MMA Public Health Committee
February 12, 2014
4pm-6pm

Conference Call Dial in Number: 1-877-668-4493 **Note this is a new number**
Access Code: 23025386

AGENDA

(5 min) I. Welcome and Introductions – Drs. Lani Graham & Daniel Oppenheim

(5 min) II. Acceptance of December 2013 Minutes (attachment 1)

(5 min) III. Announcements

(45 min) IV. Priority Topics & Guest Speakers
1. Community Health Workers/SIM Grant
    a. Kate Perkins & Elizabeth Foley, MCD
2. Committee priorities/major initiatives for 2014 (attachments 2 & 3)

(45 min) V. Old Business & Brief Updates
1. Legislative Updates (Ms. Barnard, MMA Staff)
    a. LD 1578, Medicaid Expansion
    b. LD 1345, Single Payer
    c. LD 386, Tobacco Cessation Benefit
    d. LD 1699, HIV Education
    e. LD 1719, FHM Funding
    f. Safe Chemicals Act
2. Vermont Medical Society Resolution on Integrating Public Health into Health Reform (attachment 4)
3. Climate Change & Adaptation
4. Update on Domestic Violence Linkage Project (Dr. Postman)
5. Updates from MeCDC (Dr. Sears)
6. Physician Wellness (Dr. Graham/Ms. Barnard)
    a. Update on workplace Injuries/OSHA (attachment 5)
7. Membership

(20 min) VI. New Business
1. Request for MMA Involvement with Trigger Lock Campaign (Dr. Walworth) (attachment 6)
2. EPA Wood Stove Regulation Sign on Request (Ms. Barnard) (attachment 7)
3. New Public Health Issues on the Horizon

MAINE MEDICAL ASSOCIATION - PUBLIC HEALTH COMMITTEE
MEETING MINUTES
December 11, 2013

MEMBERS PRESENT: Co-Chair, Daniel Oppenheim, MD, Co-Chair, Lani Graham, MD, Norma Dreyfus, MD, (phone), Steven Sears, MD, Robert Struba, MD, (phone)

OTHERS PRESENT: Leah Postman (phone), Staff: Jessa Barnard, Ashley Bernier, Andrew MacLean

TOPIC	DISCUSSION	ACTION/FOLLOWUP/RESULTS
Welcome & Introductions	Introductions were made around the room and on the phone.	
Review of October 2013 Meeting Minutes	Members reviewed the minutes. Motion made to approve October 2013 minutes as written.	**Minutes were accepted.**
Guests & Priority Topics		
1. **Climate Change and Adaptation Presentation by Norman Anderson, Maine CDC**	Norman Anderson's PowerPoint presentation was titled Update on MaineCDC Climate and Health Program. This is a part of the CDC's new initiative, the Maine Climate and Health Program. The grant given to this program is starting a foundation, creating strategies, and looking at future models of climate change. In the PowerPoint, a graph showed approximated temperature changes globally through the year 2100. Many areas showed an increase of 3-4 degrees. This was then followed by potential health affects (such as heat, severe weather, air pollution, allergies, vector-borne diseases, water-borne diseases, water and food supply, mental health, and environmental refugees). This was then narrowed down to local impacts, such as air temperatures, water temperatures, and precipitation rates. Norman also spoke of the number of "hot" days (95 degrees and above) and the correlation with	**PHC members discussed after the presentation whether climate change, relating to the impact on health, should be one of the committees priorities. Many agreed it should be.**

Old Business and Brief Updates 1. **Resolutions: Follow-up from MMA Annual Membership Meeting**	heat related illness and ER visits. The Maine Climate and Health Program's grant is also collecting data on Lyme disease. They are currently working with the Climate Change Institute due to the disease becoming more widespread in Maine. The CDC believes that by mid-century, the climate conditions will be more favorable to deer ticks in spreading throughout our state. Not only does this program want to keep collecting data, they want to translate this knowledge to public health/emergency preparedness and develop plans for these hazards. This can happen by developing state wide vulnerability assessments. For their next three year term in the grant, the program will focus increasingly on extreme weather, water supply, impacts on community water systems, and waste water treatment plants. They also hope to chart extreme storms (rainfall over 3 inches), and rising sea temperatures. A pollen group has also been created to look at trends in pollen levels/timing in season. Some PHC members asked questions concerning whether climate change is inevitable and if prevention programs are just delaying it. Norman replied that we, as a nation, should focus on programs on each end (ones to prevent to give us a little more time to plan and programs to help us adapt). MMA BOD met two weeks ago, and adopted all the resolutions.	**BOD adopted all resolutions.**

