

# Vermont Academy of Family Physicians Board Meeting

Wednesday, June 6, 2012  
Windjammer Restaurant, So. Burlington, VT

**Present:** Andrea Regan, Anna Meyendorff, Carol Blackwood, David Little, Mark Lichtenstein, Mary Dill, Mike Sirois, Rob Penney, Stuart Williams, Tom Peterson, Stephanie Winters

## 1. Call to Order

The meeting was called to order at 6:54 p.m. by Rob Penney, M.D.

## 2. Approval of Minutes

A motion was made and seconded to approve the minutes of March 22, 2012. The minutes were unanimously approved.

## 3. Reports

### a. Updates from UVM – Tom Peterson

Tom reported that today was the Annual Welcome to the Family Medicine Review Course, which is the longest running family medicine review course in the country! There is great attendance this year and at the course will be recognizing retiring faculty – Allan Ramsay and John Ferguson. The Hail & Farewell for residents was held and there are 7-8 applications for each open slot.

### b. Treasurers Report/Budget – Mike Sirois

Mike reported that there is a little over \$50,000 in the checking account and approximately \$36,000 in the fidelity account. The audit is still going as we haven't been able to switch the fidelity account owners from Paul Reiss yet due to red tape, so that is the only hold-up for the audit to be complete.

### c. VDH Report

There has been a lot of talk about immunizations and the legislation, which is now law. The philosophical exemption remains for school entry. We had a presentation in April on oral health and the high incidence of children with bad dentistry going under general anesthesia. Also discussed were GIS mapping, the new WHO growth charts and ACE.

### d. Vermont Medical Society Update – Stuart Williams

David Coddair, a family physician from Morrisville will running for Vice President of the VMS.

The 2012 Legislative Session Wrapped up in early May with the following outcomes: H.559 Passes – Establishes an ACA-Mandated Health Benefit Exchange - The General Assembly passed H.559, legislation establishing state-specific characteristics for the federally-mandated health benefit exchanges required under the Accountable Care Act (ACA). Under the bill, individuals and employer-sponsored groups with less than 50 employees will be required to purchase their health insurance from private sector qualified health plans (QHPs) through the exchange beginning Jan. 1, 2014. Premium tax credits are available to individuals and families below 400 percent of the federal poverty level (FPL) (\$89,808 for a family of four) and above 133 percent of FPL (\$29,861 for a family of four) purchasing coverage through the exchange. In addition, individuals and families with incomes below 250-percent FPL are also eligible for cost-sharing subsidies to reduce their out-of-pocket exposure. Vermonters under 133-percent of FPL will be enrolled in Medicaid and those 65 years and older would continue to receive Medicare. Beginning in 2014, VHAP and Catamount would be repealed with individuals covered under VHAP or Catamount having income over 133-percent of FPL enrolling in the exchange.

H.745 – Prescription Drug Abuse Bill Fails to Pass - Notwithstanding a great deal of consensus on numerous provisions in the bill to prevent prescription drug abuse, the House and the Senate failed to reach a compromise on H.745 and the issue of state police access to information on an online prescription drug database, thus the bill's failure. VMS intends to actively encourage the DOH to improve the functionality of the VPMS and provide Vermont physicians with information and support in registering and using the VPMS in order to help prevent prescription abuse in the state.

S.199 Passes – Bill Preserves Exemption for Immunizations - S.199, a bill that would have eliminated the philosophical exemption allowing parents to enroll children in public school without immunizations, passed the last day of the session with heavy amendments and in the end left the philosophical exemption intact. While the Senate voted to eliminate the philosophical exemption; the House voted 93-36 to keep it. Efforts to strengthen the bill in conference committee by giving the Commissioner of Health authority to remove the philosophical exemption if rates for MMR, DTaP, and Tdap dropped below a 90-percent threshold were unsuccessful.

H. 777 - Fails to Pass - Would Have Required Insurers to Reimburse Homebirth, but Insurers May Not Require Liability Insurance Until 2014 - The House of Representatives approved H.777 -- a bill that would by law exempt licensed midwives and certified nurse midwives from carrying medical malpractice insurance for home birth until 2014. The bill would have required insurers to reimburse licensed midwives and certified nurse midwives for homebirths, and at the same time, would not permit the insurer to require that midwives be part of the insurer's network until 2014. Because the bill was referred to the House Judiciary Committee it did not make the legislative crossover deadline, and could not be considered as a separate bill in the Senate. An attempt was made in the House to attach H.777 to an insurance bill that had already been passed by the Senate, but H.777 was found not to be germane to the insurance bill, and the legislation died.

