

**Maine Medical Association
2006 Annual Session
September 8-10
The Fairmont Algonquin, St. Andrews-by-the-Sea, New Brunswick, Canada**

List of ADOPTED Resolutions

- Resolution #1:** “Resolution Urging Federal Legislation Support for Modification of Medicare Part D Coverage,” submitted by the Public Health Committee
- Resolution #2:** “Resolution Seeking to Make Information about Safe and Effective Use of Antidepressants and Stimulants More Widely Available to Primary Care Physicians,” submitted by the Maine Association of Psychiatric Physicians/ Public Health Committee
- Resolution #3:** “Resolution Encouraging Maine Students to Pursue Careers in Medicine,” submitted by Jacob W. Gerritsen, MD, President
- Resolution #4:** “Resolution Endorsing and Supporting the Use of the “Why Don’t We Do It In Our Sleeves” Video to Educate in the Prevention of Airborne Disease,” submitted by the Public Health Committee and Benjamin Lounsbury, MD
- Resolution #5:** “Resolution Urging Increased Funding for the Maine Immunization Program,” submitted by the Public Health Committee
- Resolution #6:** “Resolution Urging the Identification and Reporting of Abusive Practices in the Workers’ Compensation System”, submitted by Charles T. McHugh, MD
- Resolution #7:** “Resolution Urging Enactment of a Bill Authorizing Primary Enforcement of Maine’s Seat Belt Law,” submitted by the Public Health Committee
- Resolution #8:** “Resolution Requesting Advocacy for Adequate VA Funding for Overseas Casualties,” submitted by the Public Health Committee
- Resolution #9:** “Resolution Assisting in Educating Physicians on Appropriate Pain Management/Substance Abuse Program Coordination,” submitted by the Maine Association of Psychiatric Physicians/ Public Health Committee
- Resolution #10:** “Resolution Urging FDA Regulation of Tobacco Products,” submitted by the Public Health Committee

Maine Medical Association
Resolution RE: Medicare Part D
May 2006

Resolution #1: Medicare Part D "Doughnut Hole" Resolution, submitted by the MMA Public Health Committee was approved as follows:

WHEREAS, The Medicare Part D prescription medication coverage requires that when a beneficiary's drug spending amounts to \$2,250 the Medicare drug plans stop paying for medications and the patient is required to absorb the next \$2,849 in out of pocket costs before coverage resumes and,

WHEREAS, even while the plans aren't paying for their drugs, participants must continue to pay their monthly premiums and,

WHEREAS, the Kaiser Family Foundation estimates 6.9 million of the 11.8 million Medicare Part D enrollees in the U.S. could soon hit the doughnut hole, and

WHEREAS, these medications are deemed medically necessary to preserve the health and lives of Medicare beneficiaries and to avoid unnecessary hospitalization, and

WHEREAS, Federal legislation already permits the US Government to negotiate drug prices for Armed Forces and Veteran beneficiaries,

WHEREAS, there are 239,000 individuals eligible for Medicare in Maine of which 46,000 MaineCare recipients have no "doughnut hole" and 15,000 others qualifying for low-income subsidies have no "doughnut hole," leaving between 65,000 and 178,000 Mainers with the possibility of a "doughnut hole,"

THEREFORE BE IT RESOLVED, that the Maine Medical Association urges our Congressional delegation to support Federal legislation to modify Medicare Part D coverage in order to fill the "doughnut hole " in coverage and to substantially reduce the cost of this amendment by removing restrictions on the U.S. Government's ability to negotiate prices with companies that manufacture prescription drugs for Medicare beneficiaries.

Maine Medical Association
Resolution RE: Antidepressant/Stimulant Education for Physicians
June 2006

Resolution # 2: A Resolution Seeking to Make Information about Safe and Effective Use of Antidepressants and Stimulants More Widely Available to Primary Care Physicians, submitted by the Maine Association of Psychiatric Physicians/MMA Public Health Committee was approved as follows:

WHEREAS, adverse publicity, often driven more by inaccurate media reporting than solid science, has resulted in widespread concerns among physicians of potentially serious or life-threatening complications from the use of antidepressants and stimulants, and

WHEREAS, such warnings, including the questionably appropriate "black box" on Selective Serotonin Reuptake Inhibitor (SSRI) package inserts and unwarranted threats of similar warnings for stimulants, have deterred some physicians from using these proven effective medications or even treating illnesses themselves responsible for significant mortality, disability, and interference with successful functioning at school, work, and day-to-day life; and

