

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

Contents

Addiction & Prescription Drug Abuse	4
Prevention of Prescription Drug Abuse.....	4
Pain Management-Substance Abuse	4
Resolution Supporting Efforts to Reduce Illegal Access to Prescription Drug.....	4
Resolution Against Locating a Casino in Maine.....	5
OxyContin.....	5
Childhood Screenings	5
Screening Children for Exposure to Lead.....	5
Chronic Health Conditions & Mental Health.....	6
Addressing Threats or Acts of Violence by the Mentally Ill.....	6
Increasing Colorectal Cancer Screening Rates in Maine.....	7
Maine’s Mental Health System.....	7
Climate/Environment	7
Supporting the Clean Air Act.....	7
Global Climate Change & Wind Power	7
Global Climate Change	7
Better Health through Cleaner Cars.....	8
Water Quality in Maine Rivers	8
Domestic Violence	8
Enhance Domestic Violence Screening in the Health Care Setting.....	8
Domestic Violence.....	8
Ethics	9
Government Interference in Patient Counseling.....	9
Physicians Order for Life-Sustaining Treatment (POLST).....	9
Pharmaceutical Marketing.....	9
Physician Assisted Suicide.....	10
Health Access	10
Updating MMA Poll on Physicians’ Opinions about Healthcare Reform.....	10
Maintenance and Expansion of Health Care Coverage in Maine	10
Commitment to Promote Primary Care as the Foundation for a High Quality, Safe, Accessible and Efficient Health Care System	11
Vote No on “Ballot Question One” to Protect Health Coverage	11
Addressing Cost Burdens to Patients.....	11
Commitment to Identify and Reduce Health Care Disparities in Maine.....	12
Medicare Part D	12
VA Funding for Overseas Casualties	12
Health Literacy.....	12
Coverage for Benzodiazepines and Substance Abuse Drugs in the Medicare Part D Benefit.....	13
Supporting Hurricane Relief Efforts.....	13
Health Insurance Coverage.....	13
Genetic Services	13
Medicaid Hospice Benefit.....	14
Infectious Disease.....	14

Maine Medical Association

Resolutions Approved at Annual Sessions 2000-2013

Appropriate Use of Antibiotics.....	14
Hand Coughing and Sneezing a Public Health Hazard	14
Benjamin Lounsbury, M.D. DVD Contributions.....	14
Coughsafe Education.....	15
Injury Prevention	15
Bicycle Safety & Funding.....	15
Primary Enforcement Seatbelt Legislation.....	15
“Keep Thinking” Public Awareness Campaign	15
Primary Enforcement Seatbelt Law	16
Motorcycle Helmets.....	16
All Terrain Vehicle (ATV) Safety	16
Liability Reform	16
Operation of Maine’s Pre-litigation Screening Panels.....	16
To Advance Medical Liability Reform in Maine	17
Medical Society Organization.....	17
Osteopathic Physician Participation in Organized Medical Staff Section.....	17
Medical Education.....	17
Academic Detailing: Evidence-Based Prescribing Information	17
Support of Maine Medical Students	17
Antidepressant/Stimulant Education for Physicians	18
To Encourage Maine Students to Pursue Careers in Medicine	18
Medical Staff	18
Medical Staff Independence and Leadership.....	18
Economic Credentialing.....	19
Resolve to Revitalize the Maine Medical Association Hospital Medical Staff Section	19
Obesity	19
Taxes on Beverages with Added Sweeteners.....	19
Commitment to Promote Healthy Weight by Improving the Prevention, Diagnosis, and Management of Obesity	20
Resolution Recognizing the Efforts of Representative Sean Faircloth on Physical Activity and Obesity During the 121 st Legislature.....	21
Curtailing Childhood Obesity	21
Oral Health	21
Early Oral Health Prevention into Medical Practices	21
Maine Oral Health Improvement Plan.....	22
Policy Development.....	22
Supporting an Evidence-Basis for Public Health Policy.....	22
Public Health Infrastructure.....	22
Support for our Public Health Infrastructure.....	22
Physician Involvement in Maine’s Public Health Infrastructure System	22
Development of State Health Plan for Maine	23
Maine Centers for Disease Control and Prevention Proposal.....	24
Development of a Public Health System	24
Quality of Care	24
Endorsement of the ABIM Foundation Choosing Wisely Initiative.....	24
Maine Medical Assessment Foundation.....	25

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

Quality of Care.....	25
Patient Safety.....	25
Maine Medical Assessment Foundation Quality Improvement	26
Quality Improvement Program.....	26
Reimbursement.....	27
Supporting SCHIP Reauthorization and Medicare Payment Reform	27
Relative to MaineCare Transition to a New Billing System	27
Abusive Practices in the Workers' Compensation System	27
MaineCare Claims Management	28
Medicaid.....	28
Medicaid Audits.....	28
Scope of Practice.....	28
Opposition to Psychologists Prescribing.....	28
Tobacco.....	29
Prohibiting Tobacco Sales in Health Care Settings	29
Tobacco Use	29
Tobacco Treatment Funds and Coverage.....	29
Tobacco Control	29
Toxins	30
Toxic Substances Control Act.....	30
Reduction of Toxic Chemicals to Improve the Health and Well-being of Maine Citizens	30
Toxins in the Environment	31
Vaccines	31
Influenza Vaccination Policies for Health Care Workers.....	31
Childhood Immunizations and Insurance Coverage Gaps	31
Restructure the Current Financing System to Increase Child and Adolescent Immunization Rates	32
Maine Immunizations.....	32
Funding for the Maine Immunization Program.....	32
Universal Access to Flu Vaccine.....	33
Weapons.....	33
Limits on the Possession of Dangerous Weapons	33
New Strategic Arms Reduction Treaty with Russia and The Comprehensive Nuclear Test Ban Treaty.....	33
Regulating Guns	34
Assault Weapons Ban	34
International Conflict and Nuclear Weapons	34
Background Checks Prior to Firearms Sales at Gun Shows	35

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

Addiction & Prescription Drug Abuse

Prevention of Prescription Drug Abuse

BE IT RESOLVED THAT,

1. The Maine Medical Association (MMA) continue its efforts to educate all prescribers concerning the tools available to identify diversion, including the Prescription Monitoring Program (PMP);
2. The MMA encourage all physicians who prescribe controlled substances for chronic pain to enroll in the PMP and access it when appropriate;
3. The MMA encourage the Office of Substance Abuse to improve the interface and website portal for the PMP, to eliminate the requirement that applications be notarized, and to provide adequate staff to respond to inquiries about the PMP and educate potential users;
4. The MMA continue to support programs and projects aimed at addressing the problem of diversion, such as the Chronic Pain Project funded by the Board of Licensure in Medicine, and seek funding from additional sources for such programs;
5. The MMA review the impact of amending Maine law to allow the public use of opioid antagonist agents (such as naloxone) in order to reduce the risk of death from accidental overdose in collaboration with other interested parties; and
6. The MMA participate in efforts by the Maine Attorney General's Office, the Office of Substance Abuse, the Department of Public Safety and the U.S. Attorney's Office to address the problem of diversion and inform members and non-members of these efforts. (2011)

Pain Management-Substance Abuse

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. (2006)

Resolution Supporting Efforts to Reduce Illegal Access to Prescription Drug

THEREFORE BE IT RESOLVED, that the Maine Medical Association will:

1. Engage in a public relations campaign to make patients aware of the dangers of keeping old prescriptions in their possession and will encourage patients to take steps to avoid the illegal use of narcotic prescriptions, both old and new. The Maine Medical Association will work collaboratively in this effort with Maine's pharmacies and other interested medical specialty groups and interested parties.

