

Advocacy Efforts of the Rhode Island Medical Society and Its Legislative Priorities in 2010

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Physicians have always advocated for their patients' well-being, beginning with the simple phrases like, "you need to lose some weight" or "you must stop smoking". They have interceded with government agencies to obtain special consideration for parking, utilities, and disability benefits. More recently, physicians and their staffs advocate with insurers for imaging studies and medications that patients require.

Legislation and regulation have become important elements of the world of medicine. Long ago, physicians realized the importance of participating in the process of advocacy for health interests, in addition to the activities of examining and treating patients, fostering medical education and advancing medical science through research. Through the vehicle of organized medicine, advocacy becomes an easier activity. The Rhode Island Medical Society (RIMS) has participated in advocacy on a local and national level since our founding in 1812. RIMS has a Public Laws committee, comprised of physicians from every specialty, and a Director of Government Relations and Public Affairs. In general, the advocacy priorities of the RIMS have always included access to affordable health care for all, medical liability reform and physician practice issues such as reimbursement reform. Each year, the Medical Society advocates at the State House and before Congress for bills of interest to our members and their patients. We also work diligently during the promulgation of regulations to ensure that the regulations reflect the intent of the law.

Advocacy for health care is all about support and partnering. The Medical Society has many partners in its advocacy efforts. Those partners may include local specialty societies, nursing and physician assistant colleagues, other health care professional groups, public health advocacy organizations, the Department of Health and other State of Rhode Island regulatory agencies involved in health care policy, payment, and service delivery. Our RIMS Public Laws committee meets regularly to determine which pieces of legislation we will support, oppose, or sometimes simply monitor. Leg-

islation is evaluated according to the principles of the RIMS, the American Medical Association, and the impact on the practice of medicine in Rhode Island and Rhode Island's patients and physicians. There may be times when the Medical Society finds itself opposed to a group that may be a partner on other legislation.

Additionally, the RIMS partners with legislators to draft and introduce legislation of interest to the Medical Society members. RIMS' legislative agenda covers several broad categories with bills relating to business and professions, to health and safety, to courts and civil procedure, to insurance, to taxation, to food and drugs, and also issues relating to state affairs and government.

Testifying is storytelling... Our patients' conditions provide the best stories.

The 2010 agenda of the RIMS includes legislation that would grant immunity from liability for gratuitous emergency assistance provided by credentialed physician assistants thus allowing them to participate in disaster and emergency care with or without physician supervision. We partnered with our physician assistant colleagues on this legislation.^{1,2} Under the category "related to business and professions," given advances in technology, we are advocating for repeal of the radiologic technology licensing act and for adopting a revised act. This revised act would allow the Director of Health to appropriately license radiologic technologists on updated imaging modalities in accordance with current standards of practice established by national professional associations. This would examine, register, certify or approve individuals and education programs relating to operators of sources of radiation.^{3,4}

Partnering with our colleagues in dermatology, the RIMS introduced an act that would require the Director of the Department of Health to include, as minimum safety standards for tanning facilities, a pro-

hibition on the use of such facilities by persons younger than 18 years of age without a physician referral.^{5,6}

Of late, much attention has been paid to the merits of "the apology" as a tool in settling liability claims. In Rhode Island this year, the power of the apology was aptly demonstrated in the recently settled Woods case. Reportedly, the apology was one of the deciding elements which led to settlement.

We are partnering with the Hospital Association of RI, Kent Hospital, Norcal Mutual and other liability carriers to support legislation which provides that expressions of sympathy shall be inadmissible as evidence of an admission of guilt or wrong doing. This would include statements by a health care provider to a patient or to the patient's family regarding the outcome of such patient's medical care and treatment. It would include reports of medical/health care errors or unanticipated outcomes as well as any offers to undertake corrective action.^{7,8} Our legislation is based on a program at the University of Michigan Health System that has seen a dramatic decrease in the frequency of malpractice claims under their program.

RIMS continues to monitor and support other legislation. The RIMS supports an act that provides parity of reimbursement for treatment of mental illness and substance abuse with the reimbursement for medical services provided. This would be accomplished by determining reimbursement using the same methodology for all treatments and in no case would reimbursement for mental health services be at non-comparable levels.^{9,10}

At the request of the Medical Society, legislators introduced a bill that would prohibit the granting of a license under chapter 44-20, the "Cigarette Tax," to applicants who are licensed as a health care facility.^{11,12} Using the example of the cigarette tax as a behavioral change agent for better health, we have partnered with the Department of Health and others to support legislation which outlines a similar strategy to reduce the consumption of sugar-containing soft drinks.^{13,14}

The RIMS supports legislation that would permit physicians, physician assistants and nurse practitioners to prescribe prescription drugs to a patient's sexual partner or partners for the treatment of sexually transmitted disease without a physician examination.¹⁵ Such a bill would protect the public's health.

