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**Maine Medical Association**  
**RE: “Keep Thinking” Public Awareness Campaign**  
**September 2005**

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**Resolution #1**, “Resolution Supporting a Public Awareness Campaign regarding Protective Head Gear for Sporting Activities”, presented by the Public Health Committee was approved as follows:

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**WHEREAS**, Head protection in sporting activities has been shown to reduce preventable injuries...and

**WHEREAS**, Attempts at motorcycle helmet legislation has been unsuccessful in the state of Maine, and

**WHEREAS**, Statistics show that helmet use in many sports activities including bicycling and motorcycling provide significant protection from head, face, and eye injuries, and

**WHEREAS**, anecdotal evidence suggests the general public agrees that helmet safety is important, and

**WHEREAS**, the Maine Medical Association is in a unique position to provide leadership in public health and safety,

**THEREFORE BE IT RESOLVED**, that the Maine Medical Association will work collaboratively with public health professionals and other organizations that promote sports head injury prevention in the state to develop a public awareness campaign regarding the benefits of protective head gear for sporting activities (including on and off road bicycling) and motorcycling.

30 **Maine Medical Association**  
31 **Resolution RE: Better Health through Cleaner Cars**  
32 **September 2005**  
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34 **Resolution #2**, “Resolution Promoting Better Health through Cleaner Car Emissions  
35 Standards Legislation”, presented by the Public Health Committee was amended and  
36 approved as follows:  
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38 **WHEREAS**, global warming is the single most important environmental threat  
39 that we face today, and,  
40

41 **WHEREAS**, we recognize that global warming is and will be affecting Maine’s  
42 public health, natural environment, economy and cultural heritage, and,  
43

44 **WHEREAS**, in 2003 the State of Maine was the first state in the nation to adopt a  
45 state-wide Climate Action Plan mandating a reduction of global warming  
46 pollution to 1990 levels by 2010, 10% below 1990 levels by 2020 and  
47 approximately 75 to 85% below 2003 levels by 2050, and,  
48

49 **WHEREAS**, pollution from Maine cars and light-duty trucks are responsible for  
50 66% of all transportation-sector pollution and nearly 40% of the total statewide  
51 global warming emissions, and is expected to increase 41% by 2020, and,  
52

53 **WHEREAS**, pollution from vehicles creates increasing levels of smog and toxic  
54 particulates that could lead to more frequent and severe cases of asthma and other  
55 respiratory diseases in Maine where adult asthma rates are already among the  
56 highest in the nation and children’s are the highest in New England, and,  
57

58 **WHEREAS**, tailpipe emissions contribute to a statewide health epidemic. The  
59 EPA recently determined that 108 towns and cities fail to meet air quality  
60 standards and, in 2002, Maine had 17 bad air days. In addition, tailpipe emissions  
61 are the largest source of airborne carcinogens like benzene.  
62

63 **WHEREAS**, implementing emissions standards for vehicles - coupled with the  
64 recently adopted Cleaner Cars Sales Goals program - is expected to reduce  
65 Maine’s statewide global warming pollution by close to 987 thousand metric tons  
66 of carbon dioxide, and,  
67

68 **WHEREAS**, there are relatively few other policy options and ways to reduce car  
69 and truck emissions,  
70

71 **THEREFORE BE IT RESOLVED** that the Maine Medical Association support the  
72 enactment of passage of legislation for Maine to adopt the current 2005 California  
73 Level emission standards for motor vehicles and support other efforts such as the  
74 Cleaner Cars Sales Program (like those passed by California and numerous other  
75 states) in the State of Maine as soon as possible.  
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**Maine Medical Association  
Resolution RE: Health Literacy  
September 2005**

83 **Resolution #3**, “Resolution Supporting Education to the Medical Community on Health  
84 Literacy”, presented by the Public Health Committee was amended and approved as  
85 follows:  
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87  
88 **WHEREAS**, 22% of American adults are functionally illiterate and 28% of American  
89 adults are only marginally literate,  
90

91 **WHEREAS**, health literacy is the ability to read, understand and use health information  
92 to make appropriate health care decisions and follow instructions for treatment,  
93

