Maine Medical Association
2009 Annual Session
September 11-13
Harborside Hotel & Marina - Bar Harbor, ME

List of Proposed Resolutions

Resolution #1: **Commitment to Promote Physician Involvement & Leadership in Maine's Public Health Infrastructure, submitted by the MMA Public Health Committee.**

Resolution #2: **Childhood Immunizations and Insurance Coverage Gaps, submitted by the MMA Public Health Committee.**

Resolution #3: **Integrating early oral health prevention into medical practices, submitted by the MMA Public Health Committee.**

Resolution #4: **Global Climate Change, submitted by the MMA Public Health Committee.**

Resolution #5: **Hand Coughing and Sneezing a Public Health Hazard, submitted by Ben Lounsbury, MD.**

Resolution #6: **Physicians Order for Life-Sustaining Treatment (POLST) submitted by the Committee on Ethics and Discipline, Maine Medical Association.**

Resolution #7: **Wind Energy and Public Health, submitted by Albert Aniel, MD, and Michael Nissenbaum, MD.**

Maine Medical Association
Resolution RE: Physician Involvement in Maine's Public Health Infrastructure System
Draft: July 2009

Resolution #1: Commitment to Promote Physician Involvement & Leadership in Maine's Public Health Infrastructure, submitted by the MMA Public Health Committee.

WHEREAS, public health issues such as obesity, smoking, and communicable diseases are a critically important part of the daily practice of medicine,

WHEREAS, emerging public health threats such as pandemic influenza (e.g. H1N1) loom on the horizon and the require close partnerships between public health and clinical care,

WHEREAS, the national health care reform has become a top priority, and includes an increasing emphasis on prevention,

WHEREAS, the Maine Legislature recently enacted LD 1363, "An Act to Establish and Promote Statewide Collaboration and Coordination in Public Health Activities", and this legislation establishes a new public health infrastructure for the state,

WHEREAS, Maine physicians have a unique fund of knowledge and experience to contribute to the public health system, and are an essential part of our public health infrastructure in Maine,

WHEREAS, the value of physician participation in the public's health cannot be overemphasized, and it is critically important for Maine physicians to participate in the state's public health infrastructure.

WHEREAS, a small percentage of Maine physicians are currently enrolled in the Maine CDC's Health Alert Network,

THEREFORE BE IT RESOLVED that the Maine Medical Association strongly supports the need for Maine physicians to have an active role in public health policy and Maine's emerging public health infrastructure. This should include but not be limited to the following:

- The Maine Medical Association and its Public Health Committee should work with the Maine Center for Disease Control and Prevention to establish a process and structure for ensuring linkage and active communication between practicing Maine physicians and the Statewide Coordinating Council for Public Health. This could include ensuring at least two physician representatives on the Statewide Coordinating Council, and establishing a mechanism regular communication between the Council and practicing physicians.
- The Maine Medical Association should work with leaders of the Statewide Coordinating Council (SCC) to create a mechanism to ensure ongoing, two-way communication between the SCC and the Maine physician community, including ongoing communication through the SCC Physician Representative.
- The Maine CDC, the Statewide Coordinating Council, and the District Coordinating Councils are encouraged to actively seek input from Maine physicians when developing policy that affects clinical care and public health practices by engaging physicians from

48 the medical/osteopathic physician associations, the district hospital based physicians and
49 through the involvement of physicians from each insurer group.

- 50 Maine physicians are encouraged to become involved in the state's public health
51 infrastructure and activities by actively participating in the Statewide Coordinating
52 Council for Public Health and/or their local Public Health District. Such participation
53 could include participating in the District's governance through the local District
54 Coordinating Council; serving as a Local Health Officer; participating in local public
55 health efforts at the community level (e.g. volunteering to assist in the mass influenza
56 immunization project with the local school districts) or otherwise serving as a resource to
57 their Public Health District, counties or local Healthy Maine Partnership and school
58 health coordinators.
- 59 The Maine CDC and the Medical Association should encourage all Maine physicians to
60 enroll in the Maine CDC's Health Alert Network through ongoing and repeated
61 communication

Maine Medical Association

Resolution RE: Childhood Immunizations and Insurance Coverage Gaps

Resolution # 2: Childhood Immunizations and Insurance Coverage Gaps, submitted by the MMA Public Health Committee.

Draft: September 2009

Whereas, vaccine preventable diseases are serious and will recur if immunization coverage drop,

Whereas, immunization benefits the individual, those close to them, and the community by reducing spread of disease,

Whereas, incomplete immunization occurs because of high point of service (e.g. out of pocket) cost for vaccines,

Whereas, in Maine vaccine is purchased by a mixture of public (overwhelmingly federal) funds and private funds,

Whereas, the piecemeal approach has created an unnecessarily complex and confusing web with gaps in access to vaccine,

Whereas, private health insurance is the predominant source of funds for privately purchase vaccines,

Whereas, the federal Vaccine For Children (VFC) program provides coverage for Native Americans, American Eskimo, children covered by Medicaid, uninsured, and underinsured (in FQHCs), yet individuals covered by high deductible private plans that would ultimately cover immunizations are not able to receive these vaccines until they "meet" deductible requirements creating coverage and timing gaps for immunization,

Whereas, this confusing semantics obfuscate understanding coverage for both purchasers of insurance and policy makers,

Whereas, the predominant private insurance product varies throughout the state, the magnitude of coverage problems varies,

Whereas, childhood immunization is broadly accepted,

THEREFORE BE IT RESOLVED, that the Maine Medical Association work with Maine people and groups interested in child health, the Maine Immunization Coalition, the Maine Legislature and its congressional delegation to assure that rapid action is taken to ensure that:

- Vaccines should be made available as part of a standard package of coverage, whether they are publicly or privately purchased.

