



Maine Medicine

a quarterly publication of the Maine Medical Association

Maine Medical Association Mission »

- » **SUPPORT** Maine physicians,
- » **ADVANCE** the quality of medicine in Maine,
- » **PROMOTE** the health of all Maine citizens.

Visit us online: www.mainemed.com

JOIN YOUR COLLEAGUES AT MMA ANNUAL SESSION

MMA's 162nd Annual Session will be held at the Harborside Hotel in Bar Harbor September 11-13, 2015. The theme for the meeting is "Advocating for the Profession" and three hours of CME will be available on Saturday, September 12. The weekend session begins with an informal reception Friday evening followed by an opportunity to join colleagues at one of the many fine restaurants in the area. Saturday morning begins with the annual business meeting where the yearly business of the Association is conducted including elections and approval of a budget for the following calendar year. Following the business meeting, a panel of medical society executives will discuss challenges facing organized medicine. A keynote presentation will close out the morning. The afternoon is free time allowing members and guests to enjoy Acadia National Park or other amenities on Mt. Desert Island.

Saturday evening will feature the annual banquet during which the Mary Cushman Award, the President's Award for Distinguished Service, and a media award will be presented. A traditional highlight will continue with the presentation of 50-year pins to those members celebrating their 50th anniversary of their medical school graduation. MMA President Lisa Ryan, D.O. will conclude her year as President and pass the President's gavel to in-coming President Brian Pierce, M.D.

Sunday morning begins with the 26th Annual Road Race (approximately 3 miles) and concludes with an acclaimed presentation on whales (The Amazing World of Whales and Sound) by Sean Todd, B.Sc, M.Sc., PhD.

Registration materials have been mailed to each MMA member and are also available on the MMA website at www.mainemed.com. We hope to see you in Bar Harbor!

LEGISLATIVE UPDATE »

By **Andrew MacLean, Esq.,**
Deputy Executive Vice President,
Maine Medical Association

**127th Maine Legislature Adjourns
First Regular Session *Sine Die*;
Governor and Legislature
Remain at Impasse Over the
Executive's Veto Rights**



The 127th Maine Legislature adjourned its First Regular Session *sine die* (literally "without day," having not set specific date to return) in the late afternoon on Thursday, July 16, 2015 – just about a month after the statutory or scheduled adjournment

date of June 17th. The Governor has issued a record number of vetoes, including 65 on the final day which the Legislature refused to consider. Governor LePage will ask the Maine Supreme Judicial Court to resolve the dispute. A delegation of legislators failed in its effort to deliver to the Governor an invitation for the traditional farewell address to legislators. Maine's 186 legislators will return to the State House for their Second Regular Session on the first Wednesday after New Year's Day 2016. The MMA thanks Amy Madden, M.D. for her dedicated leadership of the Legislative Committee this session and also thanks all members who participated in the weekly conference calls, served as Doctor of the Day, or testified before a legislative committee. The Committee will schedule an organizational meeting for the 2016 session in late November or early December 2015 – look for a notice in the Maine Medicine Weekly Update after Labor Day!

The contentious 2015 legislative session concluded with passage of the \$6.2 billion SFY 2016-2017 biennial budget when the Republican Maine Senate and Democratic Maine House each overrode the Governor's veto by wide margins (LD 1019). Governor LePage vetoed a record number of bills, including the disputed 65 on the final day. Despite a difficult political environment of divided government, the MMA achieved mostly positive results through its legislative advocacy work, including maintenance of the ACA primary care fee increase or "bump" and avoidance of significant cuts in public health and hospital funding in the biennial budget.

Because of the political environment, MMA's legislative advocacy was largely defensive, but several key bills from the MMA's legislative agenda enacted this session included those addressing concerns with child abuse reporting standards (LD 483), ensuring that an unlicensed physician may use "M.D." to represent an earned degree (LD 834), and eliminating the dual licensing of physician assistants (LD 830).

The MMA continued its important role as a member of the Steering Committee of the *Cover Maine Now* coalition (www.covermainenow.org) advocating the acceptance of federal funds available under the *Affordable Care Act* ("ACA") to provide health care coverage for approximately 70,000 needy Mainers. While the legislature rejected three bills on this topic this spring, it did carry over to the 2016 session LD 633 as an option. The MMA also engaged in other aspects of the health care reform debate, including further implementation of the ACA in Maine and

Continued on Page 6



Photos continued on Page 3

How many of these runners can you identify from the Annual Road Race in the early 90's at the Balsams?



