

Maine medicine



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151st Annual Session

More than three hundred members and guests attended the MMA's Annual Session from September 10-12, 2004 at the Colony Hotel in Kennebunkport. The Association had not met at the Colony since 1973. The hotel staff was very accommodating, as was the weather. The meeting was presided over by out-going President Maroulla S. Gleaton who concluded a very successful year with addresses to attendees on Saturday morning and Saturday evening. Dr. Gleaton discussed highlights of the year including the Governor's Dirigo Health legislation. Entitled, "Medicine Rewired: Putting Technology into Practice," the CME program was well-attended and featured demonstrations of electronic medical information systems. Lawrence Mutty, M.D. of Castine was installed as President and Jacob Gerritsen M.D. of Camden was elected President-elect. Kevin Flanigan, M.D. of Pittsfield was elected Chairman of the Executive Committee. Dr. Mutty is a psychiatrist, Dr. Gerritsen is an internist, and Dr. Flanigan is an internist and pediatrician.

Governor John Baldacci spoke to guests on Friday evening after being introduced by Robert McAfee, M.D., Chairman of the Board of Dirigo Health. The Governor discussed the factors that led to introduction and implementation of Dirigo and answered questions from members that focused mostly on public health issues (primary seat-belt enforcement, motorcycle helmets, etc.), the environment, and professional liability reform. The Governor did pledge to work with MMA and its partners on liability reform and indicated his strong support for legislation allowing for primary enforcement of Maine's seat-belt law.

continued on page 2

Top to bottom: Lani Graham, M.D., MPH receives Special Recognition Award from President Gleaton, Middle left: Maroulla Gleaton, M.D., presents President's Award for Distinguished Service to Daniel Onion, M.D., Middle right: George Bostwick, M.D., 50-year pin recipient, Bottom: Richard Jennings, M.D., 50-year pin recipient and guest.



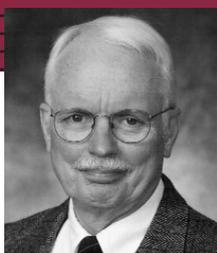
MMA/Penobscot County Medical Society Celebrate 150 Years of Medicine

At a gala event on the UMO campus on Saturday evening, September 18, 2004, nearly 200 physicians and friends gathered to celebrate the 150th anniversary of the Penobscot County Medical Society and the practice of medicine in northern and eastern Maine. Participants enjoyed a reception in the lobby of the Maine Center for the Arts on the Orono campus, dinner, a wonderful audio-visual program.

The program included 3 professionally-prepared video presentations on segments of the 150-year history of the society with narratives presented by MMA President Larry Mutty, M.D., MMA EVP Gordon Smith, and MMA and AMA Past President Bob McAfee, M.D. The following four physicians were honored for their life's work as

Sesquicentennial Physicians with commemorative plaques during the program:

- Fred J. "Doc" Pritham, M.D., a general practitioner from Greenville
- Robert MacBride, M.D., an OB/GYN from Lubec who practiced for 46 years
- Lawrence Cutler, M.D., from Bangor, first director of the University of Maine's health center and the first formerly trained internist in Eastern Maine
- George Wood, III, M.D., an internist from Brewer who later served at the UM health center and on the UM Board of Trustees



Lawrence B. Muttu, M.D.,
President, MMA

We recently celebrated the 150th anniversary of the Maine Medical Association founded in 1853 and of the Penobscot County Medical Society founded in 1854. Therefore, it is fitting that we reflect upon the history of those years in order to learn lessons that might guide us through the turbulent waters in which the profession finds itself today.

In the final hour of our well-attended annual meeting at Kennebunkport, we heard from Dr. Charles Alexander about the Medicine and Literature programs ongoing at several hospitals. Dr. Thomas Sullivan, immediate Past-President of the Massachusetts Medical Society, in addressing the very up-to-date topic of e-prescribing and the electronic medical record, quoted from his pocket edition of quotations by Sir William Osler. Osler himself, who was noted to be an ardent bibliophile and founder of medical libraries, often quoted from his bedside edition of the Elizabethan physician Sir Thomas Browne's "Religio Medici." He was also a fan of a contemporary physician and friend, Oliver Wendell Holmes, M.D.

