

## PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE

### Meeting Minutes, May 20, 2009

*Members & Alternates in Attendance:* Thomas Bledsoe, MD, PCPAC Chair; Gregory Allen, DO; David Ashley, MD; Stanley Block, MD; David Bourassa, MD; Mark Braun, MD; Michael Felder, DO, MA; David Gifford, MD, MPH; Elizabeth Lange, MD; Anne Neuville, RNP; Richard Wagner, MD; Newell Warde, PhD. *HEALTH:* Carrie Bridges, MPH; Helen Drew; Carla Lundquist; Ana Novais, MA; Virginia Paine, RN, MPH; Mia Patriarca O'Flaherty, MA; Peter Simon, MD, MPH.

*Member/Alternates Unable to Attend:* Munawar Azam, MD; Jeffrey Borkan, MD, PhD; Matthew Burke, MD; N.S. Damle, MD; Charles Eaton, MD, MS; Fadya El Rayess, MD, MPH; Michael Fine, MD; Patricia Flanagan, MD; Arnold Goldberg, MD; Ellen Gurney, MD; Christopher Jones, MD; Cynthia Holzer, MD; Meg Lekander, MD; Raymond Maxim, MD; Lauren Meisel, MD; Albert Puerini, Jr., MD; Patrick Sweeney, MD, PhD, MPH.

Open Meeting/Old Business - PCPAC Chair Dr. Bledsoe called the meeting to order at 7:34 AM, and asked the Committee members present to review the minutes of the April 22, 2009 meeting. There were no comments and the minutes were approved as written (motion by Dr. Braun, second by Dr. Wagner, all in favor).

A list of Global Waiver Task Force members was provided per PCPAC request. Dr. Gifford noted there is little physician representation on the Task Force and Dr. Ray Maxim has been asked to help organize a medical input group. Dr. Lange reported that six work groups were assigned at the last Task Force meeting, and this is an opportunity for people not on the Task Force to have input. The work groups include Housing, Dual Eligibles, Katie Beckett, Long Term Care, and others. People ask to participate on a work group by contacting the work group Chair; workgroup meetings will not be subject to Open Meetings Law. Dr. Gifford explained that HEALTH has no direct involvement with the Task Force; PCPAC may be used as a vehicle for representation and to make recommendations. Dr. Hub Brennan, a former PCPAC member, is on the Task Force.

Virginia Paine announced that a request for comments from PCPAC on a manuscript has been forwarded from Faruque Ahmed, MD, PhD, at the CDC. Dr. Ahmed has written an evaluation of the *Immunize for Life* Adult Flu Vaccine Program for submission to the Journal of Preventive Medicine. As PCPAC had considerable input in the development of the program, he has asked for comments on the manuscript. Comments can be sent electronically to Dr Ahmed (contact info on handout), responses are needed in 2 to 3 weeks.

#### Department of Health Current Legislative Efforts

Helen Drew, Associate Director of Policy, reviewed eleven areas of current legislation with significant impact on public health. Time has become crucial; if bills do not move within the next 2-3 weeks it will be very hard to gain passage. HEALTH is asking for community partners, particularly the medical community, to provide input to the General Assembly to move or stop legislation. Calls and emails are needed now, not letters. Ms. Drew explained how to access lists of current legislation, the significance of amendments, and the process of bill introduction and passage. HEALTH is tracking about 200 bills and is looking for PCPAC advice on health-related bills, or recommendations on any amendments that may be needed. The impact of physician testimony in favor or against any legislation was emphasized.

S185/H5359 - Medical Marijuana: This is likely to move through and pass this year; **it is** not likely to be vetoed **and** will probably become law without **the Governor's** signature. Since last year federal law has changed such that the federal government will not interfere with state medical marijuana programs.

S545 – Certification of out-of-state health care professionals in times of emergency. The Governor and HEALTH are in favor of this legislation. Emergency certification requests would need to come from hospitals. RIMS has testified that the requests should not be so limited.

S710/H6062 – Radiologic Technologist Licensing. This bill would bring licensure of this evolving profession up to date. HEALTH worked with RIMS on drafting this bill. Wider support is needed to move this legislation; please make calls and send e-mails to help move it.

H5273/S866 – Changes to applicability of the Certificate of Need (CON) program: This bill adds physician office operatories, podiatrist operatories, and full body MRIs to the list of items subject to CON review. HEALTH worked with advocates to develop the language for this bill, and generally supports it. The bill is still sitting and has yet to be re-posted for consideration. Dr. Block asked about RI Medical Society opinion on this; Ms. Drew remarked that RIMS has not been active and did not testify on the bill. Previously, physician-owned operatories were completely exempted from the CON process for approval for new technology at cost exceeding \$1 million; a political reason for moving this would be to placate hospitals. Physician-owned operatories and full-body MRIs would come under CON and change of effective control processes. Dr. Block noted this is an opportunity to require those facilities to provide Charity Care. Dr. Bourassa asked about HEALTH oversight/monitoring of facilities that don't require CON. Dr. Gifford explained that they are subject to licensure regulations and need to meet community standards of care (i.e., use of gloves, sterilization, etc).

