



DENVER MEDICAL BULLETIN

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Medicine and the Legislature: Physicians Rally for Better Health Care

With more than two months of the 2008 legislative session to go, physicians have already been very busy in one of the most active legislative sessions for the medical community in some time. The most high profile piece of legislation for the physician community has been SB164, supported by the Colorado Trial Lawyers Association, which would make several changes to the Health Care Affordability Act governing medical malpractice judgments and would have profound impact on the medical malpractice environment in Colorado, which the AMA has identified as one of only eight stable state environments in the nation. On February 28, the bill passed on second reading in the Senate with an extremely close vote. The bill has now passed on to the House of Representatives, and physicians are being urged to contact their Representative to urge opposition to the bill. DMS physicians should watch for email alerts to update them on the bill's progress and "calls to action".

Scope Issues Hot

Two other contentious bills have been HB1064 and HB1061, which address scope of practice issues. HB1064 would create a regulatory framework for the licensure of naturopaths. This bill has been discussed at great length both by the CMS Council on Legislation and the DMS Board of Directors. CMS policy opposes licensure for naturopaths. With the strong legislative

interest in increasing accountability and oversight of naturopaths, a subcommittee of the CMS Council has engaged in discussions with the naturopaths to determine whether common ground can be found. Although these conversations are ongoing, there is strong opposition to the bill in many parts of the physician community. At its February meeting, the DMS Board adopted the following policy statement:

The Denver Medical Society does not support licensure or any other form of regulatory structure for naturopaths which would serve to legitimize their practice. The DMS feels that the medical community should seek improved public safety by appropriate enforcement of the Medical Practice Act and other existing statutory and regulatory mechanisms through the Colorado Board of Medical Examiners.

CMS will continue to closely monitor action on HB1064 and vigorously represent the interests of Denver physicians.

HB1061, the most far reaching of three bills introduced addressing the scope of practice for Advance Practice Nurses (APN), has also been controversial. Although the bill addresses the ability of APNs to sign certain documents that currently require a physician's signature, such as handicap parking permit applications, certifications of current health status and the like, there is significant concern that the language of the bill inappropriately expands the scope of APNs, undermin-

Medicine's Day at the Capitol. . .Page 4 and 5

ing the concept of collaborative practice and permitting independent practice for APNs. This bill has also been the subject of extensive discussions between the APNs and CMS, which has resulted in some changes to the originally proposed language. However, the DMS Board remains concerned about the implications of the bill, which has now passed the House and the Senate Health and Human Services Committee and is awaiting consideration on the Senate floor. More details on this bill will be forthcoming in a future **Bulletin**.

Physicians Promote Fairness

Two additional bills that the physician community are strongly advocating in favor of are HB1131 sponsored by Representative Anne McGihon and SB138 sponsored by Senator Steve Johnson. HB1131 would require that the Commissioner of Insurance conduct an independent investigation and issue a public report on the impact of any proposed mergers between insurance companies. It would further specify that approval of any merger or acquisition of control can be granted only after the Commissioner has made certain findings relating to the impact on the competitive environment as well as other effects on the public interest. An initial hearing on the bill was held in the House Committee on Business Affairs and Labor on February 7. Further action is pending ongoing discussion with the health plans.

Senator Johnson's bill, SB138, would establish standards to be used in physician designation or "profiling" programs and provide that the data and methodology used in formulating such designations be made available to physicians and the Commissioner of Insurance. It also creates a process for physicians to challenge the designation. The bill was amended in the Senate and passed on February 19. It is now awaiting hearing in the House Committee on Health and Human Services. The health plan community is currently taking a neutral position on the bill as passed out of the Senate, but negotiations continue as the process moves forward.