WHEREAS, an extensive body of scientific literature has shown that SSRIs and stimulants have played a major role through the years in reducing such mortality and morbidity, and often are the most important components of overall treatment strategy for these under-recognized and too often under-treated or untreated illnesses; and

WHEREAS, there is a need for more widely available, accurate, and trustworthy information to guide physicians in the safe and effective use of potentially life-saving and life-changing medications, free from possible bias in industry-supplied prescribing information;

THEREFORE BE IT RESOLVED, that the MMA assist Maine adult and child psychiatrists in making such information more available to their physician colleagues through, but not limited to:

1. Inclusion in MMA mailings of informational materials, such as The Use of Medication in Treating Childhood and Adolescent Depression: Information for Patients and Families prepared by the APA, the AACAP and a National Coalition of Concerned Parents, Providers and Professional Associations.
2. Technical help with web links to other sources of reliable research-based psychiatric information, for example the "Let's Talk Facts About (a variety of psychiatric illness categories)" downloadable from www.psych.org or the "Facts for Families" sheets on many common childhood disorders and behavioral problems from www.aacap.org.
3. Continued offers to participate in the CME offered at MMA annual meetings, and assistance in creating additional speaking opportunities at specialty meetings, hospital grand rounds, or other appropriate venues for the sharing of safe and effective prescribing advice.

Maine Medical Association
Resolution RE: Careers in Medicine
August 2006

Resolution #3: To Encourage Maine Students to Pursue Careers in Medicine, submitted by Jacob Gerritsen, MD, President was amended and approved as follows:

WHEREAS, the State of Maine remains the 49th among states in the nation in the percentage of college graduates who apply to medical school; and

WHEREAS, Maine citizens face a severe shortage of physicians in the coming years as a result of a number of factors, including a rapidly aging population; and

WHEREAS, students from Maine have traditionally shied away from careers as physicians for a variety of reasons, including but not limited to:

- the high cost of medical education,
- the rigorous demands of professional training,
- the competitiveness of graduate medical education,
- the duration of education and training; and

WHEREAS, programs aimed at increasing the aspirations of Maine's youth in the fields of science have not been successful in reversing this trend,

THEREFORE BE IT RESOLVED, that the Maine Medical Association establish a program aimed at encouraging its members to visit middle school and high school science classrooms in their areas to encourage students to pursue careers in medicine, and establish a program of in-office mentoring for interested students, and

BE IT FURTHER RESOLVED, that the Maine Medical Association, through its publications and other means, inform members and the public of the need to encourage and assist Maine's youth in pursuing careers in medicine, and

BE IT FURTHER RESOLVED, that the Committee on Loan and Trust Administrative review this issue and report back to the membership and MMA Executive Committee on the ways the Maine Medical Education Foundation could be more involved in encouraging these activities.

Fiscal Note: \$2,000 [To come from the MMEF (Maine Medical Education Foundation)]

Maine Medical Association
Resolution RE: Coughsafe Education
August 2006

Resolution #4: Coughsafe Education, submitted by Maine Medical Association Public Health Committee and Benjamin Lounsbury, MD was amended and approved as follows:

WHEREAS, the vast majority of the population of the State of Maine still coughs and sneezes into its hands despite educational efforts by the CDC, and

WHEREAS, the flu is often spread by non-hygienic coughing and sneezing into the hands, and

WHEREAS, the people and the economy of the State of Maine will suffer greatly if an influenza pandemic occurs, and

WHEREAS, this suffering could be reduced by better coughing and sneezing techniques, and

WHEREAS, the educational video "Why Don't We Do It In Our Sleeves?" developed by Benjamin Lounsbury, MD, has been shown to be effective in correcting coughing and sneezing habits in children and adults,

THEREFORE BE IT RESOLVED, that the MMA will use its information distribution resources and media contacts to try to help every citizen of the State of Maine see the educational video entitled "Why Don't We Do It In Our Sleeves?" in the next year, and

BE IT FURTHER RESOLVED, that Maine's AMA delegation share the video with the AMA and encourage its use throughout the federation, and

BE IT FURTHER RESOLVED, that the MMA endorse and support the use of the video as an effective tool in promoting behavior that will assist in preventing the spread of airborne disease.