Past Presidents Kevin Flanigan, M.D. (left) and Thomas Hayward, M.D.



Krishna Bhatta, M.D. presents President's gavel to Maroulla Gleaton, M.D., 2003.

**MaineCare Medical Director Kevin Flanigan, M.D.
Named to New Position in CA**

MaineCare Medical Director and former MMA President Kevin Flanigan, M.D. has accepted a position as Chief Medical Officer and Chief Operating Officer of Northern Inyo County Hospital in Bishop, California. His last day at MaineCare will be August 14.

Dr. Flanigan has served as the Medical Director of MaineCare for the past four and one-half years following a career primarily in private practice as a med-peds physician. During this time he was responsible for the implementation of legislatively established limits on opiate medication which resulted in a 43% decrease in

the amount of opiate-based medication prescribed to MaineCare recipients. He is a former MMA President and continued to serve as chair of the MMA Committee on Finance. He will be greatly missed by his many friends and colleagues at MMA and at MaineCare.

Since moving to Maine from Virginia over twenty years ago, Dr. Flanigan has resided in Pittsfield with his wife Kelly, a CRNA and three children.

We wish Kevin and his family only the best as he moves across the country in August to assume his new position.



After a very cold and long winter, summer is finally here. I hope everyone is getting the opportunity to enjoy another amazing season in Maine and one we've waited a long time for! It is hard for me to believe that I only have a few months left in my Presidency year. The time has truly

flown by and it has been a busy and rewarding year. As I think about the past 10 months, I wanted to share some of my thoughts about what the MMA has been doing.

On a national level, the repeal of SGR has been a long awaited success after 17 patches over years. Gordon Smith and I had the chance to voice our concerns about the SGR at the AMA Advocacy Summit in February. Our Maine legislators in Washington shared similar concerns of Maine providers and when we were concerned that yet another patch would hold us over, the repeal of the flawed system was successful. We now wait for what payment model will be introduced and continue to work with colleagues at a local and national level to assure that the system makes sense and supports physicians across the country.

This most recent legislative session has been lackluster and the business of "politicking" took away from the meaningful business of legislating. We did have some successes but the disappointments have been tough. Maine continues to be the only New England state not to have benefitted its low income residents by expanding Medicaid with federal financial support. The failure

Maine continues to be the only New England state not to have benefitted its low income residents by expanding Medicaid with federal financial support.

to accept these federal funds jeopardizes the financial health of our hospitals, health centers and private medical practices. The failure to override the Governor's veto of Representative Sanborn's bill to strengthen the state's immunization requirement means that more Maine children will be exposed to contagious childhood diseases. But MMA will continue our advocacy on these and other public health issues. And, I congratulate our advocacy team for the several victories won including important

wins in the scope of practice area and in retaining the ACA primary care "bump" in Medicaid payment rates for primary care.

Over the past year, one of the initiatives I feel has been very important to us at the Executive Committee level has been our MMA listening sessions. This has been an incredible opportunity for the physician leadership of the Medical Association to get the chance to meet with our members across the state to talk about important issues in their communities. It has been difficult to reach members and we believe this has been a unique opportunity and to date a successful way to meet you in your communities. We are committed to continuing these informal social gatherings so look for us in your neighborhood soon!

Thank you for the incredible privilege of representing you and speaking on your behalf this past year. It has, indeed, been an honor to serve the hard-working physicians of Maine. I continue to welcome any thoughts, concerns or questions that you may have and please feel free to touch base with me any time at president@mainemed.com, my work phone number, 647-4232 or my cell phone number, 232-0594.

MMA PAST PRESIDENTS REMEMBERED

Craig W. Young, MD
President, 1984-1985



Dr. Young was the youngest MMA President ever elected when serving as President 1984-85.



Craig Young, MD
Ophthalmologist

John B. Makin, MD
President, 1998-1999



Dr. Makin with Buell Miller, MD at the Balsams, a few years ago...



John Makin, MD
Obstetrician-Gynecologist

In the last two years, MMA has lost through death, four past presidents whose contributions to medicine and the MMA were huge. We continue to benefit from the commitment these talented and committed physicians made and we acknowledge their passing in this issue of *Maine Medicine* by sharing some photos. We fondly remember these physicians and extend our condolences to the families of each.

