

RI Dept. of Health Receives \$5.9 Million for Disaster Preparedness

Funds will support hospitals' emergency preparedness response

WASHINGTON, DC – In an effort to help ensure that Rhode Island's medical facilities and health care systems are prepared for natural disasters and public health emergencies, U.S. Senators Jack Reed (D-RI) and Sheldon Whitehouse (D-RI) announced that the Rhode Island Department of Health will receive \$5.9 million to continue improving preparedness and health outcomes for a wide range of public health threats.

Rhode Island will receive \$4.4 million through the Public Health Emergency Preparedness (PHEP) cooperative agreement and \$1.5 million in federal funding to strengthen its Hospital Preparedness Program (HPP). The federal grants are administered by the U.S. Department of Health and Human Services (HHS).

The federal PHEP and HPP funds are designed to enhance the ability of hospitals and health care systems to prepare for and respond to public health emergencies such as natural and man-made disasters, terrorism, foodborne outbreaks, and health epidemics.

"This is a sound investment in bolstering public safety. In the wake of Superstorm Sandy and the Boston bombings, this federal funding will help ensure the Rhode Island

Department of Health and local hospitals can respond quickly and effectively when a major disaster strikes," said Sen. Reed, a member of the Appropriations subcommittee that oversees federal funding for HHS programs. "Our dedicated hospital workers and emergency responders are our first line of medical defense when disaster strikes. This federal funding will help bolster Rhode Island's emergency response capabilities and ensure hospitals and medical centers across the state are ready to effectively respond when we need them the most."

"When disaster strikes, our first responders and hospital staff must have the resources they need to respond quickly and effectively," said Senator Whitehouse. "This federal funding will help ensure the state agencies we turn to in times of crisis are adequately prepared."

HHS' U.S. Centers for Disease Control and Prevention (CDC) administers PHEP funding to strengthen national health security and advance state and local preparedness and response capabilities. The funding may be used to provide interoperable communications equipment and technical support to health care facilities; upgrade patient tracking systems; and enhance evacuation plans. ❖

75 Years Ago this September 21: The Great Storm of 1938

Area hospital flooded with casualties; lights shone on in Rhode Island Hospital

BY MARY KORR
RIMJ MANAGING EDITOR

On Sept. 21, 1938, in a time before hurricanes were named, the Great New England Hurricane and Tidal Wave, as many of that era later referred to it, caught New Yorkers and New Englanders by surprise.

Also dubbed the "Long Island Express," it barreled into the Ocean State at approximately 3 p.m. In retrospect it was rated as a Category 3. Records of The Blue Hill Observatory outside Boston document measured sustained winds of 121 miles per hour and gusts as strong as 186 miles per hour.

It was a typical day at Rhode Island Hospital, according to an October 1938 article in the *Rhode Island Medical Journal* written by a hospital nurse on duty at the time. Nurses in training were helping to sterilize gloves and equipment. The 3:30 p.m. shift began to arrive, scurrying in to escape the driving wind, dirt and debris flying through the air as the storm strengthened.

One observer inside the hospital watched what she thought was a flock of birds swiftly fleeing the storm. In fact, they were heavy



Downtown Providence was flooded by a tidal storm surge of over 17 feet. Car horns blared and headlights shone eerily underwater.



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Submerged and stalled cars and trolleys in downtown Providence.

slate shingles hurtled in formation from the staff room roof at an astounding speed.

The wind strengthened and smashed the skylights over the dental clinic. The Supt. of the hospital, **DR. WILLIAM O. RICE**, barked at a nurse to clean up the broken skylight glass as he was paged to attend three workers injured by a downed cable in front of the hospital.

Trees started to fall and the twin towers of the hospital began to sway. Dr. Rice raced back inside to call the fire department

but the phone line was dead. By 4:20 p.m., as electricity fluctuated, the clocks on the hospital walls stopped.

DR. EARL BOWEN, who had managed to drive through the storm and was dressing in the staff room, came rushing out as the windows exploded and sent shards of glass flying everywhere.

The wind began to tear at the hospital fire doors and staff wedged loose branches from trees, sand bags and boards to keep them shut. Hospital employees ran to gather operating room lights, cans and equipment as the rain and wind swept in. **DR. WILLIAM BELL** rushed to retrieve supplies from a storage room, as the disaster and the needs to address it sunk in.