- Childhood Immunizations including vaccine and administration should be provided at a low or no direct service cost to the recipient.

49 ▪ A standard set of preventive health services including immunizations should be available
50 to all from first dollar expense and not be subject to expenditure requirements
51 (“deductibles”).
52

Maine Medical Association
Resolution RE: Early Oral Health Prevention into Medical Practices
Draft: August 2009

Resolution # 3: Integrating early oral health prevention into medical practices, submitted by the MMA Public Health Committee.

WHEREAS, oral health is an integral and fundamental part of total, overall health, and;

WHEREAS, dental caries is the single most common chronic disease of childhood as noted in the Surgeon General Report on Oral Health and

WHEREAS, the 2004 Maine Child Health Survey found that 27% of kindergarten children and 41% of third grade children had dental caries and fillings and

WHEREAS, low income children who have their first preventive dental visit by age one are less likely to have subsequent restorative or emergency room visits and

WHEREAS, the CDC (2001) and the ADA (2006) recommend at least biannual fluoride application at six-month intervals as effective in controlling or reducing dental cares in primary and permanent teeth for moderate or high risk children and

WHEREAS, early childhood caries is the best predictor of lifelong dental caries and

WHEREAS, poor oral health has significant social and economic consequences, including compromised nutrition, days lost from work and school, compromised ability to obtain or advance in education and employment and

WHEREAS, the report of the Governor's Task Force on Expanding Access to Oral Health Care for Maine People, December 2008, recommends providing early dental care for pre-school children. The involvement of primary medical care providers must be considered as key in the delivery of preventive oral health services, particularly for children.

WHEREAS, preliminary analysis of data provided by the Office of MaineCare services indicated that for selected dental diagnosis codes, for paid claims with ER procedures and dental diagnoses, adjusted amounts paid by MaineCare to Maine hospitals for state fiscal years 2007 and 2008 totaled nearly $2.5 million dollars *at a minimum* and

WHEREAS, as a strategy to improve population health, the American Academy of Pediatric Dentistry and the American Academy of Pediatrics recommend that all children ages 6 mos to 3 ½ years should receive an oral health assessment, and that children at moderate to high risk should receive fluoride varnishes.

THEREFORE BE IT RESOLVED THAT the Maine Medical Association endorse early oral health prevention in medical practice for young children to improve their general and oral health status by:

49 • **Encouraging Maine primary care providers to integrate early oral health**
50 **prevention in medical practices by providing an oral health assessment and parent**
51 **counseling for all children 6 mos to 3½ years, and application of fluoride varnish for**
52 **children at moderate to high risk**
53
54 • **Promoting public awareness of the need for early oral health prevention in children**
55
56 • **Urging commercial payers to provide payment to primary care providers for**
57 **providing oral health screening and fluoride varnishes to children age 6mos to 3 ½**
58 **years**

Maine Medical Association
Resolution RE: Global Climate Change
Draft July 2009

Resolution # 4: Global Climate Change, submitted by the MMA Public Health Committee.

WHEREAS, The United Nations Intergovernmental Panel on Climate Change, made up of over 2500 of the world's leading scientists, concluded that human induced climate change "is likely to have wide-ranging and mostly adverse impacts on human health, with significant loss of life," and

WHEREAS, A May 16th, 2009 article entitled "Managing the Health Effects of Climate Change" in the *Lancet* journal began with the statement: "Climate change is the biggest global health threat of the 21st century," and

WHEREAS, Climate change is progressing world wide far more rapidly than anticipated, and

WHEREAS, A leading contributor to the acceleration of climate change is the continuing use of fossil fuels, and

WHEREAS, Fossil fuels themselves not only result in severe damage to the environment but as well are highly toxic to humans, including being associated with release of mercury and other toxic materials, and

WHEREAS, multiple health effects are expected and are already being manifested, such as unpredictable and sudden changes in weather resulting in ice storms, hurricanes, and droughts with predictable health consequences including, but not limited to, carbon monoxide poisoning, crop failure with attendant starvation, heart attacks and heat strokes, panic, anxiety, depression, and

WHEREAS, there will be longer periods for insect breeding as well as new vectors being able to move into new areas resulting in increases in known diseases such as Lyme Disease, but also the appearance of entirely new diseases, and

WHEREAS, sea levels are expected to rise, resulting in drowning, salinization of water and soil, loss of homes, and potential massive dislocation of coastal residents, and