- | | |
|-------------------------|----------------------|
| George W. Bostwick, MD | President, 1981-1982 |
| Craig W. Young, MD | President, 1984-1985 |
| Ulrich B. Jacobsohn, MD | President, 1990-1991 |
| John B. Makin, MD | President, 1998-1999 |

George W. Bostwick, MD
President, 1981-1982



Dr. Bostwick receives hug from Richard Evans, MD



George Bostwick, MD
Anesthesiologist and Family Medicine

Ulrich B. Jacobsohn, MD
President, 1990-1991



Ulrich Jacobsohn, MD
Psychiatrist



Dr. Jacobsohn receives Past President's plaque from David Simmons, MD, 1991



I am writing from our vacation spot on Popham beach where we have enjoyed the best weather of the summer and the opportunity to have all the family with us. Those of you near my age know how difficult it is to vacation together when we reach multiple generations and compete for our children and grandchildren's time. But we pulled it off this year and for that I am very grateful.

I hope that all of our physicians and their families will also have an opportunity to vacation this summer. You are all over-achievers and many of you find hard to let go of professional responsibilities and relax. But try you must and build up some reserve energy for use the remainder of the year.

At MMA, the summer is undisputably a slower time than during the legislative session and the Fall. As in your offices, we try to schedule our vacations at times that do not overlap with other staff so that we can handle on a timely manner any issues that arise for you personally or for the profession at large. So, rest assured you will find the MMA office staffed every day Monday – Friday from 7:00am to 5:00pm to serve your needs.

On July 16, we will presumably see the conclusion of the First Regular Session of the 127th Legislature. Organized for business in early December 2014, the session has been marked by partisanship and an adversarial relationship between the executive branch and the legislative branch.

But, at the end of the day, legislative leadership and rank and file legislators came together to pass a two-year budget with a two-third majority to overcome the Governor's veto and the budget did **not** include several proposals opposed by MMA and other health advocates such as:

- >> elimination of MaineCare coverage of methadone.
- >> elimination of the Fund for a Healthy Maine.
- >> deep reductions in MaineCare reimbursement for medication management in mental health settings.
- >> deep cuts to Maine's hospitals.

We were also successful in retaining the MaineCare primary care "bump" within the Governor's proposed budget. This payment of primary care services by MaineCare at Medicare rates has been a significant boost to those primary care practices which have remained private and which have remained open to existing and/or new MaineCare patients.

Unfortunately, we were unsuccessful again in trying to expand MaineCare coverage consistent with the ACA. As a result, over 70,000 Mainers who could be covered will remain uninsured, jeopardizing their health and the financial stability of Maine hospitals, federally-qualified health centers and medical practices.

As we gear up for the last four months of the year, many of you will see myself or other MMA staff at your hospital staff meetings, specialty society meetings, MMA "Listening Sessions" and I sincerely hope, at the upcoming Annual Meeting September 11-13 in Bar Harbor. In the meantime, please slow down and enjoy what is left of this Maine summer. It is a special time.



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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.

More Photos from Previous Annual Sessions



Past President William Strassberg, MD enjoys a jovial moment with Past President Guy Raymond, MD at the Harborside



Brian Jumper, MD, Past President



Katherine Pope, MD



John Makin, MD with former United States Senator Olympia J. Snowe

MMA WELCOMES OUR NEWEST CORPORATE AFFILIATE:

**Maine Health Management Coalition
WE APPRECIATE THEIR SUPPORT!**

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Employment Agreements

Jonathan T. Harris
Estate Planning

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UPCOMING AT MMA >>

SEPTEMBER 8

4:00pm - 6:00pm
Committee on Physician Quality (CPQ)

SEPTEMBER 11-13

MMA's 162nd Annual Session
(Bar Harbor, ME)

SEPTEMBER 14

4:00pm - 7:30pm
Medical Professional Health Program
(MPHP)

SEPTEMBER 17

8:00am - 3:30pm
Pathways to Excellence

6:00pm - 8:00pm

Maine Association of Psychiatric Physicians
(MAPP)

OCTOBER 12

4:00pm - 7:30pm
Medical Professional Health Program
(MPHP)

OCTOBER 14

4:00pm - 6:00pm
MMA Board of Directors

OCTOBER 15

8:00am - 3:30pm
Pathways to Excellence

OCTOBER 20

4:00pm - 6:00pm
Committee on Physician Quality (CPQ)

OCTOBER 22

2:00pm - 4:00pm
CCMEA Committee Meeting

NOVEMBER 5

8:00am - 4:00pm
CAH CNO and Nurse Manager Conference

NOVEMBER 9

4:00pm - 7:30pm
Medical Professional Health Program
(MPHP)

