

Maine Medicine

a quarterly publication of the Maine Medical Association

OCTOBER/NOVEMBER/DECEMBER 2019

Maine Medical Association Mission: **SUPPORT** Maine physicians, **ADVANCE** the quality of medicine in Maine, **PROMOTE** the health of all Maine citizens.

166TH ANNUAL SESSION RECAP



Governor Janet T. Mills

MMA members and guests enjoyed the programming, governance business, socializing, and networking at the association's 166th Annual Session held at the Harborside Hotel & Marina in Bar Harbor during the weekend after Labor Day, September 6-8, 2019. The keynote presentation on Saturday morning featured Maine Governor Janet T. Mills and her senior health policy advisors DHHS Commissioner Jeanne Lambrew, Ph.D.; Senior Advisor for Delivery System Change Lisa Letourneau, M.D., M.P.H.; Maine CDC Director Nirav Shah, M.D., J.D.; and Director of Opioid Response Gordon Smith, Esq. They discussed various aspects of the Mills' Administration views on health care. In late August, Governor Mills announced her interest in developing a state-based ACA exchange to improve the health insurance options available to Maine consumers.

On Saturday afternoon, some attendees enjoyed the recreational activities offered on Mount Desert Island, while others attended a presentation on treating patients with alcohol use disorders by Mark Publicker, M.D. or an opioid presentation by the MICIS staff. Members of three specialty societies conducted business meetings (the Maine Chapter of the American College of Surgeons, the Maine Chapter of the American College of Emergency Physicians, and the Maine Society of Anesthesiologists).

Outgoing President Robert Schlager, M.D. and Incoming President Amy Madden, M.D. shared presiding duties during the Annual Banquet on Saturday evening. During the evening of celebration, MMA recognized members on the 50th anniversary of their graduation from medical school with Thomas Collins, M.D. and Donald Krause, M.D. present to accept their 50-year pins in person. MMA also honored Michael Curci, M.D. with the Mary Floyd Cushman, M.D. Award for Exceptional Humanitarian Service as a Medical Volunteer and MMA General Counsel Peter Michaud, J.D., R.N. with the President's Award for Distinguished Service. At the end of the evening program Dr. Schlager addressed the group before handling the inauguration of Dr. Madden and presenting her with her Presidential medal. Dr. Madden closed the evening with remarks about her hopes for the year ahead, particularly experiencing joy in the profession of medicine.

The 39th Edmund Hardy, M.D. Road Race kicked off Sunday morning with Charmaine Patel, M.D. and Garreth Debiegun, M.D. crossing the finish line as the female and male winners respectively. Judiann Smith, J.D., Executive Director of the Daniel C. Hanley, M.D. Center for Health Leadership, facilitated a panel discussion on Physicians' Leadership and Influence to close the meeting. The panel included Sam Zager, M.D., M.Phil., Jay Mullen, M.D., M.B.A., Christina Holt, M.D., Nicole McCann, M.D. (resident member of the MMA board), and Hannah Martin (TUSM Maine Track student who co-chairs MMA's Medical Student Section). The MMA received positive feedback about this year's meeting. Everyone was particularly excited to have a strong medical student presence and appreciated the student sections' poster exhibit (see related article on page 2). The Annual Session Planning Committee, chaired by Lisa Ryan, D.O., has gathered your feedback about future Annual Session locations, dates, and programs, and expects to make a recommendation to the Board of Directors about 2020 and the next several years in early November. MMA thanks our sponsors and exhibitors for the Annual Session, including Medical Mutual Insurance Company of Maine; RBC Wealth Management; Harvard Pilgrim Health Care; Norman, Hanson & DeTroy; Coverys; and MAG Mutual Insurance Company.



Robert Schlager, M.D., Immediate Past President with Amy Madden, M.D., President



Dr. Schlager with President's Award Winner Peter Michaud, J.D., R.N.

BEYOND THE STETHOSCOPE: KRISHNA BHATTA, M.D. PUBLISHES BOOK ON PERSONAL GROWTH

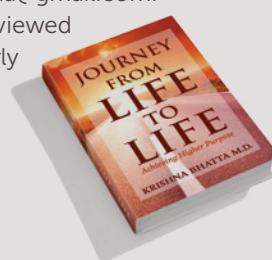
Note: "Beyond the Stethoscope" is the first of a regular article in Maine Medicine highlighting an interesting aspect of a member's life outside of the practice of medicine. Please send any suggestions for future articles to Andrew MacLean, CEO at amaclean@mainemed.com.