At the Penobscot County Medical Association gala, we celebrated the lives and contributions of such founding physicians as Hosea Rich and those families in which several generations have practiced medicine in the area: the Prithams, Cutlers, Woodcocks, Shuberts, and others. We reflected upon the difficulties of practice in that era, the many arduous

miles in making rounds in the wilderness by horseback, canoe, sleigh, or foot. Travel was hazardous, treatments were few, and financial rewards meager.

In urban centers in America, Canada, and Europe in the 19th Century, there were remarkable developments as a result of work by such giants of our profession as Louis Pasteur, Rudolf Virchow, Robert Koch, Joseph Lister, William Halsted, and William Osler. Our forebearers in Northern and Eastern Maine strove to learn of these scientific developments through their medical association and apply them to the treatment of their patients in this often inhospitable climate and terrain. But at the same time, they needed, by reading and reflecting upon humanitarian literature, to sustain themselves and their personal equilibria. As they were buffeted by the winds of change, the vicissitudes of medical practice, and the ordinary slings and arrows of day-to-day living, they required some spiritual inspiration, or moral compass like that on our association seal, pointing to a pole star of truth and justice.

And so, as we adopt the very latest in high technology for the betterment of our patients, let us not neglect to refresh our spirits by reading again some of the many medical biographers and essayists, like William Osler, Harvey Cushing, Oliver Wendell Holmes, Albert Schweitzer, Rene Dubos, and contemporaries such as Lewis Thomas. The intellectual life you save will be your own.

Any thoughts, comments or questions can be directed to me, Lawrence Muttu, M.D., by calling 207-326-4637, faxing 207-326-8352, or emailing lmuttu@verizon.net.

151st Annual Session...continued from page 1

Congressman Tom Allen spoke on Saturday morning prior to the opening of the General Membership Session. Congressman Allen spoke of his work on the House Energy and Commerce Committee which has jurisdiction over many health programs. He also touched on liability reform and expressed his strong support for Maine's pre-litigation screening panels.

At the General Membership Session, members considered eight resolutions and some significant amendments to the MMA Constitution and Bylaws. Seven of the eight Resolutions were passed and can be viewed on the MMA website at www.mainemed.com (on the homepage, under NEW). All of the resolutions presented by the Public Health Committee were passed, although some were amended. Resolution 2 regarding a campaign for liability reform was also passed, but amended to require funding from voluntary contributions rather than from the Association's reserves. Resolution 1 regarding Medicaid was defeated. The language of the amended Resolutions will be placed on the website.

The most notable constitutional amendment involved "de-linking" MMA membership from the county medical societies. For a long time, perhaps since 1853 when MMA was established, it has been a requirement of membership that the physician also belong to the local county medical society. Approximately ten years ago, MMA began permitting "direct" membership, without going through the county, in certain unique circumstances. The Committee on Constitution and Bylaws, with Executive Committee support, presented an amendment last year, to be voted upon this year, that would permit direct membership into MMA without applying for county membership. The amendment passed without debate.

At the meeting, MMA EVP Gordon Smith announced that it was the Association's intention to still bill for county dues, if requested by the county, but that the county dues would be optional on the MMA invoice. In the alternative, county societies can bill for their own dues.

Receiving special awards at the Annual Dinner on Saturday evening were Lani Graham, M.D., MPH (Special Recognition Award), Cynthia DeSoi, M.D. (Mary Floyd Cushman Humanitarian Award), and Daniel Onion, M.D., MPH (President's Award for Distinguished Service).



Top left: UNE Medical Student John Agresta and wife with MMA EVP Gordon Smith, **Top right:** From left, Anne McHugh, Edward Walworth, M.D., and Charles "Tom" McHugh, M.D., **Bottom left:** Robert McAfee, M.D. with Patricia Bergeron, **Bottom right:** From left, Joanna Strassberg, David McDermott, M.D., and Kevin Flanigan, M.D.