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	Single Payer Poll – update on poll timing	Moving forward. Doing larger survey, pushed to first quarter of 2014.	**Pushed to first quarter.**
	Tar Sands – update on letter to MMA Board (attachment 2)	At last PHC meeting discussed moving forward with a letter to the MMA BOD. No concrete changes have been proposed by members to the letter yet. Checked in with Vermont and New Hampshire Medical Society staff, and both reported that they would not take a position on this issue. As a staff person, Ms. Barnard is hesitant to move forward. Dr. Oppenheim stated that the vote in South Portland failed. Not sure if people are regrouping. Given that the vote has already taken place, there is less time pressure. Still good to educate ourselves, but he agrees with Ms. Barnard.	**No changes to letter and it is on hold at the moment.**
	Bike Safety – Federal Legislation (H.R. 3494 / S. 1708) (attachment 3)	Dr. Walworth sent information on proposed federal legislation (attachment 3). There was a request from the National Bike League to support it. Dr. Walworth sent it as an FYI, since it is an interest to the national level. Members can take individual action, maybe not as a committee. The group discussed how it was a vague bill and how it lets DOT take safety into consideration.	**Members can take individual action, maybe not as a committee.**
2.	**Legislative Updates**		
	Medicaid Expansion Update	The bill is moving forward and we expect it to be introduced early in the session. Members of the PHC wanted to remind others to reach out to their district	**MMA strongly supports bill. Members wanted to remind others to reach out to their district representatives for their support.**

	representatives, since this will be an intense effort. January 8th will be the opening day for Legislature. On January 23rd, 10am till noon, the MMA will be taking the lead on a press event that will have a focus on physicians and health care providers, and the MMA's support for expansion. The PHC members had some questions on the bill's power. Ms. Barnard stated that the bill basically directs the state to provide Medicaid for a certain poverty level.	
Update on Domestic Violence Linkage Project (Dr. Postman)	Dr. Postman stated that with a lot of hard work, they have drafted a fiscal sponsor agreement with the MMET (it is pending approval). They are happy that the agreement reflects their goals, and now they are working on scheduling a conference for this spring. They have many different ideas for the conference, and are still trying to settle on a date and panels to present.	**The project has drafted a fiscal sponsor agreement. They are now scheduling a spring conference.**
Updates from MeCDC (Dr. Sears)	Dr. Sears explained to the PHC group that Maine is still under the goal for the population of Maine to have the flu vaccination. Right now they are focusing on trying to get kids vaccinated at school. Pertussis is at a medium rate, but still at a higher rate than 2 years ago. They estimate that they will probably have 300 cases of Pertussis in Maine this year compared to 700 last year and 50 in 2011. The SIM grant is putting a lot of effort into this. With the grant's goal, they want to help create better care at a lower cost, and are trying to improve use of data. Maine is one of half a dozen states that has this provision from the ACA. Some of the PHC questioned if the drop in Pertussis cases, from the 700s to 300s, is due to public knowledge of it so more people got vaccinated. Dr. Sears stated that the number is	**SIM grant working on improving use of data. Maine is under goal for flu vaccinations, and Pertussis is at a medium rate.**

	due to a lot of different things, but definitely the public push helped. They are also still learning a lot about the new vaccine.	
Physician Wellness (Dr. Graham) - Workplace Injuries/OSHA Report (attachment 4)	Dr. Graham explained that the fourth attachment is a report of the failure of OSHA to address safety in the health work place. Members were not sure if the AMA has taken a position on this subject. 2-3 years ago, some doctors approached the PHC saying that they were worried about violence in the work place, exposure to drugs and that 8-10% have become ill due to substance abuse. The workplace is partially to blame. Statistics show more injuries to health care workers than any other occupation. OSHA does not provide enough inspections and help to them, and members of the PHC discussed how there should be a national response to this. Ms. Barnard will check with the AMA to finds their stance.	**Ms. Barnard will check with the AMA to find their stance on OSHA's lack of assistance in the health care work place.**
New Business		
1. **Vermont Medical Society Resolution on Integrating Public Health into Health Reform (attachment 5)**	Members briefly discussed the resolution attached that was passed at the October 2013 Vermont Medical Society meeting, and expressed support for pursuing something similar in Maine.	**Due to lack of time to discuss, it should be placed back on the agenda for a future meeting.**

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2. Committee priorities/major initiatives for 2014 (attachments 6 & 7)	Members agreed they should focus on three priorities. Some suggestions were: working with the osteopathic or nursing association, Medicaid expansion, and climate change (many already focus on environmental changes, but maybe we could continue and focus on health changes like Norman stated and what Susan Collins also believes is important). Additionally, members spoke about creating more events to engage in and getting new members	**Some suggestions were made for potential priorities, will discuss further next meeting.**
3. Spring Intern – Webinar Series	A woman from UNE is interested in interning with the Committee in the spring. She has sent in her resume and is in contact with Ms. Barnard. She would like to create a Webinar mini-series for physicians. The PHC can pick some topics out for this next meeting. Will give CME credit for this series.	**UNE student to create webinar series. Next meeting, members can discuss potential subjects for the mini-series. Some topics suggested including substance abuse, climate change and domestic violence.**
4. New Public Health Issues on the Horizon	Due to lack of time, PHC members briefly looked at attachments. Ms. Barnard read the titles, including the 2013 Annual Report with the issues talked about over the year. One item discussed in more detail was the status of the recovering tobacco treatment in Maine Care bill. Ms. Barnard said the outcome looked good, and that after being passed in the Legislature session, it was on hold. She does not expect it to be vetoed.	**Brief overview of attachments.**
Next Meetings: February 12, April 9, June 11, August 13, October 8, December 10, 4-6 pm, MMA Offices or by phone		**Meeting Adjourned**

