

Maine Medical Association  
2011 Annual Session  
September 9-11, 2011  
Harborside Hotel and Marina, Bar Harbor, Maine

## **List of Proposed Resolutions**

- Resolution #1: *“Global Climate Change & Wind Power,”* submitted by the MMA Public Health Committee
- Resolution #2: *“Government Interference in Patient Counseling,”* submitted by the MMA Public Health Committee and Cosponsored by the Maine Chapter of the American Academy of Pediatrics & Maine Chapter of the American College of Physicians
- Resolution #3: *“Influenza Vaccination Policies for Health Care Workers,”* submitted by the MMA Public Health Committee
- Resolution #4: *“Prevention of Prescription Drug Abuse,”* submitted by Jo Linder, MD
- Resolution #5: *“Supporting an Evidence-Basis for Public Health Recommendations,”* submitted by the MMA Public Health Committee
- Resolution #6: *“Supporting the Clean Air Act,”* submitted by the MMA Public Health Committee

1  
2  
3 **DRAFT**  
4 **Maine Medical Association**  
5 **Resolution #1 RE: Global Climate Change & Wind Power**  
6 **Submitted by the MMA Public Health Committee**

7 **WHEREAS**, Effective action has yet to be taken to substantially reduce our dependence  
8 on fossil fuels; and

9  
10 **WHEREAS**, Political discord and short term economic interests prevent constructive  
11 dialogue and action on this important long-term public health issue; and

12  
13 **WHEREAS**, The Maine Medical Association policy on global climate change that  
14 passed in 2009 emphasized the use of evidence based science as the foundation of  
15 discussion and debate on all matters regarding this issue; and,

16  
17 **WHEREAS**, The intent of the Maine Medical Association 2009 Resolution “Wind  
18 Energy and Public Health” has been misconstrued as taking sides on the wind power  
19 debate; and

20  
21 **WHEREAS**, The Maine Medical Association 2009 Resolution “Wind Energy and Public  
22 Health” called on the organization to 1) bring attention of known medical consequences  
23 of wind development, 2) encourage evidence based studies of the health effects of wind  
24 turbine generation and public dissemination of the results; and

25  
26 **WHEREAS**, In the public debate, there is considerable disagreement as to the accuracy  
27 and validity of studies of wind turbines as well as highly technical issues that the MMA  
28 has neither the resources or the expertise to discern;

29  
30 **NOW, THEREFORE, BE IT RESOLVED** that the Maine Medical Association  
31 reaffirm its position on the health threats posed by global climate change and the  
32 need to develop alternative energy sources as one way of reducing climate change, as  
33 adopted in its 2009 policy “Global Climate Change” and the enabling 2009  
34 Resolution #4; and

35  
36 **BE IT FURTHER RESOLVED** that the Maine Medical Association rescind its 2009  
37 policy “Wind Energy and Public Health” and the enabling 2009 Resolution #7.  
38  
39  
40  
41  
42  
43  
44

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49

**DRAFT**  
**Maine Medical Association**  
**Resolution #2 RE: Government Interference in Patient Counseling**  
**Submitted by the MMA Public Health Committee**  
**Cosponsored by the Maine Chapter of the American Academy of Pediatrics &**  
**Maine Chapter of the American College of Physicians**

**WHEREAS**, Complete and open patient-doctor communication is important for the health and safety of the patient and his or her family;

**WHEREAS**, Preventive care is an integral part of a patient’s and family’s health and safety;

**WHEREAS**, The presence of firearms in the home potentially constitutes as much danger as poisons, matches, drugs, and other factors;

**WHEREAS**, Behaviors in a household, such as physical and verbal abuse, can also affect the health and safety of family members;

**WHEREAS**, The combination of some of the above factors, especially when firearms are included, augment the possibility of injury;

**WHEREAS**, About 4,500 deaths of children from 1 to 21 years of age in the United States are killed by gunfire each year (from unintended shootings, suicides, and other causes);

**WHEREAS**, The State of Florida has recently passed legislation prohibiting health care providers from freely asking their patients questions related to gun safety or from recording such information in their medical records, with possible loss of licensure as a penalty. Similar bills were introduced this year in the Alabama, North Carolina and West Virginia legislatures.

