

VITAL SIGNS



MASSACHUSETTS
MEDICAL SOCIETY

Vital Signs is the member publication of the Massachusetts Medical Society.

VOLUME 29, ISSUE 2, 2024

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We Hear You: MMS Actions Informed by Member Survey Results

BY JEFFREY PERKINS, JD, MMS LEGISLATIVE & REGULATORY AFFAIRS COUNSEL

Last year, the Medical Society released the ["Supporting MMS Physicians' Well-Being Report: Recommendations to Address the Ongoing Crisis."](#)

The report, leveraging data from an MMS member survey, sheds light on the continuing crisis in physician well-being and workforce instability and drew national headlines for revealing that 55 percent of respondents experienced symptoms of burnout, and 50 percent said they had already reduced their clinical hours or were planning to as a result. The data further highlighted the need for more attention to the occupational well-being of particular groups of physicians, including women, physicians of color, those from backgrounds underrepresented in medicine, and younger physicians. In addition to identifying specific stressors physicians were experiencing, the report recommended actions to address physician stressors while improving and increasing support for physicians in the workplace.

You told us what you're experiencing, so what comes next?

The survey data and the recommendations contained within the report have informed the work of the Medical Society over the past year and will continue to do so moving forward. What does that mean on a practical level? Here is some of what the Medical Society is doing to put the report's recommendations into action.

"Physicians and patients need representation to speak out so that the health plans and the legislators hear our concerns and so they can act to alleviate the pain," says MMS President Barbara S. Spivak, MD. "The MMS can and has made a difference, and we will continue to do so."

"Physicians and patients need representation to speak out . . . The MMS can and has made a difference, and we will continue to do so."

— MMS President Dr. Barbara S. Spivak

To address workforce and staffing issues, physicians — who play such a critical role in the health care system — must be a primary focus of health care workforce solutions. To that end, the MMS in October 2023 hosted and facilitated a listening session with physician leaders and leaders from the state Health Policy Commission (HPC) on the state of the physician workforce, which identified the serious workforce challenges and engendered constructive dialogue centered on actionable solutions. This session was held to inform the HPC's research on needs within primary care broadly, but also to explore challenges and solutions regarding the entire physician workforce. The MMS will continue to support the HPC's research efforts, culminating in a comprehensive physician workforce report that is expected later this year.

Supporting the financial viability of physician practices is vital to reducing physician stress and maintaining and expanding access to health care in the Commonwealth. After much MMS advocacy around the dire state of primary care, MassHealth increased investment in primary care practices that participate in the ACO Primary Care Sub-Capitation Program, in the form of significant rate increases for participating practices that are wholly independent. Sub-capitation rates are increasing by 25 percent for adults and 35 percent for children for 2024 contracts, collectively impacting approximately 85 percent of participating ACO provider organizations. We continue to work with the Healey administration to build on this investment to meaningfully support physician practices as outlined in the Medical Society's [letter to Kate Walsh, Secretary of Health and Human Services](#). On the federal level, the MMS and other medical societies have advocated to Congress to cancel the 3.37 percent pay cut in the Medicare physician fee schedule, which in early March was reduced to a 1.68 percent cut for the remainder of 2024. For the longer term, we continue our efforts toward meaningful reform to the Medicare payment system that will provide physician practices with greater predictability, stability, and sustainability. These



Illustration by Sioux Waks

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PRESIDENT'S MESSAGE

Dear Friends:

As a physician organization, the Massachusetts Medical Society (MMS) speaks and acts to address the pain and challenges of physicians and patients, particularly during this time of multiple concurrent crises in our health care system.

Most recently, as the cyberattack on Change Healthcare began to unfold, the MMS immediately engaged with Massachusetts Health & Hospital Association and payers throughout the state. The MMS has advocated for — and continues to strongly urge — the health plans to delay claim filing and appeal limits, to waive prior authorization requirements, and to provide cash flow loans, particularly to private practices that have been severely affected. These efforts have achieved some success, and we continue to advocate.

In addition to our work to address the continuing crisis in physician well-being and workforce stability, as [described in this Vital Signs issue](#), the MMS continues to raise public awareness regarding patient access issues, [emergency room overcrowding](#), and [workforce and primary care challenges](#). We sustain our continued support for [expanded access to addiction treatment and for Opioid Prevention Centers](#) in the state. And the MMS continues to monitor the Steward Health Care situation and speak out about the imperative to [put patients and quality of care over profits in health care](#). We will persevere with this work on all fronts.