MMA Public Health Committee – 2014 Priority Planning

Current Committee Priorities (2012-2013):

1) Obesity & Environmental Toxins, including Maine's Kid Safe Product Act and reform of the Toxic Substances Control Act
2) Physician Wellness
3) Preserving the Fund for a Healthy Maine and the Public Health Infrastructure
4) Domestic Violence

Prior Committee Priorities (2009-2011)

1) Environmental Toxins (emphasis on TSCA & KSPA)
2) Childhood Immunizations (emphasis on Universal Vaccination Program)
3) Public Health Infrastructure
4) Health Effects of Climate Change (emphasis on Clean Air Act)
5) Youth Health (Childhood Obesity & Tobacco Use) (added 2011)

Other Issues Addressed in 2012-2013: See attached annual report

Other Issues Addressed in 2011:

1) Nuclear Weapons (New START & Comprehensive Test Ban Treaty)
2) Health Care Worker Influenza Vaccination Rates
3) Response to Legislative Proposals (seatbelt enforcement, vaccinations, minors' rights, head injury, bullying)

Other Issues Addressed in 2010:

1) Drafting of State Health Plan
2) Lyme's Disease (planned to hold educational seminars & educate on long term antibiotic use)
3) Weapons (firearms in parks, New START, CTBT)
4) Gubernatorial Forum

Resolutions Passed in 2013

1) Bicycle Safety & Funding
2) Prohibiting Tobacco Sales in Health Care Settings
3) Supporting and Evidence-Basis for Public Health Policies
4) Updating MMA Poll on Physician's Opinions on Single Payer Health Care

Resolutions Passed in 2012

1) Antibiotic Stewardship
2) Possession of Dangerous Weapons
3) Public Health Infrastructure
4) Sugar Sweetened Beverages

Resolutions Passed in 2011

1) Global Climate Change and Wind Power

2) Government Interference in Patient Counseling
3) Influenza Vaccination Policies for Health Care Workers
4) Supporting the Clean Air Act
5) Prescription Drug Abuse (MMA Executive Committee)

Resolutions Passed in 2010:

1) Toxic Substances Control Act
2) New Strategic Arms Reduction Treaty with Russia and The Comprehensive Nuclear Test Ban Treaty

Resolutions Passed in 2009:

1) Commitment to Promote Physician Involvement & Leadership in Maine's Public Health Infrastructure
2) Childhood Immunization and Insurance Coverage Gaps
3) Integrating Early Oral Health Into Medical Practices
4) Global Climate Change
5) Hand Coughing & Sneezing (Dr. Lounsbury)
6) Physicians Order for Life Sustaining Treatment (POLST) (MMA Ethics Committee)
7) Wind Energy & Public Health (Drs. Aniel & Nissenbaum)

MAINE MEDICAL ASSOCIATION
2013 ANNUAL REPORT OF THE PUBLIC HEALTH COMMITTEE
by
Lani Graham, MD & Daniel Oppenheim, MD, Co-chairs

As in the past, the Public Health Committee has been very active this year, meeting every-other month in person or by phone.

The Committee has currently identified the following priorities:

1) Obesity & Environmental Toxins, including Maine's Kid Safe Product Act and reform of the Toxic Substances Control Act
2) Physician Wellness
3) Preserving the Fund for a Healthy Maine and the Public Health Infrastructure
4) Domestic Violence

The Committee made significant progress in these four areas, as well as responding to various public health issues that came up throughout the year and during the legislative session.

In order to show the depth and breadth of the issues addressed by the Committee, this report will focus on reviewing the scope of issues taken on or discussed by the Committee this year. The work of the Committee is relevant to physicians of all specialties – from primary care to cardiology, surgery and infectious disease - and we encourage MMA Members to join us in our work, regardless of whether you consider yourself a public health "expert."

- **Antibiotic Stewardship**: Participated in Get Smart About Antibiotic Week with cobranded media campaign with MeCDC
- **Bisphenol-A**: Testified at administrative and legislative hearings regarding removing BPA from children's products, submitted op-eds and letters to the editor; met with congressional delegation, submitted statements in support of efforts to reform federal Toxic Substances Control Act
- **Clean Air Standards**: Sent letters and testified on federal and state air quality regulations
- **Climate Change and Adaptation**: Testified in favor of bill to require Maine DEP to start implementing climate change adaptation report
- **Domestic Violence**: Advocated for Nellie's Web, a coalition looking to increase health professional knowledge about the link between domestic violence and animal abuse, in seeking fiscal sponsorship from the Maine Medical Education Trust; continued linkages to Physicians For Social Responsibility screening project and Maine Coalition to End Domestic Violence
- **Gun Control**: Advocated for final MMA Board adoption of policy on Possession of Dangerous Weapons, testified on relevant legislation at statehouse