NOVEMBER 18

8:00am - 4:30pm
Physician Education Seminar (PES) in
conjunction with Maine Health Management
Coalition Annual Meeting (Holiday Inn by
the Bay, Portland, ME)

NOVEMBER 19

8:00am - 3:30pm
Pathways to Excellence

DECEMBER 2

4:00pm - 6:00pm
MMA Board of Directors

DECEMBER 14

4:00pm - 7:30pm
Medical Professional Health Program
(MPHP)

DECEMBER 15

4:00pm - 6:00pm
Committee on Physician Quality (CPQ)

DECEMBER 17

6:00pm - 8:00pm
Maine Association of Psychiatric Physicians
(MAPP)

INVITE A PHYSICIAN TO JOIN MMA

Encourage your colleagues to become an MMA member and take advantage of the benefits of membership. Contact Lisa in the MMA Membership Department at 622-3374 ext 221 or email lmartin@mainemed.com.

MAINE QUALITY COUNTS >>

By Lisa Letourneau, M.D., M.P.H., Executive Director, Maine Quality Counts



At Dexter Family Practice, Patients are Losing their Marbles

It's not a mental health crisis, however. It's a contest that front office staff dreamed up to encourage and reward

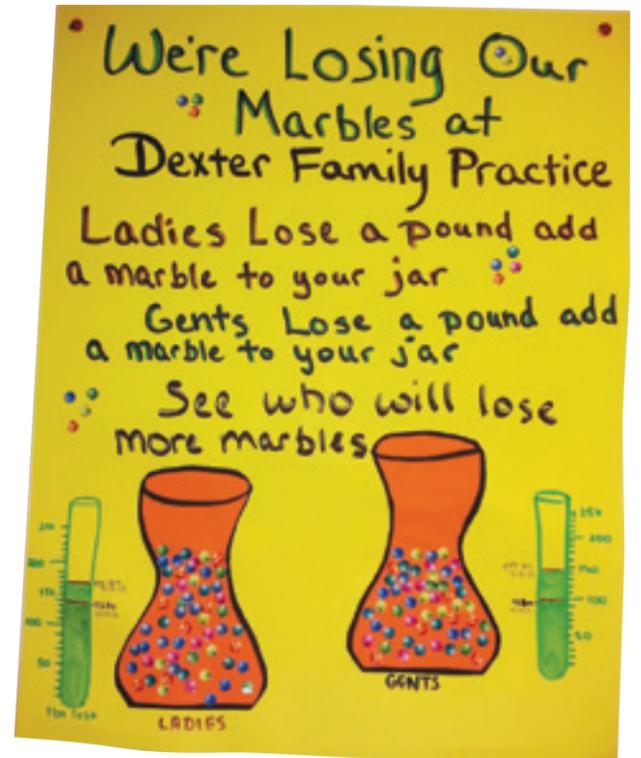
patients for losing weight. Patients sign up to "Lose Your Marbles" and take advantage of weight loss support provided by a staff health educator, peer groups and a resource display. Then, for each pound lost, they place a marble in one of two glass jars located in the practice's reception area – one jar for men, the other for women. Since May, patients have lost 317 pounds, with the women leading the men by a small margin.

"There's something about hearing those marbles clink into the jar that really motivates them," says practice manager Margaret Towle. "We worked with one diabetes patient for five years to help her control her weight and she didn't lose an ounce. With this contest, she's lost seven pounds in the last four weeks."



Of course, it's not all about the marbles. The contest provides the practice with opportunities to address important social determinants of health -- like social isolation and economic barriers to nutritious food and regular exercise. Through the contest, the practice provides ongoing social support, both informally and through a regularly-scheduled weight loss group. It offers patients free access to the local gym through a shared membership. It encourages patients to harvest free and fresh vegetables from a community garden on the practice grounds. For Margaret Towle and her colleagues, the contest has become a gateway to deeper relationships

and more profound health interventions. In one small corner of Maine, they're delivering both health care and health.



Nationally, hundreds of health systems are delivering health care and health through innovative partnerships with social and civic agencies. Nearly 300 health care institutions have developed partnerships with legal aid organizations to solve civil legal problems that are barriers to patients' good health. In Oregon, Federally Qualified Health Centers have partnered with housing agencies to make primary care more accessible to residents, and in multiple locations across the country, primary care practices are partnering with YMCAs to provide diabetes prevention services to patients, in part through an initiative of the American Medical Association.

No matter what intervention best fits your resources and your patients, it's time to start addressing the social determinants of health. Brainstorm ideas with your staff. Reach out to nearby social service providers. Involve patients. Begin the transition to delivering both health care and health to the extent your resources will allow.