I look forward to the upcoming [2024 Annual Meeting of the Medical Society](#). I hope to see many of you in person and online as we continue building MMS policy to drive action on behalf of every physician and patient.

As always, I welcome hearing your ideas and concerns.

Sincerely,

Barbara S. Spivak, MD
president@mms.org



We Hear You

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changes are intended to ensure that our nation's most vulnerable patients have reliable and continuous access to their physicians.

Removing excessive administrative hassles has been a longstanding priority for the MMS's advocacy agenda, with a significant focus on **prior authorization reform**. The MMS spearheaded prior authorization [legislation](#) that is now on the move. This bill aims to increase transparency and consistency in the process, reduce administrative burden, and limit the number and types of services for which prior authorizations are required. The advancement of this legislation, following a favorable report from the Financial Services Committee, represents an important step toward reducing the physician's administrative burden and ensuring timely patient access to high-quality, efficient care.

Support for physician health and well-being is critical for physicians and their patients. Massachusetts is one of the first states to remove barriers for physicians seeking mental health and addiction treatment. This significant effort was widely reported by both local and national media and applauded by organizations such as the [Dr. Lorna Breen Heroes' Foundation](#).

As part of the health care community's broader strategy to support clinician well-being and reduce stigma within the ranks of the profession, Massachusetts physicians, hospitals, health systems, and local health plans joined forces to commit to eliminating potentially stigmatizing or overly broad invasive questions from their credentialing processes. Following extensive review, coalition building, and advocacy from members of the [Mass Collaborative](#), the [National Committee for Quality Assurance](#) will no longer require that health plans ask clinicians about their prior drug use. This enabled the Collaborative to update the Integrated Massachusetts Application for Initial Credentialing form used by health plans and many hospitals. This change comes after similar amendments made by BORIM to questions regarding prior drug use and mental health on the physician license application, which was also a result of significant advocacy by the MMS and our partners. This is welcome news to [physicians, residents, and students alike](#).

Sexism and racism as workplace stressors. The survey results revealed that racial inequities and structural racism were large contributors to the stressors leading to physician burnout. Seeking actionable solutions to these issues, the MMS hosted a virtual roundtable discussion about the importance of and steps toward improving diversity in the physician workforce. The goals of this conversation were to determine best practices for improving workforce diversity and to develop an action plan for strengthening the physician workforce through various, coordinated approaches at all stages of medical careers. The attendees, who represent health care stakeholders from across the state, examined the status and impact of workforce diversity and health care disparities here. Attendees discussed the importance of formulating public diversity, equity, and inclusion (DEI) progress reports, growing mentorship programs, and expanding recognition awards. Many commented on the need to tailor DEI approaches to the needs of target populations rather than have one plan for all marginalized and minoritized demographics.

The survey results contained within the physician well-being report are sobering, but they also provide a valuable guide to addressing the challenges affecting physicians' ability to deliver quality care and enjoy the profession of medicine. The MMS remains committed to supporting you, our members and all physicians, and focusing efforts on the actions and issues that will help improve your practice of medicine and satisfaction in this most important of professions.

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Year 2 of the Legislative Session: A Rush to the Finish

BY JEFFREY PERKINS, JD, MMS LEGISLATIVE & REGULATORY AFFAIRS COUNSEL

We are in year two of Massachusetts' two-year legislative cycle, with formal lawmaking sessions scheduled to close on July 31. Formal sessions are generally held when members of the legislature are present and when recorded votes take place. Any debate, large policy change, or controversial bill can be taken up for consideration and voted on only during a formal session. Essentially, we have four months remaining to get our legislative priorities across the finish line.

As we head toward the finish line in July, MMS legislative priorities remain in play for passage this session, including prior authorization reform legislation, a proposal to support telehealth, and a bill to establish overdose prevention centers, each of which has been reported out favorably by committee, a critical first step towards passage.

Further compressing this timeline is the fact that the legislature spends most of the spring and early summer crafting, negotiating, and finalizing the state budget for the next fiscal year. The compressed timeline leads to a flurry of bills being passed in June and especially in July, running right up to the formal session deadline of July 31.

The need for speed in passing bills at the end of session means furious negotiations are taking place between the House and the Senate leadership, trying to secure passage of their priority bills in the other chamber. These negotiations work like any other: there are bills that each side can agree on quickly, then horse-trading takes place to get priority bills for each chamber passed. House and Senate priorities for this session include the PACT Act (comprehensive pharmaceutical cost control legislation) passed by the Senate for the third session in a row and a health care market oversight reform bill (to strengthen state oversight in effort to control costs and promote access to care) that is expected to be passed by the House this spring, similar to a bill they passed last session.