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

2. Bring these issues to the membership's attention, focusing on prescription and monitoring of treatment. The MMA could consider a patient advisory to accompany potential abuse prescriptions, including proper use, potential for misuse, and timely disposal. (2003)

Resolution Against Locating a Casino in Maine

THEREFORE, BE IT RESOLVED, that the Maine Medical Association opposes the development, creation and maintenance of a casino in the State of Maine and will work with other organizations to highlight our concerns to the public and shed light on the detrimental effects of casino gambling on public health.

THEREFORE, BE IT RESOLVED, that in the event the casino referendum passes in November of 2003, the MMA also calls upon the state to study the health and human services impact of each casino. (2003)

OxyContin

Introduced by Brian Jumper, MD

THEREFORE BE IT RESOLVED, that the Maine Medical Association encourage its members to help prevent prescription drug abuse by distributing the attached material and by advocating for implementation of these practices; and

BE IT FURTHER RESOLVED, that the State of Maine, through its recently organized task force on prescription abuse be encouraged to consult with patient groups and law enforcement interests as it deliberates and makes its recommendation, and

BE IT FURTHER RESOLVED, that the Maine Medical Association continues its current efforts to develop and offer an educational program on the appropriate prescribing of opioids. (2001)

Childhood Screenings

Screening Children for Exposure to Lead

Introduced by Brian Jumper, MD

THEREFORE BE IT RESOLVED that the Maine Medical Association supports the Bureau of Health's program to educate Maine physicians about the importance of lead screening for all children under age 6, and

BE IT FURTHER RESOLVED that the Maine Medical Association remind all physicians about the Medicaid requirement for lead level screening of all children aged 1 and 2 covered under the Medicaid program, and

BE IT FURTHER RESOLVED that the Maine Medical Association encourage the Bureau of Health to develop a pilot program to identify an effective blood lead level screening methodology, and

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

BE IT FURTHER RESOLVED that the Maine Medical Association, through its Payor Liaison Committee, work with government and private payors to ensure appropriate reimbursement for lead screening and treatment efforts by physicians, including counseling of parents and patients, concerning this health care matter. (2001)

Chronic Health Conditions & Mental Health

Addressing Threats or Acts of Violence by the Mentally Ill

Introduced by Lawrence B. Muttu, M.D., M.P.H. and Ulrich Jacobsohn, M.D

THEREFORE, BE IT RESOLVED, that the Maine Medical Association urges:

1. Further education of the medical and educational community about the impact of state and federal privacy laws, especially the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA), regarding the issuance of timely warnings of threats of behavior dangerous to others;
2. The Legislature's HHS Committee and the DHHS to study the impact of recent legislation enacted to improve the State's ability to ensure public safety including *L.D. 151, An Act to Improve the Delivery of Maine's Mental Health Services* (P.L. 2005, Chapter 519, Part BBBB, 122nd Maine Legislature), *L.D. 1033, An Act Regarding the Mandatory Administration of Medication in Hospitals Serving Psychiatric Patients* (P.L. 2007, Chapter 445, 123rd Maine Legislature), and *L.D. 1119, An Act to Permit Mental Health Professionals to Disclose Risks to People Likely to be Harmed by a Patient* (P.L. 2007, Chapter 310, 123rd Maine Legislature).
3. The improvement in the joint planning, implementation and monitoring of the release or discharge follow up care of such individuals between the Department of Corrections and the Dept. of Health and Human Services including:
 - a. The restoration of MaineCare eligibility prior to release in order to pay for treatment and especially medication;
 - b. A signed agreement by the patient that release is contingent upon the free exchange of necessary information between assigned agencies concerning compliance with follow up care or of renewed threats or acts of violence toward others;
 - c. A signed agreement with the patient that release is contingent upon the acceptance of those means to ensure treatment compliance such as conducting blood levels of medication or other laboratory studies. If such required treatment appointments or laboratory tests are refused that individual may be re-committed to the appropriate institution.
 - d. That the State of Maine provide adequate funding for the community services expected to provide that care.
4. The Maine Medical Association share this resolution with the New England Delegation to the American Medical Association. (2007)

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

Increasing Colorectal Cancer Screening Rates in Maine

Introduced by Jay Bosco, MD

THEREFORE BE IT RESOLVED, that The Maine Medical Association will collaborate with the American Cancer Society in support of educational efforts for both providers and patients aimed at saving lives by increasing colorectal cancer screening rates in the State of Maine. (2005)

Maine's Mental Health System

Introduced by the Public Health Committee

THEREFORE BE IT RESOLVED, that the Maine Medical Association work with the Maine Psychiatric Association, the Maine Chapter of the American College of Emergency Physicians, the Maine Chapter of the American Academy of Pediatrics and other interested physician organizations to sponsor a meeting to review and discuss the status of the State's mental health system; and

BE IT FURTHER RESOLVED, that the organizations participating in the meeting explore ways to expand the services available to Maine's population in need of mental health services and ways to better coordinate the services that are provided. (2001)

Climate/Environment

Supporting the Clean Air Act

BE IT RESOLVED that the Maine Medical Association strongly supports the Clean Air Act and emphatically opposes all attempts to weaken, dismantle, overrule, or otherwise impede the Environmental Protection Agency from enforcing or implementing it. (2011)

Global Climate Change & Wind Power

Introduced by the MMA Public Health Committee

BE IT RESOLVED that the Maine Medical Association reaffirm its position on the health threats posed by global climate change and the need to develop alternative energy sources as one way of reducing climate change, as adopted in its 2009 policy "Global Climate Change" and the enabling 2009 Resolution #4; and

BE IT FURTHER RESOLVED that the Maine Medical Association rescind its 2009 policy "Wind Energy and Public Health" and the enabling 2009 Resolution #7. (2011)

Global Climate Change

Introduced by the MMA Public Health Committee

THEREFORE BE IT RESOLVED that the Maine Medical Association work with Maine people and groups interested in health, the Maine Legislature and its congressional delegation to assure that rapid action is taken to:

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

- Develop and sustain healthy alternative energy sources to reduce Maine's dependence on fossil fuels
- Track and disseminate data on environmental conditions, disease risks, and disease occurrence related to climate change
- Support enhancing the science base to better understand the relationship between climate change and health outcomes
- Communicate the health-related aspects of climate change, including risks and ways to reduce them, to the public and health providers
- Promote workforce development by helping to ensure the training of a new generation of competent, experienced public health staff to respond to the health threats posed by climate change. (2009)

Better Health through Cleaner Cars

THEREFORE BE IT RESOLVED that the Maine Medical Association support the enactment of passage of legislation for Maine to adopt the current 2005 California Level emission standards for motor vehicles and support other efforts such as the Cleaner Cars Sales Program (like those passed by California and numerous other states) in the State of Maine as soon as possible. (2005)

Water Quality in Maine Rivers

Submitted by the Public Health Committee

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 the Androscoggin and St. Croix rivers so that they meet or exceed Class C standards. (2004)