Krishna Bhatta, M.D.

MMA CEO Andrew MacLean recently sat down with Dr. Krishna Bhatta to discuss the publication of *Journey from Life to Life: Achieving Higher Purpose*, Redwood Publishing, LLC 2019) now available on Amazon: <https://www.amazon.com/dp/1947341685>. Krishna's inspiration for the book came from patient encounters during his career, particularly those near the end of life, and his own personal meditation. "I've always enjoyed writing and have written a blog for years, www.krishnauniverse.com," he said. "My colleague Tess Gerritsen, M.D. encouraged me to write a book," Krishna added, referring to the best-selling author and Maine resident. Acknowledging many authors in the genre of self-help and personal growth such as Deepak Chopra and Atul Gawande, M.D., Krishna's approach to the genre is "grassroots," both practical and spiritual. "Life is a gigantic menu from which we can choose those items that give us energy and pass on those that do not," Krishna tells us. Through his writing of the book and speaking about it, Krishna hopes to bring together both Eastern and Western spiritualism and he envisions that the U.S.A. might one day become a "spiritual destination." Krishna has been promoting *Journey* in speaking engagements throughout Maine. You may contact Krishna at ekrishna@gmail.com. You also can see Krishna interviewed on Bangor's Channel 5 in early October:

https://www.wabi.tv/templates/2015_Sub_Video_Share?contentObj=561859311.



Krishna Bhatta, M.D. is an author, surgeon, and inventor who currently serves as Chief of Urology at Northern Light Eastern Maine Medical Center. He served as President of the MMA in 2002-2003.



MMA CEO
Andrew MacLean



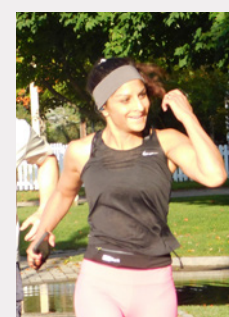
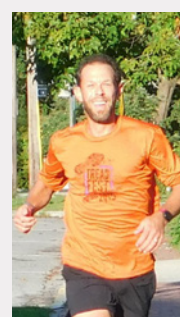
Geeta Godara, M.D.; Dora Mills, M.D., M.P.H.; Lani Graham, M.D., M.P.H.; and Peter Michaud, J.D., R.N.



Cushman Award Winner
Michael Curci, M.D.



MMA Past Presidents with Gordon Smith and Andrew MacLean



Left to Right:

Director of Opioid Response Gordon Smith
Panelists Nicole McCann, M.D.; Sam Zager, M.D., M.Phil.; Jay Mullen, M.D., M.B.A.; Hannah Martin, Tufts Maine Track M'21; and Christina Holt, M.D.

Men's Road Race Winner
Garreth Debiegun, M.D.

Women's Road Race Winner
Charmaine Patel, M.D.

Sign up to serve as Doctor of the Day at the Legislature! (see insert enclosed)

MAINE MEDICAL ASSOCIATION WELCOMES MEDICAL STUDENTS TO ANNUAL SESSION

Twelve Maine medical students from the Tufts University School of Medicine Maine Track program and the University of New England College of Osteopathic Medicine attended the MMA Annual Session in Bar Harbor in September. The students joined members of the MMA Board of Directors at dinner on Friday evening, and attended the Saturday and Sunday events including the Keynote Presentation by Governor Mills.

Hannah Martin, Tufts M22 brought a medical student’s perspective to the Sunday morning panel on physician leadership and influence moderated by Daniel Hanley Center for Health Leadership Executive Director Judiann Smith.

This year the Annual Session included a medical student poster session organized by Corinne Carland, TUSM M21 with assistance from Greg D’Augustine, MD of the MMA Board of Directors and Hannah Martin, TUSM M22. Research posters were presented by Shenna Bannish OMS-III, Natalie Koons OMS-I, and Laura-Frances Morin OMS-IV from UNECOM, and Tyler Lang M22 and William T. Olsen M21 from the Maine Track program.