Invariably, during each session, some negotiations are successful and some break down. As a result, sometimes bills that enjoy widespread popularity amongst rank-and-file legislators fail to pass, which may explain why the PACT Act and the market oversight bill have yet to become law, despite passing their respective chambers previously.

As we head toward the finish line in July, several MMS legislative priorities remain in play for passage this session, including prior authorization reform legislation, a proposal to support telehealth, and a bill to establish overdose prevention centers, each of which has been reported out favorably by committee, a critical first step towards passage.

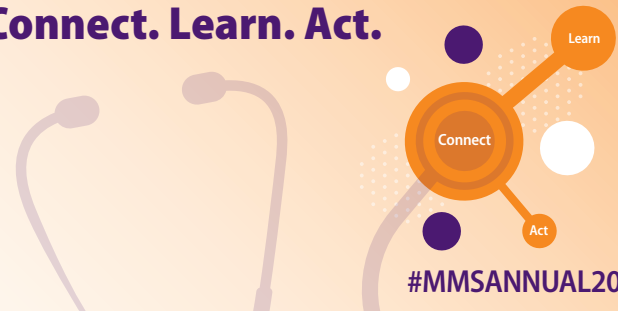
To learn more about MMS's legislative priorities and what you can do to advocate in support of them, visit the [MMS Grassroots Action Center](#). Now is the time to push for our collective policy priorities to stay in the game and get across the finish line.



MASSACHUSETTS
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ANNUAL MEETING

Connect. Learn. Act.



2024 Annual Meeting

The 2024 Annual Meeting will consist of virtual and in-person events taking place at MMS Headquarters and the Westin Hotel, Waltham. Hotel reservations may be made online at massmed.org/annual2024/reservations.

SCHEDULE AT A GLANCE

VIRTUAL EVENTS

Wednesday, April 24

7:00–9:00 PM

House of Delegates (HOD) First Session

(Online Reference Committee Testimony Site opens following HOD)

Thursday, April 25

7:00–9:00 PM

Virtual Reference Committee Hearings

Friday, May 10

9:30–11:00 AM

Annual Education Program

Monday, May 20

7:00–8:00 PM

Ethics Forum

Gender-Affirming Care

IN-PERSON EVENTS

Friday, May 10

5:00–9:00 PM

President's Reception, Nancy N. Caron Annual Member Art Exhibit — Celebrating 25 Years of Art Exhibits, and Presidential Inauguration and Awards Ceremony

Saturday, May 11

Prior to HOD

District/Caucus Meetings

9:00 AM until Close of Business

HOD Second Session

11:00 AM–2:30 PM

Alliance Annual Meeting, Program, and Luncheon

12:00–12:30 PM

Annual Meeting of the Society

12:30–1:15 PM

Networking Luncheon

Please visit massmed.org/annual2024 for more information.

Record Number of Applicants Seek LGBTQ Health Disparities Research Grant

BY ERIN TALLY, SENIOR MEMBER RELATIONS ADMINISTRATOR

In 2016, the MMS Committee on LGBTQ Matters began the LGBTQ Research Grant pilot program to encourage and incorporate cultural competency training early in medical education and as a way to improve health care quality, access, and equity for LGBTQ patients. Since the successful three-year pilot became a permanent program in 2019, interest in it has continued to grow, with a record-breaking number of applicants for the 2024 grants.

"I am heartened to see an ever growing number of applicants with each year's cycle," says Aditya Chandrasekhar, MD, MPH, FACP, CPE, past chair of the MMS Committee on LGBTQ Matters and a long-time grant reviewer. "The breadth of proposed interventions have covered everything from training and education to patient outcomes and experiences. The quality of the grant applications is a testament to the growing need to study these disparities systematically."

"While not every applicant is able to receive a grant award, we are thankful to every applicant for taking the time to turn in their thoughtful projects."

— Dr. Aditya Chandrasekhar

Over the past eight years, grant recipients have used funds to attend conferences, develop curricula for their medical schools, residencies, and fellowships, and support novel research in LGBTQ health services and health disparities. The grant program not only engages students and residents in research but also provides real clinical opportunities to underserved populations in this area.