The windows gave way in the sterilizing and scrub rooms and equipment was hastily covered with rubber sheets and aprons.

Ambulance sirens added to the wail of the winds

as storm victims poured in. "We turned to the task of repairing torn, bruised and bleeding humanity," the RIH nurse recalled in the RIMJ article. "The bravery of the patients was astounding. Little or no anesthesia was used for the most part. Perhaps the stunning fury of the storm had dimmed the pain. The fright of what the next blast might bring may have caused patients to forget their battered, painful, broken bodies."

Well past midnight, the victims of the storm continued to arrive. The wards overflowed, until an "annex was opened in Dr. Peter's old apartment." And the usual emergency patients arrived as well, with cases of tonsillitis and ruptured appendixes operated on by weary physicians.

Tidal surge and the storm's aftermath

Reports of the storm drifted in by word of mouth as the phone and radios were silent. News arrived in the morning, when **DR. HARRY C. MESSINGER** rushed in with a two-page emergency bulletin from the *Providence Journal*, which reported on the tidal flood.

Hurricane Edition **THE SUN** Local and Shore News
 Vol. 46, No. 89 WESTERLY, R. I., FRIDAY SEPTEMBER 23, 1938 Price Three Cents

Misquamicut Wiped Out; Napatree Point Gone; 50 Dead; Scores Missing

Westerly Paralyzed by Tropical Hurricane; Cottages at Charlestown Beach and Quonochontaug Washed Away; 4 Dead, 4 Missing In Stonington

Misquamicut with 500 cottages was entirely wiped out, all cottages on Napatree Point, which Hill destroyed and more than 50 people killed and millions of dollars of property damage resulted from a tidal wave and hurricane which struck Westerly late Wednesday afternoon.

Charlestown Beach and Quonochontaug

List of Dead and Missing

Bodies Recovered
 Mrs. Henry Bennett, New York City
 Mrs. Ella Brown
 Mrs. Ralph Brown, Misquamicut
 Mrs. George Bradley
 Mrs. Byron Bustin
 Mrs. H. N. Burton

Mrs. Kingsbury
 Mrs. Raybacker
 Mrs. Sylvia
 Mr. Bruce
 Miss Crocker
 FRANK PAMPHI
 Mrs. John Davidson

Every one of the approximately 200 houses on Charlestown Beach was carried away.
 Between 75 and 100 houses on the Charlestown Point area including Charlestown-by-the-Sea were demolished. The few houses left in that area have been moved from a few feet to a quarter of a mile away. A few houses on hill pastures are not as badly damaged. Many people who were staying in that

This photo was taken inside Rhode Island Hospital in 1938, several months before the hurricane hit, for an article on the hospital's nursing program which appeared in the *Providence Journal*.

The storm came ashore at the time of the high tide, during the autumnal equinox, which added to the surge of water being pushed ahead by the hurricane. Seaside homes all along Narragansett Bay were submerged under 12 to 15 feet of water, and Providence was inundated with 20 feet. Union Station in downtown Providence served as a refuge and hospital for hundreds of people that night.

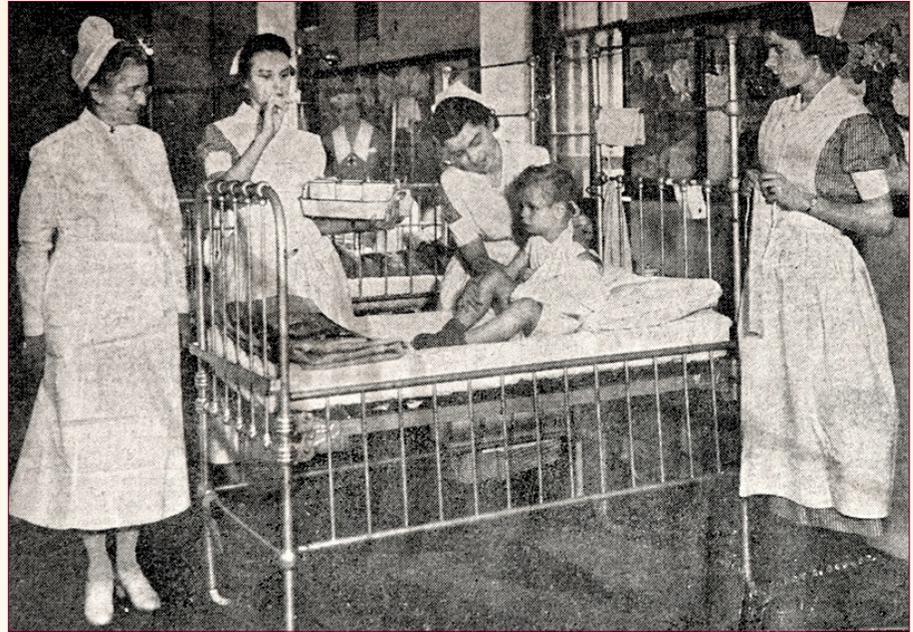
Amidst the chaos and carnage wrought by the great storm, local newspapers reported the following day that, "Rhode Island Hospital is ablaze with lights and all departments functioning," and had enough diesel fuel to keep its generators running for two or three days.