- **Health Reform/Health Coverage**: Received updates on efforts to accept federal funds to expand Medicaid coverage to low-income Mainers, coordinated with MMA Legislative Committee
- **Lyme Disease**: Testified and contacted legislators in opposition to bill that would require MeCDC to provide non-evidence based treatment guidelines on website
- **Mosquito-borne illnesses**: Discussed legislative proposal regarding pesticide use, and other approaches, with MeCDC
- **Obesity/Physical Activity**: Testified on bill in support of increased physical activity and improved nutrition policies in schools
- **Pertussis**: Received updates from MeCDC regarding outbreaks and efficacy of Tdap vaccine
- **Physician Wellness**: Received updates and coordinated with the Medical Professionals Health Program
- **Public Health Infrastructure**: Continued support for Healthy Maine Partnerships, Fund for a Healthy Maine and local public health infrastructure through testimony at statehouse and other efforts
- **Sugar Sweetened Beverage Tax**: Spoke at and gathered support from other health care provider organizations such as Maine Dental Association and Downeast Association of Physician Assistants
- **Tanning**: Testified, contacted legislators, and actively supported AAP campaign to ban minors from using tanning beds
- **Tar Sands**: Considered scientific evidence, heard expert speakers and drafted letter in opposition to tar sands transportation through Maine
- **Tobacco Control**: Testified, spoke at press events, and wrote op-eds regarding tobacco cessation coverage, taxing cigarettes and other tobacco products, exposure to second hand smoke
- **Work Force**: Received update from Dora Mills, MD, regarding public health degrees offered by University of New England
- **Vaccinations**: Testified and contacted legislators on several legislative proposals that would either strengthen or undermine childhood vaccination rates

We would like to thank all of the members of the Public Health Committee for their time and commitment to our work. They are all extremely dedicated to improving the health of Mainers and we thank them for all they have done, from letter writing, to testifying to planning educational sessions. We are already anticipating another busy and productive year and look forward to new MMA members joining us in our efforts.

VERMONT MEDICAL SOCIETY RESOLUTION

Advances in Public Health and Health Care Delivery Integration through Population Health

Submitted for adoption at VMS Annual Meeting on October 19, 2013

Whereas, the fields of primary care and public health in the U.S. have for the last century generally functioned independently of each other; and

Whereas our current health challenges require improved efforts for public health and primary care to work together in an integrated fashion in order to address the root causes of illness, prevent additional cases of disease, and to make the default choices of individuals healthy ones, and

Whereas, effective support of healthy behaviors will require coordination of the work of clinicians, particularly primary care clinicians, with public health agencies, schools, businesses, and community group to better utilize community resources; and

Whereas, Act 48 amended 18 V.S.A. § 5 to require the department of health to create a state health improvement plan in order to encourage the design of healthy communities and to promote policy initiatives that contribute to community, school, and workplace wellness, which may include providing assistance to employers for wellness program grants, encouraging employers to promote employee engagement in healthy behaviors, and encouraging the appropriate use of the health care system; and

Whereas, According to the Institute of Medicine (IOM), Population Health is "the health outcomes of a group of individuals, including the distribution of such outcomes within the group" (Kindig and Stoddart, 2003) and while not a part of the definition itself, it is understood that such population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, and environmental factors; and

Whereas, the IOM Committee on Integrating Primary Care and Public Health developed a set of principles that they deem essential for successful integration of primary care and public health, now therefore be it

Resolved, that VMS work with the Vermont Department of Health, the Green Mountain Care Board, the American Academy of Pediatrics Vermont Chapter, American College of Physicians Vermont Chapter, the American College of Surgeons Vermont Chapter, the Vermont Academy of Family Physicians, the Vermont Psychiatric Association, other medical professional organizations and the SIM Grant Population Health Work Group to implement the set of principles developed by the IOM and based in current medical science:

1. A shared goal of population health improvement;
2. Community engagement in defining and addressing population health needs;
3. Aligned leadership;
4. Sustainability, including shared infrastructure; and
5. Sharing and collaborative use of data and analysis

(5)

OH&S
OCCUPATIONAL HEALTH & SAFETY

OSHA Launches Hospital Safety Website

Resources available on the site, www.osha.gov/hospitals, will dovetail with efforts hospitals already are making to prevent worker injuries from patient moving, slips and falls, needlesticks, and more.

- Jan 16, 2014

OSHA on Jan. 15 launched a new educational Web resource, http://www.osha.gov/hospitals, stocked with materials to help hospitals prevent worker injuries and improve their safety cultures. The agency's chief, Assistant Secretary Dr. David Michaels, was joined at a news conference by NIOSH Director Dr. John Howard; Dr. Lucian Leape, chairman of the Lucian Leape Institute at the National Patient Safety Foundation and an adjunct professor of health policy at the Harvard School of Public Health; and Dr. Erin S. DuPree, chief medical officer and vice president of the Joint Commission Center for Transforming Healthcare.