Says Taylor Boyd, MD, a 2023 student grant recipient who is now an internal medicine resident at Harvard Medical School, "We are beyond grateful for the overall support of the MMS, which made it possible to engage in a research project that we hope will help to inform clinicians about the impact of inflammatory bowel disease on sexual health and ultimately improve the care and health of LGBTQ+ patients."

The MMS Committee on LGBTQ Matters and the Committee on Medical Education evaluate and revise the grant selection to ensure diversity and

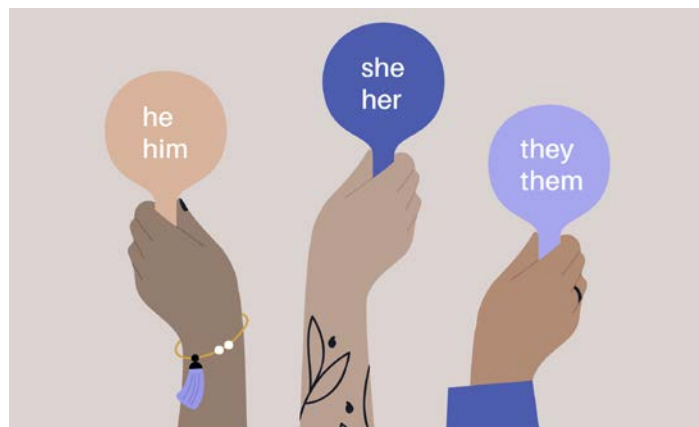


Illustration by Nadia_Bormotova/Getty Images.

sustainability of research and programming. The program continues to grow in popularity. For the 2024 funding year, the program's 19 applications submitted represent a 60 percent increase over the prior year. "While not every applicant is able to receive a grant award," Dr. Chandrasekhar adds, "we are thankful to every applicant for taking the time to turn in their thoughtful projects."

How to Apply for the Grant

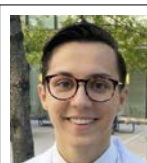
Medical students, residents, and fellows are welcome to apply for the grant. The call for applications takes place in August, with a due date in October. Funding announcements are made in December.

For more information on the grant committee or other activities of the Committee on LGBTQ Matters, please contact Erin Tally at etally@mms.org.



2024 LGBTQ Health Disparities Grant Recipients and Topics

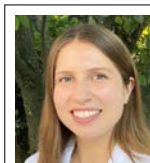
- **The Qmass Health of Sexual and Gender Minorities Optional Enrichment Elective**
Bradley Colarusso, Noah Miranda, John Almeida, Elizabeth Irvin
UMass Chan Medical School
- **Integrating the History of Sex, Sexuality, and Gender into Undergraduate Medical Education**
Kaiz Esmail, Brady Hanshaw, Mariel Tai Sander, Jackie Liu
Harvard Medical School
- **Development of a Gender-Inclusive Contraceptive Shared Decision-Making Aid**
Susan Gonzalez
Harvard Medical School
- **Closing the Gap: Examining Prevalence, Geographical Disparity, and Insurance Coverage for Gender**
Quynh Anh Phan, WenTing Zheng, Janelle Renterghem,
Dr. Janice Laikos
UMass Medical School



Bradley Colarusso



Kaiz Esmail



Susan Gonzalez



Quynh Anh Phan

The Impact of PFAS on Health: What the Clinician Needs to Know

BY BRITA E. LUNDBERG, MD, AND MICHAEL BADER, MD

PFAS, short for per- and polyfluoroalkyl substances, are a class that includes over ten thousand chemicals that contain at least one fully fluorinated carbon atom. The carbon-fluorine bond, the strongest chemical bond known, is exceptionally rare; moreover, nothing in nature can break this bond down. This makes PFAS compounds exceptionally resistant to degradation, leading them to be called “forever chemicals.”

According to the EPA, **there is no safe level of exposure to PFAS.**

The associated health harms of the chemical class are broad: epidemiologic and toxicologic studies have linked PFAS to reproductive, endocrine, and neurodevelopmental diseases, as well as to some cancers. The chemicals are known to be associated with infertility, preeclampsia, low infant birth weight, Type 2 diabetes, early-onset puberty, thyroid disease, impaired vaccine response, neurocognitive impairment in children (decreased IQ), and malignancies that include kidney and testicular cancers.

High-risk populations include children, pregnant women, industry workers, and those who live or work near high-risk facilities such as military bases, shipyards, chemical plants, refineries, or airports.

At the December 2022 Interim Meeting of the MMS House of Delegates, the Society approved a new policy that calls for the MMS to educate Massachusetts clinicians regarding sources of exposure to PFAS, their health effects and potential toxicities, and mitigation and prevention strategies by increasing awareness of existing educational resources.