Front row: Astrid Kempainen, Katie Bergeron, Adeline Browne, Governor Mills, Natalie Koons, Hannah Martin, Shenna Bannish, Jennifer Marsidi Back row: Tyler Lang, Tad Olsen, Bryan Olson, Sam Lloyd



MMA members talk with medical students about their research projects.

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.

PRESIDENT’S CORNER

By Amy Madden, M.D., President, Maine Medical Association



the phone in Rome (Maine) looking over Long Pond, while Sam gazed at the foliage around Long Lake several hundred miles north.

Sam moved to Van Buren in 2008 to start her career at Pines Health Services after completing residency. As is often the case, it was a romantic relationship that brought a woman from Maryland to the northernmost parts of Maine. I asked her what it was like to be a minority woman – her family is originally from Sierra Leone – settling into a small community in Maine. She said, “For the first 6 months, everyone was staring at me.” She came to understand, however, that most people were wondering why she – or anyone - would move to Van Buren. “They kept saying ‘there’s nothing up here!’”, Sam laughs. In response, she would share with people what she saw: “peace, quiet, and relaxation...I would tell them, this is the most breathtaking place I’ve been.”

Sam’s work at Pines Health Center is robust and varied. One of the reasons she chose family medicine was because of its diversity. Sam explains, “You have to be everything in a rural area.” Her practice reflects that. Beyond the bread and butter of family medicine seeing young and old, and sometimes two or three generations of the same family, she also provides medication assisted treatment for opiate use disorder, chronic pain management, hepatitis B and C treatment using an ECHO model, medical direction for area schools, and is a covering hospitalist at Cary Medical Center in Caribou.

Maine geography quiz – where is St. David? If you trace the northern boundary of Maine towards Van Buren, you’ll find the unincorporated village of St. David, and in it, Dr. Samuela Manages. Sam and I discussed the topic of joy and purpose in medicine recently, me on

For Sam, she sums up finding joy and purpose in her work with the following: “I know I am making a difference, maybe something minute or something big, maybe just one person or 100. Maybe we don’t hear about it, but you know you are making a difference.” Sam says she was drawn to working in underserved communities in residency, explaining that it gave her “a sense of service... and it makes you creative.”

As an example of service and creativity, Sam described a current project she is working on in Van Buren, started by a pastor named Father Dave. The Van Buren Resiliency Project provides support to families and children with high ACE (Adverse Childhood Events) scores. Kids are connected with older adults in the community acting as volunteer grandparents. Their group also held a community-wide screening of the film “Paper Tigers”, a documentary featuring a Washington state school district that implemented a trauma-informed system of addressing the needs of high school students.

Listening to Sam discuss her work, I was reminded of words from a mentor of mine, Dr. Dan Onion. He said, “Strive to find upstream, public health or community ways to deal with patients’ medical and social problems, in order to counteract your isolation from and frustration with dealing only with their downstream results.”

My hope in interviewing colleagues like Sam Manages is to not only highlight the fundamental importance of the work being done by physicians in communities throughout Maine, but also to illustrate and honor the joy they find in doing it. For us as physicians, these stories serve to connect us with the purpose of our profession, and invite us to view the broader systems in which we practice through this lens. I look forward to sharing more of our stories throughout the year. I can be reached at president@mainemed.com or 207-495-3323.

VACCINE OPPONENTS FILE PETITIONS TO FORCE PEOPLE’S VETO

The Maine Secretary of State has validated over 78,000 signatures to force a vote on vaccine opponents’ initiative to veto Maine’s new law repealing non-medical exemptions to school and healthcare employment immunization requirements. Slightly over 63,000 signatures were required to force the issue to referendum, which will take place on March 3, 2020.

The Secretary of State reports he has heard from a high number of voters who claim they were lied to by signature gatherers, and some have asked that their signatures be removed from the petitions because they signed in error. According to Secretary of State Matthew Dunlap, “Most commonly what people are complaining about is that they were told by circulators that this would help them preserve choice about whether they would use vaccinations or not. Or that this would preserve the vaccination law, which is actually the diametric opposite of what the veto is intended to do.” All petitions are required to have a copy of the bill attached, and people may read it before they sign. Secretary Dunlap has said the law does not allow him to remove anyone’s name from the petitions, regardless of their requests.

