos along with the group sessions on strategy, vote targeting, social media, advertising and more.

At this writing, spaces are still available but filling fast. ❖

NOTE: Faculty, materials (including the pre-school workbooks, videos and all in-person meeting materials) and all meals during the meeting are covered by AMPAC. Participants are responsible for the registration fee (\$350 for AMA Members, Alliance Members, State Medical Society Staff and spouses/ \$1000 for non-members), airfare, and hotel accommodations at the Hyatt Regency Washington on Capitol Hill (AMA has secured a room block for a discounted rate). The registration fee is waived for residents and students; however, space is limited to four slots and the AMPAC Board will review and select qualified participants from the pool of resident and student applicants.



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The opioid epidemic leads lawmakers to grasp at straws

RIMS’ dust-up with the Governor and Attorney General

The Medical Society’s fundamentally amicable relationship with Governor Raimondo hit a rough patch in July when she signed into law a bill that affords law enforcement access to the Prescription Drug Monitoring Program (PDMP) without first obtaining a warrant. A RIMS-led coalition of 20 health professional organizations and the Rhode Island ACLU opposed the bill as it moved through the legislature and then launched a last-ditch effort to win a gubernatorial veto. (Governors have three options when the General Assembly transmits a bill to them: they can sign the bill into law, in effect actively endorsing it; they can do nothing, in which case the bill will become law without their signature after a period of several days; or they can veto it. RIMS thanks its members who weighed in with the Governor.)

The bill, originally Senate bill 0656Aaa and House bill 5469A, now Public Law 262/263, was initiated by Attorney General Peter Kilmartin. It was introduced in the House by Rep. Joseph McNamara (D-Warwick) and in the Senate by Sen. William Conley (D-East Providence). As the end-game heated up in July, Kilmartin’s inflammatory public attack on the Medical Society and gratuitous insults to the medical profession did not help matters. The *Providence Journal* quoted the Attorney General as saying, “The scare tactics by the Medical Society and others are disingenuous and are outright lies. Maybe the question we should be asking is, ‘What are the doctors trying to hide?’ Doctors helped to create the opioid problem; now they need to be part of the solution and support this bill.”

RIMS’ Public Laws Chair and Past President **MICHAEL E. MIGLIORI, MD**, shot back immediately, “I read with disgust Attorney General Kilmartin’s comments. The AG is tacitly saying that all physicians are criminal; he just hasn’t caught them yet.”

RIMS President **SARAH J. FESSLER, MD**, responded “Our Department of Health already has the data and the authority to detect potential prescription drug diversion. Judicial review should remain the standard by which police gain access to such sensitive information.” She underscored that the PDMP includes not only active prescriptions but individuals’ entire history of prescription drug use.

RIMS warned that besides being ineffective and unnecessary, the legislation would actually be counterproductive. Said Dr. Fessler in her letter to Governor Raimondo, “We are concerned that these bills,

The Rhode Island Medical Society is deeply disappointed in the Governor’s decision to sign this bill into law over the objections of the 21 organizations that went on record urging her to veto it. This new law sets a dangerous precedent while doing nothing to mitigate the current opioid epidemic or reduce the number of opioid deaths.

if signed into law, may drive patients underground and away from the care they need, and have the unintended effect of increasing the number of overdoses.”

Moreover, as RIMS and its coalition partners argued, “This bill strikes at the heart of doctor-patient confidentiality and undermines the public’s faith in our state Department of Health to be a protector of the deeply private information kept in its care.” The Providence Journal supported the Medical Society’s position with a lead editorial on Sunday, July 9, headed “Governor, grab your veto pen.” Decrying the prospect of warrantless searches of the PDMP, the Journal called for “more extensive debate about this matter, with stronger protections for privacy in the digital age.”

The politics of appearances prevails. Amid the firestorm, Governor Raimondo signed the warrantless access bill into law on July 19. In doing so, she issued a signing letter in which she echoed Attorney General Kilmartin’s spurious call for more tools to combat “pill mills.” (No evidence of “pill mills” operating in Rhode Island has come to light.) She described the bill as another “tool in the toolbox against the criminal networks that prey on Rhode Islanders” and against “diversion of legal prescription drugs.”

Dr. Fessler immediately released a statement saying “The Rhode Island Medical Society is deeply disappointed in the Governor’s decision to sign this bill into law over the objections of the 21 organizations that went on record urging her to veto it. This new law sets a dangerous precedent while doing nothing to mitigate the current opioid epidemic or reduce the number of opioid deaths.”