In response, the MMS Committee on Environmental and Occupational Health, with expert input and review from the new policy’s co-authors, created an informational report for Massachusetts clinicians, [available now on the MMS website](#).

PFAS are ubiquitous: they are used in thousands of products, including weapons manufacture, nonstick cookware products, paints, clothing, food packaging, pesticides, wastewater sludge, and biosolids that are spread on agricultural crops, and more. PFAS are also used in medications, breast prostheses, contact lenses, IV tubing, cannulas, and joint spacers. Today, humans are exposed to PFAS via air, soil, food, and water; the latter is thought to be the most common source of exposure. Over [97% of the US population](#) has detectable PFAS blood levels.

PFAS also pose an important equity issue. A 2023 [Harvard TH Chan study](#) showed that Hispanic and non-Hispanic Black populations are more likely to have community water systems contaminated with PFAS. The cost of mitigating this contamination is extremely high. Hyannis, which formerly had the highest PFAS levels in Massachusetts, spent \$10 million in 2015 on a water filtration system; since then, the cost for mitigation has more than doubled. This can represent a financial obstacle to mitigation for less wealthy communities, further exacerbating health inequities.

PFAS are the lead of our time. Like lead, PFAS are ubiquitous and represent a costly public health and health equity issue. However, the host of illnesses they spawn are not inevitable; they are preventable diseases. Increased public education around this issue is critical, as is advocacy for more stringent regulations on products containing PFAS. Addressing PFAS contamination using a systematic public health approach — education, mitigation, prevention, and advocacy — will benefit all communities across the Commonwealth. We hope you will take a moment to review this short [informational report](#).

Brita E. Lundberg, MD, and Michael Bader, MD are members (and Dr. Lundberg is the former Chair) of the MMS Committee on Environmental and Occupational Health.

Across the Commonwealth

STATEWIDE NEWS AND EVENTS

WORCESTER — Worcester Medicine Celebrating over 220 TV programs, Health Matters, produced in a half-hour interview format, offers valuable information on disease prevention and treatment options. Click here to view our programs: [Health Matters](#). For more information, please email: MWright@wdms.org.

ARTS, HISTORY, HUMANISM & CULTURE MEMBER INTEREST NETWORK

New England Wildflowers Field Trip — Sun., Apr. 28, 2024, 10:00 AM–2:00 PM. Location: Newburyport. The itinerary will include visits to the forest trail at Pikes Bridge Road in West Newbury, Indian Hill Reservoir, Crane Pond Wildlife Management Area, and the Rough Meadows Wildlife Sanctuary in Rowley.

Through the field trip, you will see the important field marks key to identification, discuss the environmental conditions the wildflowers need to flourish, and discuss the special relationships the wildflowers have with other organisms (e.g., ants, fungus). To register, [Click Here](#)

Arnold Arboretum Tour — Sun., May 19, 2024, 10:00 AM–11:30 AM. Location: Boston. A private, 90-minute walking tour of the Arnold Arboretum includes seasonal interest, history, important collections, important people, and more. The landscape is a riot of fabulous color, with lilacs, viburnum, dogwoods, silverbells, crabapples, and numerous other flowering woody plants. To register, [Click Here](#)

Contact Cathy Salas, West Central Regional Office at (800) 522-3112 or csalas@mms.org.



MMS officers were among the 16 Massachusetts physicians who attended the American Medical Association’s National Advocacy Conference in Washington, DC, in February. In addition to formal meetings with the offices of each of our Members of Congress, informal discussions continued throughout the Capitol. Above (left to right): MMS President Barbara S. Spivak, MD; MMS Vice President Olivia Liao, MD, FACS; Congresswoman Ayanna Pressley; MMS President-Elect Hugh Taylor, MD; and Carole E. Allen, MD (Past President 2021–2022).

Nicotine Pouches: A New Nicotine Product is Rising in Popularity

BY ELIZABETH SCHWARTZ, MMS COMMITTEE ON MENTAL HEALTH AND SUBSTANCE USE



Elizabeth Schwartz

The tobacco industry continues to shape-shift for American consumers with the rise in sales of oral “tobacco-free” nicotine pouches. Nicotine pouches are currently the fourth most used type of tobacco device, behind e-cigarettes, cigars, and cigarettes, according to the [2023 Annual National Youth Tobacco Survey](#) of the U.S. Food and Drug Administration (FDA).