94 **WHEREAS**, the need for today’s patients to be health literate is greater than ever  
95 because medical care has grown increasingly complex,  
96

97 **WHEREAS**, in 1998 the AMA was the first national organization to recognize that  
98 limited patient literacy is a barrier to medical diagnosis and treatment. In 2002 the AMA  
99 Foundation became a founding member of the Partnership for Clear Communication, a  
100 national coalition of healthcare groups and industry that is addressing the problem of  
101 health literacy,  
102

103 **WHEREAS**, through the AMA Foundation eleven teams of health literacy facilitators  
104 have been trained and more than 20,000 health professionals have been reached through  
105 Train the Trainer toolkits. Since the beginning of the Health Literacy campaign, the  
106 AMA and the AMA Foundation have distributed more than 10,000 Health Literacy  
107 toolkits, sponsored special events and created an extensive grant program that has funded  
108 dozens of community-based health literacy programs throughout the United States,  
109

110 **WHEREAS**, one study showed patients demonstrated that they did not really understand  
111 the words clinicians regularly use in discussion with them,  
112

113 **WHEREAS**, limited understanding of health concepts and health information is not  
114 solely a problem of persons with low literacy skills,  
115

116 **WHEREAS**, studies show that literacy skills are a stronger predictor of an individual’s  
117 health status than age, income, employment status, education level, and racial or ethnic  
118 group,  
119

120 **WHEREAS**, adverse health outcomes of low literacy translate into increased costs for  
121 the health care system, for example, it is estimated that health care costs for Medicaid

122 enrollees with limited literacy were four times higher than those with stronger literacy  
123 skills,

124

125 **WHEREAS**, some legal experts indicate that clinicians and hospitals can be held liable  
126 for adverse outcomes suffered by patients who do not understand important health  
127 information needed for diagnosis and treatment,

128

129 **THEREFORE BE IT RESOLVED**, that the MMA will partner with the Literacy  
130 Volunteers of Maine to (1) reach out to the medical community to educate them on the  
131 perils of low health literacy and how to spot it and improve it, and (2) pursue grant  
132 money to purchase appropriate materials to be made available for physician offices and  
133 hospitals.

134 **Maine Medical Association**  
135 **Resolution RE: Tobacco Treatment Funds and Coverage**  
136 **September 2005**

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138 **Resolution #4**, “Tobacco Treatment Funds and Coverage,” presented by the Public  
139 Health Committee, was approved as follows:

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141 **WHEREAS**, the most recent State of Maine biennial budget cut \$5 million from the  
142 Fund for a Healthy Maine, and

143  
144 **WHEREAS**, Maine’s comprehensive tobacco treatment and prevention program lost  
145 \$750,000, and

146  
147 **WHEREAS**, the \$1 tax increase on cigarettes will go to the General Fund and not  
148 provide any funds for tobacco prevention or treatment, and

149  
150 **WHEREAS**, the need for access to effective tobacco treatment programs will increase as  
151 the price of cigarettes increases and more individuals attempt to quit, and

152  
153 **WHEREAS**, the tobacco treatment program in Maine is in jeopardy due to budget cuts  
154 from the Fund for a Healthy Maine, and

155  
156 **WHEREAS**, on March 22, 2005, the federal Centers for Medicare and Medicaid  
157 Services began covering tobacco cessation counseling for certain Medicare recipients to  
158 help them quit, and

159  
160 **WHEREAS**, there are many individuals not covered by Medicare who need access to  
161 treatment for smoking and other tobacco use, therefore be it

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163 **THEREFORE BE IT RESOLVED**, that the Maine Medical Association will actively  
164 pursue restoration of funds for tobacco treatment and prevention, and

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166 **BE IT FURTHER RESOLVED**, that the Maine Medical Association will work with the  
167 Maine Coalition on Smoking or Health and other interested partners to ensure long-term  
168 support for effective tobacco treatment and prevention programs, and

169  
170 **BE IT FURTHER RESOLVED**, that the Maine Medical Association supports  
171 comprehensive coverage for counseling and other effective treatment for individuals who  
172 smoke or use other tobacco products.