Dr. Fessler went on to note that “The doctors of Rhode Island have led the nation in responsibly tapering the volume of legally prescribed opioids. However, the predictable result of this reduction has been heightened demand for illegal street drugs like heroin, which is often laced with deadly fentanyl and is now the real source of our continuing epidemic of overdose and death.” ❖

Does RIMS have your current email address?

RIMS Notes and the *Rhode Island Medical Journal* appear regularly as e-publications of the Rhode Island Medical Society for its members.

In addition, RIMS issues occasional e-blasts to members on urgent matters of practice management, payer behaviors, or timely opportunities to influence legislation or regulation.

To make sure RIMS has your best email address, please contact Sarah Stevens, sstevens@rimed.org. RIMS never spams its members with email clutter.

September 15 at Save the Bay

RIMS Annual Member Convivium



2017 is the fourth year of the Society’s innovative “Convivium” celebration. It offers an evening of relaxed socializing, a variety of good food and drink, and a short program recognizing leaders of the RIMS family, including the inauguration of the new leadership team. Exploiting the spectacular waterfront venue at Save the Bay headquarters on Field’s Point, boat tours of the Upper Bay are available to early arrivals.

New officers The Convivium is the occasion for formal installation of the Society’s new leadership team for 2017–2018. **DR. BRADLEY COLLINS** succeeds **DR. SARAH FESSLER** as President. **DR. PETER HOLLMANN** becomes President-Elect, and **DR. NORMAN GORDON** becomes Vice President. **DR. CHRISTINE BROUSSEAU** and **DR. CATHERINE CUMMINGS** begin new terms as Secretary and Treasurer, respectively.

Honoring three who make a difference: the 2017 Charles L. Hill Award goes to **DR. JERRY FINGERUT** for his outstanding service to the Medical Society and the broader community. The Herbert Rakatansky award for professionalism in medicine goes to **DR. MICHAEL E. MIGLIORI** in recognition of his committed leadership in shaping and promoting the Society’s public policy agenda. (Dr. Migliori received the Hill Award in 2009.) The Dr. John Clarke Award for public service goes to **DR. KATHLEEN C. HITTNER** as Rhode Island’s Health Insurance Commissioner for the past four years, as well as for her public-spirited philanthropy and volunteerism. (Dr. Hittner received the Hill Award in 2007.) ❖

A Note about RIMS Awards

The Hill Award for service is named for **Charles L. Hill, MD**, an otolaryngologist who was President of the Society in 1979-80.

The Rakatansky Award for professionalism is named for **Herbert Rakatansky, MD**, a gastroenterologist who was President of the Society in 1985-86.

The Clarke award for public service is named for **Dr. John Clarke**, the 17th century physician and proponent of religious freedom who negotiated Rhode Island’s famously liberal Royal Charter of 1663. Clarke also held various high offices in Rhode Island’s colonial government and personally endowed a philanthropic trust that continues to improve the lives of Rhode Islanders to this day. Historians have argued that Clarke, even more than Roger Williams, deserves to be considered the true founder of Rhode Island. Thus, Rhode Island is the only state in the U.S. that can be said to have been founded by a physician.)

RIMS’ New President

Dr. Bradley Collins takes the helm

Dr. Bradley Collins is a general internist and practicing hospitalist who grew up in Pennsylvania and graduated *magna cum laude* from Gannon University, where he majored in chemistry. He earned his medical degree at Pennsylvania State College of Medicine in Hershey and moved to Rhode Island fourteen years ago for a residency at Brown. He is based at The Miriam Hospital and is clinical assistant professor of medicine at the Alpert Medical School of Brown University.

Dr. Collins lives in Lincoln with his wife Tiffany, who is a nurse practitioner, and their six children. He and his wife adopted the older three children when they became orphaned one year ago.

Dr. Collins is a triathlete and a musician who enjoys theater, reading and, above all, time with his family.

In 2016, Dr. Collins drew wide attention for the very credible run he made as a political novice for a seat in the House of Representatives representing Lincoln and Pawtucket. His opponent was a popular three-term incumbent Democrat. Dr. Collins ran as an Independent, motivated not only by his concern about trends in health care but also by a strong interest in quality education and good government.