Maine Medical Association
Resolution RE: Funding for the Maine Immunization Program
August 2006

Resolution #5: Funding for the Maine Immunization Program, submitted by Maine Medical Association Public Health Committee was amended and approved as follows:

WHEREAS, in the 1970's, the Maine legislature gave the Department of Health & Human Services (DHHS) the authority "to purchase or receive by gift and dispense immunizing agents and other pharmaceuticals for use in the prevention and control of diseases and disabilities," and

WHEREAS, the legislature directed DHHS to "provide and distribute immunizing agents throughout the State when necessary to protect the public health," and

WHEREAS, the Maine Immunization Program within the Maine Centers for Disease Control & Prevention within DHHS developed a comprehensive statewide strategy to provide routine childhood vaccines and annual influenza vaccine to all health care providers in the State at little or no cost, and

WHEREAS, for the last 6 years the Maine CDC immunization budget has been enhanced by approximately \$1.34 million per year from the Fund for a Healthy Maine, and

WHEREAS, the average cost per dose of vaccines for the Immunization Program has increased from approximately \$2/dose when the program began to approximately \$12-16/dose today, and

WHEREAS, the budget for the Immunization Program faces a gap of approximately \$6 million to continue providing vaccine supplies at the current level, and

WHEREAS, the pressure on the budget of the Immunization Program has required the Maine CDC to provide vaccine supplies only to health care providers serving the most high-risk populations, and

WHEREAS, the prioritization policy for distribution of available vaccine supplies is having a substantial negative impact on private physician practices, and

WHEREAS, the Maine Medical Association believes that an immunization program should be designed to encourage administration of vaccines as a part of a total preventive health care program, so as to provide effective entry into a continuous and comprehensive primary care system, and

WHEREAS, the Maine Medical Association believes that the state's public health system should ensure that there is no financial barrier to routine childhood vaccinations or annual influenza vaccinations for Maine citizens,

THEREFORE, BE IT RESOLVED, that the Maine Medical Association urge the Governor to increase funding for the Maine Immunization Program in his proposed State Fiscal Year 2008-2009 biennial budget such that the Program can be sustained at least at its current level, and

BE IT FURTHER RESOLVED, that the MMA advocate for sustainable funding for the Maine Immunization Program in the 123rd Maine Legislature.

Maine Medical Association
Resolution Re: Abusive Practices in the Workers' Compensation System
August 2006

Resolution #6: Abusive Practices in the Workers' Compensation System, submitted by Charles T. McHugh, M.D. was approved as follows:

WHEREAS, the Maine legislature has established a statutory framework for a worker's compensation system to ensure that Maine employers have the means to provide health care and wage replacement income to their employees who are injured in the course of employment, and

WHEREAS, the workers' compensation system is by nature an adversary proceeding in which both the employer and employee must be provided rights of due process, and

WHEREAS, the employer or its workers' compensation insurer must act within 14 days of notice or knowledge of a claim for incapacity or death benefits for a work-related injury to accept the claim, to pay the claim without prejudice pending investigation, or to deny the claim and file a Notice of Controversy, and

WHEREAS, the workers' compensation system attempts to resolve disputes in three phases: a troubleshooting phase, a mediation phase, and a formal hearing phase, and

WHEREAS, in the workers' compensation system as a whole, 50% of disputes are resolved at the troubleshooting phase within 25 – 30 days of commencement, and

WHEREAS, in the workers' compensation system as a whole, 25% of disputes are resolved at the mediation phase within 60 – 95 days of commencement, and

WHEREAS, in the workers' compensation system as a whole, 75% of disputes are resolved within 90 – 105 days of commencement, and

WHEREAS, in the workers' compensation system as a whole, 25% of disputes are resolved during the formal hearing process in approximately 7 – 9 months, and

WHEREAS, some employers or workers' compensation insurers doing business in Maine are notorious among employees and their advocates, including physicians, for their perceived abuse of process in using the Notice of Controversy or the due process safeguards of the formal hearing process to inappropriately delay payment for medical or other benefits, and

WHEREAS, this abuse of process by some employers or workers' compensation insurers causes severe financial distress for some injured workers and their families, and

WHEREAS, many physicians and other health care providers are unaware of the tools built into the Maine workers' compensation system to combat this abuse of process,

THEREFORE, BE IT RESOLVED, that the Maine Medical Association use its communications resources to inform physicians and other health care providers that the Workers' Compensation Board, through its audit department, has authority to impose a civil penalty up to \$10,000 against an employer or workers' compensation insurer who has "engaged in a pattern of questionable claims-handling techniques or repeated unreasonably contested claims," and

BE IT FURTHER RESOLVED, that the MMA urge physicians and other health care providers to identify employers or workers' compensation insurers who engage in the abusive practices described above and report them to the audit department of the Workers' Compensation Board.