During the height of the storm, nurses at the **CRAWFORD ALLEN HOSPITAL** in East Greenwich, RIH's seashore hospital opened in 1907 for summertime use, organized an old-fashioned sing-along to quell the panic among the crippled children in residence. The following day they were evacuated to Rhode Island Hospital.

More than 50 bodies were recovered from the dunes at Charlestown Beach the first night of the storm. As it abated, stunned families converged on **WESTERLY AND SOUTH COUNTY HOSPITALS** searching for lost loved ones. Two babies rode out the storm safely on a mattress; one was in perfect health when brought to Westerly Hospital. The second infant spent several days on the critical list there due to a massive inhalation of seawater, but survived.

Community and other city hospitals were filled with casualties. At **THE WOONSOCKET HOSPITAL** there was one death. A Woonsocket newspaper reported that "until current was restored treatments were administered by lamplight."

The Providence College newspaper later reported that a Friars football player by the name of Anthony Leoni was struck by a falling tree and knocked unconscious.



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Two hours later, he was transported to the **CHARLES V. CHAPIN HOSPITAL** for treatment, and was discharged several days later. And a premed student, fearing the worst, sought last rites from a PC Jesuit priest.

Police and firefighters served as initial responders. In the aftermath of the storm, 2,000 National Guardsmen and Works Progress Administration (WPA) workers were also deployed in search-and-rescue missions. For days after the hurricane, bodies washing up on the beach would be conveyed to temporary morgues in several towns. Embalming fluid and blood supplies were sent from unaffected neighboring cities and states into needed areas.

Fortunately, the town of Bristol suffered no fatalities and its weekly newspaper reported afterwards that: "After a

hurried survey of the damage throughout the community, town officials and **DR. ALFRED M. MERRIMAN**, [a general physician and surgeon who made daily rounds at the Bristol Old Soldiers' Home] who served as chairman of the Disaster Relief Committee of Bristol Chapter, the American Red Cross, hastily conferred to adopt relief measures."

Emergency measures to prevent disease were adopted. Large posters with instructions on public and personal health were printed under difficult conditions at the *Bristol Phoenix* and posted throughout the town. Free injections were given against typhoid.

Throughout the state, similar disaster relief committees took steps to provide all physicians with anti-tetanus serum and other medicines and alert the public of tainted drinking water and other dangers. Ultimately, it is estimated anywhere from 600 to 800 people died in the great storm, most by drowning. More than half of these were Rhode Islanders.

"Some day when we tell our grandchildren (optimists) 'the glass flew about us and it was a terrible hurricane,' they will probably think us a little tiresome," the RIH nurse wrote in the medical journal. "They will not know that even Hitler and the European War Crisis was forced out of the headlines for a time by the Hurricane News." ❖



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Pedestrians walking down Ship Street in Providence in the days after the storm.

Autism Experts Form Research and Advocacy Consortium

First project to study access to medical and dental care in the adult population in Rhode Island

EAST PROVIDENCE – Dozens of autism experts across a variety of specialties have joined together to form the Rhode Island Consortium for Autism Research and Treatment (RI-CART). The consortium will bring together researchers, physicians, scientists, service providers, educators and parents to collaborate on a broad range of research, education and advocacy projects.

“This is such an important step for Rhode Island when you consider that one in 88 children in the U.S. is diagnosed with autism and more than one million children in the country are directly affected by autism,” said **THOMAS ANDERS, MD**, a senior consultant for the project. “By establishing this unique model of collaboration, Rhode Island is demonstrating its commitment to tackling integrated scientific research on autism and autism spectrum disorders.”