More information can be found here: <https://www.pressherald.com/2019/09/23/some-mainers-say-opponents-of-vaccine-law-misled-them-in-petition-effort/>

Maine Families for Vaccines, <https://www.mainefamiliesforvaccines.com/>, a group supporting the bill and opposing the referendum, has formed a political action committee, Maine Families for Vaccines PAC, and is accepting donations to fund its attempt to defeat the people’s veto so that the new law can go into effect. Maine Families for Vaccines worked closely with the Maine Medical Association and others in getting the new law passed.

Physicians are encouraged to talk with their patients about vaccines and help to correct a number of misconceptions about their safety and effectiveness that are currently circulating among the public. The Maine Medical Association will be working with the Maine chapter of the American Academy of Pediatrics, the Maine Hospital Association, the Maine Public Health Association, and others to defeat the referendum.

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NOTES FROM THE CEO

By Andrew MacLean, JD, CEO, Maine Medical Association



I write this edition's Notes two months after my appointment as CEO and having worked with our staff to produce the 166th Annual Session of our organization. I appreciate the continuing support of our Transition Committee, chaired by MMA Executive Committee member Scott Hanson, M.D., as I allocate my time among broad categories of MMA governance and operations; communications with membership, the public, and the press; and both public policy advocacy and legal services on behalf of the membership. I am pleased, and relieved, that our 166th Annual Session during the weekend of September 6-8, 2019 was a positive experience for the members, guests, and staff. The MMA Annual Session Planning Committee, chaired by Lisa Ryan, D.O., is discussing options for the next several years of our Annual Session, including location, date, and program. The fourth quarter of 2019 includes

several important events for MMA: a "Listening Session" at the Portland Regency Hotel on Friday, October 25, 2019; our *Celebrating 65 Years of MMA Leadership Gala* on Saturday, October 26, 2019; our annual President's Retreat also at the Regency Hotel on October 26-27, 2019; a Board of Directors meeting on Wednesday, November 6, 2019; and an organizational meeting of the MMA Legislative Committee for the Second Regular Session of the 129th Maine Legislature on a date to be determined in early December. MMA also will say farewell to General Counsel Peter Michaud, J.D., R.N. who will retire at the end of 2019 and plans to hike the Appalachian Trail beginning in the Spring of 2020. I look forward to working with the MMA team in pursuit of the Board of Directors' goals for 2020.

Please contact me any time by email at amaclean@mainemed.com, by phone at 207-480-4187 (Office) or 207-215-7462 (Mobile/talk or text) if you have suggestions about how MMA can better serve the physicians of Maine.

UPDATE ON THE STATE'S RESPONSE TO THE OPIOID EPIDEMIC

By Gordon Smith, Director of Opioid Response, State of Maine



I appreciate the opportunity to keep MMA members informed of the actions the Mills Administration is taking to address the opioid/addiction crisis in our state. You are already familiar with the actions announced in February, including the purchase and distribution of naloxone; the recruitment, training, and coordination of 250 recovery coaches; the initiation of low-barrier access buprenorphine in all 33 emergency departments in the state; and the expansion of medication assisted treatment to all inmates (in prison or jail) with a diagnosis of substance use disorder. Since February, the following additional actions have been announced or brought forward by the 129th Legislature.

1. Enhance the services at the 7 existing syringe exchange sites and expand to an additional 5 sites.
2. Provide incentives to existing recovery residences to become nationally certified and not to discriminate against residents on medication assisted treatment (MAT).
3. Work with Maine State Housing Authority to renovate or construct up to four new recovery residences.
4. Sponsor the second annual Governor's Opioid Response Summit scheduled for July 23, 2020 at the Cross Insurance Center in Bangor.
5. Initiate two projects (one urban, one rural) providing housing and treatment for up to fifty chronically homeless individuals with opioid use disorders.
6. Establish additional recovery centers in Millinocket and Lincoln.
7. Establish a recovery-friendly job program in the state, in cooperation with the federal and state Department of Labor.
8. Hold 10 to 12 screenings of recovery appropriate movies followed by panel discussions and community forums in northern and eastern Maine (in November 2019).
9. Continue to expand treatment options including


review of reimbursement options and develop strategies to expand the number of prescribers with their x-waiver (currently slightly more than 900).

