

Maine Medical Association
Resolution RE: Reducing MaineCare Expenditures Without
Reducing Reimbursement to Providers
September 11, 2004

Resolution #1: “Resolution to Reduce MaineCare Expenditures Without Reducing Reimbursement to Providers,” submitted by Kevin Flanigan, MD

WHEREAS, the state is facing a \$780 billion dollar budget deficit, and

WHEREAS, cost containment is necessary in all areas of government expenditures, and

WHEREAS, MaineCare costs compose a large portion of the state budget, and

WHEREAS, the state has expressed a strong understanding of the importance of maintaining the health of its citizens in order to control state healthcare costs, and

WHEREAS, the state wishes to maintain accessibility to quality healthcare for citizens of this state, and

WHEREAS, the State currently allows any Medicaid eligible individual establishing a temporary residence in order to qualify for Medicaid eligibility and then receiving treatment for pre-existing medical conditions which may not be covered by their home states Medicaid program and

WHEREAS, these people are then frequently returning to their home state, and

WHEREAS, this expense is carried by the citizens of the State of Maine, and

WHEREAS, this expense drains monies that would otherwise be available to improve access to quality medical care for the citizens of this state, and

WHEREAS, many primary care physicians are finding it increasingly difficult to provide care to Medicaid patients because of low reimbursement, and

WHEREAS, many subspecialists are no longer accepting Medicaid patients because of low reimbursement,

THEREFORE BE IT RESOLVED, that the membership of the MMA direct its leaders to address with the legislature and the Bureau of Medical Services the eligibility criteria for MaineCare and review how any savings from this review could be used to improve reimbursement to providers and improve access to high quality medial care for Maine’s citizens.

**Maine Medical Association
Resolution RE: To Advance Medical Liability Reform in Maine
September 11, 2004**

Resolution #2, “Resolution to Advance Medical Liability Reform in Maine”, submitted by Lee Thibodeau, MD:

WHEREAS, Maine physicians are paying an increasing percentage of their income for professional liability insurance, and

WHEREAS, professional liability premiums in Maine are increasing between 8% and 15% per year, depending upon the carrier, and

WHEREAS, several high profile verdicts this year have accelerated a deterioration in the liability climate in Maine, and

WHEREAS, several verdicts against physicians in the face of unanimous panel decisions in favor of the physicians demonstrate the need to reassess and shore-up our panel system, and

WHEREAS, Maine does not have any limit currently on non-economic damages, and

WHEREAS, states with limits of \$250,000 or \$350,000 on non-economic damages have average combined highest premium increases of 12% to 15%, compared to 44% in states without caps, and

WHEREAS, 76% of Americans favor caps on non-economic damages, and

WHEREAS, high liability premiums are currently threatening access to high-risk specialties, particularly trauma care and obstetrical care,

THEREFORE BE IT RESOLVED that the Maine Medical Association, in cooperation with its natural allies on the issue, embark on an aggressive campaign aimed at enacting a limit on non-economic damages in the amount of \$250,000.

Cost=up to \$50,000.

**Maine Medical Association
Resolution RE: Primary Enforcement Seatbelt Law
September 11, 2004**

Resolution #3, “Resolution Supporting a Primary Enforcement Seatbelt Law in Maine”, submitted by the Public Health Committee:

WHEREAS, the use of seatbelts by the drivers and passengers in automobiles reduces the morbidity and mortality of those involved in accidents, and

WHEREAS, the U.S. Transportation Secretary Norman Y. Mineta is urging state legislators from around the country to pass primary enforcement seatbelt laws, and

WHEREAS, states with primary enforcement seatbelt laws allow traffic enforcement officers to stop a vehicle and issue a citation when the officer observes an unbelted driver or passenger, and

WHEREAS, the existing Maine law describes the lack of seatbelt usage as a secondary offense, such that an officer of the law can only cite a motorist if that motorist is stopped for another reason (unless it is a minor who is not belted), and

WHEREAS, the degree of seatbelt utilization depends to a certain extent on the degree of enforceability, and

WHEREAS, according to the National Highway Traffic Safety Administration (NHTSA), states with primary enforcement seatbelt laws have usage rates about 11 percentage points higher than states with secondary enforcement laws, and

WHEREAS, traffic crashes are the leading cause of death and one of the leading causes of injury in the workplace in Maine, and

WHEREAS, research reveals that when a driver is not restrained, 70% of the time children in that vehicle will not be restrained either, and

WHEREAS, twenty states and the District of Columbia and Puerto Rico now have primary enforcement seatbelt laws, and if the remaining states adopt primary laws, about 1400 additional lives would be saved each year, according to the NHTSA, and

WHEREAS, in Maine, since 1994, 744 individuals were not restrained when fatally injured in a motor vehicles crash, some of whom could have been “saved by the belt”, and

WHEREAS, Maine has a 59% seatbelt use rate, the third lowest seatbelt use rate in the United States, and

WHEREAS, states with a primary enforcement law for all occupants have an 83% seatbelt use rate, and

WHEREAS, in 2000, the NHTSA estimated the cost of crashes for Maine residents to be \$900 million or \$715/resident and in the past six years, Maine has incurred \$32 million in hospitalization costs alone, and

WHEREAS, Maine employers and insurers bore over half this cost at \$16 million, Medicaid and Medicare picked up \$4.8 million, and \$6.7 million were uninsured, and

WHEREAS, it has been estimated that if Maine had a primary enforcement seatbelt law, it would save \$30 million annually, and

WHEREAS, between 1995 and 2001, 850 hospitalizations would have been prevented if unbelted occupants were restrained,

THEREFORE BE IT RESOLVED that the Maine Medical Association will proactively advocate for the passage of a primary enforcement seatbelt law in Maine.