The RI-CART group is made up of the state’s leading experts on autism research, education, health and advocacy. Organizations represented include Bradley Hospital, Rhode Island Hospital, Women & Infants Hospital, Butler Hospital, Memorial Hospital, Brown University and the Alpert Medical School, the Brown Institute for Brain Science, the Brown Department of Psychiatry and Human Behavior, the Norman Prince Neurosciences Institute, Gateway Healthcare, Rhode Island College, University of Rhode Island, The Autism Project, the Groden Network, The NeuroDevelopment Center, Rhode

Island Technical Assistance Project, the Rhode Island Department of Education and the Rhode Island Department of Health, Office of Special Needs.

Key objectives include:

- Supporting basic, clinical and behavioral research across disciplines and institutions
- Creating a research infrastructure, including a statewide web-based research registry.
- Improving and expanding diagnostic and treatment methods.
- Informing state and federal policymakers about autism spectrum disorders.

“Collaborative, multi-disciplinary and multi-institutional teams such as RI-CART can be difficult to build, yet are essential for tackling important problems posed by autism,” said **ERIC MORROW, MD, PhD**, assistant professor at Brown University, co-director of the RI-CART Research Committee and an autism genetics researcher at Bradley Hospital. “The spirit has been there for several years, but it took initial seed funding from several Rhode Island institutions to accelerate the efforts. The Brown Institute for Brain Science, the Norman Prince Neurosciences Institute, Bradley Hospital, Women & Infants Hospital and the Groden Network, all invested seed funds in the project late in 2012, which enabled us to reach the point we are at today.”



VIDEO Dr. Henry Sachs discussing the research project

Primary care study

The first project to be launched by RI-CART is a \$53,000 Rhode Island Foundation grant to study primary care for those with autism. A team will assess 150 adolescents and adults with autism to determine the full spectrum of their primary health care needs (medical, dental, and vision), as well as barriers or obstacles to obtaining primary care. This research project will be Rhode Island’s first examination of the health needs of those with autism spectrum disorders.

“This is a population with more medical and specialty care needs than the average population, so we want to figure out how to streamline the process, so families don’t have to struggle to receive the care they need for their loved ones,” said **HENRY SACHS, MD**, chief medical officer of Bradley Hospital and the study’s primary investigator. “The comprehensive report and recommendations from this study will hopefully lead to more effective options for care for Rhode Islanders with autism in the near future.” ❖



Dr. Lynn Taylor Joins International Colleagues in Calling for Better Management of Hepatitis C Among Drug Users

PROVIDENCE – A Miriam Hospital researcher has joined forces with international colleagues to call for new strategies to better manage and improve assessment and treatment for hepatitis C (HCV) infection in individuals who inject drugs.

LYNN E. TAYLOR, MD, an HIV specialist focusing on HIV and viral hepatitis coinfection at The Miriam Hospital, was the only American physician invited to join the expert international panel that issued these first-of-its-kind recommendations. They were published online July 24th by the journal *Clinical Infectious Diseases*, to coincide with World Hepatitis Day on July 28.

The recommendations are part of a supplement entitled “Prevention and Management of Hepatitis C Virus Infection Among People Who Inject Drugs: Moving the Agenda Forward,” developed in collaboration with the International Network on Hepatitis Care in Substance Users.

“In well-resourced parts of the world, most hepatitis C exists among people who currently inject drugs and those who have injected drugs in the past. However, treatment access and uptake among this population remains low – even though we increasingly have effective treatments for hepatitis C, which is a curable disease,” said Dr. Taylor.

“Research supporting our recommendations – the first international set ever released for treating hepatitis C in people who inject drugs – demonstrates that treatment can be successful when barriers to care are addressed within a supportive environment,” she added. “In fact, the burden of liver disease worldwide could be dramatically reduced by increasing treatment for hepatitis C infection among people who inject drugs, by preventing forward transmission.”

An estimated five million people in the U.S. have chronic HCV infection, a liver disease that may result in long-term health problems, including liver scarring, liver failure and liver cancer. According to the Centers for Disease Control and Prevention, approximately 12,000 people die every year from HCV-related liver disease.