173 **Maine Medical Association**  
174 **Resolution RE: Universal Access to Flu Vaccine**  
175 **September 2005**

177 **Resolution #5**, “Universal Access to Flu Vaccine”, presented by the Public Health  
178 Committee, was approved as follows:

179  
180 **WHEREAS**, There is an annual risk of a devastating flu pandemic; and

181  
182 **WHEREAS**, During 2004, the flu shot was not readily available to all who could benefit  
183 and possibly not available to all those who should have it in a timely manner; and

184  
185 **WHEREAS**, Maine has experienced some problem with the supply and/or distribution of  
186 flu vaccine for the past 5 years; and

187  
188 **WHEREAS**, It is desirable to have an adequate, affordable, available and safe supply of  
189 influenza vaccine to meet Healthy People 2010 goals; and

190  
191 **WHEREAS**, Active immunization through all appropriate methods of all priority groups  
192 and healthy individuals will help contain the spread of influenza in any year, and  
193 decrease the risk of epidemic influenza; and

194  
195 **WHEREAS**, Access to and distribution of influenza vaccine currently utilizes a complex  
196 system of public and private providers including physicians, pharmacies, hospitals,  
197 clinics as well as public health agencies and other organizations;

198  
199 **THEREFORE BE IT RESOLVED**, that the Maine Medical Association work with the  
200 Maine Department of Health and Human Services Bureau of Health (Maine Center for  
201 Disease Control) to ensure an adequate, affordable, available and safe supply of influenza  
202 vaccine and support access to and adequate distribution of the influenza vaccine to all  
203 Maine residents.

204 **Maine Medical Association**  
205 **Resolution RE: Development of State Health Plan for Maine**  
206 **September 2005**

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208 **Resolution #6**, “ Development of State Health Plan for Maine,” presented by MMA  
209 Steering Committee and Public Health Committee, was amended and approved as  
210 follows:

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213 **WHEREAS**, Governor John Baldacci and the Governor’s Office of Health Policy and  
214 Finance have committed to drafting a new State Health Plan (SHP) for Maine, and

215  
216 **WHEREAS**, the Health Systems Development Advisory Council, established through  
217 the Dirigo Health initiative, has been given major responsibility for development of the  
218 SHP, and

219  
220 **WHEREAS**, the SHP, by statute, will play an important role in Certificate of Need  
221 decisions, and

222  
223 **WHEREAS**, the medical community in the state needs a formal process for providing  
224 the input of practicing physicians into the SHP,

225  
226 **THEREFORE BE IT RESOLVED**, that the Maine Medical Association, acting through  
227 its annual membership meeting, provide on-going input into the proposed State Health  
228 Plan by:

- 229  
230 1. Providing regular input to the physicians on the HSDAC.  
231 2. Monitoring the meetings and activities of the Council and other activities  
232 of the GOHPF related to development of the plan;  
233 3. Encouraging GOHPF staff to solicit input from all physicians and health  
234 care input from all providers and offer the regular MMA communication  
235 tools to assist including Maine Medicine Weekly Update and Maine  
236 Medicine, and  
237 4. Inviting GOHPF staff and others involved in SHP development to address  
238 appropriate physician forums in the state including MMA Committee  
239 meetings, County Medical Society meetings and  
240 5. Naming the MMA Executive Committee, Legislative Committee and  
241 Public Health Committee as the primary liaisons to the HSDAC and  
242 GOHPF relative to SHP development.

243 **Maine Medical Association**  
244 **Resolution RE: MaineCare Claims Management**  
245 **September 2005**  
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247 **Resolution #7**, “MaineCare Claims Management”, presented by MMA Executive  
248 Committee, was approved as follows:  
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250 **WHEREAS**, the office of MaineCare Services (OMS) continues to struggle with  
251 implementation of its new (January 2005) claims management system (MECMS), and  
252

253 **WHEREAS**, the MECMS has under-performed since inception and continues to under-  
254 perform causing physician practices and other healthcare providers financial hardship  
255 through declining revenue and increased expenses, and  
256

257 **WHEREAS**, some types of claims, such as cross-over claims for patients eligible for  
258 both MaineCare and Medicare reimbursement, have not been paid in over eight months,  
259