10. Support at least two state chapters of Young Persons in Recovery (YPR).
11. Review the provision of services to mothers with SUD of childbearing age. A robust Substance Effective Infants (SEI) Working Group continues to meet every month to evaluate present efforts and explore additional ones. We are presently working on the problem of the variability of the reports being made to the Office of Child & Family Services. The federal government now requires the state to make a distinction between substance affected infants and substance exposed infants.

Additional projects and strategies are being developed. In September, senior members of our team held a day-long retreat to prioritize future spending and then had the opportunity at the MMA meeting in Bar Harbor to present these recommendations to Governor Mills. At the retreat, the highest priority was determined to be Treatment, followed by Recovery Support, Prevention, and Overdose Response.

Our Prevention Task Force is chaired by Educational Commissioner Pender Makin and has held three meetings. Several subcommittees continue to meet between meetings of the Task Force. In addition to looking at curricula featuring the topic of social emotional learning, our Task Force members are also reviewing out-of-school activities. Several strategies are being developed to help get at-risk youth outdoors and engaged in positive, healthy activities. I appreciate being aided in this work by former Maine First Lady (wife of Senator King) Mary Herman who is working for Commissioner Makin.


It is a singular honor and pleasure to deliver the Governor's message of hope and recovery across the state. Thank you for all you do as physicians to assist those in recovery. I look forward to reporting to you again in 2020 and reviewing the progress made in the first year of our work. If you have a question about this work or wonder what you can do to help, don't hesitate to communicate with me at Gordon.Smith@maine.gov or call me on my cell phone at 592-0859.




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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.

THANKS TO 2019 SUSTAINING MEMBERS

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

Michael Curran, MD
George Davis, Jr., MD

Time for a checkup?

Physicians Need Protection Too.



Philip M. Coffin III



Abigail C. Varga

- Licensure Issues
- Employment Agreements and Disputes
- Estate Planning
- Real Estate
- Business Formation and Administration
- Intellectual Property
- Professional Liability
- Complex Litigation

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SPECIALTY SOCIETY MEETINGS

November 9, 2019
Maine Neurological Society
9:00am - 12:00pm -
Maine Medical Association – Manchester, ME
Contact: Cathy Stratton at 207-592-5725 or
cstratton@mainemed.com

December 11, 2019
Maine Chapter, American College of Emergency
Physicians Chapter Meeting
Portland Regency Hotel – Portland, ME
Contact: Cathy Stratton at 207-592-5725 or
cstratton@mainemed.com

February 1-2, 2020
Maine Society of Anesthesiologists Annual Meeting
Sugarloaf Mountain Hotel & Conference Center –
Carrabassett Valley, ME
Contact: Lisa Montagna at 207-620-4015 or
mesahq@gmail.com

February 7-9, 2020
Maine Urological Association & Rhode Island
Urological Society's 2020 Winter Program
Sugarloaf Mountain Hotel & Conference Center –
Carrabassett Valley, ME
Contact: Dianna Poulin at 207-480-4194 or
dpoulin@mainemed.com

March 25, 2020
Richard Engel, MD, FACP 2nd Annual Primary
Care Symposium
Maine Chapter, American College of Physicians
and MMC Department of Medicine
8:00am – 12:00pm
Maine Medical Center – Portland, ME
Contact: Warene Eldridge at 207-215-7118 or
mainechapteracp@gmail.com

April 1-4, 2020
28th Annual MAFP Family Medicine Update &
Annual Meeting
DoubleTree by Hilton Portland, Portland, ME
Full brochure and registration available after
January 15, 2020 at www.maineafp.org
Contact Deborah Halbach at 207-938-5005
or maineafp@tdstelme.net



Maine
Neurological
Society

New Specialty Medical Society in
Maine: Maine Neurological Society

Neurologists in Maine have been working toward
developing a Maine-based organization and recently
announced the formation and incorporation of the
Maine Neurological Society. Reflecting on the need
in Maine for collaboration among neurologists,
Megan Selvitelli, MD, MNS President, and her
colleagues discussed the importance of facilitating
communication, developing a database of existing
resources, establishing patient resources, and
advocating for neurology care and policy. The group
has been working with the American Academy of
Neurology. The Maine Medical Association also
provided technical assistance and legal advice in the
formation of the new organization.

The Maine Neurological Society is planning its first
official meeting on Saturday, November 9, 2019
starting at 8:00 am at the Maine Medical Association
in Manchester, Maine. All neurologists and allied
professionals are welcome to register for the meeting.
For more information, contact Cathryn Stratton at
cstratton@mainemed.com or 207-592-5725.

