Maine Medical Association
Resolution RE: Prohibiting Tobacco Sales in Health Care Settings
Submitted by the MMA Public Health Committee

WHEREAS, by selling tobacco products, pharmacies and other settings providing health care services reinforce positive social perceptions of smoking, convey tacit approval of tobacco use, and send a message that it is not dangerous to smoke.1 2 Children and young people are particularly influenced by cues suggesting that smoking is acceptable;3 and

WHEREAS, when pharmacies or health care providers sell tobacco products, it makes it harder for smokers to quit. Smokers attempting to quit are more successful when they turn to cessation aids such as nicotine replacement gum and “the patch”4—items often found side-by-side with tobacco products at the pharmacy checkout; and

WHEREAS, pharmacies that sell tobacco products also sell medicines to treat asthma, emphysema, heart disease, and cancer—illnesses caused or made worse by tobacco use.5 Health care providers are likewise reimbursed for treating such conditions and an increasing number of pharmacies seek to provide urgent and primary care medical services. The sale of both tobacco products and the medicines or services used to treat tobacco-related illnesses presents a troubling conflict of interest.

THEREFORE, BE IT RESOLVED that the Maine Medical Association oppose the sale of tobacco products in any setting where health care services are provided, including pharmacies; and

BE IT FURTHER RESOLVED that the MMA call upon pharmacies and any other entities that provide health care services and also sell tobacco products to voluntarily stop the sale of such products; and

BE IT FURTHER RESOLVED that the MMA join with the American Pharmacists Association, the American Medical Association and other state professional associations to support the enactment of state legislation and local ordinances prohibiting tobacco sales in drugstores, pharmacies and any location where health care services are provided.

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5 Katz, supra note 1.
WHEREAS, the news media and the Internet are filled with recommendations for the use of various products or actions to preserve health or relieve symptoms that are not supported by peer-reviewed scientific research; and

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

WHEREAS, policy-makers in the State do not always have complete information regarding the efficacy of certain treatments, products or actions; and

WHEREAS, the general public looks to the State legislature, agencies and other policy-makers to set polies that protect public health; and

WHEREAS, without having an adequate evidentiary basis, the public health policies of the State may lose impact, confuse or mislead the public

NOW, THEREFORE, BE IT RESOLVED that the MMA assess the evidence-basis behind recommended public health policies as a top priority in determining support or opposition; and

BE IT FURTHER RESOLVED that the MMA educate policy-makers, patients and the general public about the value of evidence-based policies and the danger of basing public health policy on rumor, anecdote or non-scientific information.
WHEREAS, bicycling and walking are healthful activities that can improve cardiovascular health, reduce obesity and build fitness; and

WHEREAS, according to the latest data from the US Department of Transportation, 677 cyclists across the country were killed and an additional 48,000 were injured in motor vehicle traffic crashes in 2011; this accounts for 2 percent of all motor vehicle traffic fatalities; and

WHEREAS, there were also a total of 4,432 pedestrian fatalities in 2011, and an estimated 69,000 pedestrians were injured; 11,000 of those injured were age 14 and younger; and

WHEREAS, in Maine, between 2006 and 2010 there were 916 injury crashes involving bicycles and vehicles and 9 fatal crashes as well as 1,226 injury crashes and 56 fatal crashes involving pedestrians and vehicles; there have been several highly publicized incidents in Maine this year, including a fatal bike accident during the 2013 Trek Across Maine; and

WHEREAS, bicyclists, pedestrians and automobile drivers all share responsibility for following traffic safety precautions such as appropriately following traffic signals and yielding; misunderstanding of the laws and failing to follow basic safety precautions result in numerous accidents and injuries; and

WHEREAS, bicycle and pedestrian safety training is important in reducing injuries and deaths, particularly in urban areas where increasing numbers of individuals commute to work and school by bicycle or on foot; and

WHEREAS, bicycle paths and lanes and walking paths and trails promote healthy behavior and can also increase the safety of these activities;

THEREFORE, BE IT RESOLVED THAT the Maine Medical Association will support public policy measures that increase safety for bicyclists and pedestrians; and

BE IT FURTHER RESOLVED THAT the MMA will promote and defend funding for bicycle lanes and pedestrian paths, and

BE IT FURTHER RESOLVED THAT the MMA will support and promote bicycle and pedestrian safety training that educates bicyclists, pedestrians and motorists on the safe use of transportation infrastructure to improve safety and reduce injuries and deaths.