The RI Medical Society supports a proposed "Good Samaritan Overdose Prevention Act," which would exempt from liability any person who administers an opioid antagonist to another person to prevent a drug overdose.^{16,17} To continue to facilitate ease of practice for physicians, the Medical Society advocates for health insurance oversight. One act would require the professional provider-health plan work group (the "group") to develop a method whereby health plans shall disclose their prescription drug formularies to providers. It would require that a report on the work of the group be submitted by the Health Insurance Commissioner to the Joint Legislative Committee on Health Care Oversight by December 1, 2010.^{18,19}

Lastly, as has always been a priority for the Medical Society, we continue to support affordable health insurance for all Rhode Islanders.²⁰

Legislation needs Senate and House champions to introduce bills. If a Senate or House champion cannot be found, the leg-

islation doesn't get introduced and goes no further in the process. Once bill numbers are assigned, committee hearings are scheduled. It is at this time that the legislation needs supporters. Early in the legislative session, the leadership of the RIMS and our staff meet with the leaders of the House and the Senate to inform them of the Medical Society's legislative agenda.

Testimony is crucial to advocacy. Interested parties must provide information and context to legislators to make the case for the legislation. The more broad-based the support for the legislation, the greater the opportunity that it will succeed.

Many of the bills supported by the RI Medical Society do become law. If not, legislation is reevaluated, perhaps refined, and additional support is sought. Sometimes that means bringing other legislators on board; sometimes that means adding new partners. The legislation may be reintroduced in the next legislative session. Testimony at committee hearings remains crucial.

There are times when the Rhode Island Medical Society advocates and supports on a national level or with federal agencies. It has supported the interest of national organized medicine partners, like the American Medical Association, and contacts Rhode Island's congressional delegation or signs on to letters supporting or opposing federal legislation and regulation. Health care reform, payment system reform and medical liability are examples of such issues. RIMS often partners with other public health advocacy organizations, such as the American Lung Association of Rhode Island, on many aspects of their anti-smoking initiatives. We have written letters of support for Rhode Island's quality organizations, such as Rhode Island Quality Institute and Quality Partners of Rhode Island, as they have applied for federal grant awards, and for Rhode Island's hospitals as they have applied for medical liability reform demonstration project monies.

Specifically regarding health care reform, as the national discussion unfolded throughout the year, the Medical Society's leadership and Government Relations staff reviewed the House and Senate bills and met with Rhode Island's Senators and Representatives to

provide comment. We have worked with AMA colleagues to continue to try to advocate for meaningful health care reform.

As medicine changes, advocacy has become increasingly important to the practice of medicine. Legislative and regulatory actions touch every physician's professional life whether in private practice or in hospital-based practice. Physicians need to be more involved. Testifying is story-telling. This gives legislators a context for their decision making. Our patients' conditions provide the best stories. The broader our support and the more individuals we have testify, the more successful our advocacy efforts will be to shape public policy.

The RIMS provides the support and education to help each physician become part of this process. An annual RIMS-sponsored program, "House Calls," introduces Rhode Island's physicians and medical students to the legislative process. This gives them the opportunity to provide input to the legislators at the RI State House on bills of interest to medicine. All are welcome to participate.

The Society's website www.rimed.org includes information, resources, and links that make it easy for physicians to inform themselves and weigh in on legislation. We also have a grassroots advocacy list serve by which we alert members of the need to act on current legislation. This powerful tool helps members make contact with their legislators.

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The bills of Rhode Island Medical Society's 2010 Legislative Agenda

To view the bill text, go to the Rhode island General Assembly website, <http://www.rilin.state.ri.us/BillText10/>

1. S2420
2. H7493
3. S2130
4. H7273
5. S2205
6. H7274
7. S2562
8. H7320
9. S2551
10. H7361
11. S2201
12. H7012
13. S2199
14. H7368
15. H7450
16. S2423
17. H7491
18. S2542
19. H7256
20. S2543