Maroulla Gleaton, M.D.
Immediate Past President, MMA

Final Words from the MMA Past President

By Maroulla Gleaton, MD, MMA Immediate Past President

Dirigo Health Initiative (First of two parts)

The Dirigo Health initiative has kept many Maine Medical Association physicians busy this year. Between these physicians sitting on the five various boards, commissions, and advisory councils, and our able staff who attended all the meetings, the year flew by. Two years ago as President-Elect I was asked by the Executive Committee to represent the MMA on the Health Action Team (HAT) appointed by the Governor to help develop his health reform plan. This came about because I chaired our Ad Hoc Committee for Health System Reform which resulted in a white paper that proposed compulsory health insurance similar to auto insurance for all Maine citizens with subsidies for Mainers who could not afford it. The basic insurance we advocated was oriented towards coverage for preventative services and primary care – aimed at keeping people healthy rather than paying for expensive care later on in life. The Health Action Team was charged to give input and constructive criticism about healthcare reform. It was out of the work of the HAT, the Governor's Office of Health Policy & Finance (GOHPF), and the Governor's own vision, that the Dirigo initiative was born. I ended up chairing a subcommittee on cost containment and felt like I was back in college reading about medical policy, CON, global budgets, and rate regulation.

Because Dirigo has absorbed the major part of my two years in leadership and it is our main initiative in health reform, I believe it deserves some special attention. Firstly, it is a public-private initiative which is unique, and may be the final attempt to salvage an employer-based health care system as more consumers and even physicians call for a single payer system. Ambitiously, the goal is to insure 31,000 currently uninsured Mainers starting in January 2005 and eventually covering all of Maine's 130,000 uninsured. Let me highlight the various boards, commissions, and councils:

The Dirigo Board chaired by Dr. Robert McAfee has negotiated successfully with Anthem despite the convolutions of state bureaucratic idiosyncrasies. The product, DirigoChoice, was unveiled a few weeks ago. Many of the uninsured will be brought in under the expansion of MaineCare. This will affect primarily parents of children already in MaineCare. Employees of small businesses (less than 50) are the target. Employers will pay 60% of the premium and workers will pay the other 40% with subsidies if they have incomes up to 300% of federal poverty level (\$27,900 for an individual, \$56,550 for a family of four, and \$95,000 for a family of eight). People with the lowest income may receive nearly free care. Insurance must be offered to the entire family but the employer is under no obligation to pay beyond the 60% for individual coverage.

The monthly premium for an individual is \$310 with a deductible of \$1,250 or \$287 with a deductible of \$1,750. Family plans are \$930 or \$860 respectively, with the same deductibles. There are no referrals necessary with the DirigoChoice plan, which lessens the paperwork burden for physicians and patients.

A really innovative and extremely important component of DirigoChoice is its 100% preventative care coverage, including annual exams, well-child visits, smoking cessation, mental health parity (meaning the same level of care for most mental illnesses as that offered for other acute illnesses), and wellness programs. Interestingly, DirigoChoice members also are given a \$100 bonus if they meet with their primary care physicians and go over a plan to improve their health.

So, how is the plan going to be paid for?

to be continued in the November/December Maine Medicine.

Upcoming Specialty Society Meetings

NOVEMBER 13, 2004 *Augusta Civic Center - Augusta, ME*
Maine Chapter, American Academy of Pediatrics Fall Conference
Contact: Alex Hildebrand 877-879-1509 or alexh@maine.rr.com

DECEMBER 1, 2004 *Location: TBA*
Maine Chapter, American College of Emergency Physicians Meeting
MMA Contact: Anna Bragdon 207-622-3374 or abragdon@mainemed.com

FEBRUARY 4-6, 2005 *The Grand Summit Hotel - Sugarloaf, USA*
Maine Urological Association Meeting
MMA Contact: Ann Verrill 207-622-3374 or averrill@mainemed.com

FEBRUARY 12-13, 2005 *Sugarloaf, USA*
Maine Society of Anesthesiologists Meeting
MMA Contact: Anna Bragdon 207-622-3374 or abragdon@mainemed.com

MARCH 4-6, 2005 *Sugarloaf Inn - Sugarloaf, USA*
Maine Chapter, American College of Obstetricians and Gynecologists Meeting
MMA Contact: Ann Verrill 207-622-3374 or averrill@mainemed.com