Domestic Violence

Enhance Domestic Violence Screening in the Health Care Setting

Submitted by the MMA Public Health Committee

THEREFORE BE IT RESOLVED that the Maine Medical Association work collaboratively with existing organizations to ensure that physicians and other health care professionals routinely & appropriately screen & refer for intimate partner violence. (2008)

Domestic Violence

Introduced by Maine Association of Psychiatric Physicians

THEREFORE BE IT RESOLVED that the Maine Medical Association, in concert with other organizations concerned about domestic violence, recommend that the Maine State

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

Legislature pass a law requiring that all firearms owned by the subject of a temporary order of protection be surrendered to the court for the duration of the order. (2001)

Ethics

Government Interference in Patient Counseling

Introduced by the MMA Public Health Committee. Cosponsored by the Maine Academy of Family Physicians, Maine Chapter of the American Academy of Pediatrics & Maine Chapter of the American College of Physicians

BE IT RESOLVED that the Maine Medical Association vigorously and actively defend the physician-patient-family relationship and actively oppose state efforts to interfere in the content of communication in clinical care delivery between clinicians and patients; and BE IT FURTHER RESOLVED that the MMA condemn any interference by government or other third parties that compromise a physician's ability to communicate his or her medical opinion as to the information or suggested management options that are in the best interest of their patients; and

BE IT FURTHER RESOLVED that the MMA support the efforts of state and national medical associations to block the implementation of newly enacted state and/or federal laws that restrict the privacy of physician-patient-family relationships and/or that violate the First Amendment rights of physicians in their practice of the art and science of medicine. (2011)

Physicians Order for Life-Sustaining Treatment (POLST)

Introduced by the Committee on Ethics and Discipline

THEREFORE BE IT RESOLVED, that The Maine Medical Association work to educate medical professionals throughout the State on the use of this valuable tool, and

BE IT ALSO RESOLVED, that the Maine Medical Association partner with the Maine Hospital Association and Maine Nursing Association to promote a statewide approach to the use of POLST in hospital and nursing home settings. (2009)

Pharmaceutical Marketing

Introduced by the Committee on Ethics, Discipline, and Professional Competence

THEREFORE BE IT RESOLVED, that the Maine Medical Association pro-actively address the issue of pharmaceutical marketing practices by:

1. Publishing the AMA guidelines regularly in the Bulletin,
2. Communicating to pharmaceutical companies regarding the guidelines and urging them to fully inform and educate their employees regarding the ethical canons,
3. Asking the MMA Ethics Committee to continue to meet to discuss this issue and to make whatever recommendations it finds necessary and to invite

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

pharmaceutical representatives, based in Maine, to participate in some of these meetings,

4. Sponsoring a forum on the ethical issues involved in pharmaceutical marketing at the 2002 Annual Session,
5. Writing to each medical staff and specialty society in Maine, urging them to discuss the issue of pharmaceutical marketing at upcoming meetings and offering speakers and facilitators to assist at such meetings. (2001)

Physician Assisted Suicide

Introduced by Laurel Coleman, M.D.

THEREFORE BE IT RESOLVED that the Maine Medical Association, through its House of Delegates, reaffirm its opposition to physician-assisted suicide and specifically to question one on the November 7th ballot, and

THEREFORE BE IT FURTHER RESOLVED that the Maine Medical Association strongly supports compassionate and pain-free end of life care. (2000)

Health Access

Updating MMA Poll on Physicians' Opinions about 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 the media, the public and other state medical societies with encouragement to conduct their own such polling and media campaigns. (2013)

Maintenance and Expansion of Health Care Coverage in Maine

NOW, THEREFORE, BE IT RESOLVED that the Maine Medical Association reaffirms its support for universal health care coverage and opposes reductions to MaineCare eligibility enacted by the 125th Maine Legislature; and

BE IT FURTHER RESOLVED that the Maine Medical Association seek meetings with appropriate state officials to express its concern and to share data on the impact on patients of loss of MaineCare coverage; and

BE IT FURTHER RESOLVED that the Maine Medical Association support the expansion of MaineCare to all eligible individuals up to 133% of the federal poverty level in 2014; and

BE IT FURTHER RESOLVED that the Maine Medical Association work with the State of Maine to explore models of coverage that ensure access to health care for MaineCare beneficiaries. (2012)

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

**Commitment to Promote Primary Care as the Foundation for a High Quality, Safe,
Accessible and Efficient Health Care System**

Introduced by Edmund “Ned” Claxton, Jr., MD

THEREFORE BE IT RESOLVED that the Maine Medical Association work with stakeholders at the state and federal level to form a coalition to advocate for policy change needed to establish a sustainable and vital primary care based health care system.(2008)

Vote No on “Ballot Question One” to Protect Health Coverage

Submitted by Jo Linder, M.D.

THEREFORE BE IT RESOLVED, that the Maine Medical Association oppose “ballot question one,” repealing the tax package supporting Dirigo Health and changes in the individual health insurance market, and inform all members of its opposition, and BE IT FURTHER RESOLVED, that the Association participate in a coalition of interest groups which has been organized to advocate against the ballot question, called Health Coverage for Maine. (2008)

Addressing Cost Burdens to Patients

Submitted by the MMA Executive Committee.

THEREFORE BE IT RESOLVED, that the Maine Medical Association coordinate with local, state and federal organizations to provide medical practices with information for their patients regarding assistance with energy costs (oil, wood, propane, etc), public transportation and other available resources; and

BE IT FURTHER RESOLVED, that the Maine Medical Association inform and educate its members regarding the types of assistance that patients may be eligible for, including assistance with utility bills, and

BE IT FURTHER RESOLVED, that the Maine Medical Association inform and educate its members regarding the types of assistance that patients may be eligible for, including assistance with utility bills, and

BE IT FURTHER RESOLVED, that the Maine Medical Association encourage members to contribute to community efforts to provide financial assistance to Mainers in need, and

BE IT FURTHER RESOLVED, that Maine Medical Association staff monitor the work of groups working to assist in this crisis, including the Presiding officers’ Heat and Energy Emergency Task Force, the Home Heating challenge Group (Kennebec-Somerset) and similar organization, and report to Maine Medical Association members through its publications of their work and of further opportunities to assist, and

BE IT FURTHER RESOLVED, that the Maine Medical Association work with legislators, agencies and health insurance companies to increase the options available to physicians and other health care providers for treating patients, including but not limited to use of telephone consultations and email communications as a means of reducing the cost of travel where appropriate, and that insurers reimburse physicians and other providers for these and other options that improve access to health care during these difficult times, and

BE IT FURTHER RESOLVED, that the Maine Medical Education Trust, through its

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

Trustees, be asked to contribute up to \$5,000 to an appropriate fund established to serve the needs of patients this winter. (2008)

Fiscal Note: up to \$5,000 from the MMET

Commitment to Identify and Reduce Health Care Disparities in Maine

Submitted by the MMA Public Health Committee

THEREFORE BE IT RESOLVED that the Maine Medical Association is committed to identifying and reducing healthcare disparities, and specifically supports the following actions by Maine healthcare providers:

1. Endorse the collection of healthcare data in hospital, ambulatory settings and primary care facilities in a manner that consistently identifies patients' race, ethnicity, primary language, and socioeconomic status for the purpose of identifying and reducing healthcare disparities.
2. Encourage health systems, hospitals, and physicians to educate their staff on appropriate methods for identifying and recording patients' race, ethnicity, and primary language.
3. Encourage health systems, hospitals, and physicians to begin analyzing healthcare data in a manner that stratifies quality measures by race, ethnicity, language, and socioeconomic status;
4. Support health systems, hospitals, and physicians in setting specific goals for reducing identified healthcare disparities. (2008)

Medicare Part D

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. (2006)

VA Funding for Overseas Casualties

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. (2006)

Health Literacy

THEREFORE BE IT RESOLVED, that the MMA will partner with the Literacy Volunteers of Maine to (1) reach out to the medical community to educate them on the perils of low health literacy and how to spot it and improve it, and (2) pursue grant money to purchase appropriate materials to be made available for physician offices and hospitals. (2005)

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

**Coverage for Benzodiazepines and Substance Abuse Drugs in the Medicare Part D
Benefit**

Introduced by the Maine Association of Psychiatric Physicians

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, acamprostate, antabuse, suboxone, and naltrexone, so that patients will have access to these critical medications.(2005)

Supporting Hurricane Relief Efforts

Introduced by the MMA Executive Committee

THEREFORE, BE IT RESOLVED THAT:

1. The Maine Medical Association recognizes the hardship of the citizens of the affected states of Mississippi, Alabama and Louisiana and contribute one thousand dollars (\$1,000) to the Louisiana State Medical Society to be used exclusively for Hurricane relief efforts, and
2. The MMA, through *Maine Medicine*, *Maine Medicine Weekly Update*, and other communication tools, encourage members and other Maine physicians to volunteer time and financial assistance to the relief efforts through charities and organizations of their choice, and
3. The MMA act as a conduit to assist in getting assistance and relief to the victims of this disaster. (2005)

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

Health Insurance Coverage

NOW THEREFORE BE IT RESOLVED, that the MMA advocate, publicly and legislatively, for a pluralistic system of universal coverage for all Maine citizens, and also advocate for the same at a national level, working through our congressional delegation; and BE IT FURTHER RESOLVED, that the MMA advocate for and work in support of a system of universal health care coverage that builds upon the current system of public and private insurance, including existing employer-based and government programs; and BE IT FURTHER RESOLVED THAT the issue be referred to the Executive Committee to study and report to a special session of the membership in six months.(2002)

Genetic Services

THEREFORE BE IT RESOLVED, that the Maine Medical Association, with the involvement of the Public Health Committee:

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

- Collaborate with other professions and groups to establish standard protocols for access to genetics services, which may be facilitated by telemedicine, and
- Through education offerings and materials, increase physician awareness of standard genetic assessment tools and readily available data sources of genetic information. (2002)

Medicaid Hospice Benefit

Introduced by Lawrence B. Mutty, M.D.

NOW THEREFORE BE IT RESOLVED that the Maine Medical Association supports the adoption of a Medicaid hospice benefit in Maine, and urges the 120th Maine Legislature to enact and the Governor to sign legislation providing Medicaid coverage for comprehensive hospice care. (2000)

Infectious Disease

Appropriate Use of Antibiotics

NOW, THEREFORE, BE IT RESOLVED that the Maine Medical Association become a partner organization with the US CDC's Get Smart About Antibiotics Week to disseminate educational materials to patients and physicians about appropriate antibiotic use; and BE IT FURTHER RESOLVED that the Maine Medical Association continue to endorse the passage by Congress of the Preservation of Antibiotics for Medical Treatment Act (PAMTA) that would ban the nontherapeutic agricultural use of certain antibiotics that are particularly valuable for treating human illness; a copy of this resolution should be prepared and forwarded to Maine's United States Congressional delegation. (2012)

Hand Coughing and Sneezing a Public Health Hazard

Introduced by Ben Lounsbury, MD

THEREFORE BE IT RESOLVED, that the Maine Medical Association considers hand coughing and sneezing to be a public health hazard worthy of strong educational and enforcement efforts by all national, state and local health officials.

BE IT FURTHER RESOLVED, that the Maine Medical Association take the necessary steps to educate its members and the public through MMA publications and other means of communication. (2009)

Benjamin Lounsbury, M.D. DVD Contributions

THEREFORE BE IT RESOLVED, that the Maine Medical Association commend Dr. Lounsbury for his creative effort and his positive impact on public health in Maine and throughout the world; and

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

BE IT FURTHER RESOLVED, that the Maine Medical Association assist in marketing and promoting the second Lounsbury public health production entitled, “Soap in the City,” expected to be available in the Fall of 2007 and intended to motivate persons on how to properly wash their hands at appropriate times to prevent the spread of germs; and
BE IT FURTHER RESOLVED, that the Maine Medical Association encourage physicians and their office staffs to adopt sleeve coughing and appropriate hand-washing for themselves and their patients. (2007)

Coughsafe Education

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. (2006)

Injury Prevention

Bicycle Safety & Funding

THEREFORE, BE IT RESOLVED that the Maine Medical Association will support public policy measures and enforcement of current laws 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. (2013)

Primary Enforcement Seatbelt Legislation

THEREFORE BE IT RESOLVED, that the Maine Medical Association urge the Legislature to enact a bill authorizing primary enforcement of Maine’s seatbelt law. (2006)

“Keep Thinking” Public Awareness Campaign

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 (2005)

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

Primary Enforcement Seatbelt Law

Submitted by the Public Health Committee

THEREFORE BE IT RESOLVED that the Maine Medical Association will proactively advocate for the passage of a primary enforcement seatbelt law in Maine. (2004)

Motorcycle Helmets

Submitted by the Public Health Committee

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. (2004)

All Terrain Vehicle (ATV) Safety

THEREFORE BE IT RESOLVED, that the Maine Medical Association, through the efforts of the Public Health Committee, shall:

- (a) Advocate for safer ATV usage by working with other interested organization to educate the public on existing Maine ATV laws, and
- (b) Join with other organizations in supporting State legislation to:
 - Mandate safety courses prior to operation of all ATV usage,
 - Institute minimum age requirements for ATV usage on both public and private property. (2002)

Liability Reform

Operation of Maine's Pre-litigation Screening Panels

NOW, THEREFORE, BE IT RESOLVED that the Maine Medical Association work with other interested parties to educate physicians about the importance of pre-litigation screening panels, particularly trying to reach those physicians who are new to practice in the state and may not be aware of the pre-litigation screening panel system and the importance of volunteering to serve as a pre-litigation screening panel member; and

BE IT FURTHER RESOLVED that the Maine Medical Association review any possible incentives that might be provided to encourage physicians to volunteer for the pre-litigation screening panels, including but not limited to:

1. Compensation
2. Category one CME credits; and

BE IT FURTHER RESOLVED that the Maine Medical Association communicate with hospitals and other employers of physicians to ask for their assistance in encouraging and allowing time for an employed physician to serve on a pre-litigation screening panel without adversely impacting on income or productivity measures. (2012)

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

To Advance Medical Liability Reform in Maine

Submitted by Lee Thibodeau, MD

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. (2004)

Medical Society Organization

Osteopathic Physician Participation in Organized Medical Staff Section

Submitted by Washington County Medical Society

THEREFORE BE IT RESOLVED that the Maine Medical Association recommend to the national Organized Medical Staff Section and the American Medical Association, by introduction of enabling resolutions to both organizations, that the requirement for AMA membership for OMSS representatives be waived in the case of a representative who holds full active membership in the American Osteopathic Association; and be it further RESOLVED that the Maine delegations to the OMSS and the AMA work vigorously for the enactment of these resolutions by their respective bodies.