Margaret Towle put it well. "Treating disease just isn't sufficient for us anymore. To keep our patients healthy, we have to start treating the underlying causes of poor health."

How Do You USE Your MMA Membership?

DocbookMD, a no cost member benefit, lets you share messages securely using your smartphone, tablet, or iPad to improve care coordination and referrals – while avoiding a HIPAA violation. With Docbook, you can even share photos, X-rays and EKGs. Learn more at www.docbookmd.com.

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DISABILITY INCOME INSURANCE >>

By Michael E. Genetti, CLU, ChFC, Financial Planner at Baystate Financial

For over 160 years the MMA has been working tirelessly on behalf of Maine's physician community.

While the nature of our advocacy has certainly changed over the years in response to the challenges of the times, what has not changed is our focus on the wellbeing of our physician members. In our continued commitment to providing our members with valued benefits we have, through Baystate Financial, our preferred provider of Financial Planning and Advisory Services, negotiated an association discount for individual disability income insurance.

Besides our involvement with institutions, companies and government regulators to create an effective and efficient health care system, the MMA is also focused on the wellbeing of the individual physician. With a consistent flow of income providing the underpinning of their financial wellbeing, we want to provide our members preferred access to quality and cost effective individual disability coverage. More information can be found in the insert accompanying this issue of Maine Medicine. As we roll out the program in the weeks ahead we will be providing you more information. Stay tuned!

Preparing for the Unknown with Disability Income Insurance

Protect Your Assets

What is your most valuable asset? If you are like most people it's your ability to earn an income! As physicians, you've invested hundreds of thousands of dollars to acquire this ability. What steps have you taken to assure that you will realize the benefits of the years and effort it took to acquire your ability? Business owners insure their capital assets against loss of use, are you adequately insuring your human capital against loss of use?

It's easy to see the important role your income plays in securing your financial future and sustaining your lifestyle. That makes protecting your income from the unexpected a critical element in a solid financial strategy. Few physicians realize the potential catastrophic financial impact of a disability. While we all know that life is not all about the money it would be naïve not to realize there is a moneyed component to most everything in life. Would you have sufficient funds to support yourself and your loved ones if a disability kept you from practicing for an extended period of time?

As physicians, you more than most individuals, understand that the risk of disability does exist and it warrants your full consideration as you plan for your financial future. Owning an appropriate level of Disability Income can help assure that you will always have the money to enjoy the future you hope for.

Know Your Options

If you are an employed physician your employer most likely offers a group long-term disability (LTD) in the event that you become disabled. It's important to remember that each employer's plan is different and you need to take time to review the details of your specific coverage. Most group plans have an upper limit or "cap" on the benefit amount and only replace a portion of your income. Have you examined whether or not the portion of your monthly income replaced by your group coverage is enough to meet your financial needs in the event you become disabled and are unable to practice?

The monthly benefits from your employer provided disability insurance may very well provide the cash flow to meet your basic ongoing expenses. It is the supplemental individually owned disability income that will allow you to continue to enjoy those special things you've worked so hard for; a second home, family vacations or excellent educational opportunities for your children, never mind allowing you to maintain your retirement investment assets for retirement!

Regardless of your situation, you can customize an income protection solution to meet your particular financial needs. While no one likes to dwell on life's uncertainties, it may be wise to consider protecting your greatest asset—your ability to earn an income. You should take the time to evaluate your present ability to meet your financial obligations should you become disabled so that you can protect your financial independence, and give yourself the confidence to face whatever the future holds. Be sure to consult with your financial professional to determine your coverage needs and design a solution that fits your situation. Keep in mind, most disability income insurance policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.

Baystate Financial is a marketing name for Metropolitan Life Insurance Company, New York, NY 10166 L0615428496[expl216][MA,ME,RI]

Congratulations Andrew MacLean, Esq.

MMA extends its heartfelt congratulations to General Counsel Andrew MacLean on the occasion of completion of his 25th Marathon. Andy completed the 3rd Annual Bay of Fundy International Marathon on June 28th in 3 hours 37 minutes. As steady on a marathon course as he is in the office or at the State House, Andy is in his 17th year with MMA.