1 http://www-nrd.nhtsa.dot.gov/Pubs/811743.pdf
5 http://www.nhtsa.gov/nhtsa/whatsup/tea21/tea21programs/pages/PedBikeSafety.htm
Maine Medical Association

Resolution RE: Updating MMA Poll on Physicians’ Opinions about Healthcare Reform

Submitted by Jim Maier, MD, Julie Pease, MD & Janis Petzel, MD

WHEREAS, Physician’s opinions individually and collectively as the voice their state medical societies can and should have an important contribution to the current healthcare debate; physicians’ influence as educated and trusted authorities on what constitutes best medical care is valued; and

WHEREAS, A survey conducted of Maine Medical Association members by a professional polling organization five year ago revealed that when asked “When considering the topic of health care reform, would you prefer to make improvements to the current public/private system or a single-payer system such as a ‘Medicare for all’ approach?,” 52.3 % indicated that that they would prefer the latter; and

WHEREAS, Many physicians voice growing dissatisfaction and frustration with interference in their practice lives and compromise of care for their patients imposed by health care insurers; it is therefore likely that an even larger percentage of members are now convinced that innovative attempts by various states to create a single-payer health care system are the way forward; and

WHEREAS, Recent news of major health systems in Maine terminating staff and cutting services brings home the recognition that our current system is unsustainable; and

WHEREAS, Comparative research of healthcare systems in other countries with varying mechanisms for insuring all citizens (T.R.Reid’s “The Healing of America” is one compelling source) highlights the fact that better care---as measured by many metrics such as life expectancy, infant mortality, and preventable deaths---can be offered at lower per capita cost, lower percentage of GDP and with far less administrative waste; and

WHEREAS, An updated survey demonstrating a marked increase in MMA members favoring some form of single-payer system for providing healthcare for our state could influence the media and public to lend greater credibility to this option, and elevate the level of a national and state debate on healthcare reform;

THEREFORE BE IT RESOLVED, That MMA should repeat a survey of members on their current attitudes and opinions about the directions which reform of our current healthcare system should take, using the same or comparable wording of questions from 2008 and statistically valid methodology to increase the comparative value of results, and

BE IT FURTHER RESOLVED, That MMA disseminate results of the updated survey to media, the public and other state medical societies with encouragement to conduct their own such polling and media campaigns.
WHEREAS, tar sands oil, or diluted bitumen, is a highly toxic substance and could pose serious health risks to people in Maine – from pipeline ruptures and accidents, tanker spills in Casco Bay, and local air quality impacts in South Portland; and

WHEREAS, the exact chemical composition of the diluents used to make tar sands oil transportable through a pipeline is considered proprietary information companies guard even from regulatory entities, leaving them unprepared to protect public health in the event of a tar sands spill; and

WHEREAS, diluted bitumen contains significant quantities of toxins, such as benzene, polynuclear aromatic hydrocarbons, and n-hexane, which can affect the central nervous system, as well as toxins that can accumulate in the environment and food chain, such as nickel, arsenic, and other heavy metals that do not biodegrade; and

WHEREAS, these chemical compounds can cause a variety of significant human health problems including, but not limited to, breathing difficulty, dizziness, damage to the central nervous system, coma, cancer, and death; in the aftermath of a tar sands oil spill in Michigan’s Kalamazoo River, a government study found that nearly 60 percent of individuals living nearby experienced respiratory, gastrointestinal, and neurological symptoms consistent with acute exposure to benzene and other petroleum related chemicals; and five months after the latest tar sands spill in Mayflower, Arkansas, many people have continued to suffer from dizziness, headaches, nausea and vomiting; and