MARCH 4-6, 2005 *Mt. Washington Hotel - Bretton Woods, NH*
Maine and New Hampshire Radiological Society Meeting
MMA Contact: Warene Eldridge 207-622-3374 or weldridge@mainemed.com

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Newest Corporate
Affiliates:**

**Chrysalis Health
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Merrill Lynch
Sanofi-Synthelabo, Inc.**

*We appreciate their
support!*

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the web
at www.mainemed.com

UPCOMING AT MMA

OCTOBER 13, 2004
3:00pm – 4:30pm
Maine Otolaryngology Society

OCTOBER 14, 2004
5:30pm
Maine Psychiatric Association,
Executive Council

OCTOBER 20, 2004
2:00pm – 5:00pm
MMA Executive Committee

OCTOBER 21, 2004
9:30am – 4:30pm
Home Care Alliance

2:00pm – 4:00pm
CME Committee Meeting

NOVEMBER 2, 2004
1:30pm – 3:00pm
Stop Stroke

NOVEMBER 3, 2004
1:00pm – 5:00pm
MMA CME: *Best of 2004
Physician Survival Seminar
Dana Center, Portland*

NOVEMBER 8, 2004
5:30pm – 9:00pm
Committee on Physician Health

NOVEMBER 16, 2004
9:00am – 1:00pm
Maine Center for Public Health

NOVEMBER 17, 2004
9:00am – 12:00pm
MMA CME: *HIPAA Update,
Privacy & Security*

2:00pm – 5:00pm
MMA Executive Committee

DECEMBER 2, 2004
12:00pm – 4:00pm
Home Care Alliance

DECEMBER 7, 2004
1:30pm – 3:00pm
Stop Stroke

DECEMBER 16, 2004
5:30pm
Maine Psychiatric Association,
Executive Council

Information on Prescribing for Controlled Substances by Physician Assistants and Nurses in Advanced Practice

By Noel J. Genova, MA, PA-C, President-Elect, Downeast Association of Physician Assistants

As a primary care PA, I am occasionally asked by local specialty physicians to take over prescribing of stable, shared patients' Schedule II medications. Examples include stimulants to treat ADD, or opiates to treat chronic pain. These physicians are surprised when I tell them that I cannot write Schedule II prescriptions. The confusion arises because of differences in rules for NPs and CNMs, and PAs, and even differences in privileges within the professions. Our shared patients deserve accessible care, delivered with an understanding of these rules.

PAs and their supervising physicians (if MDs) must petition the Board of Licensure in Medicine (BOLIM), on the appropriate form, for Schedule II prescribing privileges. The relevant rules, and the form, are available on the BOLIM's website at www.docboard.org. (PA/DO teams should check with the Osteopathic Board.) Questions may be directed to Dan Sprague, Assistant Executive Director, at 207-287-6930. His e-mail address is dan.sprague@maine.gov.

To date, five Physician/PA teams have been granted Schedule II prescribing privileges. The PA must demonstrate adequate training and continuing education on the medications used, and the disorders for which the medications are prescribed.

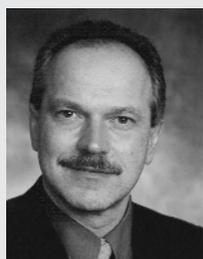
Unlike PAs, whose practice is regulated by either the BOLIM or the Board of Osteopathic

Licensure, NPs and CNMs derive their prescribing privileges from the State Board of Nursing. NPs or CNMs practicing under delegation from physicians licensed by the BOLIM *may not* prescribe Schedule II medications. NPs or CNMs who *are not* practicing under physician delegation *may* prescribe Schedule II medications as long as the following requirements are met:

- The NP or CNM must be approved to practice as an advance practice registered nurse by the Maine State Board of Nursing.
- The bylaws of some institutions require that employed NPs and CNMs practice under physician delegation, and not as independently licensed providers. Physicians with questions on this issue should contact the Board of Medicine or the Maine Medical Association. NPs or CNMs with questions should contact the Board of Nursing.
- The NP or CNM must practice within her/his scope of practice, as approved by the Board of Nursing.
- The NP or CNM must have obtained a DEA number covering Schedule II prescriptions from DEA.