**Maine Medical Association
Resolution RE: Assault Weapons Ban
September 11, 2004**

Resolution #4, “Resolution Supporting the Renewal of the Federal Assault Weapons Ban”, submitted by the Public Health Committee:

WHEREAS, the landmark 1994 assault weapons ban, part of the Violent Crime Control and Law Enforcement Act, is set to expire September 13, 2004, unless Congress and President Bush renew it, and

WHEREAS, the Assault Weapons Ban required gun manufacturers to stop production of military-style assault, and

WHEREAS, Congress has not initiated any process to renew or extend the ban, and

WHEREAS, the federal ban has, for the last ten years, succeeded in reducing the amount of crime and injury due to such weapons, and

WHEREAS, the Maine Medical Association has resolved in the past to be proactive in regard to laws that reduce firearm injuries, and

WHEREAS, in the past three years, the US Attorney’s Office in Maine prosecuted more federal firearms violations than nearly any district in the county, and

WHEREAS, the American Academy of Family Physicians, the National Association of Public Hospitals and Health Systems, the Physicians for a Violence-Free Society, and the American Public Health Association have supported the ban’s renewal, and

WHEREAS, the Maine Citizens Against Handgun Violence, the Maine Chiefs of Police, Physicians for Social Responsibility Maine, Million Mom March Maine Chapter, and local law enforcement have endorsed the ban, and

WHEREAS, as the law enforcement community is supportive of renewing the ban including, the International Association of Chiefs of Police, Major Cities Chiefs Association, Major County Sheriff’s Association, Police Foundation, Police Executive Research Forum, International Brotherhood of Police Offices, National Association of School Resource Officers, National Fraternal Order of Police, National Organization of Black Law Enforcement Executives, Hispanic American Police Command Officers Association, National Black Police Association, National Association of Women Law Enforcement Executives, and the American Probation and Parole Association, and

WHEREAS, the National Rifle Association is lobbying aggressively against the measure, and

WHEREAS, Mainers were polled and 72.5% of them were supportive of the ban, and

WHEREAS, assault weapons were used to kill one in five law enforcement officers slain in the line of duty between 1998 and 2001, and

WHEREAS, assault weapons are the “weapon of choice” for drug traffickers, gangs and paramilitary extremist groups, and

WHEREAS, seven states, including California, Connecticut, Hawaii, Maryland, Massachusetts, New Jersey and New York, have state assault weapons bans,

THEREFORE, BE IT RESOLVED, that the Maine Medical Association

- (1) support the renewal of the assault weapons ban at the federal level,
- (2) advocate for the ban before Maine’s Congressional Delegation as well as throughout the medical community, and
- (3) promote the passage of a state assault weapons ban before the Maine State Legislature in the event that the federal law is not passed.

**Maine Medical Association
Resolution RE: Maine Centers for Disease Control and Prevention Proposal
September 11, 2004**

Resolution #5, “Resolution Supporting the Creation the Maine Centers of Disease Control and Prevention”, submitted by the Public Health Committee:

WHEREAS, the Maine health care system is in crisis, with escalating costs impacting the health of Maine people, access to health services and Maine’s economy, and

WHEREAS, population-based public health services and prevention have repeatedly demonstrated an ability to reduce health care costs as well as reduce the morbidity and mortality associated with medical conditions, and

WHEREAS, the new Department of Health and Human Services is largely devoted to financing health care and providing direct personal care services to individuals and/or families, and

WHEREAS, in this context public health leadership is essential to assuring better health for Maine people as well as a more cost-effective health care system, and

WHEREAS, medical and public health expertise must be constantly and directly available to the highest levels of Maine state government, and

WHEREAS, support for this concept can be found among the entire public health community including the Maine Osteopathic Association and the Maine Public Health Association,

THEREFORE, BE IT RESOLVED that the Maine Medical Association endorses and supports the establishment of a Maine Centers for Disease Control and Prevention, led by the Maine State Health Officer reporting directly to the Commissioner of Health and Human Services, or any other similar administrative arrangement that clearly recognizes the importance of public health and prevention to both health and the direction of the new department, as well as assuring the access of Maine’s chief Health Officer to the very highest levels of State government.