Until recently, HCV treatment guidelines excluded people who inject drugs, due to concerns about poor adherence, adverse events and re-infection. However, successful HCV treatment studies among this population have challenged this paradigm. The new international guidelines present evidence-based recommendations for treating HCV among individuals who inject drugs with appropriate evaluation and support.

Dr. Taylor is also lead author on a separate paper, appearing in the same supplement of *Clinical Infectious Diseases*, which focuses on the need for improved HCV care of another subset of the HCV-infected population: those who inject drugs and are also infected with HIV.

Chronic HCV infection has become

a leading cause of non-AIDS related illness and death among individuals infected with HIV. Due to overlapping routes of transmission, dual infection is common: in the United States, 30 percent of HIV-infected people have chronic HCV, which is spread via contaminated blood, often through injection drug use. However, newer research suggests it may also be transmitted sexually among HIV-infected men who have sex with other men.

“HIV-infected individuals contending with injection drug use are the *most* likely to be affected by HCV, but the *least* likely to have access to treatment for HCV,” said Dr. Taylor. “They should have equal and universal access to HIV/AIDS, HCV and addiction prevention, care and treatment.”

She says essential but basic steps include improving prevention and screening for both infections and engaging co-infected individuals who inject drugs in HIV and HCV care early after diagnoses.

“The benefits of therapeutic advances in HCV will be limited for this group until barriers such as cost and access are overcome,” she added. “Even with HCV cure rates approaching 100 percent with newer medications, effectiveness at population level will require expanding HCV therapy on large scale. These recommendations are an important step towards the goal of elimination of hepatitis C.”

Dr. Taylor is also director of the HIV/Viral Hepatitis Program at The Miriam Hospital and an assistant professor of medicine at The Warren Alpert Medical School of Brown University. ❖

News Briefs

State debuts plans for insurance exchange, HealthSourceRI

PROVIDENCE – In mid-July, the health care benefits exchange in Rhode Island formally announced its presence with a name – HealthSourceRI – and the opening of a call center at 70 Royal Little Drive, website (healthsourceri.com), Facebook page and Twitter account.

Enrollment on the exchange begins Oct. 1. It will offer a choice of 12 plans for individuals and 16 for small businesses with under 50 employees.

Hittner confirmed as RI health insurance commissioner



PROVIDENCE – On July 2, the Rhode Island Senate unanimously confirmed **KATHLEEN C. HITTNER, MD**, former president and CEO of The Miriam Hospital from 2000 to 2009, as the state's health insurance commissioner. She succeeds Christopher F. Koller, who left after eight years to become president of a New York health policy foundation.

The Office of the Health Insurance Commissioner (OHIC) was established by legislation in 2004 to broaden the accountability of health insurers operating in the state of Rhode Island. Under this legislation, its mandate is to protect consumers, encourage fair treatment of medical service providers, ensure the solvency of health insurers, and improve health care quality, accessibility and affordability.

AG Kilmartin Approves Affiliation of Memorial Hospital and Care New England

PROVIDENCE – In early July, Attorney General Peter F. Kilmartin announced the approval of the affiliation of Memorial Hospital and Care New England, with conditions, pursuant to the expedited review process of the Hospital Conversions Act.

The announcement marks the second time this year the Office of Attorney General has reviewed and approved a hospital conversion under the expedited review process, reducing the time allowed for review from 120 days to 90 days. In April, Attorney General Kilmartin approved the sale of Westerly Hospital and affiliated entities to Lawrence + Memorial Corporation.

New law allows release of patient information for criminal investigations

PROVIDENCE – A new law now allows health care providers leeway to release some patient information to law enforcement in cases when it might alert them to a crime or help identify the perpetrator.

The bills allows health care providers to supply, at the request of law enforcement, only a patient's name, birth date and place, Social Security number, blood type and RH factor, type of injury, date and time of injury, time of death (if applicable) and a description of distinguishing physical characteristics, not DNA.

The provider may give out additional information only if the patient provides permission. If the patient is unable to give permission because of incapacitation and waiting until the patient is able would compromise an investigation, the provider may give out more information if he or she believes it would be in the patient's best interest, as long as that information is not intended for use against the victim.