Andrew MacLean, Katherine Ayer, and Gordon Smith in Lubec, ME June 28, 2015



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SPECIALTY SOCIETY MEETINGS

SEPTEMBER 12, 2015

Harborside Hotel & Marina – Bar Harbor, ME
from 2:00 – 5:00pm

Annual Fall Business Meeting of the Maine Society of Anesthesiologists

(To be held in conjunction with the Maine Medical Association's Annual Meeting)

Contact: Anna Bragdon 207-441-5989 or mesahq@gmail.com

SEPTEMBER 25-27, 2015

The Algonquin by the Sea - St. Andrews, New Brunswick, Canada

Joint Conference - American Academy of Pediatrics - Maine Chapter and the American Academy of Pediatrics - Atlantic Provinces Chapter

Contact: Dee Kerry deHaas at 207-622-3374 x219 or dkerrydehaas@aap.net

SEPTEMBER 25-27, 2015

Atlantic Oceanside Hotel & Conference Center – Bar Harbor, ME

American College of Physicians, Maine Chapter - 2015 Annual Chapter Meeting and Educational Sessions

Contact: Warene Eldridge at 207-215-7118 or warene54@yahoo.com

OCTOBER 2, 2015

Harborside Hotel & Marina – Bar Harbor, ME
Maine Society of Eye Physicians and Surgeons Fall Business Meeting

(To be held in conjunction with the 14th Annual Downeast Ophthalmology Symposium)

Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

OCTOBER 2-4, 2015

Harborside Hotel & Marina – Bar Harbor, ME
14th Annual Downeast Ophthalmology Symposium

(Presented by the Maine Society of Eye Physicians and Surgeons)

Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

OCTOBER 7, 2015

Davinci's Restaurant – Lewiston, ME
from 6:00 – 9:00pm

Maine Chapter, American College of Emergency Physicians Annual Fall Business Meeting

Contact: Maureen Elwell at 207-512-6108 or melwell@mainemed.com

OCTOBER 23, 2015

Hilton Garden Inn – Freeport, ME
from 8:00am – 4:00pm

Postpartum Depression Conference

Contact: Dianna Poulin 207-622-3374 ext: 223 or dpoulin@mainemed.com

DECEMBER 9, 2015

Dry Dock Restaurant – Portland, ME
from 5:00 – 9:00pm

Maine Chapter, American College of Emergency Physicians Annual Winter Business Meeting

Contact: Maureen Elwell at 207-512-6108 or melwell@mainemed.com

MMA's 12th Annual Benefit Golf Tournament

Congratulations to the winning teams at MMA's 12th Annual Benefit Golf Tournament. The tournament was played on July 20, 2015 at the Augusta Country Club.

Low Gross (56)

Premier Marketing

Mike Whitman
Tucker Whitman
Don Rowell
David Hastings

Low Net (56)

Team Jumper

Brian Jumper, MD
Frank Read, MD
Krishna Bhatta, MD
Chris Marco

Longest Drive

Male

Chris Marco

Female

Maryanne Steinhacker

Closest to the Pin

Male

Tom Drottar
Mike Genetti
Roger Wickenden
Sam Surprise

Female

Janet Smith



From left to right: Frank Read, MD, Brian Jumper, MD, Krishna Bhatta, MD and Chris Marco (Low Net)



From left to right: David Hastings, Mike Whitman, Tucker Whitman, and Don Rowell (Low Gross)

THANKS TO 2015 SUSTAINING MEMBERS

Thank you to the following individual who has shown his support for the MMA's long-term growth by renewing at an additional sustaining membership level.

Michael Curran, MD

Vaccines in the 21st Century Maine



Perhaps the most medically significant bills to come before the 127th Maine Legislature this year were those relating to vaccinations. There was

extremely strong **opposition to vaccines** from a vocal cadre of activists (including a guest appearance by Robert F. Kennedy, Jr.). When the dust finally settled, here's what happened: **LD 606**, which would have eliminated the "**philosophical**" exemption to the vaccination requirement for school attendance, was easily defeated after a 13-0 "ought not to pass" vote from the Health and Human Services Committee; **LD 1076**, which would have created a new (and duplicative) "Vaccine Consumer Protection Program," was replaced by a **Resolve** requiring the Department of Health and Human Services (DHHS) to place links on its website to the National Vaccine Injury Compensation Program and the US CDC's Vaccine Adverse Event Reporting System, which survived a governor's veto to pass; **LD 471**, which would have required parents seeking a philosophical exemption to first confer with their child's physician, passed the House and Senate but was vetoed by the governor, and the veto was sustained; **LD 950**, which would have made it illegal to discriminate against any person who refused a vaccine, did not pass either the House or the Senate; and **LD 473**, which would have required administration of Tdap and meningococcal vaccines to all school children in the 7th grade, was withdrawn with the understanding that DHHS would promulgate that requirement by rule rather than requiring a statute. The MMA, along with many members, participated very actively in promoting vaccination requirements and testified in support of LDs 606, 471, and 473 and in opposition to LDs 1076 and 950.