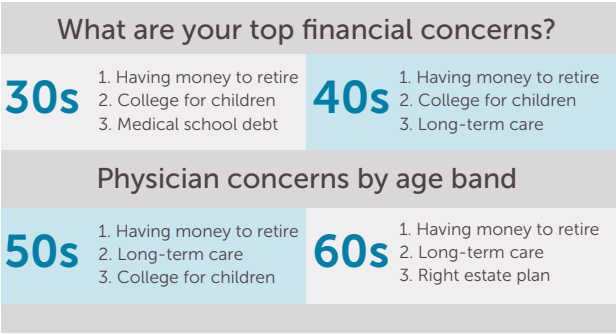
FISCAL FITNESS FOR LIFE

By Larry Perry, CLU, ChFC, CLTC Baystate Financial

What Are Your Colleagues Thinking?

Each year the American Medical Association subsidiary,
the AMA Insurance Agency, provides reports on varying
segments of the physician population regarding their
personal financial preparedness. In its most recent multi
career stage report, the 2016 Report on US Physicians’
Financial Preparedness, the Practicing Physicians
Segment provides valuable insight into physicians’ top
financial concerns.

While as the age of the respondents progresses from
their 30s into their 60s, you can see the progression of
concerns moving from college education for children
and medical school debt to long-term care and having
the right estate plan, having enough money to retire is
the constant #1 concern of all age groups!



<https://www.amainsure.com/reports/2016-financial-preparedness-practicing-physicians/index.html?page=10>

As society and the medical community come face-to-
face with the multifaceted challenges which accompany
longevity, it is important to develop a perspective from
which you can have confidence that the financial
decisions you make today will positively impact your
ability to accomplish your evolving financial priorities.
While we all instinctively know that life is not all about
the money, it would be naïve to not recognize that there
is a monied component to most everything in life.

While Atul Gawande’s *Being Mortal, Medicine and What
Matters in the End*, addresses the medical realities
of longevity, and the MIT AgeLab’s pioneering work
provides us great insight into the experiential realities of
longevity, our work at Baystate Financial focuses on the
financial realities of longevity. Together they address the
three basic components of well-being: physical health,
emotional health, and financial health. Lacking any one
of the three will place your ability to enjoy your post
career years in jeopardy.

A plan for enjoying a financially successful retirement
must contain three major components:

- 1. A strategy to meet or potentially beat inflation
(equity exposure)
- 2. A strategy to absorb sequence of return risk in
retirement distribution (reliable income stream)
- 3. A strategy to protect your assets from your health
as you age (a provision for potential long-term
care expenses)

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The AMA’s insurance division’s 2018 Retired Physicians
Segment provides two important insights:

- 1. “Ultimately, satisfaction comes down to a retired
physician’s confidence that their savings will
weather the unpredictable and last throughout
their retirement.”
- 2. “Overall, 71 percent of retired physicians say
they are somewhat or very knowledgeable
about personal finance. Those who are the most
knowledgeable also tend to be the most satisfied
with their retirement.”

At Baystate Financial we can provide you with the
professional expertise and technical support to help
assure that when you are physically and emotionally ready
for retirement, you will have the financial wherewithal to
do so with full confidence that the future you hope for
will be the future you get to enjoy.

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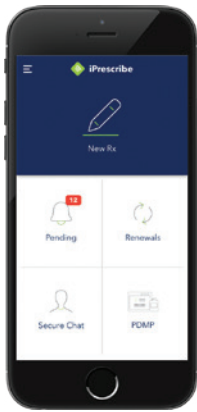
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to Win the Fight Against
Opioid Abuse

MMA partners with DrFirst to help providers
identify patients at risk of opioid addiction
by giving members one-click access to the
Maine PMP AWARE system through the
free iPrescribe app.

Learn More at drfir.st/me-med-erx



iPrescribe™



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Immediate access
to PMP

Works seamlessly even for
controlled medications and
includes immediate access
to PMP if your state permits.
Easier than on my desktop.

—JBukberg

★★★★★

Super helpful

Love this! The most useful
app I've downloaded in a
long, long time!