H.524 – Office of Professional Regulation (OPR) Bill Expands Naturopaths Prescription Authority. VMS Proposed Study on Naturopaths' Education and Clinical Training Added - H. 524 authorizes the Office of Professional Regulation (OPR) to eliminate the naturopaths' formulary, the list of drugs that naturopaths have authority to prescribe, and instead will permit naturopaths who pass a qualifying test to prescribe any prescription drug that they believe is consistent with their scope of practice. These changes to the naturopaths' prescribing authority were proposed by the Director of OPR with the concurrence of the Commissioner of Health. The current formulary would remain in effect until 2015. After 2015, naturopaths who have not passed the test would not be able to prescribe prescription drugs. VMS opposed this expansion of prescribing for naturopaths, due to concern about the potential risk to patients when dangerous drugs are prescribed by naturopaths without sufficient training. Naturopaths' education and training is very different from physicians' education and training. Their naturopathic college curricula generally appear to include only one or two courses in pharmacology that are typically taught by naturopaths. A review of their education and training done in 2007 by the Vermont Department of Health and a work group that included physicians, pharmacists, naturopaths found that naturopaths were not qualified to prescribe all prescription drugs, and proposed a limited formulary for naturopaths that would be contingent on passage of a rigorous test.

Vermont Board of Medical Practice (VBMP) Approves Proposed Rules Requiring Physicians to Have 30 Hours of AMA Category 1 CME Every Two Years - The Vermont Board of Medical Practice (VBMP) has approved proposed rules that will require physicians to have 30 hours of AMA Category 1 CME every two years for license renewal. Of those 30 hours, 1 hour of CME must address palliative care, hospice or pain management and 1 hour of CME must address prescribing controlled substances. In connection with their license renewals, physicians will be required to

certify that they have completed the CME requirements, listing the courses and hours. The VBMP will have the ability to audit licensees for compliance for four years after the certification is submitted. VMS currently tracks CME as a membership benefit. The rules include provisions for make-up plans and exceptions for physicians serving in the military. After the formal rulemaking process is completed, the CME rules are expected to be in effect for the license renewal period that begins Dec. 1, 2012, and physicians will first need to certify that they have taken the required CME when they renew their licenses in the fall of 2014. VMS is seeking comments from members on the proposed rules and will comment formally to the VBMP as the rules go through the administrative rules process.

S.103 – Physician Assisted Suicide Bill Fails - Legislation that would allow physicians to assist terminally ill patients to take their own lives failed to pass the General Assembly. VMS testified before the Senate Judiciary Committee in opposition to the bill, based on its policy of not supporting laws for or against physician-assisted suicide. VMS recognizes the need to continue to work on these issues.

#### **4. Officers**

##### **a. CoD 2012 – Delegate/Alt. Del.**

Allyson Bolduc will serve as Delegate, Carol Blackwood will also serve as Delegate and Andrea Regan agreed to serve as Alternate Delegate this year. A motion was made, seconded and unanimously approved to accept this slate of officers.

##### **b. President-Elect**

Carol Blackwood is interested in serving as President-Elect starting in November and is willing to be nominated. The board was excited about her interest.

#### **5. Advocacy**

##### **a. Opioid Prescribing**

There was discussion on adding resources on the VTAFP webpage including soliciting practices opiate prescribing procedures.

##### **b. Other**

The website is in the process of being updated – stay tuned!

#### **6. November Meeting Update**

Allyson submitted a list of possible topics for the November CME meeting. Discussion ensued and interest from the board on the following topics will be considered for presentations:

- AAFP Representative
- Allan Ramsay – GMCB Update
- VDH Update – Breena Holmes on MCH, schools, etc.
- Office Palliative Care – Diana Barnard and Jana Clough
- Bariatric Surgery – speaker from DHMC
- Dartmouth Co-Op Mental Health
- Ovarian Cancer Screening – Allyson

In order to meet the new opiate and palliative care CME requirements, the board discussed alternating every year between doing a 1 hour CME on palliative care and a one hour opiate CME.

#### **7. Other Business**

#### **8. Next Meeting – September – 6:00 p.m. – 8:00 p.m.**

#### **9. Adjourn**

This meeting adjourned at 8:36 p.m.