WHEREAS, the Portland-Montreal Pipe Line passes through numerous Maine towns, such as Waterford, Casco, Raymond, Windham, and South Portland, and through the entire Sebago Lake watershed, including crossing under a cove of the lake itself; and

WHEREAS, the Portland Pipe Line Corporation (PPLC), which operates the pipeline, received permits from the City of South Portland (since expired) and Maine Department of Environmental Protection (still active) in 2008 and 2009, respectively, to reverse the flow of the pipeline to transport diluted bitumen to South Portland for export; in an August 2012 letter, the PPLC asked the Maine DEP to extend its air quality license for the reversal project, stating, “To date PPLC has not commenced construction of the project [Vapor Combustion Units and other infrastructure in South Portland to facilitate the reversal] due, in part, to market factors. …However, it is still possible that market conditions will develop such that

12 Ibid.
13 Michigan Department of Community Health, Acute Health Effects of the Enbridge Oil Spill, November 2010, p. 4.
14 Elizabeth McGowan, "Five Months After Oil Spill, Mayflower Residents Offered Free Health Assessments," InsideClimate News, 4 September 2013.
PPLC decides to undertake the pipeline reversal project…;\(^{15}\) and PPLC CEO Larry Wilson told the Vermont Legislature earlier this year that his company is “aggressively looking at every opportunity” to reverse the pipeline;\(^{16}\) and

WHEREAS, a rupture of the 63-year-old Portland-Montreal pipeline would send benzene and other hazardous chemicals, used to dilute the tar sands, into the air and water; and

WHEREAS, such spills are nearly impossible to clean up since the heavy tar sands tend to sink in water, leaving the tools used to clean up conventional oil spills practically useless;\(^{17}\) if a tar sands spill contaminated Maine’s drinking water supply, the public health implications could be dire, particularly because Sebago Lake is the source of drinking water for the greater Portland area; and

WHEREAS, in addition, the PPLC’s now-expired permit from the City of South Portland for the reversal project included constructing two 70-foot-tall Vapor Combustion Units on Pier 2 in South Portland to burn off chemicals before the tar sands oil is loaded onto tankers for export; the resulting emissions, Volatile Organic Compounds and hazardous air pollutants, would contribute to respiratory and cardiovascular problems, including asthma attacks and heart attacks, as well as cancer;\(^{18}\)

WHEREAS, no method used to transport petroleum products is safe, however, the MMA’s mission includes to “promote the health of all Maine citizens” and cannot support a method with likely health risks;

THEREFORE BE IT RESOLVED that the Maine Medical Association will educate its members about the potential health impacts of the use of the Portland-Montreal Pipe Line for transporting tar sands oil, or diluted bitumen, including health impacts that could be caused from a spill or from storing tar sands at tank farms in South Portland before export; and

THEREFORE BE IT RESOLVED that the Maine Medical Association urge United States Secretary of State John Kerry to require a new Presidential Permit and to conduct a thorough Environmental Impact Statement before allowing tar sands to flow through the pipeline; and

THEREFORE BE IT RESOLVED that the Maine Medical Association send a copy of this Policy to the United States President, Maine’s Congressional Delegation, Governor Paul LePage and the Leadership of the Maine Legislature.

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\(^{15}\) Letter from Kenneth Brown, Engineering Manager, Portland Pipeline Corporation, to Lynn Cornfield, Bureau of Air Quality, Maine Department of Environmental Protection, Requesting An Additional Extension of Chapter 115 Air Emissions License Time for Construction of Pipeline Reversal Project, 6 August 2012.

\(^{16}\) Portland Pipeline Corp. CEO Larry Wilson before the House Fish, Wildlife, and Water Resources Committee of the Vermont State Legislature, 18 February 2013.

\(^{17}\) Cornell University, Global Labor Institute, *The Impact of Tar Sands Pipeline Spills on Employment and the Economy*, March 2012.

\(^{18}\) Testimony of John Chandler, Board Member of the American Lung Association of Northern New England, before the South Portland City Council, 19 August 2013.