While oral nicotine pouches do not contain tobacco, they do contain nicotine, a highly addictive substance. These new pouches continue to be marketed to young people, with a variety of flavors like those that attracted youth to e-cigarettes. Nicotine pouches have a [strong presence on social media](#), making them, again, targeted towards young people.

The Massachusetts Medical Society Committee on Mental Health and Substance Use is sharing information on this product to ensure physicians and other health care professionals are aware of how it can affect their patients.

What are nicotine pouches?

Nicotine pouches are small, white triangles that contain nicotine powder manufactured by popular brand names such as Zyn, On!, and Velo. Sold in youth-appealing colorful containers, they are available in a variety of flavors, including mint, cinnamon, menthol, and fruit flavors. The pouches are placed between the cheek and the gum, similar to tobacco dip, allowing absorption of nicotine through the oral mucosa. Nicotine pouches don't require any spitting, making the smokeless product even easier to conceal than previous oral nicotine products. A [recent cross-sectional analysis](#) stated the highest use of nicotine pouches was among young adults aged 18–24 years old.

Lack of regulations

Rather than containing shredded tobacco leaf, such as previous oral pouches produced by tobacco companies, nicotine pouches contain nicotine powder. Because the pouches are “tobacco-free,” they are not currently categorized as smokeless tobacco and are therefore not regulated by the FDA as strictly as tobacco products. This allows brands to produce pouches with different amounts of nicotine concentration, ranging from 3 mg to 8 mg per pouch. Sales of products with higher doses of nicotine (8 mg) have been [increasing at the fastest rate](#) compared to products with lower doses. This year, On! is expected to produce a new product, On Plus, that contains up to 12 mg of nicotine, according to a consumer products store newsletter.

Health effects of nicotine pouches

Nicotine use under the age of 25, while the brain is still developing, [can affect attention and learning, as well as mood](#). [Studies of adults](#) have linked smoking to poor mental health, including increased stress, anxiety, and depression.

[Oral health effects](#) for nicotine pouches are expected to be similar to those of previous oral tobacco products. These effects include irritation and/or recession of the gums where the pouch is placed, mouth and throat soreness, and mouth ulcers. Hiccups and coughing have also been seen.

As nicotine pouches become more common and their nicotine doses continue to increase, more and more young adults run the risk of developing nicotine dependence and addiction.

Nicotine in any form is harmful for the developing brain. If your patient has nicotine dependence or addiction, resources are available to help them, including:

- **1-800-QUIT-NOW** and
- [smokefree.gov](#), which connects individuals to a FREE, trained quit coach by phone or online.

Elizabeth Schwartz is a second-year medical student at UMass Chan Medical School and a student member of the MMS Committee on Mental Health and Substance Use, writing on behalf of the Committee.

MMS Member News and Notes



Dr. Albert Crimaldi

Albert Crimaldi, MD, PhD, FACC, a longtime gastroenterologist at Milford Regional Medical Center, has for a third time been elected to serve as the hospital's president of medical staff. He joined the hospital's staff in 1987 and has served as its medical staff president from 1991 to 1994 and again from 2005 to 2009. He has also served on the hospital's board of trustees for 19 years. During his new term, he will be involved in

the Milford Regional Medical Center's efforts to become an affiliate of UMass Memorial Health in Worcester.

Do you have news to share about yourself or a colleague? An achievement or accomplishment? A new role? Please email vitalsigns@mms.org.

In Memoriam

Arthur O. Anctil Jr., MD; 91; Fall River, MA; Tufts University School of Medicine; died October 13, 2023.

Edwin S. Busch, MD; 99; Peabody, MA; Tufts University School of Medicine; died January 6, 2024.

Gary L. Feldman, MD; 85; Mt. Pleasant, South Carolina; University of Illinois College of Medicine; died April 19, 2023.

Marianna Marguglio, MD; 76; Venice, FL; George Washington University Medical School; died December 10, 2023.

Ann Quinn, MD; 42; Sudbury, MA; University of Massachusetts Medical School; died December 2, 2023.

Edward G. Toomey, MD; 88; Concord, MA; Georgetown University School of Medicine; died March 20, 2023.

Genetics for the Nongeneticist — A Free CME Webinar Series

Jointly Provided by the Massachusetts Medical Society and New England Regional Genetics Network

Positive Newborn Screen — Now What?
Wednesday, April 3, 2024, 12:00–1:00 PM

LEARN MORE AND REGISTER



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