A word of caution regarding DEA approval to prescribe Schedule II medications—prescribing authority derives from state authority, not DEA authority. Therefore, whether the prescriber is a PA, NP, or CNM, simply obtaining DEA approval to prescribe Schedule II medications is necessary, but *not sufficient*, for initiating writing of these prescriptions.

Thanks to Dan Sprague, and to Virginia deLorimier, Assistant Executive Director of the Maine State Board of Nursing, for their help with this article. Mr. Sprague's contact information is listed above. Ms. deLorimier can be contacted at 207-287-1147, or 1133. Her e-mail address is Virginia.e.delorimier@maine.gov.



Gordon Smith, Esq.

Annual Report

By Gordon Smith, Esq., Executive Vice President
September 11, 2004

As I complete my 25th year of association with the Maine Medical Association, I look back at the past 12 months of accomplishments and look ahead to another year of challenges and opportunities. Certainly the challenges to physicians and to organized medicine are significant, but when put in perspective, are both manageable and achievable. However, it will take considerable effort, political will,

and patience to improve the current practice environment in Maine.

Dr. Maroulla Gleaton has led the MMA very ably during the past year. Her dedication, professionalism, and positive attitude have been an inspiration to staff and volunteers alike. Drs. Mutty and Gerritsen similarly have contributed significantly to the year's successes. A few of the highlights are as follows:

- A successful Sesquicentennial Gala was held in Portland on November 8, 2003 with more than 450 guests in attendance for an unforgettable evening. The presence of the AMA Board of Trustees was a special honor.
- A successful legislative session, culminating in defeating legislation with the potential of allowing psychologists to prescribe and restoring proposed cuts to MaineCare.
- Continued growth in our weekly e-newsletter, *Maine Medicine Weekly Update*.
- Restoration of proposed reductions in federal Medicare reimbursement.
- Growth in membership for the tenth straight year.
- Successful educational programs (Physician Survival Seminars).
- Intense monitoring of implementation of the provisions of the Dirigo Health legislation.
- Continued operation of the Coding Center, owned in partnership with the New Hampshire and Vermont Medical Societies.
- Strengthening of our Committee on Physician Health, under the leadership of Clinical Director David Simmons, MD and Committee Chair Thomas McDermott, MD.
- Continued strong advocacy for public health, including protecting the Fund for a Healthy Maine.

I will not, in this report, duplicate the information that Dr. Pope and Mr. MacLean have provided in their Legislative Report but I do wish to acknowledge the efforts of both Andrew and Anna Bragdon in leading our advocacy team. We are fortunate to have them. I am proud of all of our staff of 14 dedicated individuals. We have assembled a strong team to serve the needs of our members and I am indebted to them for their efforts. In June, Mr. MacLean's position was upgraded to the equivalent of a deputy EVP level. It was a well-deserved promotion.

Membership and revenue continue to be issues. We cling to a market share of slightly more than fifty percent of practicing physicians. This is simply unacceptable. MMA provides real value for the dues charged and we must do a better job of communicating and marketing to non-members. The Committee on Membership and Member Benefits, under the able leadership of

Kevin Flanigan, MD, continues to work diligently on the issue. We also continue to expand our member benefits with group dental coverage being the latest addition.

We continue to provide administrative services to a number of medical specialties, with gastroenterology being the latest group to contract with MMA to provide administrative services. The gastroenterologists join physicians in internal medicine, radiology, psychiatry, emergency medicine, anesthesiology, ophthalmology, orthopaedic surgery, ob-gyn, and urology, all of whose state organizations contract with MMA to administer their state specialty societies. We also have expanded our services to medical staffs.

We are also committed to improve both the quantity and quality of our educational offerings. Our members tell us they need more information and skills in practice management, technology, disease management, and several other fields. We hope to offer at least one program per month in 2005, in a wide variety of locations.

The 2004 MMA budget has been a challenge, and we are likely to have a small budget deficit again this year. We are fortunate to have a substantial reserve, but the Executive Committee and the Budget and Investment Committee are very committed to a positive bottom line in the future. We are working on a very conservative 2005 budget, with no salary increases in order to assist in expenses in line with income.