He said at the time, “I want to help make Rhode Island a place where people want to put down roots, to feel like their children will get a first rate education, and that their government works not just for special interests but for all Rhode Islanders.” ❖



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laws that are of interest to physicians. (The legislative history and full text of these new laws is available on the General Assembly's website, www.rilin.state.ri.us. In what follows below, "PL" stands for Public Law, the term given to newly enacted legislation; "S" stands for Senate, "H" for House. Most successful legislative bills are introduced in both chambers.)

Confidentiality and STDs

- Rhode Island law 23-11-9 was repealed. This law made it punishable by jail or fine for any person, committee or body to knowingly give any information to anyone relating to any person suffering "or suspected to be suffering" from a sexually transmitted disease. (Public Law 013/025; S-0545/H-5780)

Controlled substances

- The Rhode Island Uniform Controlled Substances Act was amended to classify all known variations of fentanyl as Schedule I drugs. (PL 053/059; S-0812/H-5738)
- Pharmacies must transmit naloxone prescription data to the Department of Health's PDMP, and, as of January 1, 2020, all controlled substance prescriptions must be electronic. (PL198; H-5975A)
- Prescribers must discuss with patients the risks of taking opioids. (This new law is compatible with current Health Department regulations.) (PL 207; S-0493A/H-6307)
- Law enforcement may access the PDMP without a warrant. Safeguards include a gate-keeper role for the Director of Health and definitions of a "certified law enforcement prescription drug diversion investigator" and "qualified law enforcement agency." The "qualified agencies" named in the law are the Rhode Island Attorney General's Medicaid Fraud Unite, the FDA, FBI, and the OIG of HHS. RIMS and a coalition of 20 other professional organizations and the ACLU opposed this legislation as opening a door to needless invasions of personal privacy and undermining trust in the doctor-patient relationship, while doing nothing meaningful to stem the epidemic of opioid deaths (see related story on page 6, "RIMS' Dust-up with the Governor and Attorney General"). (PL 262/263; S-0656Aaa/H-5469A)
- Pharmacies are required to report de-identified naloxone prescriptions to the Health Department's Prescription Drug Monitoring Program for statistical, research or educational purposes only. (PL 247/198; S-0546aa/H-5975A)
- See also "Pain Management" below.

SAVE THE DATE

Saturday, October 28, 2017

Why and How to Screen for Pre-Diabetes in your Patient Population

A collaboration of RIMS, AMA, and the RI Department of Health

Note: Screening for pre-diabetes will be a Medicare covered service in 2018.

Watch for details in early September.

Credentialing

- Health care plans and health care entities must render initial credentialing decisions on health care professionals within 45 days or less, among other provisions. This legislation was a RIMS priority. (PL 185/254; S-0145/H-5219A)

Formulary changes

- Existing recent legislation requiring health insurers to provide adequate notice to prescribers and insureds of changes in drug formularies was further strengthened. (PL 274)

Hospitals

- Rhode Island's Hospital Conversions Act was amended to facilitate and streamline mergers and acquisitions of and by not-for-profit hospitals. (PL 202/238; S-0937Aaa/H-6284A)
- Although hospitals are licensed and regulated by the Health Department under the Health Care Facilities Act," a physician practice that is owned by a hospital is exempt from regulation as a "health care facility." (PL 246; S-0577Aaa)

Long-term care

- The Long-Term Care Coordinating Council was restructured and reduced in size from 41 members to 33. (PL 067/073; S-0788Aaa/H-6144Aaa)

Mandated benefits

- Health plans must cover medically necessary non-opioid pain treatment provided by chiropractors and osteopaths. (RIMS successfully sought the addition of osteopaths to the bill at the request of the American Osteopathic Association and the RI Society of Osteopathic Physicians & Surgeons.) (PL 165; S0789Aaa/H-5219A)
- Health plans that include pregnancy-related benefits must cover "standard fertility-preservation services when a medically necessary medical treatment may directly or indirectly cause iatrogenic infertility to a covered person." Rhode Island law already mandated coverage for medically necessary expenses of diagnosis and treatment of infertility in women ages 25 to 42. The new language, which is thought to be unique in the nation, applies to that same population and possibly to transgender people as well. The intent of the law is to help cancer patients of childbearing age whose chemotherapy treatment commonly renders them infertile. The initiative originated with Dr. Eden Cardozo, a reproductive endocrinologist at Women & Infants Hospital. The law applies only to private insurers. (PL 132/150; S-0821A/H-6170A)