**WHEREAS**, Such proscriptions intrude on the physician-patient relationship and on physicians’ right to free speech;

**NOW, THEREFORE, BE IT RESOLVED** that the Maine Medical Association vigorously and actively defend the physician-patient-family relationship and actively oppose state efforts to interfere in the content of communication in clinical care delivery between clinicians and patients; and

**BE IT FURTHER RESOLVED** that the MMA condemn any interference by government or other third parties that compromise a physician’s ability to communicate his or her medical opinion as to the information or suggested management options that are in the best interest of their patients; and

**BE IT FURTHER RESOLVED** that the MMA support the efforts of state and national medical associations to block the implementation of newly enacted state and/or federal laws that restrict the privacy of physician-patient-family relationships and/or that violate the First Amendment rights of physicians in their practice of the art and science of medicine.

1 **DRAFT**  
2 **Maine Medical Association**  
3 **Resolution #3 RE: Influenza Vaccination Policies for Health Care Workers**  
4 **Submitted by MMA Public Health Committee**  
5  
6

7 **WHEREAS**, Universal immunization of health care workers (HCWs) against influenza  
8 should be the goal of all health care settings (inpatient, outpatient and long-term care);  
9 and

10  
11 **WHEREAS**, Physicians and other health care providers must have two special objectives  
12 in view when treating patients, namely, “to do good or to do no harm,” and have an  
13 ethical and moral obligation to prevent transmission of infectious diseases to their  
14 patients; and

15  
16 **WHEREAS**, Several studies demonstrate that immunizing HCWs against influenza  
17 protects patients against acquiring the virus from HCWs, reducing patient morbidity and  
18 mortality,<sup>1</sup> thus, universal immunization of HCWs against influenza is a critical patient  
19 safety issue; and

20  
21 **WHEREAS**, Immunizing HCWs against influenza also protects the individual HCW  
22 from falling ill due to these potentially life-threatening infections, as well as from missing  
23 work during influenza outbreaks, further negatively impacting patient care; and

24  
25 **WHEREAS**, Decades of scientific data demonstrate influenza vaccines to be safe,  
26 effective and cost saving;<sup>2</sup> and

27  
28 **WHEREAS**, Education programs and easy access to influenza immunization have  
29 resulted in some improvement in vaccination rates, but generally have not achieved  
30 acceptable levels of coverage; most successful educational programs still average only 40  
31 to 70 percent coverage, and vaccination rates of HCWs in Maine hospitals during the  
32 H1N1 outbreak were as low as 25 percent;<sup>3</sup> and

33  
34 **WHEREAS**, Several large health care systems and individual hospitals have adopted  
35 policies requiring mandatory influenza immunizations such that employees who cannot  
36 be vaccinated or who chose not to be vaccinated are required to wear masks or are  
37 reassigned away from direct patient care;<sup>4</sup> and

38  
39 **WHEREAS**, The Infectious Diseases Society of America (IDSA), a national medical  
40 society representing more than 9,000 infectious disease specialists and scientists, supports  
41 universal immunization of HCWs against influenza by health care institutions (inpatient,  
42 outpatient and long-term care) through mandatory vaccination programs which include

---

<sup>1</sup> [http://www.acponline.org/clinical\\_information/resources/adult\\_immunization/flu\\_hcw.pdf](http://www.acponline.org/clinical_information/resources/adult_immunization/flu_hcw.pdf)

<sup>2</sup> <http://pediatrics.aappublications.org/content/early/2010/09/13/peds.2010-2376.full.pdf+html>

<sup>3</sup> [http://www.maine.gov/dhhs/boh/maineflu/h1n1/H1N1\\_HCW\\_rates.pdf](http://www.maine.gov/dhhs/boh/maineflu/h1n1/H1N1_HCW_rates.pdf)

<sup>4</sup> <http://pediatrics.aappublications.org/content/early/2010/09/13/peds.2010-2376.full.pdf+html>