Most of the issues facing our members are economic, and the economic viability of private practice, especially in primary care, is clearly at risk. Low MaineCare reimbursement combined with increased enrollment and increased administrative burdens (Preferred Drug List being the most extreme example), reduced Medicare reimbursement, increased liability premiums, and other expenses continue to be challenges to our members. MMA will continue to advocate for our member's economic interests, as patients can only be well served if there are healthy physicians to treat them.

2005 will be an important year for Dirigo Health and we will continue to report regularly to the membership on the various Dirigo initiatives. MMA is supportive of the attempt to provide an affordable health insurance product to the uninsured. The recommendations of the Commission to Study Maine's Hospitals will be of wide interest to physicians and MMA will need to adopt an approach to these yet-to-be released recommendations. We will also be vigilant with respect to the work of the Maine Quality Forum, the Health Systems Development Advisory Council, and the task force studying the medical care provided to our veterans.

We will continue our outreach to group practices, medical staffs, and specialty societies. We were delighted to welcome the hospital-employed practices at Mount Desert Island Hospital and Calais Regional Hospital into our group membership plan this year. We are currently in negotiations with Martin's Point Health Care to increase membership within that group. We will continue to be the largest and most visible physician organization in the state.

Dirigo Health, liability reform, MaineCare reform, the Medicare Modernization Act, hospital governance, and numerous other legislative and public policy issues will be our focus in 2005. With your help, we will be successful in representing our members well and in providing a positive climate for medical practice in Maine.

I thank Dr. Gleaton, the Executive Committee, and all the members for giving me this incomparable opportunity to work for this venerable organization. I was proud to be part of its 150th anniversary; I hope to make it to the 175th.





Laurie Desjardins, CPC

Medicare and "Incident to" Services

"Incident to" services, definition to follow, are under the increased scrutiny of CMS, from the Office of the Inspector General (OIG) down to NHIC, our local Part B Carrier. These services apply only to office services, place of service 11, where someone other than a physician is providing care based upon the care plan of a physician/practitioner.

"Incident to" services are defined by Medicare as the services or supplies that are furnished as an integral although incidental part of the physician's professional services. (See the Medicare Benefit Policy Manual (pub 100-2), Chapter 15, Covered Medical and Other Health Services, Subsection 60, Service and Supplies: www.cms.hhs.gov/manuals/102_policy/bp102c15.pdf).

Okay, so what on earth does that mean?

"Physician" in this context includes a physician assistant, nurse practitioner, clinical nurse specialist, nurse midwife, and clinical psychologist. Direct supervision may be provided by any of these providers. (Note: the service must be billed under the identification number of the practitioner who provided the direct supervision.)

Well, there are key elements that must be met in order for a service to qualify for "incident to" billing:

- An integral part of the physician's plan of care
 - Part of the normal course of treatment
 - Physician personally performed initial care and orders for on-going care
- Requires on-going physician involvement
 - This is not clearly defined but it would be expected that the patient would be seen with greater or lesser regularity depending upon the stability of his or her condition
- Direct personal supervision by the physician
 - That means someone, either the ordering physician or member of the group, must be in the office suite AND immediately available if needed.
- Commonly performed in the office, not in an institutional setting
- *Normally provided at no charge – still not sure about this one but it is directly from Medicare*
- Something that you pay for
 - The person providing the service would be a direct expense to the practice
 - Supplies provided are paid for by you

Why care? Reimbursement, of course!

Non-Physician Practitioners

If a non-physician practitioner provides care following the guidelines above Medicare will reimburse for these services at 100% rather than the 85% normally paid for the services when rendered under the individual's provider identification number. "Incident to" services must be billed under the supervising physician's identification number. The services may not be for a new patient or new problem.

Ancillary Personnel

Nurses, Medical Assistants, or other trained person may also perform "incident to" services, such as immunizations, injections, or brief evaluation and management services, 99211. For a full discussion of these services, please see "**When can we use the 99211 Level I evaluation and management code?**" in the articles folder on our website www.thecodingcenter.org.

How do you document "incident to" services?

