

MAINE MEDICAL ASSOCIATION

Report to the New England State Medical Societies

May 21, 2016

Harraseeket Inn, Freeport, Maine

Presented by President-elect Charles Pattavina, M.D. on behalf of President Brian Pierce, M.D.

Good morning. It is my pleasure to welcome you to Maine on behalf of MMA President Brian Pierce, M.D. and the 4000 members of the Association. Brian sends his regrets as his daughter is graduating today from Colby College, certainly cause for an excused absence here today. I currently serve as President-elect and am also one of our two alternate delegates to the AMA. I practice emergency medicine and direct the emergency medicine department at St. Joseph's Hospital in Bangor. I also have been a very active ACEP member for many years.

Having been involved with both the Rhode Island Medical Society and the Maine Medical Association, I am very comfortable with you all and I hope many of you will be able to join Brian and me at the Association's 163rd Annual Meeting in beautiful Bar Harbor during the weekend of September 9-11. The theme of our meeting this year is "Renewing the Joy & Passion in Medicine" and we look forward to offering our members several positive ways to deal with the professional burnout being reported by far too many physicians in the nation. We would love to have many of you join us and we will send invitations to all the New England State Presidents and the Executive Directors soon.

Like your state societies, the Maine Medical Association is having a very busy year. What follows are some current highlights:

1. Opioid/Heroin Abuse Epidemic. Like all of your states, Maine has not been spared the human tragedy of opioid abuse resulting in hundreds of overdose deaths and thousands of mothers delivering babies affected by drugs. The Association is engaged in a wide range of activities aimed at addressing the crisis. We recently negotiated and ultimately supported the toughest state law in the country limiting prescribing of opioids and mandating use of our 11-year-old Prescription Monitoring Program. The new law limits opioid scripts to 7 days for acute pain (identical to MA law) and 30 days for chronic pain. These scripts can be renewed. The law also provides a limit on the aggregate daily dose, based on a morphine milligram equivalent. The limit is 100 MME but patients exceeding this limit are given until July 1, 2017 to be tapered to a lower dose or to be covered by an exception. Exceptions in the law are provided for cancer pain, end-of-life care, hospice care and palliative care, and MAT for treating addiction. The bill requires mandatory PMP checks for new scripts of an opioid or benzodiazepine and every 90 days thereafter. The bill also requires three hours of education every two years and requires all opioid medication scripts to be sent electronically to a pharmacy by July 1, 2017. We anticipate that date will have to be pushed back during the next session of the legislature. The bill is wide-reaching, but we felt that after substantial negotiation and many concessions by the bill's proponents it was important to support the bill. Our support ultimately led to support from virtually all of the provider community in the state. I have attached to this report a recent op-ed prepared by MMA summarizing our work in this area.

In addition to the new prescribing law, the Association, with lots of help from others, lobbied successfully in support of a bill to broaden availability of naloxone. On the final day of the session, the legislature overrode the Governor's veto of the bill and it will become law on July 29th.

In addition to working on these new laws, MMA also was instrumental in organizing the Maine Opiate Collaborative which was established by the U.S. Attorney for Maine, the Attorney General, and the Commissioner of Public Safety. The Collaborative formed three task forces focusing on Treatment,

Prevention/Harm Reduction, and Law Enforcement, and just two weeks ago presented 40 pages of recommendations which will now be considered by the LePage Administration, the next Legislature, and other interested parties. The Collaborative also held 20 Community Forums across the state. The results of these forums, organized by MMA through two foundation grants, helped to inform the work of the Task Forces.

Finally, the Association and a regional quality improvement collaborative called Quality Counts have recently announced a new initiative, Caring for ME. The goal of Caring for ME is to support Maine prescribers in improving their management of chronic pain and the safety of opioid prescribing, as well as the identification of addiction and referral for substance abuse treatment services. MMA and Quality Counts will support this goal by convening stakeholders to create a shared vision, promote collective leadership, and provide a range of supports, educational tools and quality improvement methods to Maine clinicians and practice teams. Already, resources are being placed on our respective websites to assist physicians and other health practitioners in this important work.

