

1 **DRAFT**
2 **Maine Medical Association**
3 **Resolution #1 RE: Recognizing the AMA’s Most Recent Efforts to Prevent Gun**
4 **Violence**
5 **Submitted by the MMA Public Health Committee**
6
7

8 **WHEREAS**, thirty thousand people die each year in the United States because of gun
9 violence;

10
11 **WHEREAS**, mass shootings continue to occur in the United States;

12
13 **WHEREAS**, gun violence remains a major cause of both suicide and homicide in Maine
14 and across the United States;

15
16 **WHEREAS**, lawmakers have been slow to act to reduce the impact of this epidemic of
17 gun violence;

18
19 **WHEREAS**, the American Medical Association, the Maine Medical Association, and
20 other physician organizations have a lengthy history of advocating for a strong public
21 policy response to the public health crisis of gun violence; and

22
23 **WHEREAS**, the American Medical Association again identified gun violence as a major
24 public health crisis requiring the attention of all physicians during the 2018 Annual
25 Meeting of its House of Delegates in June when its House of Delegates reaffirmed certain
26 policy statements and adopted other new policy statements on this critical public policy
27 issue.

28
29 **NOW, THEREFORE, BE IT RESOLVED** that the Maine Medical Association
30 acknowledge the recent action of the American Medical Association (AMA) House of
31 Delegates at its Annual Meeting in June 2018 to address the public health crisis of gun
32 violence as described more fully in the press release dated June 12, 2018 entitled, “AMA
33 Recommends New, Common-sense Policies to Prevent Gun Violence” (attached).

34
35 **AND, BE IT FURTHER RESOLVED** that the Maine Medical Association join with
36 our American Medical Association to advocate for an immediate public policy response
37 to this public health crisis by our elected representatives at both the state and federal
38 levels.



AMA Recommends New, Common-sense Policies to Prevent Gun Violence

For immediate release: Jun 12, 2018

CHICAGO – Shocked by the massacre at the Pulse Nightclub in Orlando in 2016, the American Medical Association (AMA) declared that gun violence in America is a public health crisis. Since then, tens of thousands more Americans have died in gun violence, in mass shootings and suicides, incidents that often stunned the nation and sometimes went unnoticed even locally. Delegates to the AMA Annual Meeting this week seized on this sense of urgency and passed numerous resolutions that bolstered the AMA’s already strong policy on gun violence prevention, ranging from banning bump stocks to opposing concealed carry reciprocity legislation.

“People are dying of gun violence in our homes, churches, schools, on street corners and at public gatherings, and it’s important that lawmakers, policy leaders and advocates on all sides seek common ground to address this public health crisis,” said AMA Immediate Past President David O. Barbe, M.D. “In emergency rooms across the country, the carnage of gun violence has become a too routine experience. Every day, physicians are treating suicide victims, victims of domestic partner violence, and men and women simply in the wrong place at the wrong time. It doesn’t have to be this way, and we urge lawmakers to act.”

Delegates adopted the following policies regarding guns:

Advocating for schools as gun-free zones

The AMA will advocate for schools to remain gun-free zones—with the exception of school-sanctioned activities and professional law enforcement officials. The AMA also opposes requirements or incentives for teachers to carry weapons in schools.

Calling for ban on sale of assault-type weapons, high-capacity magazines

New policy calls for banning the sale and ownership of all assault-type weapons, bump stocks and related devices, high capacity magazines, and armor piercing bullets. This policy also requires that firearm owners are licensed, complete a safety course and register all firearms.

Expanding domestic violence restraining orders to include dating partners

The AMA supports laws that would prevent anyone who is under a domestic violence restraining order or convicted of misdemeanor violent crimes—including stalking, from purchasing or owning a firearm. Additionally, the policy supports closing the loophole that currently exists in federal law to extend domestic violence restraining orders to include protection for dating partners.

Removing firearms from high-risk individuals

Delegates voted to support gun violence restraining orders that would allow family members, intimate partners, household members, and law enforcement personnel to petition a court to remove firearms from individuals who pose a high or imminent risk for violence. The new policy also requires states to have protocols or processes in place for requiring the removal of firearms by prohibited people, and requiring gun violence restraining orders to be entered into the National Instant Criminal Background Check System.

Supporting increase in legal age of purchasing ammunition and firearms from 18 to 21

While federal law limits the purchase of handguns to age 21 and purchase of long guns to age 18 from a licensed firearms dealer, unlicensed persons may sell a long gun to a person of any age and handguns to individuals 18 and older; and federal law and laws in 38 states allow 18- to 20-year-olds to legally possess handguns from unlicensed sellers, such as online retailers and sellers at gun shows. Twelve states and the District of Columbia have laws that impose a minimum age of 21 for all handgun

sales. Dick's Sporting Goods, L.L. Bean, and Walmart have recently changed their age of firearm purchase to 21.

Opposing federal legislation permitting "concealed carry reciprocity" across state lines

Such a law would require all states to recognize concealed carry permits granted by other states and allow citizens with concealed carry permits in one state to carry guns into states that have stricter laws. The law could endanger law enforcement agents, victims of domestic violence, and the public. AMA has supported the right of local jurisdictions to enact firearm regulations that are stricter than those that exist in state statutes, but concealed carry laws lower standards to the lowest common denominator.