You must document that the patient is being seen per the physician's orders. The service, of course, must be documented. And there must be documentation of who provided the direct supervision.

Example: patient seen today in follow-up for diabetes per Dr. Smith's orders supervised today by Dr. Jones. A SOAP note is documented, signed by the NP, and co-signed by Dr. Jones.

Remember that not all services follow the "incident to" rules. Flu shots, lab tests, x-ray's, and EKG's are examples; these services have their own guidelines.

For more information, from the horse's mouth, please reference the article on the "Incident to" at the MedLearn Matters website: <http://www.cms.hhs.gov/medlearn/matters/mmarticles/2004/SE0441.pdf>.

2005 Diagnosis Codes Effective for All October 1, 2004

There will be no grace period for the new ICD-9-CM codes when they go into effect on October 1st this year. That means you have to be prepared to code with the new diagnosis codes for dates of service starting 10/01/04 and may not use deleted codes after that date.

To download the new codes and deletions go to the Center for Disease Control's National Center for Health Statistics at <http://www.cdc.gov/nchs/datawh/ftp/ftp9/ftp9.htm> page down to the "Addenda" heading, and select the "Tabular Addenda" for a list of additions and deletions in code order.

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Information in this newsletter is intended to provide information and guidance, not legal advice.

Since exact language and definitions of key terms are critical to understanding the requirements of legislation, rules or laws, we encourage you to read each carefully. Articles submitted to [Maine Medicine](#) represent the views of the author only and do not necessarily represent MMA policy.



By Laurie Desjardins, CPC, Coding/Reimbursement Specialist
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Andrew MacLean, Esq.

MMA Developing Legislative Agenda for 122nd Maine Legislature This Fall

The MMA's Legislative Committee, chaired by Katherine S. Pope, M.D., is scheduled to meet twice this fall to decide upon issues for which the MMA will seek a legislative solution in the new state legislature that will be seated in January 2005. The MMA, Maine Osteopathic

Association, Maine Hospital Association, and Medical Mutual Insurance Company of Maine recently have founded the Coalition for Healthcare Access and Liability Reform to educate the public and state officials about the current malpractice insurance market in Maine and the need to maintain a rational and stable tort system in our state. If you have issues you would like the MMA to consider addressing through legislation, please let us know.

There remains just over a month left in the 2004 election season. If you have not done so already, the MMA and the MMA's political action committee, the *Maine Physicians Action Fund*, encourage you to introduce yourself to the candidates for the 122nd Maine Legislature and to offer yourself as a resource on health care issues. You can find candidate information on the 2004 elections at the Secretary of State's web site: <http://www.maine.gov/sos/cec/elec/2004elec.htm>.

The MMA's Legislative Committee plans to meet once in October and then once in late November or early December to prepare a legislative agenda for the 122nd Maine Legislature that will conduct its work from January 2005 to April 2006. The Legislative Committee will coordinate closely with the newly-established *Coalition for Healthcare Access and Liability Reform* chaired by Lee Thibodeau, M.D., a neurosurgeon practicing in South Portland, to ensure complementary efforts. Any specialty society leader or individual physician member is welcome to suggest issues that the Committee may consider addressing through legislation. You may contact Andrew MacLean with your ideas.

At the MMA's 151st Annual Session in Kennebunkport in early September, Dr. Pope presented the following annual report:

2004 ANNUAL REPORT OF THE COMMITTEE ON LEGISLATION

By Katherine S. Pope, M.D., Chair

The Maine Medical Association Committee on Legislation once again took a leadership role among health care organizations in the development of health care policy in Maine during the Second Regular & First Special Sessions of the 121st Maine Legislature. Maine's 186 lawmakers were working at the State House in Augusta from early January through the last day of April -- later than usual as the Legislature attempted to resolve partisan differences on the contentious property tax relief issue and a proposed bond package.