Medical records

- Patients and their authorized representatives "shall have the right to request" electronic or paper copies of their medical records from "any health care provider." Health care professionals have the right to be reimbursed for the attendant expenses, within certain limits. For the most part, the new law treats paper and electronic records exactly the same: clerical services, research and handling are reimbursable up to \$25, while the first 100 pages can be reimbursed up to \$.50 a page, with additional pages reimbursable at \$.25 per page. The law caps permissible page charges for *electronic* copies

at \$100 but places no total dollar limit on charges for voluminous paper copies. Another distinction is that for records provided in electronic format the permissible \$25 charge for clerical research and handling must also include the cost of shipping and/or the cost of any data storage device used to transmit the records. However, in the case of paper copies "the requester shall pay for the actual shipping costs incurred." (PL 120/140; S-0486B/H-5455A)

- See also "Confidentiality and STDs" above.

Non-physician practitioners

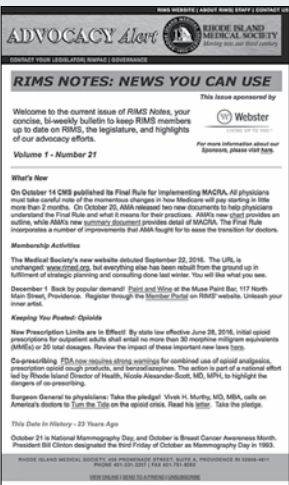
- The Board of Psychology within the Department of Regulation of the Health Department is expanded from 5 members to 7. (PL 36/42; S-0500/H-5670)
- The practice act for physical therapists has been revised with minor changes. It includes a statement that "The practice of physical therapy does not include the practice of medicine as defined" in Rhode Island law. (PL 130; S-0742A)
- Capping a 15-year campaign, the naturopaths succeeded this year in making Rhode Island the 17th state to grant licenses to naturopaths. In order to be licensed, naturopaths will need to have a written collaboration and consultation agreement with a licensed physician. Patients who patronize naturopaths will be required to read and sign a statement disclosing the following: that Rhode Island does not recognize naturopaths as primary-care providers, and naturopaths cannot be responsible for the overall medical care of any patient; that naturopathic care is not a substitute for medical care from a physician, PA or APRN; that patients are urged to have a primary care provider and to have all specialty care provided by a properly credentialed physician specialist; that naturopaths may not prescribe drugs or advise patients about prescription drugs beyond possible interactions with dietary supplements; that all questions regarding prescription medications should be directed to the prescriber or to the patient's primary care provider or to a licensed, registered pharmacist. The new law further explicitly provides that naturopaths may not practice as or claim to be medical or osteopathic physicians, primary care doctors, primary care practitioners, dentists, podiatrists, optometrists, psychologists, APRNs, PAs, DCs, PTs, or acupuncturists. They may designate themselves as "DN" but not "ND." The new naturopathic licensing board has 5 members: 2 physicians, 2 licensed naturopaths, and 1 member of the public. Massachusetts is now the only New England state that does not license naturopaths. (PL 230; H-5474A)

Patient Safety Organizations

- The definitions section of the Rhode Island Patient Safety Act of 2008 received a number of minor, inconsequential, mostly grammatical revisions. The Act enables the Patient Safety Organizations that were provided for in a landmark federal law enacted in 2005 to operate in Rhode Island with the evidentiary protections afforded by Congress. PSOs receive reports of patient safety concerns, including accidents and near misses, from hospitals and other entities, and develop strategies to improve safety. The reports are protected from discovery. (PL 178; S0407Baa)

Are you reading RIMS Notes?

You can keep current on the Medical Society's many-sided advocacy through our electronic newsletter, *RIMS Notes*, which appears in your in-box at 4 pm on alternate Fridays, 26 times a year. Designed for quick consumption, the Notes distill local and national regulatory, legislative, and market developments, bringing you timely reports from the multiple fronts where RIMS and its allies are doing battle for doctors and patients. You can skim the essentials or click through for deeper detail and full-length documents. RIMS Notes are for RIMS members only. Comments and suggestions are welcome! Please contact Newell Warde, nwarde@rimed.org.