260 **NOW THEREFORE, BE IT RESOLVED**, that the Maine Medical Association,  
261 working with allies such as the Maine Osteopathic Association and State Medical  
262 Specialty Societies seek, through administrative, regulatory, legislative or legal means, to  
263 have the State of Maine reimburse physicians for the additional expenses associated with  
264 the MECMS problem, and  
265

266 **BE IT FURTHER RESOLVED**, that MMA urge the Department of Health and Human  
267 Services to seek legal redress against the vendor and to distribute the proceeds of any  
268 recovery to the MaineCare providers who have suffered financially as a result of the  
269 premature implementation of the flawed system.

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**Maine Medical Association**

**Resolution RE: Coverage for Benzodiazepines and Substance Abuse Drugs in the Medicare Part D Benefit  
September 2005**

**Resolution #8**, “Coverage for Benzodiazepines and Substance Abuse Drugs in the Medicare Part D Benefit” submitted by the Maine Association of Psychiatric Physicians, was amended and approved as follows:

**WHEREAS**, Many patients in Maine and across the nation depend upon the Centers for Medicare & Medicaid Services (CMS) for medically-necessary treatment to reduce their suffering and to improve their functioning;

**WHEREAS**, Forms of treatment that may be appropriate and necessary to effectively treat mental illness and substance abuse for those patients is prescription medication therapy;

**WHEREAS**, No category for the current generation of substance abuse products are included in the treatment guidelines, which effectively eliminates all products for substance abuse for formulary consideration;

**WHEREAS**, As currently written, regulations associated with the January 1<sup>st</sup> 2006 implementation of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA of 2003) would exclude all medications of the benzodiazepine class;

**WHEREAS**, Access to needed drugs may not be assured and dual eligibles may not have access to all needed drugs;

**WHEREAS**, Abrupt termination of prescription medication therapy may be associated with serious medical risks to patients; and

**WHEREAS**, As currently written, regulations associated with the January 1<sup>st</sup> 2006 implementation of the MMA of 2003 would thus effectively eliminate access to appropriate medications for millions of Americans who might benefit from them;

**NOW THEREFORE, BE IT RESOLVED**, that the MMA urge Centers for Medicare and Medicaid Services (CMS) to ensure that its intermediaries that will administer the new Medicare Part D drug benefit, known as “prescription drug plans” (PDPs), include on their formularies all clinically appropriate medications for both psychiatric and substance abuse conditions, including specifically benzodiazepines, methadone, buprenorphine, acamprosate, antabuse, suboxone, and naltrexone, so that patients will have access to these critical medications.

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**Maine Medical Association**  
**Resolution RE: Opposition to Psychologists Prescribing**  
**September 2005**

317 **Resolution #9**, “Opposition to Psychologists Prescribing,” presented by the Maine  
318 Association of Psychiatric Physicians” was approved as follows:

320 **WHEREAS**, the difference between a psychologist and a psychiatrist is medical  
321 education and training. Psychologists are individuals trained in human behavior not  
322 based on a medical model who have not received education as either allopathic or  
323 osteopathic physicians and who are not required to follow a uniform curriculum of  
324 science courses to be licensed as a psychologist. Psychologists earn a social science  
325 degree, not a medical degree and currently do not have prescribing rights in Maine, and  
326

327 **WHEREAS**, psychiatrists are physicians with training to diagnose and treat human  
328 illnesses including those effecting the brain and the rest of the body as well as the use and  
329 side effects of medication in treating those illnesses. Psychiatrists do have prescribing  
330 rights in Maine, and  
331

332 **WHEREAS**, extending prescriptive authority to psychologists may seriously threaten the  
333 quality of mental health care and patient safety, would further the fragmentation of our  
334 health care system, and would not improve access to mental health care in rural Maine,  
335 and  
336

337 **WHEREAS**, The AMA opposes the prescribing of medication by psychologists; strongly  
338 urges that all state medical societies work closely with local psychiatric societies to  
339 oppose legislative or ballot initiatives authorizing the prescribing of medications by  
340 psychologists; supports and works in concert with the American Academy of Child and  
341 Adolescent Psychiatry, the American Psychiatric Association, and with the state and  
342 other appropriate medical societies in order to defeat initiatives that authorize  
343 psychologists to prescribe prescription medications, and  
344