In 2004, the MMA faced no issues as significant as 2003's Dirigo Health Plan legislation (L.D. 1611), but organized medicine in Maine did deflect an effort to move towards prescriptive authority for psychologists (L.D. 1713), avoid direct cuts to MaineCare physician reimbursement and the *Fund for a Healthy Maine* in two supplemental budgets (L.D. 1828 and L.D. 1919), ensure a prominent role for public health in the merger of DHS and DBDS

(L.D. 1913), and enact a bill to initiate a prescription drug disposal system in our state (L.D. 1826). While we were disappointed that the Legislature passed and the Governor signed a bill to expand the scope of practice of acupuncturists to include a variety of unproven techniques known as "oriental medicine (L.D. 263)," it was important for the MMA to take a stand for evidence-based medicine. Implementation of Governor Baldacci's Dirigo health care access, quality improvement, and cost containment initiatives continues in the regulatory arena under the guidance of the Governor's Office of Health Policy & Finance, the Dirigo Health Board of Directors chaired by Robert McAfee, M.D., and the four other commissions established in the Dirigo legislation.

I would like to thank all the MMA members who contributed to our advocacy activities this year -- Legislative Committee members, participants in our weekly conference calls to determine positions on bills, those who served as "Doctor of the Day" at the State House, witnesses at legislative public hearings, and contributors to the *Maine Physicians Action Fund*, the MMA's affiliated political action committee. All of you made substantial contributions to a successful year of advocacy for physicians and patients in the Maine legislature and executive branch agencies. Also, I would like to thank the MMA's government affairs staff for their excellent work during the past year.

The Legislative Committee met 5 times since the last annual session, once in late 2003 to assess the coming session and the likely bill requests and then monthly from January through April 2004. The Committee held conference calls to review and take positions on bills each week it did not meet in person. During the two-year session, the MMA submitted or was involved in the submission of 9 bills. Bills addressing the RPC bed capacity situation, managed care reimbursement and contracting issues, liability protection for volunteers responding the public health threats, "timely credentialing" by insurance carriers, and extra-territorial application of the women's health care insurance mandates all yielded successful results. In order to protect the medical malpractice screening panels and our other tort reforms from attack, we agreed not to pursue a cap on non-economic damages. We addressed an issue with the Maine Insurance Guaranty Association without the need for legislation. Finally, we simply were not able to muster sufficient interest among legislators in clarifying the billing of nurse practitioner services "incident to" the physician under Maine law or in enacting a mandated insurance benefit for infertility treatment. In addition to the MMA's legislative agenda, the Committee tracked more than 300 bills of interest to Maine physicians and patients. For more information about the MMA's advocacy work during the two years of the 121st Maine Legislature, please see the comprehensive summary of health care legislation in your meeting binder.

During the legislative session, the MMA publishes by e-mail, a weekly legislative update called "Political Pulse." To subscribe, go to www.mainemed.com and visit the Legislative and Regulatory Advocacy section of the site. You will find more information about the 121st Maine Legislature on the web at <http://janus.state.me.us/legis>. You can view the text of adopted legislation through the Public Law (P.L.) citation by going to "Constitution, Statutes & Laws" then "Session Laws of the State of Maine" and finally "Laws of Maine as Enacted by the 121st Legislature."

The MMA welcomes your participation in our legislative advocacy activities. For more information, contact Andrew MacLean, General Counsel & Director of Governmental Affairs at amaclean@mainemed.com.

Public Health Corner

SAVE THE DATE

It Could Happen Here: Lessons Learned from the SARS Experience

December 7, 2004 from 8:30 am to 4:00 pm, Augusta Civic Center

Keynote speakers: Health Professionals from Toronto who dealt with SARS firsthand

Sponsored by: Maine Bureau of Health and Maine Center for Public Health

For more information: email abragdon@mainemed.com

Ethics Note: Physicians' Political Communications

As Election Day 2004 approaches, our awareness of the political campaigns has reached its height and we become involved in political discussions more frequently. You may feel like talking to your patients or posting something in your office on the medical liability situation or the Medicare payment formula. How do you determine what is appropriate? The AMA Code of Medical Ethics provides some guidance in Opinion 9.012, *Physicians' Political Communications with Patients and Their Families*. You can view the ethics opinions on the AMA web site at http://www.ama-assn.org/apps/pf_online/pf_online. Go to "Ethical Opinions" and then "E-9.00, Opinions on Professional Rights and Responsibilities."



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