There is concern about infection risks in non-hospital operatories as well as in hospitals. Hospital Acquired Infections are being relabeled as Health Care Facility Acquired Infections.

H5415/S245 – HIV legislation to bring RI into compliance with CDC regulations. This did not pass last year, but is moving now and will not be amended again. Physicians played a big role in keeping focus on this issue and moving it.

H5479/S552 – Would allow practitioners to write up to 3 separate prescriptions in Schedule II for up to a one-month supply and allow for a 90-day supply for prescriptions in Schedules IV and V. This is a re-draft of a bill that passed last year, for clarification, and is in accordance with federal rights. This is particularly critical for child psychiatry. HEALTH is actively supporting this measure and requests medical community support to keep it moving.

H5520/S534 – Would require all chain food service establishments (15 or more in chain) to provide nutritional information at point of sale for all standard menu items. Calorie postings on menus is particularly important to prevent and combat overweight and obesity, and Dr. Gifford has testified for HEALTH in favor of this bill. There is lots of opposition from hospitality association, large chain restaurants, and alcohol lobbyists. The bill does not appear to be moving, has not been re-posted; calls and emails to legislators are needed immediately. These measures can change behaviors and reduce obesity, and similar legislation is moving in other jurisdictions. The cut off number of 15 restaurants in a chain was selected based on the capacity of the chain to collect and compile information. Dr. Gifford noted that since calorie count posting legislation has been passed in other jurisdictions, the chain restaurants have the information they need to do this. Advocacy from the medical community advocacy is needed to get this moving.

H5556 – Utilization of unused prescription medications. This is an attempt to recycle medications from deceased nursing home patients; the drugs would need to be in unopened blister packs to be recycled to guarantee authenticity; opened items/containers could not be reused. The bill was written to mandate recycling; however, HEALTH does not have the capacity to implement or enforce this. Partners would be needed but no one has come forward to participate. This only could realistically be done if a state pharmacy existed in RI. The number/amount of unused prescription medications is decreasing due to financial and health insurer constraints. This effort should be put aside until a state pharmacy exists.

H5797/S546 – Issuance of health professional license cards. This bill is in opposition of the HEALTH policy moving toward not issuing physical health professional licenses and relying on having employers check the HEALTH web site for licensure status. HEALTH still issues paper licenses at initial licensing. Nursing organizations particularly have strongly objected to not having a hard copy license. Dr. Block noted that employers are informed if licensure is lost because it is posted on HEALTH web site, and an RSS feed for updates is available. Being required to issue hard copy licenses would have considerable cost and staffing implications for HEALTH. The question was asked if an extra fee could be charged to those requesting a hard copy; Ms. Drew explained that legislation would be needed to up-charge for the card. Dr. Bledsoe suggested the original licenses should include a “valid as of” date and instructions to check the website for current status.

#### H1N1 (Swine Origin) Influenza Response

Dr. Gifford reported that partner and provider briefings now being issued weekly on Wednesdays. Physician organization leadership has access to an e-mail address to send concerns from their membership and to relay problems from constituencies. Swine flu continues to spread nationally and regionally in the Northeast, with several clusters at schools. The hospitalization rate is higher than for seasonal influenza (3-4% vs. 1%). A vaccine is likely to be available in the fall that will be considerably different than the regular flu vaccine; target groups will be mainly children and pregnant women.

Preliminary data from CDC indicates some cross-immunity due to previous exposure and vaccines in older populations. Attack rates among siblings are much higher than children to adults. HEALTH is as yet unsure as to how the H1N1 vaccine will be distributed, but is lobbying to use the existing systems for pediatric and adult seasonal flu vaccine. However, the federal government may purchase the vaccine and distribute to the states. Dr. Braun noted hearing that obesity might be a risk factor for serious H1N1 illness; Dr. Gifford agreed that anything affecting respiratory function will complicate flu. Dr. Lange emphasized that physicians need to be prepared for epidemic outbreaks at their offices, and have the necessary resources on hand (masks, alcohol gels, other supplies). Recommendations on the supplies practices should have on hand would be helpful; see the HEALTH and CDC web sites for resources.

The next PCPAC meeting will be held on Wednesday, June 17, 2009, 7:30 – 8:45 AM. Location to be announced.



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