Medical Education

Academic Detailing: Evidence-Based Prescribing Information

Submitted by the Committee on Physician Quality

THEREFORE, BE IT RESOLVED, that the Maine Medical Association collaborate with the appropriate governmental/public/academic agencies to initiate an academic detailing program in the state of Maine, and

BE IT FURTHER RESOLVED, that the Maine Medical Association serve as the lead organization to provide physicians with the objective information on prescription drugs, based on the best available evidence-based science, through the appointed independent academic institution. (2008)

Support of Maine Medical Students

THEREFORE, BE IT RESOLVED that the Maine Medical Association support any legislative action that would result in Maine students being able to attend medical school in their own state at less cost than is currently the case. (2007)

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

Antidepressant/Stimulant Education for Physicians

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. (2006)

To Encourage Maine Students to Pursue Careers in Medicine

Introduced by Jacob Gerritsen, MD

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 Administration 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. (2006)

Fiscal Note: \$2,000

Medical Staff

Medical Staff Independence and Leadership

Introduced by the MMA Executive Committee

NOW THEREFORE BE IT RESOLVED that:

1. The Maine Medical Association (MMA) encourage all physicians to pursue and accept leadership roles on their medical staffs, and further

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

2. MMA, either on its own or in conjunction with other organizations offer leadership development training for present and future medical staff leaders, and
3. MMA encourage medical staffs to compensate medical staff officers for the time spent representing the medical staff, in order to ensure continued independence. (2002)

Economic Credentialing

Introduced by Thomas Hayward, MD

NOW THEREFORE BE IT RESOLVED THAT the Maine Medical Association defines "economic credentialing" as "the use of economic criteria unrelated to quality of care or professional competency in determining an individual's qualifications for initial or continuing hospital medical staff membership or privileges;" and

BE IT FURTHER RESOLVED THAT the Maine Medical Association opposes the practice of economic credentialing; and

BE IT FURTHER RESOLVED THAT a hospital must not deny medical staff membership or clinical privileges for reasons other than a physician's individual qualifications as determined by professional and ethical criteria, uniformly applied to all medical staff applicants and members. Determination of medical staff membership or clinical privileges should not be made solely upon the basis of the existence of a contract with the hospital or with others; membership in or affiliation with any society, medical group or teaching facility, or upon the basis of any criteria lacking professional justification, such as sex, race, creed, or national origin. (2002)

Resolve to Revitalize the Maine Medical Association Hospital Medical Staff Section

NOW THEREFORE BE IT RESOLVED, that

1. The Maine Medical Association reinstitute and revitalize its Hospital Medical Staff by inviting all officers of Medical section staffs to meet and; that officers for the section be elected; in accordance with the existing HMSS Bylaws, and
2. That the AMA Organized Medical Staff Section be utilized as a resource in revitalizing the Section; and
3. That MMA assign staff to work with the officers of the Section in responding to the various issues and threats to medical staff self-governance. (2003)

Fiscal Note: \$10,000

Obesity

Taxes on Beverages with Added Sweeteners

NOW, THEREFORE, BE IT RESOLVED that the Maine Medical Association join with our American Medical Association in its position that addressing the obesity epidemic calls

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

for a multifaceted approach including improved consumer education on the adverse health effects of excessive consumption of beverages containing added caloric sweeteners; and
BE IT FURTHER RESOLVED that an excise tax on sugar sweetened beverages should be implemented as one approach to reducing the obesity epidemic; and
BE IT FURTHER RESOLVED that if a tax on beverages with added sweeteners is adopted, the revenue should be directed to programs that prevent and/or treat obesity and related conditions; and
BE IT FURTHER RESOLVED that the MMA encourages the efforts of the healthcare sector and individual members to eliminate the sale and provision of sugar-sweetened beverages and increase access to tap water within health care facilities. (2012)

**Commitment to Promote Healthy Weight by Improving the Prevention, Diagnosis,
and Management of Obesity**

Submitted by the MMA Public Health Committee

THEREFORE BE IT RESOLVED that the Maine Medical Association work with stakeholders and leaders across the state to help physicians take an active role and advocate for policy change needed to promote healthy weight, including specifically the following actions:

1. Encourage health systems and professional training programs to educate and train clinicians and practice teams to regularly assess and track weight using Body Mass Index (BMI); to promote healthy weight messages with patients and families related to healthy eating and physical activity; and to respectfully address with patients the health issues associated with overweight and obesity.
2. Encourage physicians to serve as role models to patients, families and community by being physically active and promoting healthy eating - behaviors that promote a life-long commitment to healthy weight.
3. Encourage physicians to leverage their influence at the community level to advocate for policies and environments that promote healthy eating and physical activity, including becoming active with local early-childhood providers and school governance structures (e.g., school boards & wellness councils) to serve as clinical experts and provide resources to shape healthier nutritional and activity policies.
4. Promote the consistent delivery of preventive healthy weight messages (e.g. "5210") to patients and communities.
5. Adopt policies within healthcare organizations that encourage physical activity and healthy food choices for employees, clients and the community.
6. Urge employers and health plans to adopt healthcare benefit plans that support appropriate medical services to prevent, diagnose, and treat obesity.
7. Support legislative priorities that create policy changes that promote healthy weight, (such as those proposed by Health Policy Partners of Maine. (2008)

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

Resolution Recognizing the Efforts of Representative Sean Faircloth on Physical Activity and Obesity During the 121st Legislature

THEREFORE, BE IT RESOLVED, that the Maine Medical Association expresses its appreciation to Representative Sean Faircloth for his efforts to improve the health status of all Maine's citizens. The Maine Medical Association looks forward to working with Representative Faircloth as he further pursues positive changes in the health of Mainers. (2003)

Curtailing Childhood Obesity

THEREFORE BE IT RESOLVED, that the Maine Medical Association, with the involvement of the Public Health Committee, improve the health conditions for our public school students by:

- Encouraging physical activity to remain a regular part of everyday school practice,
- Joining in an existing effort by the Vending Machine Policy Initiative Group to remove high fat and sugar content foods from vending machines on school grounds, and, where appropriate, replacing them with healthier items,
- Supporting comprehensive school health programs, including physical education, nutrition and environmental conditions, and
- Expressing to our children and the school systems that our children's health is more valuable than the revenues derived from vending machines containing less healthy offerings. (2002)

Oral Health

Early Oral Health Prevention into Medical Practices

Introduced by the MMA Public Health Committee

THEREFORE BE IT RESOLVED THAT the Maine Medical Association endorse early oral health prevention in medical practice for young children to improve their general and oral health status by:

- Encouraging Maine primary care providers to integrate early oral health prevention in medical practices by providing an oral health assessment and parent counseling for all children 6 months to 3½ years, and application of fluoride varnish for children at moderate to high risk
- Promoting public awareness of the need for early oral health prevention in children
- Urging commercial payers to provide payment to primary care providers for providing oral health screening and fluoride varnishes to children age 6mos to 3 ½ years. (2009)