Protecting youth

- Prohibited acts under the Domestic Abuse Prevention Act now include sexual exploitation of any person under the age of 18. (PL 105/111; S-0610/H-5990A)
- No licensed professional may advertise for or engage in conversion therapy with anyone under the age of 18. (PL 186; H-5277A)

State Budget

- Article 5 of the Budget moved oversight of the Utilization Review statute from the Health Department to the Office of the Health Insurance Commissioner and updates that statute to comply with federal law. (PL 302; H-5175Aaa)

Stroke

- The Stroke Prevention and Treatment Act of 2009 was amended to require the Director of Health to establish a process to designate "acute stroke ready hospitals" in Rhode Island. The Act already mandated a process to recognize "comprehensive and primary stroke centers." (PL 201; H6225)

Veterinary care in zoos

- New language added to the Veterinary Practice Act provides as follows: "Upon determination by the attending zoo veterinarian that there is no available licensed Rhode Island veterinarian with specialized skills to provide the necessary treatment, assistance can be sought from a licensed human medical practitioner to provide treatment to an animal that is part of the zoological collection. The licensed veterinarian shall maintain responsibility for the veterinarian-client-patient relationship." (PL 125; S-0559) ❖



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RIMS' "Weight & Wellness Summit" a signal success

RIMS made many new friends and is still garnering kudos for the unique and lively "Summit" it arranged earlier this year with support from the Coverys Community Healthcare Foundation, the Rhode Island Health Centers Association, Blue Cross and others.

Aside from RIMS' own year-long series of Bicentennial events in 2012, the Weight & Wellness Summit was RIMS' largest event so far this century, drawing a diverse, multi-disciplinary, capacity crowd of 280 to the Crowne Plaza in Warwick for a day of showcasing the great variety of local initiatives underway in Rhode Island to promote healthy living through informed choices. Some 30 presenters from the practicing community, academia, state government, private entrepreneurs, and community groups offered concentrated doses of their own special contributions to making Rhode Island a healthier place to grow up, live and work.

Using a "lightening speech" format moderated by RIMS President **DR. SARAH FESSLER** and Health Centers Association head **JANE HAYWARD**, the Summit provided a lively overview of a spectrum of complementary approaches to weight and wellness. At the end of the day one distinguished local presenter exclaimed, "I had no idea there was so much going on in Rhode Island."

A Physician Advisory Committee oversaw the Summit project. Appointed and led by Dr. Fessler, the Committee included **DR. AILIS CLYNE**, **DR. ROBERTO ORTIZ**, **DR. VINCENT PERA**, **DR. JOSE POLANCO**, and **DR. DIETER POHL**. Members of the separate Planning Committee included staff from RIMS, from the Executive Office of HHS, from Blue Cross, from the Health Department, from the YMCA of Greater Providence, from the American Heart Association, and a member of the Alpert Medical School faculty.

The undertaking was stimulated by the Boston-based medical liability carrier Coverys and supported with a grant from the Coverys Community Healthcare Foundation. ❖



RIMS Treasurer: "Prompt payment helps dues go farther."

JOSE POLANCO, MD, Treasurer of RIMS, asks RIMS members please to watch for their 2018 dues billing in a few weeks and to respond as promptly as possible. RIMS has to send numerous dues reminders each year, and each reminder consumes resources that would better go directly for advocacy work. This year's dues invoices are scheduled for mailing around October 15.

OFFICE SPACE AVAILABLE

The Medical Society has 442 square feet of newly renovated office space (3 contiguous offices of 200 sq ft, 121 sq ft and 121 sq ft), complete with convenient sheltered parking. Includes cost-effective opportunities to share 3 well-equipped meeting spaces, a break room, up-to-date office machinery, receptionist, etc. Located on the western edge of downtown Providence. Suitable for a small organization (especially a health-related non-profit), a boutique law firm, CPA firm or other office-based small business. Inquiries to Newell Warde, nwarde@rimed.org.

Briefly noted

MARC BIALEK, MBA, has joined the staff of the Medical Society as Director of Membership. He holds a BA in political science from the University of Rhode Island and a Masters of Business Administration from Johnson & Wales University. Recently relocated back to Rhode Island from northern Virginia, Marc brings a wealth of experience in association management to the Medical Society. He lives in East Greenwich with his wife and three young children.