43 vaccination as a condition of employment or professional privileges, and that those who  
44 cannot be vaccinated be required to wear masks or be reassigned away from direct patient  
45 care;<sup>5</sup> the American Academy of Pediatrics<sup>6</sup> and American College of Physicians<sup>7</sup> have  
46 adopted similar policies; and

47  
48 **WHEREAS**, The State of Maine already requires HCWs to be immunized for hepatitis  
49 B, measles, mumps, and varicella;<sup>8</sup> nationally, HCW immunization rates now exceed  
50 96% - 99% for those diseases after implementing mandatory vaccination programs;

51  
52 **NOW, THEREFORE, BE IT RESOLVED** that the MMA support universal  
53 influenza vaccination for all health care workers, including those in inpatient,  
54 outpatient and long-term care settings; and

55  
56 **BE IT FURTHER RESOLVED** that the MMA will urge all members to receive an  
57 annual influenza vaccination and champion vaccination within their practices and  
58 medical staff; and

59  
60 **BE IT FURTHER RESOLVED** that the MMA will encourage all MMA members to  
61 adopt in their own practices, and to support the adoption by their hospitals and  
62 medical staffs of, polices that require vaccination for all health care workers. Such  
63 polices should state that an annual influenza vaccine be required for every health  
64 care worker, including front desk and office support staff not directly involved in  
65 patient care but potentially exposed to infectious agents that can be transmitted to  
66 and from staff, unless a medical contraindication or religious objection to influenza  
67 immunization exists. Such policies should also state the consequences for those  
68 health care workers who cannot receive flu vaccines, which may include re-  
69 assignment to non-patient care areas during influenza season or wearing a mask at  
70 all times during influenza season when in the presence of patients or susceptible  
71 employees; and

72  
73 **BE IT FURTHER RESOLVED** that if the annual influenza vaccination rate of  
74 health care workers does not increase to 90 percent or higher state legislation  
75 mandating vaccination with appropriate exceptions should be considered.

76  
77  
78  
79  
80  
81  
82

---

<sup>5</sup> <http://www.idsociety.org/redirector.aspx?id=15413>

<sup>6</sup> <http://pediatrics.aappublications.org/content/early/2010/09/13/peds.2010-2376.abstract>

<sup>7</sup> [http://www.acponline.org/clinical\\_information/resources/adult\\_immunization/flu\\_hcw.pdf](http://www.acponline.org/clinical_information/resources/adult_immunization/flu_hcw.pdf)

<sup>8</sup>

[http://www.maine.gov/dhhs/boh/rules/Rules\\_%20Emergency\\_Immunizations%20for%20HCWs\(Final\)%2010-6-09.pdf](http://www.maine.gov/dhhs/boh/rules/Rules_%20Emergency_Immunizations%20for%20HCWs(Final)%2010-6-09.pdf)

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46

**DRAFT**  
**Maine Medical Association**  
**Resolution #4 RE: Prevention of Prescription Drug Abuse**  
**Submitted by Jo Linder, MD**

**WHEREAS**, abuse of prescription drugs and its impact on patients, families, communities and medical providers remains a critically important issue in the state; and,

**WHEREAS**, despite significant efforts and the creation of several tools to assist prescribers in identifying addicts, abusers and individuals trafficking illegally in prescription drugs, a viable data continues to show significant diversion; and,

**WHEREAS**, prescribers and the associations representing them including the Maine Medical Association have a professional obligation to take any and all necessary steps to assist in preventing prescription drugs from being diverted and abused;

**NOW, THEREFORE, BE IT RESOLVED THAT,**

1. The Maine Medical Association (MMA) continue its efforts to educate all prescribers concerning the tools available to identify diversion, including the Prescription Monitoring Program (PMP);
2. The MMA encourage all physicians who prescribe controlled substances for chronic pain to enroll in the PMP and access it when appropriate;
3. The MMA encourage the Office of Substance Abuse Services to improve the interface and website portal for the PMP, to eliminate the requirement that applications be notarized, and to provide adequate staff to respond to inquiries about the PMP and educate potential users;
4. The MMA continue to support programs and projects aimed at addressing the problem of diversion, such as the Chronic Pain Project funded by the Board of Licensure in Medicine; and
5. The MMA participate in efforts by the Attorney General's Office, the Office of Substance Abuse and the Department of Public Safety to address the problem of diversion and inform members and non-members of these efforts.