Maine Medical Association Resolutions Approved at Annual Sessions 2000-2013

Maine Oral Health Improvement Plan

THEREFORE BE IT RESOLVED THAT the Maine Medical Association endorse the Maine Oral Health Improvement Plan and its goals within the identified Key Action Areas of:

- Changing Perception and Increasing Awareness: Defining and supporting state and local policies by increasing public understanding of the value and importance of oral health to overall health and to promote optimal oral health for the people of Maine;
- Expanding Access and Increasing Prevention: Increasing population-based prevention, early intervention programs and expanded access to high quality oral health services for Maine people throughout the life span;
- Improving Service Delivery: Enhancing oral health partnerships and infrastructure to improve the knowledge base of all health providers and the delivery of quality services;
- Expanding the Dental Workforce: Expanding the capacity and ability of the dental workforce to provide access to cost-effective, high quality oral health services for all Mainers. (2007)

Policy Development

Supporting an Evidence-Basis for Public Health Policy

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. (2013)

Public Health Infrastructure

Support for our Public Health Infrastructure

NOW, THEREFORE, BE IT RESOLVED that the Maine Medical Association and physician community strenuously object to backsliding in our State's support for public health programs and prevention; and

BE IT FURTHER RESOLVED that funding should be immediately restored by the 126th legislature for the State's public health infrastructure and public health and prevention programs. (2012)

Physician Involvement in Maine's Public Health Infrastructure System

Introduced by the MMA Public Health Committee

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

THEREFORE BE IT RESOLVED that the Maine Medical Association strongly supports the need for Maine physicians to have an active role in public health policy and Maine's emerging public health infrastructure. This should include but not be limited to the following:

- The Maine Medical Association and its Public Health Committee should work with the Maine Center for Disease Control and Prevention to establish a process and structure for ensuring linkage and active communication between practicing Maine physicians and the Statewide Coordinating Council for Public Health. This could include ensuring at least two physician representatives on the Statewide Coordinating Council, and establishing a mechanism regular communication between the Council and practicing physicians.
- The Maine Medical Association should work with leaders of the Statewide Coordinating Council (SCC) to create a mechanism to ensure ongoing, two-way communication between the SCC and the Maine physician community, including ongoing communication through the SCC Physician Representative.
- The Maine CDC, the Statewide Coordinating Council, and the District Coordinating Councils are encouraged to actively seek input from Maine physicians when developing policy that affects clinical care and public health practices by engaging physicians from the medical/osteopathic physician associations, the district hospital based physicians and through the involvement of physicians from each insurer group.
- Maine physicians are encouraged to become involved in the state's public health infrastructure and activities by actively participating in the Statewide Coordinating Council for Public Health and/or their local Public Health District. Such participation could include participating in the District's governance through the local District Coordinating Council; serving as a Local Health Officer; participating in local public health efforts at the community level (e.g. volunteering to assist in the mass influenza immunization project with the local school districts) or otherwise serving as a resource to their Public Health District, counties or local Healthy Maine Partnership and school health coordinators.
- The Maine CDC and the Medical Association should encourage all Maine physicians to enroll in the Maine CDC's Health Alert Network through ongoing and repeated communications.(2009)

Development of State Health Plan for Maine

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

1. Providing regular input to the physicians on the HSDAC.
2. Monitoring the meetings and activities of the Council and other activities of the GOHPF related to development of the plan;
3. Encouraging GOHPF staff to solicit input from all physicians and health care input from all providers and offer the regular MMA communication

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

tools to assist including Maine Medicine Weekly Update and Maine Medicine, and

4. Inviting GOHPF staff and others involved in SHP development to address appropriate physician forums in the state including MMA Committee meetings, County Medical Society meetings and
5. Naming the MMA Executive Committee, Legislative Committee and Public Health Committee as the primary liaisons to the HSDAC and GOHPF relative to SHP development. (2005)

Maine Centers for Disease Control and Prevention Proposal

Submitted by the Public Health Committee

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. (2004)

Development of a Public Health System

Introduced by the Public Health Committee

THEREFORE BE IT RESOLVED, that the Maine Medical Association, working through its Public Health Committee, will support the development of a public health system by working with the Maine Center for Public Health, Medical Care Development, and Maine Turning Point partners to develop recommendations that will improve the public's health in the context of individual clinical care, and be it further

RESOLVED, that the Maine Medical Association, working through its Public Health Committee, strongly supports the proposal from the Maine Bureau of Health and Maine Turning Point to create and fund the role of Public Health Medical Directors for each of the 30 Public Health Service Areas in the State, and be it further

RESOLVED, that the Maine Medical Association, working through its Public Health Committee, commits to working with the Maine Bureau of Health and Maine Turning Point to develop and promote the role of these public health physician leaders by building advocacy for, further defining the roles of, and providing input on the training and continued support of Public Health Medical Directors in the State. (2000)

Quality of Care

Endorsement of the ABIM Foundation Choosing Wisely Initiative

THEREFORE BE IT RESOLVED that the Maine Medical Association endorse the ABIM Foundation Choosing Wisely initiative, together with multiple physician associations and

Maine Medical Association Resolutions Approved at Annual Sessions 2000-2013

medical societies, to help disseminate information and education to patients and health care providers to make wise decisions about the appropriate use of health care resources, by:

- Actively participating in the Choosing Wisely in Maine campaign led by Maine Quality Counts
- Disseminating information on the Choosing Wisely initiative to its members through regular communication, messaging, and education
- Forwarding information on Choosing Wisely to physician professional associations for consideration, endorsement, and action
- Encouraging the Maine chapters of specialty societies to join their national specialty societies in endorsing the Choosing Wisely campaign and its recommendations for tests and procedures whose necessity should be questioned and discussed by Maine physicians and their patients
- Urging other partners such as employers, commercial payers, hospitals, and health systems to endorse this effort and communicate its messaging to their members

Maine Medical Assessment Foundation

Submitted by Richard T. Chamberlin, MD

NOW THEREFORE BE IT RESOLVED THAT the Maine Medical Association Acknowledge and commend the Maine Medical Assessment Foundation for the seminal work on small area variation and outcome analysis it completed over the years of its existence. (2002)

Quality of Care

Submitted by Krishna Bhatta, MD

NOW THEREFORE BE IT RESOLVED that the Maine Medical Association establish an Ad Hoc Committee on Quality, to be appointed by the President; said Committee to have as its mission:

1. To establish physicians' rightful leadership role in evaluating standards for quality of medical care in Maine, and
2. To review and monitor initiatives in the State aimed at defining and improving quality of medical care, and
3. To encourage physicians to participate in appropriate initiatives, and to initiate their own. (2002)

Patient Safety

Introduced by Stephen Sears, MD

THEREFORE BE IT RESOLVED that the Maine Medical Association will work in collaboration with the National Patient Safety Foundation, the American Medical Association, other provider groups, and a broad range of public and private organizations to continually advance efforts to improve patient safety through educational activities and all

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

other available means to discover and promote 'best practices' in the delivery of health care services.