Several bills focus on improving and expanding coverage through the Medicaid and Children's Health

Insurance program. SB160 sponsored by Senator Bob Hagedorn and Representative McGihon would increase Medicaid eligibility for children between the ages of 6 and 19 to 133% of the federal poverty level and would provide for 12 months of continuous enrollment. For the children's health plan, it would increase the eligibility limits from 205% to 225%. SB161 sponsored by Senator Betty Boyd will eliminate some of the difficulty verifying income eligibility under Medicaid and the children's basic health plan by permitting use of Department of Labor and Employment records. The Uniform Health Care Credentialing Act, which was passed several years ago with the support of the medical community, is up for renewal, and its continuation would ensure that the credentialing process continues to be simplified for physicians through the use of a standard application.

Your Voice Counts

There are numerous additional bills being addressed by the medical community on issues as diverse as mental health telemedicine to proposals to require medical payment coverage in auto insurance in order to ensure compensation for trauma centers and other providers; requirements for further transparency in the Board of Medical Examiner's complaint process and calls for a standardized insurance identification card.

Clearly, there is no lack of issues impacting the practice of medicine under discussion by our Legislature this year, and proposals addressing aspects of health-care reform are still to come! The DMS urges physicians to stay engaged and informed. We continue to hear from legislators that they want and value physician input, and we have seen that input have real impact on issues important to physicians. Please feel free to contact DMS staff if you should have specific questions or comments, and when you receive calls for action on specific bills please take a few moments to add your voice to the effort underway to protect and enhance the practice of medicine in Colorado.

Physicians can also track specific bills on the CMS Legislative Digest by visiting www.cms.org.

Denver Medical Bulletin: Nora E. Morgenstern, MD, DMS President and Publisher / Johnny E. Johnson, Jr., MD, Chair of the Board / Randall M. Clark, MD, President Elect / Michael B. Keller, MD, Treasurer / Kathy Lindquist-Kleissler, Executive Director / Barbara Kamerling, Program Director. The **Bulletin** is the official publication of the Denver Medical Society, established April 11, 1871, as the first medical society in the Rocky Mountain West. Published articles represent the opinions of the authors and do not necessarily represent the official policy of the Denver Medical Society. All correspondence concerning editorial content, news items, advertising and subscriptions should be sent to: The Editor, **Denver Medical Bulletin**, 1850 Williams Street, Denver, CO 80218. Phone (303) 377-1850. Fax (303) 331-9839. Web www.denvermedsociety.org. Email: dms@denvermedsociety.org. Postmaster: Send address changes to 1850 Williams Street.

DMS Clinical Topics: Up In Smoke

DMS members met at Palettes at the Denver Art Museum on February 20 for the first program in the 2008 DMS Clinical Topics Program presented by Randolph Fugit, Pharm. D., BCPS, an Internal Medicine Clinical Specialist at the VA and an Adjoint Assistant Professor in the Department of Pharmacy Practice at the UCHSC. The title of Dr. Fugit's presentation was "Up In Smoke: America's Addiction with Nicotine and the Physician's Role in Cessation". Colorado is close to the national average of 21% of adults who are current cigarette smokers. According to Dr. Fugit, 70% of these smokers want to quit, but only about 7% of smokers will attempt to quit and remain smoke free after one year.

Reviewing the disease burden of smoking, Dr. Fugit presented data illustrating the benefits in increased life expectancy following cessation at various ages. On average, benefits begin to accrue as early as two weeks after cessation; by one year the excess risk of CHD is reduced by 50%, and after 15 years the risk is similar to that of persons who have never smoked. Reminding the audience that tobacco is carcinogenic but that nicotine, although addictive, is not carcinogenic, Dr. Fugit reviewed the addictive characteristics of nicotine. These are similar to addictions associated with cocaine, amphetamines, and opiates. He stressed that as a chronic, relapsing medical condition nicotine addiction warrants clinical intervention.

In reviewing smoking cessation strategies, he noted that studies have shown that advice from a health care provider is the single most important motivator in getting a patient to quit smoking. A combination of behavior modification and pharmacologic intervention has been shown to be more effective than either alone. He then reviewed the pharmacologic interventions available including nicotine replacement therapies and non-nicotine

medications indicated for use as a smoking cessation treatment, including bupropion and varenicline. Data were presented on the potential benefits of combination therapy using nicotine replacement with non-nicotine medications.