WHEREAS, Increases in ground level ozone, allergens and pollutants will result in severe respiratory problems particularly for vulnerable populations such as the young, the elderly, and those with chronic illnesses,

THEREFORE BE IT RESOLVED that the Maine Medical Association work with Maine people and groups interested in health, the Maine Legislature and its congressional delegation to assure that rapid action is taken to:

- Develop and sustain healthy alternative energy sources that can reduce Maine's dependence on fossil fuels
- Track data on environmental conditions, disease risks, and disease occurrence related to climate change
- Support enhancing the science base to better understand the relationship between climate

50 change and health outcomes
51 • Communicate the health-related aspects of climate change, including risks and ways to
52 reduce them, to the public and health providers
53 • Promote workforce development by helping to ensure the training of a new generation of
54 competent, experienced public health staff to respond to the health threats posed by
55 climate change

Maine Medical Association
Resolution RE: Hand Coughing and Sneezing Public Health Hazard
Draft: September 2009

Resolution # 5: Hand Coughing and Sneezing a Public Health Hazard, submitted by Ben Lounsbury, MD.

Whereas, hand coughing and sneezing are known vectors of colds and flu, and

Whereas, the Centers for Disease Control and Prevention and the CDC of Maine warn against hand coughing and sneezing, and

Whereas, the novel H1N1 flu virus could potentially kill thousands of Mainers after being spread by hand coughing and sneezing and other vectors,

THEREFORE BE IT RESOLVED, that the Maine Medical Association considers hand coughing and sneezing to be a public health hazard worthy of strong educational and enforcement efforts by all national, state and local health officials.

~~**THEREFORE BE IT RESOLVED**, that the Maine Medical Association considers hand coughing and sneezing to be a public health hazard worthy of strong educational and enforcement efforts by all national, state and local health officials.~~

BE IT FURTHER RESOLVED, that the Maine Medical Association take the necessary steps to educate its members and the public through MMA publications and other means of communication.

Maine Medical Association
Resolution RE: Physicians Order for Life-Sustaining Treatment (POLST)
Draft: September 2009

Resolution # 6: Physicians Order for Life-Sustaining Treatment (POLST) submitted by the Committee on Ethics and Discipline, Maine Medical Association.

Whereas, multiple National advocacy groups have promoted advanced care planning and use of advanced directives, yet many patient's wishes go unrecognized during a medical crisis, and

Whereas, POLST represents a medical order signed by a physician after consultation with the patient or his/her legal surrogate (see attached sample order form), and

Whereas, basic POLST approach provides actionable information on how to honor patient wishes across and between settings of care, and

Whereas, many states including Idaho, New York, North Carolina, Washington, West Virginia, and Vermont have implemented this new paradigm for honoring patient wishes at the end of life with success.

THEREFORE BE IT RESOLVED, that The Maine Medical Association work to educate medical professionals throughout the State on the use of this valuable tool, and

BE IT ALSO RESOLVED, that the Maine Medical Association partner with the Maine Hospital Association and Maine Nursing Association to promote a statewide approach to the use of POLST in hospital and nursing home settings.

Fiscal Note: $2,000

Maine Medical Association
Resolution RE: Wind Energy and Public Health
Draft: August 2009

Resolution # 7: Wind Energy and Public Health, submitted by Albert Aniel, MD, and Michael Nissenbaum, MD

WHEREAS, proposals to locate and build wind energy facilities in the State have at times proven controversial, due to concerns regarding potential effects of such facilities on the public health, and

WHEREAS, the trade off between the public good of generating electricity and the adverse health effects warrant appropriate evidence-based scientific research, and

WHEREAS, assessing the potential health impact of wind turbines has been difficult to measure but if present would be of significant concern. This is especially apparent regarding the noise level and other noise characteristics specific to industrial wind turbines, and

WHEREAS, there is a need for modification of the State's regulatory process for siting wind energy developments to reduce the potential for controversy regarding siting of grid-scale wind energy development and to address health controversy with regulatory changes to include, but not limited to:

a) Refining certain procedures of the Maine Department of Environmental Protection and the Maine Land Use Regulation Commission to reflect scientific evidence regarding potential health effects, and to further explore such potential health effects;

b) Judging the effects of wind energy development on potential public health by avoiding unreasonable noise and shadow flicker effects, with development setbacks and incorporating up-to-date noise regulations specific for industrial wind turbines adequate to protect public health and safety.

THEREFORE BE IT RESOLVED that the Maine Medical Association work with health organizations and regulatory agencies to provide scientific information of known and suspected medical consequences of wind development in order to help safeguard human health and the environment.

AND BE IT FURTHER RESOLVED that the Maine Medical Association 1) work with other stakeholders to encourage performance of studies on health effects of wind turbine generation by independent qualified researchers at qualified research institutions; 2) support the need for the state to clarify and refine with supportive evidence-based, scientific literature Public Law Chapter 661(LD2283) effective April 18, 2008) recommendations on wind power; 3) support the protection of populations who are at higher risk for adverse health effects from wind power generation; and 3) ensure that physicians and patients alike are informed of evidence-based research results.