All three praised the newly available materials and said they will complement earnest improvement efforts hospitals already are using. Still, the U.S. hospital industry has one of the highest occupational injury rates among all industries, Leape noted. "The emphasis on patient safety has been on reducing errors and improving systems, and we've had a fair amount of success at doing that," he said. "But we've come to realize that one of the most important things we can do to make our hospitals safe for patients is to make them safe for our workers." Surveys show that at least half of U.S. hospitals' workers still don't feel their workplaces are safe, and it's been too common for hospital workers who make mistakes to be disciplined, rather than for the hospital administrators to address system issues that contribute to the mistakes, he added.

Injuries incurred through patient moving are a leading hazard for the industry. The site's materials include information for enhancing safe patient handling programs and implementing safety and health management systems, fact books, self-assessments, and best practice guides. "These new materials can help prevent hospital worker injuries and improve patient safety, while reducing costs," said Michaels. "The heart of these materials is real-life lessons from high-performing hospitals that have implemented best practices to reduce workplace injuries while also improving patient safety."

Michaels said workplace violence, slips and falls, exposures to dangerous drugs and chemicals, infectious diseases, and needlesticks are among the industry's other leading hazards, and in 2012, U.S. hospitals recorded almost 250,000 recordable injuries, almost 60,000 of which were lost-time cases.

DuPree cited a 2012 Joint Commission monograph developed in partnership with OSHA and titled "Improving Patient and Worker Safety." The new OSHA tools help to advance those goals, and they include a comparison of OSHA standards with the Joint Commission's, she said. "Underlying causes of worker injury are often causes of injury to patients, so the solutions need to be shared," DuPree said.

Developing management systems for worker and patient safety is the best way to prevent worker and patient injuries, "so it's certainly very much connected" to the Injury and Illness Prevention Programs rule that OSHA intends to propose at some later date, Michaels said. "This [new website] is not an enforcement initiative," he added. "This effort is taking the best practices that have been used successfully by hospitals all over the country and trying to disseminate them."

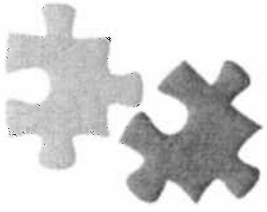
Public Citizen issued a statement applauding OSHA's move and saying it is "directly responsive to research produced by Public Citizen in conjunction with the American Nurses Association and the Service Employees International Union." They produced a 2013 report that showed health care workers suffer more injuries and illnesses on the job each year than workers in any other industry. "OSHA's program is an important first step because it gives employers and employees the tools needed to foster open discussions on how to lift patients safely in hospitals, nursing homes, and other health care facilities," said Keith Wrightson, a worker safety and health advocate for Public Citizen. "We look forward to the agency taking further measures to improve safety for the health care workers who are so frequently injured."

Worker Safety in Hospitals

Caring for our Caregivers

Did you know that a hospital is one of the most hazardous places to work? In 2011, U.S. hospitals recorded 253,700 work-related injuries and illnesses, a rate of 6.8 work-related injuries and illnesses for every 100 full-time employees. This is almost twice the rate for private industry as a whole.

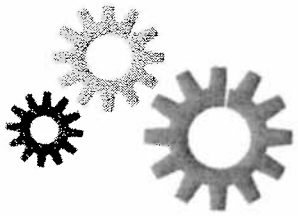
OSHA created a suite of resources to help hospitals assess workplace safety needs, implement safety and health management systems, and enhance their safe patient handling programs. Preventing worker injuries not only helps workers—it also helps patients and will save resources for hospitals. Download the overview* and explore the links below to learn more about the resources available.



Understanding the Problem

Hospitals are hazardous workplaces and face unique challenges that contribute to the risk of injury and illness.

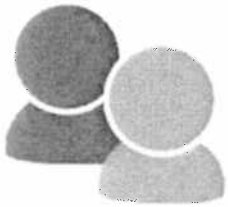
Learn More



Safety & Health Management Systems

A safety and health management system can help build a culture of safety, reduce injuries, and save money.

Learn More



Safe Patient Handling

Safe patient handling programs, policies, and equipment can help cost-effectively reduce the biggest cause of workplace injuries.

Learn More

Accessibility Assistance: Contact OSHA's Directorate of Standards and Guidance at (202) 693-1950 for assistance accessing DOC, EPS, GIF, MP4, PDF, PPT or XLS documents.

*These files are provided for downloading.