2. Unfortunately, our efforts to expand Medicaid under the ACA, as all of your states have done, once again, did not garner enough Republican votes to even get on the Governor's desk. We will continue to support this effort to cover up to 80,000 Mainers, many of them in need of addiction treatment (12,000). Other notable legislative efforts included defeat of a radical bill to change the way medical liability cases are handled in the state and passage of a bill to license Certified Professional Midwives (CPMs), which the Association and ACOG supported following a professionally facilitated process involving 21 meetings with the midwives.
3. Five citizen-initiated referendum questions have been certified for the November ballot and at least two may involve the Association. We are already on record as supporting the initiative requiring background checks on gun sales (with some limited exceptions). But, we have not yet taken a position on the effort to legalize recreational marijuana use for adults 21 years of age and older. We are currently surveying the membership to determine if there is support for MMA taking a position. The public health community in Maine has been opposed to the proposal. Maine has had a medical marijuana law since 1999.
4. During the past few years, the Board and staff of MMA have worked hard to revise and expand the way we engage and communicate with members. One recent addition to our efforts has been "Listening Sessions" around the state, attending by officers and management staff. These sessions have been reasonably well attended and we have the next event scheduled for next Wednesday night in nearby Brunswick. These are very informal with MMA paying for some food and drinks and members stop by for a chat. We get very excited when members attend who have not previously been involved with or in communication with the Association. While we have the most members we have ever had, the average dues per physician has been decreasing as a result of our group discounts and, unfortunately, our engagement with many members is limited or non-existent. We are experimenting with social media but have not yet seen much benefit from these new communications methods. Our website is in constant transition in an attempt to keep it fresh and attractive.
5. In the interest of time I will close and I am looking forward to the oral presentations on Saturday morning. I will be happy to answer any questions at that time.

BANGOR DAILY NEWS

Doctors have a role in fighting addiction epidemic. This is what we're doing.

By Charles Pattavina, Special to the BDN
Posted May 02, 2016 at 12:44 pm

The Bangor Daily News published [an extraordinary editorial on April 26](#) calling upon all of us to do our part to address the opioid abuse epidemic. As chief of a local hospital emergency department and president-elect of the state's largest physician organization, I am very proud of the steps being taken to reduce the tragic consequences of this insidious epidemic.

The May 4 event, [the One Life Project](#), organized by the BDN is but one example of the many steps that Greater Bangor is taking that can be duplicated in other parts of the state and country. Already, the work of the Bangor Area Controlled Substance Working Group (an initiative of the Community Health Leadership Board), particularly the community-wide prescribing standards, is inspiring the work of others across the state.

On a statewide level, the recommendations of the Maine Opiate Collaborative will be released on May 6 at a public event in Hallowell. The collaborative was created by U.S. Attorney for the District of Maine Thomas Delahanty, Maine Attorney General Janet Mills and Commissioner of Public Safety John Morris. Fueled by nearly 50 volunteers who are experts in treatment or prevention of substance use disorders or in recovery themselves, task forces organized around treatment, prevention, harm reduction and law enforcement met nearly 30 times to develop comprehensive solutions to the opioid abuse epidemic.

A lot of the positive initiatives have been put together by law enforcement officials who are tired of arresting the same individuals time and time again and not being able to find treatment for them. These enlightened officers have come to understand that substance use disorder is a chronic disease, not a character flaw. The [increasing use of naloxone](#) (Narcan) by police officers (and many other public servants such as EMTs) is yet another example of their leadership.

Maine's medical community has also stepped up to acknowledge responsibility for a portion of the crisis and its obligation to do everything possible to fix it. The Maine Medical Association has presented more than 50 educational sessions over the past decade, with many of them featuring the value of the state's Prescription Monitoring Program, which helps prevent "doctor shopping." More recently, the association broke with precedent and supported legislation to limit the amount of opiate medication that can be prescribed in the state. Gov. Paul LePage and the Legislature supported the far-reaching [LD 1646](#), An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program. This law is intended to do nothing less than change the culture of the way pain is treated in the state.

And in the past three months, the association has sponsored 20 community forums, with support from the Maine Health Access Foundation and the Maine Community Foundation, inviting all Mainers to come together and talk about the problem and solutions to it. Many of the suggestions offered by the public have been incorporated into the Maine Opiate Collaborative task force recommendations, noted above.

Maine's opioid abuse epidemic will not abate overnight, and these efforts will continue. Recognizing the need for creative and bold solutions, Maine Medical Association is partnering with Quality Counts to launch Caring for ME, a collaborative effort that aims to bring together a wide set of partners to promote shared messages, educational resources, and practical tools for health care providers. The goals of Caring for ME are to support prevention efforts, maintain a compassionate and evidence-informed approach to chronic pain management, improve the safety of opioid prescribing, appropriately diagnose addiction when it exists and improve access to effective treatment for patients with substance use disorder.

Finally, I want to acknowledge the real heroes in this crisis: the thousands of patients in recovery working everyday to beat this insidious disease — and their loved ones. They deserve our compassion and support.

Doing so is something we can all do, helping where we are able, as so appropriately requested in the BDN editorial.

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