Guidelines for the treatment of tobacco dependency developed by the US Public Health Service have been developed based on 6,000 articles and more than 50 meta-analyses. Among their recommendations are the use of behavior counseling of at least 3 minutes at each patient visit, pharmacotherapy for those attempting to quit, and identifying and documenting use status for every patient at every visit. Data indicate that physicians typically underestimate their patient's interest in quitting, according to Dr. Fugit. The US Public Health Service suggests a behavioral support model called the 5A Model utilizing five steps: ask about tobacco use; advise to quit; assess willingness to make a quit attempt; assist the quit attempt including setting a quit date; and arrange follow up. Data indicates that quit rates are improved when pharmacotherapy is combined with behavioral therapy as compared with therapy alone or medication alone. Brief therapy, defined as 2-3 minutes of intervention resulted in a 10% quit rate without medication or placebo and a 20% rate when medication is included; intense therapy, which is greater than 10 minutes, saw quit rates of 15% without medication or placebo and 30% when medication is included.

After reviewing additional strategies to assist patients with nicotine withdrawal, Dr. Fugit emphasized the substantial role physicians can play in assisting their patients to achieve a smoke-free life style and the resources available to support them in their efforts.

The evening was underwritten by Pfizer Inc.

DMS Introduces the *Physicians Practice Toolbox*

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Get further information by calling (303) 779-7760
or by clicking the *Physicians Practice Toolbox* link at www.denvermedsociety.org.



MEDICINE'S DAY

February 25,

DMS President Nora Morgenstern, MD, speaks with CMS Director of Political Affairs, Diana Protopapa.



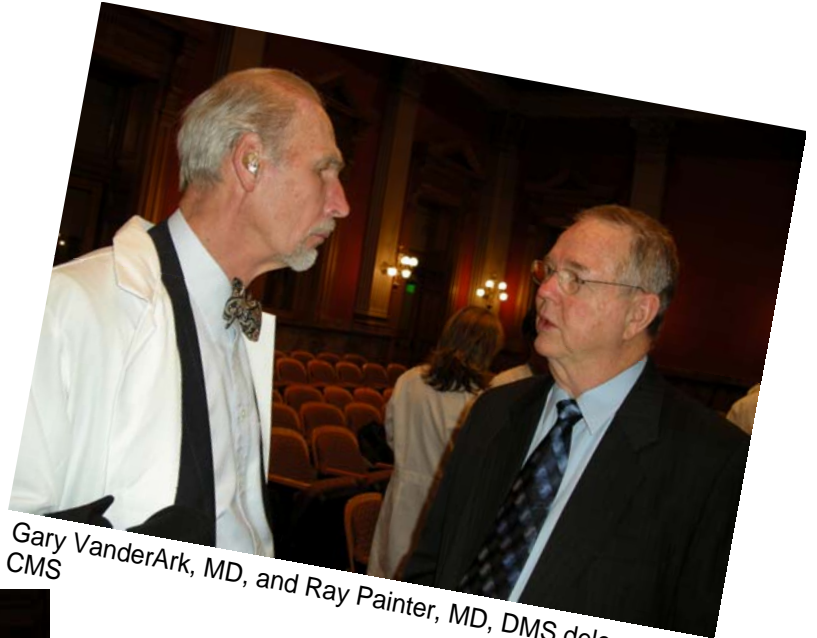
David Downs, MD, CMS President, and Deb Parsons, MD, DMS delegate to CMS



Alfred Gilchrist, CMS CEO, and Randall Reves, MD, DMS Board member

AT THE CAPITOL

2008



Gary VanderArk, MD, and Ray Painter, MD, DMS delegate to CMS



Lee Morgan, MD, Stuart Gottesfeld, MD, DMS member, Jane Gibbs, Executive Director, Colorado Gyn/OB Society