University Medicine and BCBSRI Announce Multi-Year Patient Centered Contract

PROVIDENCE – Blue Cross & Blue Shield of Rhode Island (BCBSRI) and University Medicine (UM) announced July 17 that they have entered into an innovative, three-year shared-savings agreement. The state's largest multi-specialty group, UM's 200 physicians provide a range of specialty services and primary care, including six practices with a patient-centered medical home model.

The contract focuses on improving the patient experience, prevention/wellness, limiting unnecessary hospitalizations, and reinforces the role of the primary care physicians through components including:

Expanded After-Hours – UM will expand appointments on weekends and evenings to increase access to care for its patients and reduce medically unnecessary emergency room and urgent care visits.

New Health Advocate Resource – The Health Advocate will help patients navigate across care settings and ensure they have the support necessary.

Behavioral Health Services Coordination – Collaborative arrangements with behavioral health providers will improve communication and coordination with primary care physicians.

Patient Centered Medical Home (PCMH) Neighborhoods – UM's PCMH program will expand to include specialists, creating a new care model for patients. The program supported by a physician champion will begin with stage 3 and stage 4 chronic kidney disease patients, pairing patients with a nurse care manager, and, in the second year, a pharmacist.

University Medicine's President, **DR. LOU RICE**, noted "University Medicine is taking its commitment to primary care and bringing our specialists into the patient centered medical home. Our 15-year dedication to improving care for Rhode Islanders will be enhanced and advanced by this new relationship with Blue Cross & Blue Shield of Rhode Island." ❖

Recognition

Total Joint Center Receives Blue Distinction Center Designation

PROVIDENCE – Blue Cross & Blue Shield of Rhode Island (BCBSRI) has named The Miriam Hospital as a Blue Distinction Center in Knee and Hip Replacement. The Blue Distinction Centers for Specialty Care® program is a national designation awarded by Blue Cross and Blue Shield companies to medical facilities that have demonstrated expertise in delivering quality specialty care – which expanded recently to include more robust quality measures focused on improved patient health and safety.

“We are extremely honored to receive this achievement only a year after opening the doors to our Total Joint Center,” said Arthur J. Sampson, president of The Miriam Hospital. “The success of our program is a direct reflection of the tremendous dedication and expertise of our surgeons, doctors, nurses, physical therapists and staff who go above and beyond every day to provide exemplary orthopedic care, from consultation to surgery and all the way through to recovery.”

“Blue Cross & Blue Shield of Rhode Island is continually collaborating with our provider partners to identify and support programs that improve patient outcomes, deliver safe and efficient care, and encourage innovation,” said Peter Andruszkiewicz, president and CEO for BCBSRI. “We congratulate The Miriam Hospital on earning this designation and the Total Joint Center’s commitment to high-quality specialty services and outstanding patient care for Rhode Island residents.”

The Total Joint Center at The Miriam Hospital is a center of excellence dedicated to providing state-of-the-art specialized procedures, rehabilitation and care to restore function to damaged hips, knees and shoulders. ❖

NAPBC Accredits Roger Williams Breast Health Program

PROVIDENCE – The Breast Health Program at Roger Williams Medical Center has received full accreditation from the National Accreditation Program for Breast Centers (NAPBC). Accreditation is granted only to those centers that undergo a rigorous evaluation and review of performance and compliance with 27 evidence-based standards of care covering 17 components of care. Roger Williams was compliant on 27 of 27 standards.

The NAPBC, a program administered by the American College of Surgeons, is a consortium of national, professional organizations focused on breast health and dedicated to the improvement of quality care and outcomes of patients with diseases of the breast through evidence-based standards and patient and professional education.

“This accreditation affirms the quality of the patient-centered, multi-disciplinary breast health care delivered at Roger Williams,” said **R. JAMES KONESS, MD**, Director, Breast Health Program. ❖

The Miriam Recognized with National Cancer Award

PROVIDENCE – The Leonard and Adele R. Decof Family Comprehensive Cancer Center at The Miriam Hospital was recently presented with the 2012 Outstanding Achievement Award by the American College of Surgeons’ (ACS) Commission on Cancer (CoC). The Miriam Hospital is one of only 79 health care facilities in the country – and the only in Rhode Island – to receive this national honor based on excellence in providing quality care to cancer patients.

The cancer program was evaluated in October 2012 on 29 program standards categorized within one of four cancer program activity areas: cancer committee leadership, cancer data management, clinical services and quality improvement. ❖

Miriam Named Top Regional Hospital

PROVIDENCE – For the second consecutive year, The Miriam Hospital was named the top hospital in Rhode Island and southeastern Massachusetts, according to *U.S. News & World Report*.