The **arguments against vaccine** requirements generally fall into several categories. First is the assertion that **vaccines** (particularly MMR) **cause autism**. Even the **study** published in April 2015 in JAMA, showing no increased risk of autism due to the MMR vaccine, carried little weight in the Legislature in comparison to upset parents who insisted that their children's autism became evident shortly after vaccination and, therefore, were

caused by the vaccine. This argument relies more on "an **obvious connection**" rather than on the now-debunked Lancet article which first asserted a causal relationship. Anecdotes trumped scientific analysis, and correlation was substituted for causation. *Post hoc, ergo propter hoc*. Next is the argument that it is a **parent's right to decide** what is done to her child. "I'm an expert on my own child!" This libertarian position places a parent's right in a position superior to the rights of other members of society and the common welfare. In response to the "herd immunity" analysis, one legislator commented on the floor of the House that he is "a human being, not a cow." Opponents also talk about multiple vaccines "**overloading**" a young child's immune system. This argument falls in the "obviousness" category: of course a toddler is so small and weak that you can't subject her to too many immune system insults at once. It ignores the fact that children are exposed daily to significantly more antigens in their normal environments than those in all the vaccines they receive. Again, too frequently the Institute of Medicine **studies** of vaccine schedules fall in the face of an onslaught of belief. Vaccine opponents also argue that "**natural**" immunity is just as effective as vaccine-based immunity. Well, that's true...except that one gets natural immunity from the disease itself, with the attendant risks of significant complications that far outweigh the similar risks associated with vaccines. The argument asserts that natural is good, vaccines are unnatural, and therefore bad. Another approach is the claim that all **vaccines contain various toxins**, such as mercury. This approach, like the others, ignores facts to the contrary.

Perhaps the most desperate anti-vaccine argument is the "**vast conspiracy**" idea. "The CDC is corrupt! Doctors are in the pockets of Big Pharma!" One statement heard this session was that the MMA could not be believed on the vaccine issue because Merck is one of our corporate affiliates. This position ignores the science, replacing it with *ad hominem* attacks on the messengers.

As of this writing, the U.S. has experienced its first **measles fatality** in 12 years. If what we heard during this legislative session is any indication, the anti-vaccine movement is growing, and we can expect to see increasing incidences of a variety of vaccine-preventable illnesses. Physicians need to remain vigilant and engage patients in discussions of the issue to preserve the advances we have made since Jenner first vaccinated against smallpox.

Continued from Page 1

an important payment reform/price transparency bill (LD 1305) carried over in the Insurance & Financial Services Committee. Finally, reflecting the national debate, immunization policies were hotly contested this session (*see* Public Health Spotlight above on these issues).

The general effective date of non-emergency legislation from this session will be Thursday, October 15, 2015.

During the Second Regular Session, the legislature will consider bills carried over from the First Regular Session (approximately 5-10 per committee) and new bills approved by the 10 members of legislative leadership known as the Legislative Council. The Constitution requires the legislature to consider only new bills of a fiscal or "emergency" nature during the second session.

During the legislative session, the MMA staff provides links to bills for review and comment, updates on the legislature's work, and calls-to-action through our weekly

electronic newsletter, *Maine Medicine Weekly Update*. The Legislative Committee conducts conference calls to review new bills and to provide updates on legislative activity every Tuesday evening at 8:00 p.m. during the session. Any interested member or staff person is welcome to participate. Please see each week's *Maine Medicine Weekly Update* for conference call information.

To find more information about the MMA's advocacy activities, visit the Legislative & Regulatory Advocacy section of the MMA web site, www.mainemed.com/legislation/index.php. You will find more information about the Maine Legislature, including schedules, committee assignments, legislator contact information, audio coverage of legislative work, and newly enacted laws on the web at: <http://legislature.maine.gov/>.

The MMA welcomes your participation in our legislative advocacy activities. For more information, please contact Andrew MacLean, Deputy EVP & General Counsel, at amaclean@mainemed.com.