Maine Medical Association
Resolution RE: Primary Enforcement Seatbelt Legislation
August 2006

Resolution #7: Primary Seatbelt Legislation, submitted by Maine Medical Association Public Health Committee was approved as follows:

WHEREAS, nearly 15,000 motor vehicle injuries occur in Maine each year with more than 80 unrestrained people dying in such accidents, and

WHEREAS, the chances of being hospitalized or dying from traumatic brain injury are more than twice as great for unbelted vehicle occupants, and

WHEREAS, more than \$2 million per year could be saved in initial hospitalizations alone if unbelted vehicle occupants wore a belt, and

WHEREAS, a study of all states showed that in 2004, Maine was 41st in the nation for seatbelt use, with a usage rate of 72.3% compared to 95.3% in the leading state, and

WHEREAS, the citizens of Maine approved a referendum in 1995 requiring the usage of seatbelts by drivers and passengers in automobiles, and

WHEREAS, the resulting law made the lack of seatbelt usage a secondary offense, such that state and local police officers cannot issue a ticket unless a car has been stopped for another violation, and

WHEREAS, all 10 of the leading states for seatbelt usage in 2004 were primary enforcement law states, and

WHEREAS, states with primary enforcement laws have seat belt use that is 10-15% higher than secondary enforcement law states, with commensurately lower rates of injury, death, and costs, and

WHEREAS, the use of child restraints in automobiles parallels the use of seatbelts by the adults in the vehicle, and

WHEREAS, as many as 10-18 lives could be saved each year in Maine just by changing the secondary seatbelt law to a primary enforcement law, and

WHEREAS, the law enforcement community favors this change as part of an effort to achieve simplification and consistency in the determination of moving violations;

WHEREAS, research shows that educational campaigns are expensive and are not as successful in changing patterns of seat belt use as primary enforcement of seatbelt laws;

THEREFORE BE IT RESOLVED, that the Maine Medical Association urge the Legislature to enact a bill authorizing primary enforcement of Maine's seatbelt law.

Maine Medical Association
Resolution RE: VA Funding for Overseas Casualties
August 8, 2006

Resolution #8: Adequate Funding of the Veterans Administration for the Care of U.S. Casualties of Fighting Overseas, submitted by Maine Medical Association Public Health Committee was approved as follows:

WHEREAS, the insurgent style of warfare and climatic and other psychological and physical stresses in Iraq, Afghanistan, and other locations have been historically correlated with a high incidence of Post Traumatic Stress Disorder;

WHEREAS, current estimates of the incidence of PTSD are as high as one in 5 of returning US combatants;

WHEREAS, improved front line surgical care has salvaged more lives but, as a result, more veterans who would have died in former wars, now survive with serious physical disabilities, such as those from amputations and head injuries;

WHEREAS, both PTSD and physical disabilities of this degree require extensive and expensive long-term multidisciplinary, polytrauma care;

THEREFORE BE IT RESOLVED, that the Maine Medical Association call upon our Congressional delegation to strongly advocate for adequate funding of VA Medical Care for US Servicemen and women returning from service overseas.

Maine Medical Association
Resolution RE: Pain Management-Substance Abuse
August 2006

Resolution #9: Education for providers on appropriate pain management, submitted by the Maine Association of Psychiatric Physicians/Maine Medical Association Public Health Committee was approved as follows:

WHEREAS, many primary care practitioners have patients with chronic pain on opiates and other medications, that in some cases have been initiated or recommended by specialists, and

WHEREAS, a number of practitioners have been concerned about the addictive nature of some pain medications and the attention their prescribing practices may receive from the DEA and other Federal and State agencies, and

WHEREAS, practitioner fear results in the patients either not given appropriate medications as part of an overall pain management program or they are discharged from their practice, and

WHEREAS, other primary care practitioners are reluctant to accept these patients who then inevitably end up trying to obtain drugs off the street and receive episodic care in hospital emergency rooms, and

WHEREAS, some patients who become addicted to Opiates end up in Medication Assisted Treatment (MAT) with methadone or Buprenorphine, and