BE IT FURTHER RESOLVED that the Maine Medical Association supports non-punitive, evidence-based health systems error data collection, as well as strong legal protections for participants in safety programs. At a minimum, these protections must ensure that all information reported or otherwise gathered in the process of patient safety and error reporting programs (including any data, report, memorandum, analysis, statement, or other communication) intended either for internal use, or to be shared with others solely for the same purposes, remain confidential and not be subject to discovery in legal proceedings. Such protections must extend from the time of reporting to post-incident review activities and with regard to the repositories of identifiable data from such reporting programs. The system should include post-incident evaluation for prevention of subsequent occurrences and for continuous quality improvement.

BE IT FURTHER RESOLVED that the Maine Medical Association, in cooperation with the Maine Hospital Association, Maine Medical Assessment Foundation, and other provider groups, devise and fund medical care management systems contained within Institute of Medicine recommendations. (2001)

Maine Medical Assessment Foundation Quality Improvement

Introduced by Buell Miller, MD

THEREFORE BE IT RESOLVED, that the Maine Medical Association recognize the valuable role played by the Maine Medical Assessment Foundation in assisting physicians in improving the quality of care they provide through the use of rigorous scientific investigation and the fostering of physician leadership in support of quality improvement, and be it further

RESOLVED, that the Maine Medical Association will support the on-going efforts of the Maine Medical Assessment Foundation to improve the quality of medical care with an annual contribution, provided for in the Association's budget. Maine Medical Association will receive an annual report of the Maine Medical Assessment Foundation on use of funds during the year. Should the Maine Medical Assessment Foundation change from an independent stand-alone organization in Maine, the contribution obligation of Maine Medical Association will require re-evaluation and approval to be ongoing.

FISCAL NOTE: \$4,000 annually. (2000)

Quality Improvement Program

Introduced by Peter Goth, M.D., Chair Committee on Peer Review and Quality Improvement

THEREFORE BE IT RESOLVED that the Maine Medical Association establish a Quality Improvement Program, approved by and overseen by the Committee on Peer Review and Quality Improvement and

BE IT FURTHER RESOLVED, that the Program have the following elements:

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

1. Committee approval of a quality improvement plan to be filed by the physician or group, said approval to be based upon criteria developed by the Committee
2. Committee ability, through members or consultants, to conduct an audit of the implementation and operation of said Plan, and
3. Annual reporting by the physicians or practice to the Committee. (2000)

Reimbursement

Supporting SCHIP Reauthorization and Medicare Payment Reform

Introduced by the Maine Medical Association AMA Delegation

THEREFORE BE IT RESOLVED, that the members of the Maine Medical Association call on our United States Senators to take immediate action to ensure that any conference agreement on SCHIP reauthorization include at least two years of positive Medicare physician payment updates that do not increase the cost of a permanent solution. (2007)

Relative to MaineCare Transition to a New Billing System

Introduced by the MMA Executive Committee

THEREFORE BE IT RESOLVED, that the Maine Medical Association support a transition to a new claims processing system, and advocate for an inclusive planning and implementation process that provides for:

1. Substantial physician input, through the existing Provider Advisory Committee and other appropriate means.
2. Appropriate end-to-end testing.
3. Appropriate training for billing staff in physician and other provider offices.
4. A process ensuring that the existing system is maintained as a legacy system until the new system is accurately functioning. (2007)

Abusive Practices in the Workers' Compensation System

Introduced by Charles T. McHugh, M.D

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. (2006)

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

MaineCare Claims Management

Introduced by MMA Executive Committee

NOW THEREFORE, BE IT RESOLVED, that the Maine Medical Association, working with allies such as the Maine Osteopathic Association and State Medical Specialty Societies seek, through administrative, regulatory, legislative or legal means, to have the State of Maine reimburse physicians for the additional expenses associated with the MECMS problem, and BE IT FURTHER RESOLVED, that MMA urge the Department of Health and Human Services to seek legal redress against the vendor and to distribute the proceeds of any recovery to the MaineCare providers who have suffered financially as a result of the premature implementation of the flawed system. (2005)

Medicaid

Introduced by the Payor Liaison Committee

THEREFORE BE IT RESOLVED that the Maine Medical Association undertake a major initiative with the Bureau of Medical Services to increase Medicaid rates in Maine to Medicare levels for individual health care providers, and to create a Medicare-based fee schedule based on standard relative value units; and BE IT FURTHER RESOLVED that the Maine Medical Association seek the support of other medical professional associations and consumer advocacy groups in advocating for such an increase before the Maine Legislature. (2001)

Medicaid Audits

Introduced by Thomas D. Hayward, M.D., and Brian M. Jumper, M.D.

NOW THEREFORE BE IT RESOLVED that the Maine Medical Association, acting through its House of Delegates, communicate with the Department of Human Services its strong opposition to the new fraud and abuse/recoupment initiative directed at physicians by an outside auditor, and:

1. Take any available legal steps to stop said program;
2. If no legal means are available to halt the initiative, take steps to ensure that physicians receive due process and fairness during the conduct of the initiative, including the right to appeal decisions of the vendor and department, and that the vendor be prohibited from contracting on a contingent fee basis. (2000)

Scope of Practice

Opposition to Psychologists Prescribing

Introduced by the Maine Association of Psychiatric Physicians

NOW THEREFORE, BE IT RESOLVED that the Maine Medical Association oppose the extension of prescriptive authority to psychologists, and BE IT FURTHER RESOLVED that the Maine Medical Association work with the Maine Association of Psychiatric Physicians, other medical specialty organizations, and behavioral

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

health care providers to improve the mental health care of our citizens by promoting the strengths of psychologists - therapy, testing, and the ability to spend more time with patients. (2005)

Tobacco

Prohibiting Tobacco Sales in Health Care Settings

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. (2013)

Tobacco Use

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.

Tobacco Treatment Funds and Coverage

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

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

BE IT FURTHER RESOLVED, that the Maine Medical Association supports comprehensive coverage for counseling and other effective treatment for individuals who smoke or use other tobacco products. (2005)

Tobacco Control

Introduced by the Public Health Committee

THEREFORE BE IT RESOLVED that the Maine Medical Association, through its House of Delegates, advocate for a smoke-free indoor environment in Maine and seek to introduce

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

or support legislation that would prohibit smoking in all indoor places of employment in Maine. (2000)

Toxins

Toxic Substances Control Act

Introduced by the MMA Public Health Committee

THEREFORE BE IT RESOLVED that the Maine Medical Association work with partner organizations, the Maine Legislature and people of Maine to build on the foundation established in Maine for a comprehensive, scientific approach to the use of chemicals in the environment and also work with the Maine Congressional Delegation to achieve reform of the Toxic Substances Control Act to assure the health and safety of Maine people for generations to come. (2010)

Reduction of Toxic Chemicals to Improve the Health and Well-being of Maine Citizens

Submitted jointly by the MMA Public Health Committee and the Maine Chapter of the American Academy of Pediatrics

THEREFORE, LET IT BE RESOLVED that The Maine Medical Association's Public Health Committee and the Maine Chapter of the American Academy of Pediatrics work with environmental health organizations to link the bridge of knowledge of known and suspected medical consequences with an adequate chemical policy in Maine that is essential to safeguarding human health and the environment, that will additionally build a modern, vibrant economy with the collaboration the Governor's Office of Health Policy and Finance through the State Health Plan, MeCDC, DEP, Alliance for a Clean and Healthy Maine and other stakeholders.