1  
2  
3  
4 **DRAFT**  
5 **Maine Medical Association**  
6 **Resolution #5 RE: Supporting an Evidence-Basis for Public Health Recommendations**  
7 **Submitted by the MMA Public Health Committee**

8 **WHEREAS**, the Maine Medical Association (MMA) recognizes the importance of physician  
9 involvement in policymaking at the state, national, and global level; and

10  
11 **WHEREAS**, the MMA aims to be the premier healthcare organization in Maine recognized by  
12 all physicians and the public as the leader and the voice of the physician community; and

13  
14 **WHEREAS**, the news media and the Internet are filled with recommendations for the use of  
15 various products to preserve health or relieve symptoms that are not supported by peer-reviewed  
16 scientific research; and

17  
18 **WHEREAS**, the general public may be advised to avoid healthy actions, such as preventive  
19 immunizations or the use of seat belts, based on rumors or non-scientific information; and

20  
21 **WHEREAS**, there is not always complete agreement in the medical field regarding the efficacy  
22 of certain treatments, products or actions; and

23  
24 **WHEREAS**, the general public looks to the medical community to be clear about the available  
25 scientific information on all subjects related to health; and

26  
27 **WHEREAS**, without having an adequate evidentiary basis, the public health policies of the  
28 MMA may lose impact, confuse or mislead the public<sup>i</sup>

29  
30 **NOW, THEREFORE, BE IT RESOLVED** that the MMA require that proposed public  
31 health resolutions that take a position on the health value or reported danger of a  
32 particular action or product be supported by peer reviewed, epidemiological, translational,  
33 clinical or basic science research.

34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  

---

<sup>i</sup> <http://www.nature.com/embor/journal/v2/n9/full/embor333.html>

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35

**DRAFT**  
**Maine Medical Association**  
**Resolution #6 RE: Supporting The Clean Air Act**  
**Submitted by the MMA Public Health Committee**

**WHEREAS**, outdoor air pollution is now recognized as a public health problem both nationally and at the state level; and

**WHEREAS**, numerous studies are finding deleterious health effects from air pollution levels once deemed safe;<sup>i</sup> and

**WHEREAS**, air pollution causes exacerbation of chronic lung disease and asthma resulting in increased numbers of emergency visits and hospitalizations, and is also implicated in heart disease, strokes and premature deaths;<sup>ii</sup> and

**WHEREAS**, Maine's geographic location makes its citizens susceptible to air pollution generated in other states, in addition to that from within the state, resulting in half of its citizens living in counties with unhealthy air;<sup>iii</sup> and

**WHEREAS**, the Clean Air Act is the best tool we have to protect ourselves from cross-state air pollution; and

**WHEREAS**, in 2010 the Clean Air Act prevented 160,000 premature deaths and 1.7 million instances of asthma exacerbation;<sup>iv</sup>

**NOW, THEREFORE, BE IT RESOLVED that the Maine Medical Association strongly supports the Clean Air Act and emphatically opposes all attempts to weaken, dismantle, overrule, or otherwise impede the Environmental Protection Agency from enforcing or implementing it.**

---

i American Academy of Pediatrics Policy. Ambient Air Pollution: Health Hazards to Children. PEDIATRICS Vol. 114 No. 6 December 2004, pp. 1699-1707. Available at <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;114/6/1699>

ii The Benefits and Costs of the Clean Air Act from 1990 to 2020. The US Environmental Protection Agency. August 2010. Available at: <http://www.epa.gov/oar/sect812/aug10/fullreport.pdf>.

iii American Lung Association State of the Air 2011. Maine Report Card available at <http://www.stateoftheair.org/2011/states/maine/>. Full report available at <http://www.stateoftheair.org/2011/assets/SOTA2011.pdf>

iv The Benefits and Costs of the Clean Air Act from 1990 to 2020. The US Environmental Protection Agency. August 2010. Available at: <http://www.epa.gov/oar/sect812/aug10/fullreport.pdf>.