The annual *U.S. News Best Hospitals* rankings recognize hospitals that excel in treating the most challenging patients.

The hospital was recognized as high performing in eight medical specialties, including cancer, diabetes/endocrinology, gastroenterology and surgery, geriatrics, nephrology, neurology and neurosurgery, pulmonology and urology.

The rankings – now in their 24th year – are based on objective measures of hospital performance including reputation, patient safety, procedure volume, nurse staffing, mortality index and availability of medical technology. The full report and methodology are available at <http://health.usnews.com/best-hospitals>. ❖

Legislative Health News

New law allows physicians to issue temporary disability placards

PROVIDENCE – Physicians will be allowed, beginning January 1 of next year, to issue temporary disabled driver placards to patients they consider qualified to apply for a permanent disability license plate.

Legislation allowing the new procedure, approved by the General Assembly in June, has been signed into law by Gov. Lincoln Chafee.

Under current law, eligible disabled drivers who apply for a disability placard face a waiting period before receiving it from the Division of Motor Vehicles.

Under the new law, any person medically qualified for a permanent disability plate will be able to obtain a preliminary placard immediately from a physician, who will be empowered to issue the placard if the patient's condition is deemed by the physician to merit it. The preliminary placard will be effective for 21 days to help bridge the time between the application and issuance of a permanent disability plate by the DMV.

There is to be no fee for obtaining or using the placard. The DMV will, between now and next January, promulgate rules concerning the physician issuing process. ❖

New law OKs e-prescription use for controlled substance list drugs

PROVIDENCE – The use of electronic prescriptions in Rhode Island – already at a fairly high level according to the Department of Health – is expected to become more prevalent with enactment into law of legislation recently approved by the General Assembly.

In June, Gov. Lincoln Chafee signed into law bills requiring the director of the Department of Health to establish rules and regulations for adopting a system for electronic data transmission of prescriptions for substances on the various controlled substance schedules.

State law currently refers to “written” prescriptions for these drugs, making enactment of the legislation necessary to keep up with technological advances in the medical field.

Items on the Schedule II controlled substances list are those that have a high potential for abuse and include such drugs as Demerol, OxyContin and Percocet. Items on the Schedule III list are those with a lesser potential for abuse and include drugs such as Vicodin and Tylenol with Codeine. The Schedule IV controlled substances have a low potential for abuse and include such drugs as Xanax and Valium. Schedule V covers such items as cough preparations containing some codeine.

The legislation also adds a new section to the law, relative to an electronic prescription database to be maintained by the Department of Health, and spells out how and to whom information in that database can be made available. ❖

Research News



Ze'ev Harel, MD

Harel: Teens should take 600 IU Vitamin D daily

PROVIDENCE – A committee led by **ZE'EV HAREL, MD**, an adolescent medicine specialist from Hasbro Children's Hospital, recently published a statement citing the importance of vitamin D for teen health. The report, titled “Recommended Vitamin D Intake and Management of Low Vitamin D Status in Adolescents” was published in the June issue of the

Journal of Adolescent Health. The report was authored by Dr. Harel and members of the Society for Adolescent Health and Medicine (SAHM) bone health subcommittee, of which he is chair.

The position statement recommends that healthy teens receive a supplement of 600 IU of vitamin D daily. Those adolescents at risk for vitamin D deficiencies, such as those who are obese or have dark skin, should take 1,000 IU daily.

“Adolescence is a vital period of development in the human body, so it is crucial that young adults receive the recommended intake of vitamin D to grow and maintain a healthy skeletal system,” said Dr. Harel, a professor of pediatrics at the Warren Alpert Medical School.

Research has found when teens who are deficient in vitamin D take the recommended dose they may show improvements in bone mineral content and density. Recent evidence also suggests that taking recommended doses can lead to fewer stress fractures, especially among physically active females.

According to Dr. Harel, taking vitamin D supplements is the most efficient way to receive the recommended dose. The body naturally receives vitamin D from sun exposure, but that method also carries the increased risk of skin cancer and sunscreens usually block vitamin D synthesis. And, only small quantities are derived from dietary sources such as fish, eggs, dairy products and breakfast cereals. ❖