—vkeirdds

We are the #GuardiansOfHealthcare



LEGISLATIVE UPDATE

By Andrew MacLean, JD, CEO, Maine Medical Association



129th Maine Legislature Will Convene Second Regular Session On Wednesday, January 8, 2019

The 186 members of the 129th Maine Legislature are scheduled to conclude the work of their Second Regular Session by mid-April and by then the political focus will turn to the 2020 election campaigns for President, the U.S. Senate seat held by Maine’s senior Senator Susan M. Collins, Maine’s two seats in the U.S. House of Representatives, and all 186 seats in the 130th Maine Legislature. The MMA’s Legislative Committee, co-chaired by Jay Mullen, M.D., M.B.A. and Lindsey Tweed, M.D., will hold an organizational meeting in preparation for the 2020 legislative session in December. Look for meeting details in the weekly e-newsletter, Maine Medicine Weekly Update.

In the Second Regular Session, the legislature will consider bills carried over from the First Regular Session, and new bills approved through a process underway this Fall by the 10 members of legislative leadership known as the Legislative Council. The Constitution requires the legislature to consider only bills of a fiscal or “emergency” nature during the second session. You can find the lists of bill requests submitted by the September 27, 2019 filing deadline by sponsor and by subject matter on the legislature’s web site: <http://www.legislature.maine.gov/news/403/second-regular-session-preliminary-title-lists>. The Governor may submit bills at any time during a legislative session.

Some important bills have been carried over for consideration during the 2020 session, including those addressing:

- Health care reform (L.D.s 51, 1611, 1617, 1591, and 1755/MMA testified “neither for nor against,” but in support of reform generally); See MMA’s *Statement on Reform of the U.S. Health Care System*: [https://www.mainemed.com/maine-medical-association-statement-reform-us-health-](https://www.mainemed.com/maine-medical-association-statement-reform-us-health-care-system)

[care-system](https://www.mainemed.com/maine-medical-association-statement-reform-us-health-care-system); the Health Coverage, Insurance & Financial Services Committee has scheduled four meetings during the Fall to discuss issues of health care reform: <http://www.legislature.maine.gov/committee/#Committees/HCIFIS>;

- Licensing and regulation of physician assistants (L.D. 1660/MMA testified “neither for nor against,” but is negotiating with the Maine Association of Physician Assistants and other stakeholders on the bill); and
- Reimbursement for services provided by CRNAs (L.D. 1434/MMA testified “neither for nor against”).

The MMA also is taking a lead role in the campaign to defend legislation enacted during the last session (L.D. 798) to eliminate the religious and philosophical exemptions to current vaccine requirements for children which is the subject of a “People’s Veto” initiative.

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*. Also, the MMA Legislative Committee holds a weekly conference call to review bills and brief members on legislative action. The conference call information is published each week in the *Maine Medicine Weekly Update*. Finally, we are always recruiting volunteers for MMA’s *Doctor of the Day Program* at the State House. This is an excellent opportunity to participate in MMA’s state legislative advocacy. Find out more about the program on the MMA web site: <https://www.mainemed.com/advocacy-policy/doctor-day-program-maine-legislature>.

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, CEO, at amaclean@mainemed.com.

MMA HAPPENINGS

All meetings take place at the MMA office, 30 Association Drive, Manchester, ME unless otherwise noted.

NOVEMBER 6

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

NOVEMBER 12

8:00am – 3:30pm
Spectrum Medical Group

NOVEMBER 13

8:00am – 3:30pm
Legal Services for the Elderly

DECEMBER 10

8:00am – 3:30pm
Spectrum Medical Group

DECEMBER 11

4:00pm – 6:00pm
MMA Public Health Committee

JANUARY 13, 2020

4:00pm – 6:30pm
Medical Professional Health Program

JANUARY 28, 2020

5:30pm – 8:30pm
Maine Chapter, American Academy of Pediatrics

SUCCESSFUL 18TH ANNUAL DOWNEAST OPHTHALMOLOGY SYMPOSIUM HELD BY THE MAINE SOCIETY OF EYE PHYSICIANS AND SURGEONS

The Maine Society of Eye Physicians and Surgeons (MSEPS) hosted their 18th Annual Downeast Ophthalmology Symposium September 20-22 at the Harborside Hotel and Marina in Bar Harbor, ME. This meeting gathers attendees from across the country to learn the latest in techniques, treatments, and research from well-renowned faculty in the field. Topics included Glaucoma, Cataract and Retina.