RAFAEL E. PADILLA, MD, is President of the Rhode Island Society of Anesthesiologists

ADAM KLIPFEL, MD, is President of the RI Chapter of the American College of Surgeons/Providence Surgical Society

MAGDALENA KRZYSTOLIK, MD, is President of the Rhode Island Society of Eye Physicians and Surgeons

SIDNEY MIGLIORI, MD, is President of the Rhode Island Orthopedic Society

EMILY MURPHY, MD, is President of the Rhode Island Psychiatric Society

REENA BHATT, MD, is President of the Rhode Island Medical Women's Association

ANDREW TOMPKINS, MD, is President of the Rhode Island Urological Society

LAURA LEVINE, MD, is President of the Rhode Island Society of Addiction Medicine

CATHERINE CUMMINGS, MD, is President of the Rhode Island Chapter of the American College of Emergency Physicians

JAMES CARNEY, PA-C, is President of the Rhode Island Academy of PAs

AUDREY KUPCHAN, MD, is Governor of the Rhode Island Chapter of the American College of Physicians

Note: RIMS welcomes reports of annual meetings and leadership transitions in all local medical societies. Contact Marc Bialek, mbialek@rimed.org.

The Rhode Island Free Clinic will honor **HERBERT RAKATANSKY, MD**, Bayside Endoscopy, and University Gastroenterology in the context of the Free Clinic's Seventh Annual Founders' Event, which takes place at the Providence Marriott on Wednesday, October 4, 2017.

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Bracing for the political year 2018

The American electorate, having had its say in 2016 but been largely spectating since, will once again have a chance to reshape the political landscape in 2018.

Rhode Island voters will decide how to fill all of the 113 seats of the General Assembly. The result could mean changes in the House and Senate leadership. Voters will also decide on all five statewide general offices: Governor, Lieutenant Governor, Treasurer, Secretary of State, and Attorney General.

2018 Governor's race

The Governor is always a key player in health care, and the current incumbent, with whom RIMS has a good working relationship, will be running for reelection. Gina Raimondo could be seriously challenged by a Republican, and that opponent may have to survive a primary in order to face her in the general election.

Lieutenant Governor, Treasurer

The office of Lieutenant Governor (Daniel McKee is the current incumbent and eligible to run for reelection) is responsible for long-term care matters, but the office can play a much larger role in health care if the incumbent is motivated to do so, as Elizabeth Roberts demonstrated during her eight years in the office. In contrast, the state Treasurer (currently Seth Magaziner) is generally a minor player in health care; but that can change with circumstances and issues.

Secretary of State

The Medical Society regards the current Secretary, Nelly Gorbea, as an important friend. She

too is expected to run for reelection. The office is important to RIMS because it oversees elections, lobbying laws, and public information about state government.

Attorney General

The Office of the Attorney General has taken on increased importance in health care over the past two decades, thanks to its role as consumer protector, patient advocate, hospital conversion gatekeeper, antitrust watchdog, and chief law enforcement officer. The current opioid epidemic will continue to demand that law enforcement learn to regard overdose incidents as medical emergencies first and crime scenes second. RIMS has often found itself at odds with the current AG, Peter Kilmartin, who is term-limited and whose successor will thus be elected next year.

Potential strong candidates for AG include former U.S. Attorney Peter Neronha (who is married to a physician) and Robert Craven of North Kingstown, who chairs the House Labor Committee.

(Meanwhile, Forbes columnist and Raimondo-critic Edward Siedle continues to make noises about running for AG in Rhode Island so that he can prosecute Governor Raimondo for her alleged recklessness in her previous office as state Treasurer. Mr. Siedle will have ample resources to run for office anywhere in the country once the U.S. Securities and Exchange Commission coughs up its largest-ever whistleblower reward to him. However, he is not a Rhode Island resident, nor is he registered to vote here.)

Medicine's role

For some, the year 2016 provided an antidote for political complacency. RIMS has always encouraged physicians to be politically informed and engaged. The Code of Medical Ethics teaches that physicians have a professional obligation to themselves and their patients to seize opportunities to improve the environment, whether socially, economically, politically or physically.

Certainly being politically active can take many forms, and not everyone is cut out to run for public office. The Rhode Island Medical Political Action Committee (RIMPAC) and the American Medical Political Action Committee (AMPAC) make it easy for every physician to be involved in the political process. Supporting RIMPAC and AMPAC means helping medicine convey a coherent message locally and nationally. Both PACs depend on regular solicitations and are building now to be ready for the coming election cycle.

MICHAEL SILVER, MD, is Chair of RIMPAC. **PETER KARCZMAR, MD**, is Treasurer. RIMPAC coordinates with other specialty medical PACs in Rhode Island to reinforce medicine's values and priorities through the electoral process. RIMPAC and AMPAC need and deserve the support of every doctor.

RIMPAC and AMPAC also encourage and support individual members of the medical family who want to involve themselves more or even run for office themselves. RIMS has conducted a number of campaign schools intended for the benefit of RIMS members and their families, including students and residents.