345 **WHEREAS**, the medications used to treat mental illness are among the most powerful  
346 available to modern medicine, and if not appropriately prescribed and monitored, can  
347 cause disabling and life-threatening side effects, and threaten the safety of patients  
348

349 **NOW THEREFORE, BE IT RESOLVED** that the Maine Medical Association oppose  
350 the extension of prescriptive authority to psychologists, and  
351

352 **BE IT FURTHER RESOLVED** that the Maine Medical Association work with the  
353 Maine Association of Psychiatric Physicians, other medical specialty organizations, and  
354 behavioral health care providers to improve the mental health care of our citizens by  
355 promoting the strengths of psychologists - therapy, testing, and the ability to spend more  
356 time with patients.

357 **Maine Medical Association**  
358 **Resolution RE: Increasing Colorectal Cancer Screening Rates in Maine**  
359 **September 2005**  
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361 **Resolution #10**, “Increasing Colorectal Cancer Screening Rates in Maine, presented by  
362 Jay Bosco, MD was approved as follows:

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364 **WHEREAS**, colorectal cancer is the second leading cause of cancer death in the United  
365 States and in the State of Maine, and

366  
367 **WHEREAS**, approximately 800 cases of colorectal cancer will be diagnosed in the State  
368 of Maine during 2005, and

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370 **WHEREAS**, mortality due to colorectal cancer in the State of Maine is above the  
371 national average and that approximately 300 people in Maine will die from colorectal  
372 cancer during 2005, and

373  
374 **WHEREAS**, increasing colorectal cancer screening rates is the key strategy for  
375 decreasing the number of lives lost to colorectal cancer, and that if all Americans 50 and  
376 older were screened for colorectal cancer the death rate would be cut in half, saving  
377 30,000 lives per year, and

378  
379 **WHEREAS**, 89 percent of patients in a recent study conducted by the American Cancer  
380 Society were more likely to get a colorectal cancer test if directed to do so by a physician,  
381 and

382  
383 **WHEREAS**, the American Cancer Society goal is to increase national colorectal cancer  
384 screening rates from the current rate of 40 percent to a rate of 75 percent by 2015,  
385

386 **THEREFORE BE IT RESOLVED**, that The Maine Medical Association will  
387 collaborate with the American Cancer Society in support of educational efforts for both  
388 providers and patients aimed at saving lives by increasing colorectal cancer screening  
389 rates in the State of Maine.

390 **Maine Medical Association**  
391 **Resolution RE: “Supporting Hurricane Relief Efforts”**  
392 **September 2005**

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394 **Resolution #12**, “Supporting Hurricane Relief Efforts”, as presented by the MMA  
395 Executive Committee was amended and approved as follows:

396  
397 **WHEREAS**, the devastating impact of Hurricane Katrina has caused immense suffering  
398 in the affected areas; and

399  
400 **WHEREAS**, many Maine physicians have volunteered to help with relief efforts in a  
401 variety of ways, and

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403 **WHEREAS**, soliciting contributions of time and financial assistance through a single  
404 source will make it possible for Maine physicians to make a positive impact.

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406 **THEREFORE, BE IT RESOLVED THAT:**

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408 1. The Maine Medical Association recognizes the hardship of the citizens of the  
409 affected states of Mississippi, Alabama and Louisiana and contribute one  
410 thousand dollars (\$1,000) to the Louisiana State Medical Society to be used  
411 exclusively for Hurricane relief efforts, and  
412 2. The MMA, through *Maine Medicine*, *Maine Medicine Weekly Update*, and other  
413 communication tools, encourage members and other Maine physicians to  
414 volunteer time and financial assistance to the relief efforts through charities and  
415 organizations of their choice, and  
416 3. The MMA act as a conduit to assist in getting assistance and relief to the victims  
417 of this disaster.

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420 Fiscal note: \$1,000 from existing reserves or from Maine Medical Education Trust.  
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