H-515.982 Violent Acts Against Physicians

Our AMA (1) condemns acts of violence against physicians involved in the legal practice of medicine; (2) will continue to take an active interest in the apprehension and prosecution of those persons committing assaults on physicians as a result of the physician's acting in a professional capacity; (3) will continue to monitor state legislative efforts on increased criminal penalties for assaults against health care providers; and (4) will continue to work with interested state and national medical specialty societies through all appropriate avenues, including state legislatures, when issues related to workplace violence inside and outside of the emergency department arise. (Res. 605, A-92; Reaffirmation I-99; Reaffirmed: CSAPH Rep. 1, A-09; Reaffirmed in lieu of Res. 608, A-12; Modified: BOT Rep. 2, I-12; Reaffirmed in lieu of Res. 423, A-13)

H-515.966 Violence and Abuse Prevention in the Healthcare Workplace

Our AMA encourages all healthcare facilities to adopt policies to reduce and prevent all forms of workplace violence and abuse and to develop policies to manage reported occurrences of workplace violence and abuse and will advocate that training courses on workplace violence prevention and reduction be more widely available. (Res. 424, I-98; Reaffirmation I-99; Reaffirmed: CSAPH Rep. 1, A-09; Modified: BOT Rep. 2, I-12; Reaffirmed in lieu of Res. 423, A-13)

E-9.0305 Physician Health and Wellness

To preserve the quality of their performance, physicians have a responsibility to maintain their health and wellness, construed broadly as preventing or treating acute or chronic diseases, including mental illness, disabilities, and occupational stress. When health or wellness is compromised, so may the safety and effectiveness of the medical care provided. When failing physical or mental health reaches the point of interfering with a physician's ability to engage safely in professional activities, the physician is said to be impaired.

In addition to maintaining healthy lifestyle habits, every physician should have a personal physician whose objectivity is not compromised. Physicians whose health or wellness is compromised should take measures to mitigate the problem, seek appropriate help as necessary, and engage in an honest self-assessment of their ability to continue practicing.

Those physicians caring for colleagues should not disclose without the physician-patient's consent any aspects of their medical care, except as required by law, by ethical and professional obligation (Opinion E-9.031), or when essential to protect patients from harm. Under such circumstances, only the minimum amount of information required by law or to preserve patient safety should be disclosed.

The medical profession has an obligation to ensure that its members are able to provide safe and effective care. This obligation is discharged by:

- promoting health and wellness among physicians; - supporting peers in identifying physicians in need of help; - intervening promptly when the health or wellness of a colleague appears to have become compromised, including the offer of encouragement, coverage or referral to a physician health program; -

establishing physician health programs that provide a supportive environment to maintain and restore health and wellness; - establishing mechanisms to assure that impaired physicians promptly cease practice; - assisting recovered colleagues when they resume patient care; - reporting impaired physicians who continue to practice, despite reasonable offers of assistance, to appropriate bodies as required by law and/or ethical obligations. This may entail reporting to the licensing authority. (I, II) Issued June 2004 based on the report "Physician Health and Wellness," adopted December 2003.

D-405.996 Physician Well-Being and Renewal

Our AMA will work with the Federation of State Physician Health Programs to establish and promulgate a networking resource/database and web site clearinghouse for Medical Staff Physician Health Committees or their equivalents in physician groups throughout the country, and to provide resources that will allow such committees to proactively initiate programs of wellness and illness prevention for physicians. (Res. 409, A-03; Reaffirmed: CSAPH Rep. 1, A-13)

D-405.990 Educating Physicians About Physician Health Programs

1) Our AMA will work closely with the Federation of State Physician Health Programs (FSPHP) to educate our members as to the availability and services of state physician health programs to continue to create opportunities to help ensure physicians and medical students are fully knowledgeable about the purpose of physician health programs and the relationship that exists between the physician health program and the licensing authority in their state or territory; 2) Our AMA will continue to collaborate with relevant organizations on activities that address physician health and wellness; 3) Our AMA will, in conjunction with the FSPHP, develop state legislative guidelines addressing the design and implementation of physician health programs; and 4) Our AMA will work with FSPHP to develop messaging for all Federation members to consider regarding elimination of stigmatization of mental illness and illness in general in physicians and physicians in training. (Res. 402, A-09; Modified: CSAPH Rep. 2, A-11; Reaffirmed in lieu of Res. 412, A-12; Appended: BOT action in response to referred for decision Res. 403, A-12)

H-405.961 Physician Health Programs

Our AMA affirms the importance of physician health and the need for ongoing education of all physicians and medical students regarding physician health and wellness. (CSAPH Rep. 2, A-11; Reaffirmed in lieu of Res. 412, A-12; Reaffirmed: BOT action in response to referred for decision Res. 403, A-12)

(6)

Maine Citizens AGAINST Handgun Violence

Our Mission

Maine Citizens Against Handgun Violence is a non-profit organization governed by and representing Mainers who are committed to preventing injuries and deaths caused by the excessive proliferation of firearms in our society.

February 3, 2014

Trigger Lock Giveaway to Create Safe Homes for Children

Maine Citizens is seeking funding and endorsement in support of a Trigger Lock Giveaway. We ask that you consider a tax-deductible contribution of $1000. Trigger locks ensure that homes are safer for the children of Maine.

Why the Health Community?