**Maine Medical Association
Resolution RE: International Conflict and Nuclear Weapons
September 11, 2004**

Resolution #6, “Resolution Supporting the APHA Position on International Conflict and Nuclear Weapons”, submitted by the Public Health Committee:

WHEREAS, the American Public Health Association adopted the following resolution in 2003:

“Recognizing that the APHA Governing Council has adopted policy statements opposing the testing and development of nuclear weapons, and supporting their abolition, in line with well-established public health concerns documented in the updated edition of “War and Public Health” published by APHA; and

Noting that the U.S. government has released a Nuclear Posture Review that calls for developing and deploying new nuclear weapons, and explicitly discusses contingencies for U.S. use of its proposed improved nuclear strike capabilities; and

Understanding that U.S. nuclear weapons laboratories are designing advanced earthpenetrating (bunker-buster) weapons, manufacturing a new generation of nuclear components to update old warheads, and preparing for renewed nuclear testing; and

Observing that “The National Security Strategy of the United States” has rejected most non-proliferation treaties in favor of a doctrine of pre-emptive war against states and organizations perceived to be hostile to the United States; and

Understanding that the aforementioned changes in U.S. nuclear and military policy threaten to usher in a new era of nuclear weapons proliferation that could increase the chances for nuclear or radiologic weapons to be used in “terrorist” scenarios

Therefore, the APHA

1. Calls on the United States government to explicitly reaffirm its historical commitment to international treaties aimed at curbing the development and proliferation of nuclear weapons and all other weapons of mass destruction; and

2. Calls on the United States government to abandon plans to modernize its nuclear weapons arsenal and to abandon its plans to initiate a new era of nuclear testing; and

3. Calls on the United States to reverse its new doctrine of pre-emptive war in favor of internationally sanctioned approaches towards resolving conflicts through negotiations under the auspices of peaceful global mechanisms such as afforded by the United Nations.”

WHEREAS, the California Medical Association has supported this APHA resolution,

THEREFORE BE IT RESOLVED, that the Maine Medical Association support the American Public Health Association resolution and show its support through communicating this message to the Maine Congressional delegation, the medical community and the general public.

**Maine Medical Association
Resolution RE: Motorcycle Helmets
September 11, 2004**

Resolution #7, “Resolution Supporting the Required Use of Motorcycle Helmet”, submitted by the Public Health Committee:

WHEREAS, helmets worn by motorcycle riders demonstrably reduce the amount of morbidity and mortality sustained by those riders who have accidents, and

WHEREAS, Maryland decreased its motorcycle fatalities by 37% when it enacted an all-rider helmet law, and

WHEREAS, head injuries represent a major component of the cost of acute trauma care and long term rehabilitation and these costs in turn are ultimately borne by taxpayers, and

WHEREAS, Maryland reduced its number of traumatic brain injuries in motorcycle accidents by 23% when it enacted an all-rider helmet law, and

WHEREAS, state revenue shortfalls have strained health care budgets and have threatened to curtail such things as brain injury rehabilitation programs in Maine, and

WHEREAS, almost 50% of motorcycle crash victims have no private health insurance, and

WHEREAS, the average treatment cost for a motorcycle accident-related head injury is \$43,000, and

WHEREAS, the annual cost of serving one brain-injured individual in an inpatient setting is \$100,000, and

WHEREAS, eight of the 13 motorcycle riders who died in an accident in Maine in 2002 were not wearing a helmet, and

WHEREAS, other users of the roadways in Maine are bound by seatbelt laws, which help lessen motor vehicle trauma costs, and

WHEREAS, the only users of motorcycles who are currently required to wear helmets are those with learner permits and those passengers under the age of 16, and

THEREFORE BE IT RESOLVED, that the Maine Medical Association support legislation to require all users of motorcycles in the State of Maine to wear helmets.

**Maine Medical Association
Resolution RE: Water Quality in Maine Rivers
September 11, 2004**

Resolution #8, “Resolution supporting water quality in substandard rivers in Maine”, submitted by the Public Health Committee:

WHEREAS, proper stewardship of our home planet is a certain mark of advancing wisdom and maturity in our species, and

WHEREAS, a clean and healthy environment is vital to the maintenance of physical and spiritual health in our patients, and

WHEREAS, improvement in our river water quality tends to favor economic improvement for our citizens, and

WHEREAS, river cleanliness standards have been established on a national and state level designed to promote continued improvement in water quality. These standards include statements in the Clean Water Act of 1972 supporting “the protection and propagation of fish, shellfish, and wildlife and recreation in and on the water,” and

WHEREAS, two Maine Rivers (Androscoggin and St. Croix) are, despite these standards, allowed to remain in an unhealthy condition, below Class C status, and

WHEREAS, Class C status is the lowest acceptable category of water quality, and

WHEREAS, our children swim in Maine rivers as part of their summer activities, and

WHEREAS, Mainers catch and eat fish from Maine’s bodies of waters,

THEREFORE BE IT RESOLVED that the Maine Medical Association promote the passage of legislation and support other efforts designed to quickly improve water quality in these rivers so that they meet or exceed Class C standards.