Explanatory Statement:

A chemical policy that addresses the data gap, the safety gap and technology gap will:

- Provide businesses and consumers with sufficient health and environmental information to choose the safest products for their needs.
- Ensure that the manufacture and use of chemicals and products does not come at the expense of human health and the environment.
- Motivate investment, entrepreneurship and employment in green chemistry.
- Improve Maine businesses' health and environmental stewardship.
- Apply the resources of the state's colleges and universities to green chemistry development.
- Support Maine businesses in remaining competitive in the global market.
- Prevent the sale in Maine of hazardous products that are prohibited outside of the United States. (2008)

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

Toxins in the Environment

THEREFORE BE IT RESOLVED that the Maine Medical Association work with the Alliance for a Clean and Healthy Maine and other partners to move Maine toward a safe and healthy approach to chemical release in the environment and to ensure that physicians and patients alike are informed about toxic exposures. (2007)

Vaccines

Influenza Vaccination Policies for Health Care Workers

Introduced by the MMA Public Health Committee

BE IT RESOLVED that the MMA support universal influenza vaccination for all health care workers, including those in inpatient, outpatient and long-term care settings; and BE IT FURTHER RESOLVED that the MMA will urge all members to receive an annual influenza vaccination and champion vaccination within their practices and medical staff; and BE IT FURTHER RESOLVED that the MMA will encourage all MMA members to adopt in their own practices, and to support the adoption by their hospitals and medical staffs of, polices that require vaccination for all health care workers. Such polices should state that an annual influenza vaccine be required for every health care worker, including front desk and office support staff not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from staff, unless a medical contraindication or religious objection to influenza immunization exists. Such policies should also state the consequences for those health care workers who cannot receive flu vaccines, which may include re-assignment to non-patient care areas during influenza season or wearing a mask at all times during influenza season when in the presence of patients or susceptible employees; and

BE IT FURTHER RESOLVED that if the annual influenza vaccination rate of health care workers does not increase to 90 percent or higher state legislation mandating vaccination with appropriate exceptions should be considered. (2011)

Childhood Immunizations and Insurance Coverage Gaps

Introduced by the MMA Public Health Committee

THEREFORE BE IT RESOLVED, that the Maine Medical Association work with Maine people and groups interested in child health, the Maine Immunization Coalition, the Maine Legislature and its congressional delegation to assure that rapid action is taken to ensure that:

- Vaccines should be made available as part of a standard package of coverage, whether they are publicly or privately purchased.
- Childhood Immunizations including vaccine and administration should be provided at a low or no direct service cost to the recipient.

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

- A standard set of preventive health services including immunizations should be available to all from first dollar expense and not be subject to expenditure requirements (“deductibles”). (2009)

**Restructure the Current Financing System to Increase Child and Adolescent
Immunization Rates**

Submitted by the MMA Public Health Committee

THEREFORE BE IT RESOLVED, that the Maine Medical Association work with stakeholders at the state and federal level to advocate for policy change to return Maine to a sustainable and vital single source distribution immunization system for all CDC recommended child and adolescent vaccines.

These policy changes should include, but may not be limited to the following:

1. Align third party payers such as Medicaid, private insurers and self-insurers to inform their members about immunization safety effectiveness, counter misconceptions and discuss innovative financial structures.
2. Pursue legislation that provides provider protection from liability for vaccine preventable illnesses when the vaccine is declined or unavailable.
3. Ensure that reporting on immunization coverage include or adjust for vaccine refusal.

BE IT FURTHER RESOLVED, that the Maine Medical Association develop a Public Health web page as part of the existing website for access to links to key clinical tools. (2008)

Maine Immunizations

THEREFORE BE IT RESOLVED, that the Maine Medical Association work with the Maine Department of Health and Human Services Bureau of Health (Maine Center for Disease Control and Prevention) to examine the current financing, immunization rates and barriers, projections of future needs and recommendations for action funding and barriers to immunization of Maine children, and

BE IT FURTHER RESOLVED, that the Maine Medical Association urge the Governor to increase funding for the Maine Immunization Program in his proposed State Fiscal Year 2009-2010 supplemental budget such that the Program can be sustained at least at its current level. (2007)

Funding for the Maine Immunization Program

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. (2006)

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

Universal Access to Flu Vaccine

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

Weapons

Limits on the Possession of Dangerous Weapons

NOW, THEREFORE, BE IT RESOLVED that the Maine Medical Association urges legislators in Augusta and in Washington to support existing and future legislative proposals that establish limits on the possession of assault weapons, such as those defined by the Assault Weapons Ban of 1994, and on the capacity of ammunition magazines while maintaining the right to responsible gun ownership; and
BE IT FURTHER RESOLVED that the MMA supports background checks for all gun sale transactions, including private sales, and improvement in the National Instant Criminal Background Check (NICS) System such that information about unqualified and dangerous individuals will be shared expeditiously with law enforcement; in particular, Maine should pursue funding from the NICS Act Record Improvement Program (NARIP) for that purpose; and
BE IT FURTHER RESOLVED that the MMA reaffirms its 2007 Policy “Regulating Guns” and its 2004 Policy “Assault Weapons Ban.” (2012)

New Strategic Arms Reduction Treaty with Russia and The Comprehensive Nuclear Test Ban Treaty

Introduced by the MMA Public Health Committee - NOW, THEREFORE, BE IT RESOLVED that the Maine Medical Association hereby calls upon the United States Senate to vote in favor of advice and consent for ratification of the New Strategic Arms Reduction Treaty before the end of the Senate session in the year 2010 or as soon as possible thereafter; and
BE IT FURTHER RESOLVED that the Maine Medical Association calls upon the President of the United States to submit for ratification and the United States Senate to vote in favor of ratification of the Comprehensive Test Ban Treaty as soon as possible after ratification of the New START; and
BE IT FURTHER RESOLVED that the Maine Medical Association work co-operatively with other organizations and individuals interested in the prevention of the devastating health consequences of the detonation of nuclear weapons to further public education, public policy and legislation to that end;

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

BE IT FURTHER RESOLVED that a copy of this resolution be prepared and forwarded to the President of the United States, the President of the United States Senate, and Maine United States Senators Olympia J. Snowe and Susan M. Collins. (2010)

Regulating Guns

THEREFORE BE IT RESOLVED that the Maine Medical Association promote the passage of legislation and support other efforts designed to ensure that all gun purchasers in the State of Maine undergo a criminal background check before completion of the purchase. (2007)

Assault Weapons Ban

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. (2004)

International Conflict and Nuclear Weapons

Submitted by the Public Health Committee

THEREFORE BE IT RESOLVED, that the Maine Medical Association support the following 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:

“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

**Maine Medical Association
Resolutions Approved at Annual Sessions 2000-2013**

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. (2004)*

Background Checks Prior to Firearms Sales at Gun Shows

Introduced by Gregory D'Augustine, M.D.

NOW THEREFORE, BE IT RESOLVED that the Maine Medical Association supports educational and regulatory efforts concerning gun safety in Maine, and urges the 120th Maine Legislature to enact and the Governor to sign legislation mandating completion of a national instant criminal background check prior to the sale of any handgun at a gun show in Maine. (2000)

ⁱ MMA Policy, HEALTH INSURANCE COVERAGE, 2002