There is so much we can do in partnership with the Maine health community, that cannot be accomplished with the current legislature. We must take it upon ourselves to provide the children of Maine safer homes. The American Academy of Pediatrics recommends a gun-free home, but in the presence of firearms, they should be stored, unloaded, and locked. Fatal and non-fatal firearm injuries are a burden for hospitals.

According to the January 2014 report in the Official Journal of the American Academy of Pediatrics, 75% of hospitalizations in children under age ten categorized as unintentional injuries. *Firearms are the second leading cause of death among American children.*

We owe our community the support needed to effectively manage firearms in the home. Trigger locks are a cost-effective solution supported by both gun regulation and gun rights communities.

Description & Distribution

Every month, Maine Citizens receives requests from social service organizations to provide trigger locks. The trigger lock giveaway program, originally launched a decade ago, distributed more than 10,000 trigger locks across the state of Maine in partnership with local police departments. We plan to distribute locks with the support of pediatricians and health care providers. Doctors ask patients if there is a firearm in the home, or if they feel safe in their home and offering patients free trigger locks provides a tangible means of supporting their patients health needs.

The high level of gun ownership in Maine means that many children live in homes with guns. Most gun owners understand and practice safe storage of guns but as the news too often reminds us, childhood curiosity still

results in tragic accidents. Our program will help assure that no child is injured or killed because her parents could not afford a trigger lock. If we save a single life then we have succeeded.

We have secured volume discount quotes from retailers (Cabela's, True Value, etc.) and manufacturers, including DAC Technologies.

Geographic Area – Number of People Affected

The project will encompass the entire state of Maine. Social service organizations, local police departments, and the Sportsman's Alliance of Maine will distribute the trigger locks.

If granted the full amount, Maine Citizens will be able to distribute approximately 5,000 trigger locks, affecting at least 5,000 individuals and the members of their community.

Promotion

Maine Citizens will promote the program in three ways: 1) Paid advertising in *Uncle Henry's* (a widely distributed weekly catalog which Mainers frequent for firearm purchases); 2) Op-Eds, press releases, and PSA publications; 3) Social media (Facebook, Twitter) and e-mail campaigns. Sponsor names or logos will be included with information distributed regarding the program.

Maine Citizens is fortunate to receive considerable coverage from Maine-based newspapers due to the great relationships we have cultivated with journalists and editors over the past 15 years.

Time Frame

March 2014 - December 2014

Supporting Organizations
Maine Chapter, American Academy of Pediatrics

Supporting Data

Leventhal, John. *Hospitalizations Due to Firearm Injuries in Children and Adolescents.* Official Journal of the American Academy of Pediatrics. January 27, 2014. http://pediatrics.aappublications.org/content/early/2014/01/22/peds.2013-1809.full.pdf

CANDACE C. WALWORTH, M.D.
EDWARD Z. WALWORTH, M.D.

8 Manning Avenue Lewiston, Maine 04240

January 27, 2014

President and Board
Maine Medical Association
Manchester, Maine

Dear Doctors,

I write as a long-standing member of the MMA and its Public Health Committee and as a member of the board of Maine Citizens Against Handgun Violence. MCAHV is preparing to undertake a Trigger Lock Giveaway campaign later this year. This was done about ten years ago and was a success at the time.

Given the almost daily news about fatal firearm accidents, often involving children, the wider use of gunlocks would be a tangible preventive measure in combating the grim toll of such accidents. To achieve such measures through legislation at the state and national level is difficult at best,. A successful Trigger Lock Giveaway will set the stage for an MCAHV initiative to pass background check legislation in Maine next year, helping us deepen grassroots connections across Maine.

MCAHV plans to team up with hospitals and pediatricians and with law enforcement in this effort, which will also involve PSA's and press releases. We would appreciate the endorsement of the Maine Medical Association in this endeavor. Needless to say, financial backing would be welcomed as well.

I would be happy to discuss this matter further as needed and will also keep the Public Health Committee informed as well. Perhaps the PHC can endorse the effort as a prelude to action by the Board.

Sincerely yours,

Edward Z Walworth, MD FACS

CC: Gordon Smith ED and Jessa Barnard, MMA
Drs Lani Graham and Dan Oppenheim, Co-Chairs, PHC
Dr Robert McAfee, Past President MMA and AMA
Maine Chapter, American College of Surgeons
Maine Chapter, Physicians for Social Responsibility

Robert E. McAfee, MD
158 Clinton Street
Portland, ME 04103

January 28, 2014

Guy Raymond M.D.
President, Maine Medical Association
Manchester Maine

Dear Guy and Members of the Board<

I write to add my voice, old as it is, to my fellow members of the Maine Citizens Against Handgun Violence, is soliciting your support as individuals and as an organization that has historically championed issues of health and safety for all Maine citizens. We plan to undertake a Trigger Lock Giveaway campaign later this year. A successful effort by us ten years ago, now needs a new initiative.

It is amazing to me that firearms are sold without a mechanism to render them inoperative if those who are not aware enough or old enough to understand the personal responsibility needed to own one, accidentally pick one up. High quality lockable attachments can help to prevent the accidental discharge of that firearm, especially in the hands of young children.