WHEREAS, patients in these programs have been shown to have high rates of acute and chronic pain and they require management of their pain as well as management of the multiple health problems that this marginalized community faces (e.g., co-occurring mental health disorders, hepatitis C, HIV, sexually transmitted diseases, tuberculosis to name a few), and

WHEREAS, reluctance to provide adequate pain treatment to patients in MAT usually is based on the mistaken belief that a maintenance dose of opioid addiction treatment medication also relieves acute pain, and

WHEREAS, in fact, long-term opioid pharmacotherapy produces substantial tolerance for the analgesic effects of opioid treatment medications; therefore, a usual maintenance dose affords little or no pain relief, and

WHEREAS, occasionally some patients do not meet Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) (American Psychiatric Association 2000), criteria for addiction, but they believe they are addicted to pain medication because they are dependent physically as a result of chronic use of these medications. A patient or physician who lacks education about MAT might interpret physical dependence alone (i.e., not psychological addiction) or drug seeking for poorly managed chronic pain as addiction. Ideally, such patients should be referred to pain management specialists, and

WHEREAS, various types of pain are not mutually exclusive. For example, opiate withdrawal, anxiety, and depression make chronic pain worse, and patients with chronic pain may have acute exacerbations of their pain. The most therapeutic intervention for pain depends on its type, community resources, patient preferences, and the extent of services available.

THEREFORE BE IT RESOLVED, that the Maine Medical Association continue to show leadership and work with interested agencies and other stakeholders (MeHAF, SAMHSA, DEA, Police, Veteran's Administration) to resolve issues of difference and to develop an education program for professionals and public that results in better coordinated health services (e.g. coordination between medical practitioners, MAT programs and mental health services) for those in most need of healthcare.

Maine Medical Association
Resolution RE: Tobacco Use
August 31, 2006

Resolution #10: Tobacco Use, submitted by Maine Medical Association Public Health Committee was approved as follows:

WHEREAS, despite efforts of the health care and public health communities one in five Maine adults continue to smoke and almost one in five Maine children graduate from high school as smokers, and

WHEREAS, the tobacco companies spend over \$15 billion annually in marketing tobacco products nationally and \$74 million marketing in Maine alone, and

WHEREAS, the top preventable cause of death in Maine remains tobacco use with 2,200 Maine adults dying each year from the consequences of smoking, and

WHEREAS, there are thousands of Maine people alive today who are suffering with disabilities directly related to tobacco use, and

WHEREAS, \$554 million is spent annually in Maine on health care costs directly caused by smoking, and

WHEREAS, despite Maine's past successes in decreasing tobacco use among adults and children, the most recent data suggests that smoking rates for both adults and youth have changed little since 2004, and

WHEREAS, a recent study confirmed that environmental tobacco smoke remains a leading cause of lung cancer in the United States, and

WHEREAS, both non-smoking adults and children continue to be exposed to environmental tobacco smoke in cars, in homes and even at work, and

WHEREAS, a recent study published by the Massachusetts Department of Public Health showed significant increases in nicotine yield (the amount of nicotine that a smoker receives) from 1998 to 2004 for three leading tobacco companies (Lorillard, Philip Morris, and RJ Reynolds), and

WHEREAS, this same study showed this increase nicotine yield was increased for all types of cigarettes—full flavor, light, mild/medium, ultra-light, menthol and non-menthol, and

WHEREAS, increased levels of nicotine may make it more difficult for the average smoker to quit, and

WHEREAS, similarly, physicians may not be able to determine the proper dosage for Nicotine Replacement Therapy as nicotine levels increase, and

WHEREAS, increased levels of nicotine consumed by pregnant women can lead to developmental delays in childhood as well as low birth infants, and

WHEREAS, Insulin absorption may be slowed by nicotine leading to increased risk for Type 2 diabetes and increased hospitalizations, and

WHEREAS, medications designed to treat asthma, high blood pressure and depression can lose their effectiveness in combination with nicotine, and

WHEREAS, exposure to nicotine from second hand smoke has profound effects on children including cognitive deficits;

THEREFORE BE IT RESOLVED, that the Maine Medical Association urge the Congressional delegation to move forward with requiring that tobacco products be regulated by the Food and Drug Administration, and that the Maine Medical Association work in collaboration with others to assure that Maine physicians are aware of the new findings by the Massachusetts Public Health Department.