David Downs, MD, and Randall Reves, MD

Tamper Resistant Prescription Pads

As you are probably aware, the federal government is requiring the use of tamper resistant prescription pads in the Medicaid program. Many of you may wish to apply this protection when prescribing for all your patients. The Colorado Department of Health Care Policy and Finance (HCPF) is maintaining a list of approved vendors offering tamper resistant prescription pads. For more information, go to <http://www.chcpf.state.co.us/> and click on "Pharmacy" on the left hand side. Then

click on "Tamper Resistant Prescription Pads" then "Vendor Information" and finally "Vendor List" which is updated periodically. Although the federal requirements are for one of the criteria to be incorporated in the pads as of April 1st, we believe these vendors are offering pads which will meet the Oct 1st final requirements of three tamper resistant elements. The most current list available is:

HCPF APPROVED TAMPER-RESISTANT PRESCRIPTION PAD VENDORS

THIS LISTING IS NOT A PRODUCT ENDORSEMENT NOR IS IT EXCLUSIVE.
IT IS FOR INFORMATIONAL PURPOSES ONLY.

Vendor Name	Telephone	FAX	Email Address
Micro Format, Inc.	800-333-0549	847-520-0197	stevesinger@microformat.net
National Rx Security ScriptShield	800-510-1050	800-500-3060	crystalmax@nationalrx.net
Printco, Incorporated	866-356-1050	800-500-3060	crystalmax@scriptshield.com
Rx Security Inc.	920-685-5662	800-541-5967	ken@printco.com
Medi-Scripts	800-667-9723		nmacleod@rxsecurity.com
Advantage Business Systems, Inc.	800-387-3636		physician.services@medi-scripts-services.com
Minute Man Printers, Inc.	800-852-5565	801-487-0118	info@advantageforms.com
	888-881-8318	888-881-8319	info@minutemanprinters.com

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THE DOCTORS COMPANY ANNOUNCES PREMIUM CREDIT

The Doctors Company has announced a premium dividend to reward member physicians for their loyalty and dedication to advancing the practice of good medicine. Colorado members will receive a 5% premium reduction, in addition to a 2007 premium rate reduction of 7%.

"Our mission is to relentlessly defend, protect, and reward doctors who advance the practice of good medicine," said Richard E. Anderson, MD, FACP, chairman and CEO.

The multiyear dividend is in addition to other industry-leading member benefits, including the Tribute® Plan that honors physicians with a significant financial reward for providing outstanding patient care. The Doctors Company also offers comprehensive patient safety programs and a wide array of tools, support, and services to make practicing medicine easier and more rewarding for members.

Dividend distributions will appear as credits against current premiums effective with renewals beginning July 1.

Tracking Prescriptions Online

The State of Colorado recently enacted legislation to create a Prescription Drug Monitoring Program (PDMP) to track the prescribing and dispensing of controlled substances. The goal of the program is to provide information to both prescribers (Physicians, Dentists, Optometrists, etc.) and pharmacists to assist them in the proper treatment of their patients.

Colorado law requires the monitoring of Schedule II, III, IV and V prescription drugs. All Colorado pharmacies that dispense these substances are now required to report information regarding the dispensing of these drugs to the PDMD. Registered "data requesters" can view this information online.

Physicians may now register as "data requesters" at <https://www.coloradopdmp.org/portal-login/>. By registering, physicians are able to query the database for patients for whom they are considering prescribing controlled substances.

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Radiant Research is currently seeking a physician board certified in IM or FP to serve as sub-Investigator for clinical trials in various therapeutic areas such as diabetes, hypertension, obesity, etc. The ideal candidate will be self-motivated, have strong organizational skills and have the flexibility to work part-time, initially 4-8 hr/week. Clinical research experience preferred but not required.

Radiant Research is a clinical research company with 25 wholly owned sites nationwide. Each site recruits participants into clinical trials and collects data on these participants to aid in possible FDA approval of new medications.