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CLIA (Clinical Laboratory Improvement Amendments) - Federal Regulation

The Clinical Laboratory Improvement Amendments (CLIA) has established quality standards for all laboratory testing to ensure the accuracy, reliability and timeliness of patient test results. Under CLIA, a laboratory is defined as a facility that performs testing on human specimens for the purpose of providing information for diagnosis, prevention, treatment of disease or health assessment. Facilities, including physician office practices, that meet this definition must apply and obtain a certificate from the CLIA program to operate legally.

The CLIA regulations place tests in three categories based on the complexity of each test. The more complicated the test, the more stringent the applicable federal requirements. The categories are as follows:

» **Waived Tests.** These laboratory tests are so simple and accurate that the likelihood of erroneous results is negligible and they pose no reasonable risk of harm to the patient if performed incorrectly. Office practices or facilities performing waived tests must enroll in the CLIA program and obtain a **Certificate of Waiver (COW)**. A COW is required regardless of the number of tests performed or whether the patient or insurer is charged. Manufacturers' instructions for the waived tests must be followed. CLIA does not routinely inspect laboratories with COWs but may as part of a complaint investigation or on a

random basis.

Practices performing waived tests should have a policy and process in place for quality control testing. At a minimum, quality controls should be performed with each new shipment of kits/reagents, a change in lot numbers and each new operator.

» **Moderate Complexity Tests.** Much of the testing performed in clinical laboratories falls into this category. There are requirements for quality control, quality assurance, proficiency testing and limited personnel requirements. A laboratory performing this level of testing is subject to biennial surveys by the Center for Medicare and Medicaid Services (CMS) or a CMS agent. Examples of moderate complexity tests are microscopic analysis of urinary sediment, direct antigen strep A tests, and cervical Gram stains.

» **Provider-performed microscopy (PPM)** is a subcategory of moderately complex procedures and applies to certain tests commonly performed under a microscope in the provider's office. A physician, midlevel practitioner or dentist can perform this limited number of tests once a **Certificate for Provider Performed Microscopy** is obtained.

» **High Complexity Tests.** These are tests that are most difficult to perform or are most subject to error. They are usually performed by large clinical laboratories and require quality control, quality assurance, proficiency testing and stricter personnel requirements. Laboratories performing high complexity tests are subject to biennial surveys by CMS or a CMS agent.

Facilities performing moderate (excluding PPM) and/or high complexity testing must apply for a **Certificate of Compliance (COC)** or **Certificate of Accreditation (COA)**. Each facility must first apply for a **Certificate of Registration** to allow it to perform moderate and/or high complexity tests pending a certification inspection.

Further information about CLIA can be accessed at www.cms.hhs.gov/clia or by contacting your local state survey agency.

Medical Mutual's "Practice Tips" are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.

Fifty-seven Medical Students Benefit from Maine Medical Education Foundation Loans

The Association's Loan & Trust Committee met on July 1 and approved medical student loans to 57 applicants totaling \$355,000. These low interest loans are available for students from Maine who are in medical school. The majority of funds this year were loaned to students at the Maine Medical Center – Tufts University School of Medicine with the second largest segment going to

students at the University of New England, College of Osteopathic Medicine.

These funds are available through the Maine Medical Education Foundation, established in 1962 by the Maine Medical Association and funded by contributions from Maine's physicians. Information on the loans is available

on the Association's website at www.mainemed.com/member-services/medical-student-aid.

The Loan and Trust Committee is chaired by Mark Bolduc, M.D., a general surgeon practicing in Augusta and Waterville.

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Tufts University School of Medicine - Maine

Brandes, Eileen
Harvard Medical School

Canarie, Joseph
Geisel School of Medicine at Dartmouth

Creighton-Smith, Malcolm
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Eubank, Louis
Tufts University School of Medicine - Maine

Eurich, Adriana
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Flynn, Duncan
Tufts University School of Medicine

Flynn, Erin
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Garcia, Zachary
Tufts University School of Medicine - Maine

Gerges, Daniel
Tufts University School of Medicine - Maine

Giberson, Tyler
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Smith, Valerie
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Srungavarapu, Abhijit
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Stewart, India
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at Thomas Jefferson University

Wesson, Winsor
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Wood, Samuel
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Young, John
Georgetown University School of Medicine

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Anderson, Joseph
University of New England College of Osteopathic Medicine

Brennan, Michael
Lake Erie College of Osteopathic Medicine

DelPrete, Benjamin
Midwestern University Chicago College
of Osteopathic Medicine

Douglas, Cameron
University of New England College of Osteopathic Medicine

Douglas, William
University of New England College of Osteopathic Medicine

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Lena, Sean
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Lucas, Jessica
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Percy, Ethan
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