This issue is well known to pediatricians, primary care physicians and others who routinely screen for violence in the home, the safe storage of firearms, etc. The American Medical Assn. was successful in joining the pediatricians of Florida in overturning the ban on any physician discussing with parents of children the need for safe storage of firearms in the home.

I hope that the Maine Medical Association will add its voice to this campaign. Its success depends on the financial support of organizations such as yours to directly increase the number of trigger locks we can provide . Thank you.

Sincerely,

Robert E. McAfee M.D.
Former President , Maine Medical Assn.

207 772-4792 (H) 207 772-5798 Phone/Fax (O) E-mail:rmcafee1@maine.rr.com

(7)

AMERICAN LUNG ASSOCIATION.
Fighting for Air

American Lung Association of the Northeast

LungNE.org
1-800-LUNG USA

OFFICES:

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45 Ash Street
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393 Maple Street
Springfield, MA 01105

New Hampshire
1800 Elm Street
Manchester, NH 03104

New York
155 Washington Ave., Suite 210
Albany, New York 12210

21 West 38th Street, 3rd Floor
New York, New York 10018

237 Mamaroneck Ave., Suite 205
White Plains, New York 10605

700 Veterans Memorial Highway
Hauppauge, New York 11788

1595 Elmwood Avenue
Rochester, New York 14620

Rhode Island
260 West Exchange Street
Suite 102B
Providence, RI 02903

Vermont
372 Hurricane Lane
Suite 101
Williston, VT 05495

February 26, 2014

Attention: Environmental Protection Agency
RE: Proposal for New Standards for New Wood Boilers and Furnaces

As health and medical organizations, we believe the Environmental Protection Agency should work to protect public health by finalizing and implementing strong standards for new wood-burning boilers, furnaces, and stoves. The Clean Air Act requires the EPA to review emissions standards for health harming sources of air pollution every eight years, yet the current standards were last established in 1988. In the 25 years that have passed since these standards were updated, we have learned that particles like those that make up wood smoke can be deadly. Emissions from wood-burning boilers, furnaces, and other similar high polluting devices include particulate matter, carbon monoxide, nitrogen oxides, volatile organic compounds, hazardous air pollutants and carcinogens. These pollutants are linked to a range of adverse health effects including asthma attacks and premature death. Improved technologies in use today can greatly reduce the harmful pollution from these devices. The American Lung Association and members of the Maine Healthy Air Coalition call on the EPA to adopt strong final standards that will protect communities from toxic air pollutants.

Sincerely,

American Lung Association of the Northeast

Newsroom

News Releases from Headquarters

EPA Proposes Updates to Air Standards for Newly Manufactured Woodstoves and Heaters/Updates would make the next generation of woodstoves and heaters significantly cleaner and more efficient

Release Date: 01/03/2014

Contact Information: Alison Davis, davis.alison@epa.gov, 919-541-7587, 202-564-4355

WASHINGTON – The U.S. Environmental Protection Agency (EPA) is proposing standards for the amount of air pollution that can be emitted by new woodstoves and heaters, beginning in 2015. The agency's proposal would make the next generation of stoves and heaters an estimated 80 percent cleaner than those manufactured today, leading to important air quality and public health improvements in communities across the country. The proposal would affect a variety of wood heaters manufactured beginning in 2015 and will not affect heaters and stoves already in use in homes or currently for sale today.

Smoke from residential wood heaters, which are used around the clock in some communities, can increase toxic air pollution, volatile organic compounds, carbon monoxide and soot, also known as particle pollution, to levels that pose serious health concerns. Particle pollution is linked to a wide range of serious health effects, including heart attacks, strokes and asthma attacks. In some areas, residential wood smoke makes up a significant portion of the fine particle pollution problem. EPA's proposal would work in concert with state and local programs to improve air quality in these communities.

The agency's proposal covers several types of new wood-fired heaters, including: woodstoves, fireplace inserts, indoor and outdoor wood boilers (also called hydronic heaters), forced air furnaces and masonry heaters. Many residential wood heaters already meet the first set of proposed standards, which would be phased in over five years to allow manufacturers time to adapt emission control technologies to their particular model lines. Today's proposal does not cover fireplaces, fire pits, pizza ovens, barbecues and chimineas.

When these standards are fully implemented, EPA estimates that for every dollar spent to comply with these standards, the American public will see between $118 and $267 in health benefits. Consumers will also see a monetary benefit from efficiency improvements in the new woodstoves, which use less wood to heat homes. The total health and economic benefits of the proposed standards are estimated to be at $1.8 to $2.4 billion annually.

EPA will take comment on the proposal for 90 days after it is published in the Federal Register. The agency will hold a public hearing Feb. 26, 2014 in Boston. EPA expects to issue a final rule in 2015.

For more information, visit:
http://www2.epa.gov/residential-wood-heaters

Last updated on Monday, February 10, 2014

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