

**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION,
THE MAINE DIVISION OF THE AMERICAN COLLEGE OF OBSTETRICIANS &
GYNECOLOGISTS,**

AND

THE MAINE CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS

IN OPPOSITION TO

**L.D. 1116, AN ACT TO ENSURE HEALTH CARE PRACTITIONERS UNDERSTAND
AND SCREEN FOR DOMESTIC ABUSE FOR PREGNANT WOMEN AND NEW
MOTHERS**

Joint Standing Committee on Health & Human Services
Room 209, Cross State Office Building
Tuesday, April 14, 2009, 1:00 p.m.

Good afternoon Senator Brannigan, Representative Perry, and Members of the Joint Standing Committee on Health & Human Services. I am Andrew MacLean, Deputy EVP of the Maine Medical Association (MMA) and I am speaking in opposition to L.D. 1116, *An Act to Ensure Health Care Practitioners Understand and Screen for Domestic Abuse for Pregnant Women and New Mothers* on behalf of the MMA and medical specialty organizations representing OB/GYNs and pediatricians.

The MMA is a professional association representing more than 3000 physicians, residents, and medical students in Maine whose mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens.

Maine physicians acknowledge that domestic violence is a serious threat to public health and the three physician organizations I am representing today appreciate the sponsor's and co-sponsors' interest in legislation to address the problem. However, I believe that this bill is unnecessary because current ethical standards and standards of practice require physicians to

educate themselves about the domestic violence problem and to screen their patients for signs of domestic violence. While well meaning, this bill is overly prescriptive in, once again, trying to legislate the practice of medicine and it would present real compliance challenges for physician practices.

I recognize that you may hear a common theme from me on these types of proposals. I raised similar concerns in the informed consent context in L.D. 819, *An Act to Encourage Transparency in Disclosing the Ingredients in Vaccinations for Children to Parents and Guardians* earlier this session. In the 123rd Legislature, I made the same arguments regarding L.D. 792, *An Act Concerning Postpartum Mental Health Education*, a bill that this Committee ultimately recommended as a Resolve. A stakeholder group established in that Resolve worked hard to address the concerns raised by the proponents of that bill.

I have attached three documents as evidence of the current professional standards for domestic violence screening:

- ACOG's standards for domestic violence screening;
- AMA House of Delegates Resolution 515.963, *Diagnosis and Management of Family Violence*; and
- AMA Code of Medical Ethics Opinion 2.02, *Physicians' Obligations in Preventing, Identifying, and Treating Violence and Abuse*.

Proponents of the bill may argue that physicians are not sufficiently compliant with these professional standards and there may be some truth in that. Society asks more and more of physicians with each passing day. But, I suggest that the answer to this is further education through professional organizations such as ours, perhaps with partners in the community, not

rigid legislation. Domestic violence has been a priority for the MMA's Public Health Committee for years.

I also have concerns about imposing yet another reporting obligation on busy practitioners as proposed in §263(3) and would ask the Committee to consider other current or potential means of gathering such data. Title 5 M.R.S.A. §204-A already directs the Office of the Attorney General to work with the state's district attorneys to submit an annual report to the legislature that "compiles data from domestic violence prosecutors" and the Maine CDC likely will comment on any relevant data it now collects.

Finally, we object to the mandate in §263(4) that every practitioner complete 40 hours of continuing medical education (CME) in domestic violence annually. The Board of Licensure in Medicine requires physicians in active practice to complete a minimum of 100 credit hours of CME during each biennial license renewal period. It does not specify any subject matter for the CME, but believes that the physician should be free to choose those CME subjects that are most relevant to his or her medical specialty, practice setting, and patient population. The MMA concurs with this view.

Thank you for considering the views of Maine physicians on L.D. 1116 and I would be happy to respond to any questions you may have.