Supporting gun buyback programs in order to reduce the number of circulating, unwanted firearms

The AMA is supporting the concept of gun buyback programs as well as research to determine the effectiveness of the program in reducing firearm injuries and deaths.

Over the past two decades, the AMA has developed numerous additional policy recommendations to reduce gun violence, including:

- A waiting period for firearm availability
- Background checks for all firearm purchasers
- Firearm safety and research and enhancing access to mental health care
- Gun safety education and regulation of interstate traffic of guns
- Distribution of firearm safety materials in the clinical setting
- Limit and control the possession and storage of weapons on school property
- Firearm safety counseling with patients
- Trigger locks and gun cabinets to improve firearm safety
- Data on firearm deaths and injuries
- Prevention of unintentional shooting deaths among children
- Ban on handguns and automatic repeating weapons

- Prevention of firearm accidents in children
- Waiting period before gun purchase
- Restriction of assault weapons
- Mandated penalties for crimes committed with firearms
- Public health policy approach for preventing violence in America

###

Media Contacts:

AMA Media & Editorial

(312) 464-4430

media@ama-assn.org

About the AMA

The American Medical Association is the powerful ally and unifying voice for America's physicians, the patients they serve, and the promise of a healthier nation. The AMA attacks the dysfunction in health care by removing obstacles and burdens that interfere with patient care. It reimagines medical education, training, and lifelong learning for the digital age to help physicians grow at every stage of their careers, and it improves the health of the nation by confronting the increasing chronic disease burden. For more information, visit ama-assn.org.

1 **DRAFT**
2 **Maine Medical Association**
3 **Resolution #2 RE: Diabetes Care in Maine – Implications for All Chronic Conditions**
4 **Whose Treatment is Costly and Labor-intensive**
5 **Submitted by the MMA Public Health Committee**
6

7 **WHEREAS**, The United States faces a nationwide epidemic of diabetes mellitus (“diabetes”)
8 attributable to many factors;
9

10 **WHEREAS**, The State of Maine has ~115,000 adults with diabetes, a percentage of the
11 population that is above the national average;
12

13 **WHEREAS**, diabetes care is highly time- and personnel-intensive, requiring physicians,
14 physician assistants and nurse practitioners, Registered Nurse and Registered Dietician Certified
15 Diabetes Educators, and medical assistants for careful review and interpretation of multiple
16 daily, and sometimes continuous, blood sugar measurements; application of new and emerging
17 technologies and medications; multiple medication adjustments; and management of complex
18 psycho-social factors impacting glycemic control, in order to prevent both acute complications
19 (Diabetic KetoAcidosis, severe hyperglycemia and hypoglycemia) and long term complications
20 (heart disease, renal failure/hemodialysis, amputations and blindness) which are extremely costly
21 to patients, their families, and the medical system;
22

23 **WHEREAS**, Maine is understaffed with the necessary medical infrastructure to treat diabetes,
24 both in primary and specialty care. Patients with Type-1 diabetes and those with complicated
25 Type-2 diabetes particularly need specialized care. A study by the Lewin Group in 2014
26 determined that ~28 FTE Endocrinologists per 1 million adults are required to provide adequate
27 diabetes care. In Maine, the best current estimate is that there are ~13 to 14 FTE Adult
28 Endocrinologists, and it appears that some of these physicians are leaving the state or retiring
29 now or soon;
30

31 **WHEREAS**, recent diabetes program closures, publicized in the news media and attributed to
32 reimbursement for diabetes care that is inadequate to cover the cost of such care, has resulted in
33 an acute surge of patients with diabetes seeking care. Currently, only one Endocrinology
34 practice in Maine is open to new diabetes patients and the wait time for that practice is
35 unacceptably long (3 to 4 months);
36

37 **WHEREAS**, access to diabetes care in Maine has therefore reached a critical breaking point
38 which can only be ameliorated by viewing the problem as a public health crisis; and
39

40 **WHEREAS**, the U.S. health care system, as currently structured, does not provide financial
41 incentives to invest in primary and secondary prevention measures to properly address difficult
42 chronic conditions such as diabetes, chronic obstructive pulmonary disease (COPD), and
43 substance use disorder involving opioid drugs, for example.
44

45 **NOW, THEREFORE, BE IT RESOLVED** that the Maine Medical Association employ its
46 communications resources to raise awareness of the diabetes public health crisis, to emphasize

47 the importance of primary and secondary prevention measures for diabetes, and the need for
48 adequate funding for treatment of diabetes among policymakers at the state and federal level,
49 including Maine candidates for elective office in the 2018 General Election on November 6,
50 2018.

51

52 **AND, BE IT FURTHER RESOLVED** that the Maine Medical Association convene one
53 meeting to develop a response to the diabetes crisis during the final quarter of 2018 of
54 stakeholders having an interest in diabetes to include appropriate medical specialty
55 organizations, hospital system representatives, and public health professionals.