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Contact Leslie Moldauer, M.D.,
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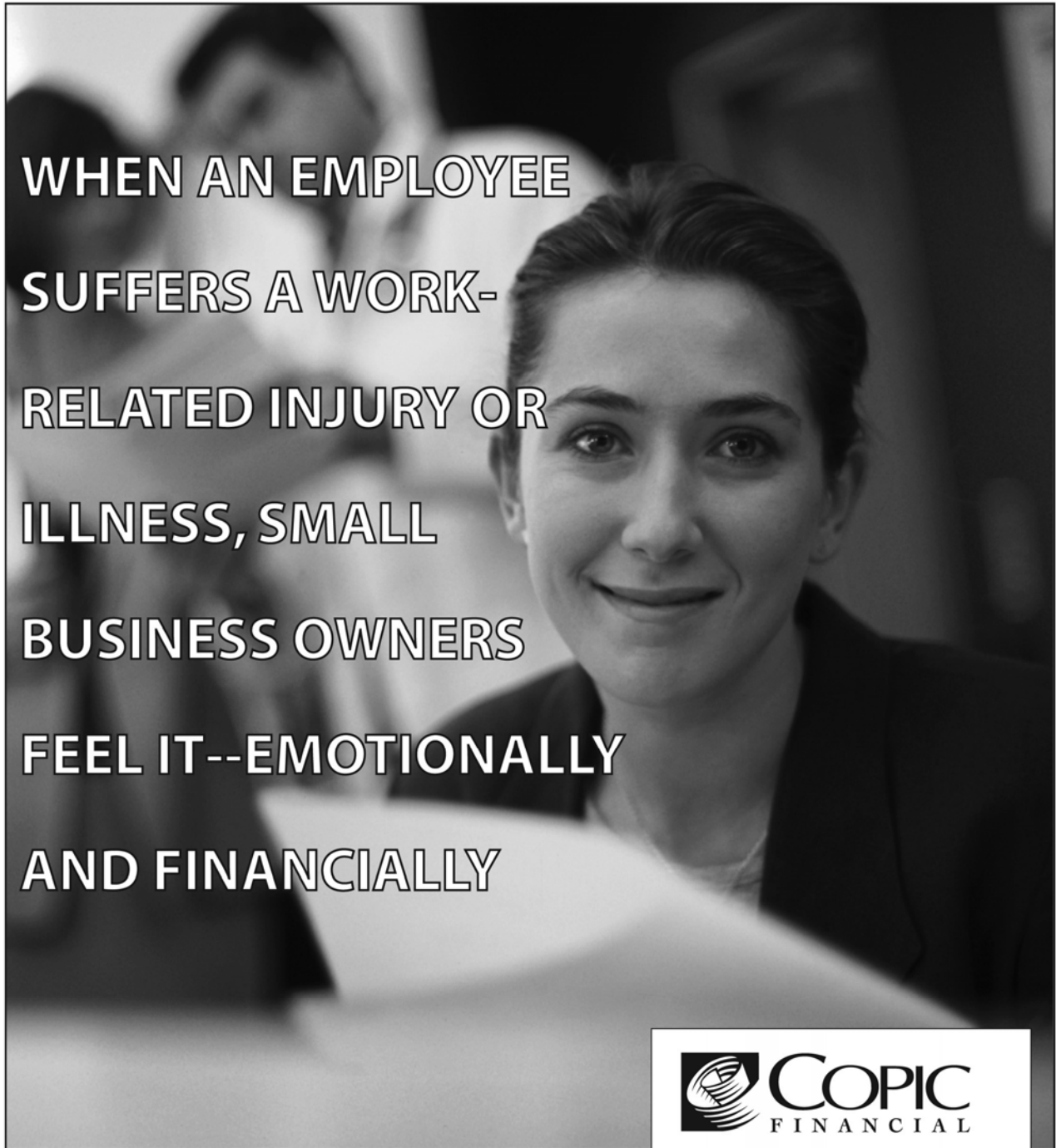
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