The Keynote Speaker this year was Gordon Smith, Esq., Director of Opioid Response, State of Maine, who had served as the Executive Director for the MSEPS for many years. Mr. Smith spoke on Healthcare in Maine and America 1980 – 2020; A Personal Perspective.

There were 29 states and Canada represented at the meeting with 126 participating in the educational program. Twenty-nine companies exhibited at the event.

The 19th Annual Downeast Ophthalmology Symposium will take place October 2-4, 2020 at the Harborside Hotel and Marina in Bar Harbor and the topics will be Glaucoma, Cataract/Cornea, and Neuro-ophthalmology.

In addition to the Symposium, MSEPS holds a membership meeting and educational program in the spring. The next meeting will take place Friday, May 1, 2020 at the Harraseeket Inn in Freeport, Maine.



Maine Society of Eye Physicians and Surgeons (MSEPS) members in attendance at the Symposium with former MSEPS Executive Director Gordon Smith, Esq. and current MSEPS Executive Director Shirley Goggin.

VISIT THE MMA WEBSITE: WWW.MAINEMED.COM

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By Peter P. Michaud, J.D., R.N., General Counsel, Maine Medical Association



Medical Exemptions to Vaccine Requirements

At the 2019 Annual Session the members of the Maine Medical Association passed a resolution calling

on the MMA to “educate members and the public about the benefits of vaccines and scientifically valid contraindications to vaccines, from the United States Centers for Disease Control and Prevention.” Opponents of the new Maine vaccine bill have claimed, without supporting evidence, that physicians state they cannot

issue medical exemptions to vaccine requirements or refuse to do so because they fear getting in trouble.

Strong medical evidence establishes that vaccines are both safe and effective, but as with almost everything else vaccines are not 100% perfect for 100% of patients. The CDC’s Advisory Committee on Immunization Practices (ACIP), which establishes the guidelines, states that “[T]he majority of contraindications and precautions are temporary,” and thus “vaccinations often can be administered later when the condition leading to a contraindication or precaution no longer exists.” The ACIP chart of vaccine contraindications and precautions is published at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html#ref-43>.

The CDC also lists conditions “incorrectly perceived as contraindications or precautions to vaccination.” In other words, vaccines may be given under those conditions. While there are specific conditions listed for individual vaccines, the following are applicable in general to all vaccines: mild acute illness with or without fever; current antimicrobial therapy; convalescent phase of illness; preterm birth (except for Hepatitis B under some circumstances); recent exposure to an infectious disease; history of penicillin or other nonvaccine allergies, relatives with allergies, or receiving allergen extract immunotherapy; and a history of Guillain-Barre syndrome.

VACCINE	CONTRAINDICATIONS	PRECAUTIONS
DT, Td	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	GBS <6 weeks after previous dose of tetanus-toxoid–containing vaccine History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid—containing or tetanus-toxoid–containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid-containing vaccine Moderate or severe acute illness with or without fever
DTaP	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of previous dose of DTP or DTaP	Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP until neurologic status clarified and stabilized GBS <6 weeks after previous dose of tetanus-toxoid–containing vaccine History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid–containing or tetanus-toxoid–containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid–containing vaccine Moderate or severe acute illness with or without fever
Hib	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Age <6 weeks	Moderate or severe acute illness with or without fever
IPV	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	Pregnancy Moderate or severe acute illness with or without fever
MenACWY	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	Moderate or severe acute illness with or without fever
MenB	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	Moderate or severe acute illness with or without fever
MMR	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Pregnancy Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) Family history of altered immunocompetence	Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) History of thrombocytopenia or thrombocytopenic purpura Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing Moderate or severe acute illness with or without fever
MPSV4	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	Moderate or severe acute illness with or without fever
Tdap	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of previous dose of DTP, DTaP, or Tdap	GBS <6 weeks after a previous dose of tetanus-toxoid–containing vaccine Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid—containing or tetanus-toxoid–containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid–containing vaccine Moderate or severe acute illness with or without fever
Varicella	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) Pregnancy Family history of altered immunocompetence	Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) Moderate or severe acute illness with or without fever Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination) Use of aspirin or aspirin-containing products

Workplace Violence Management in Healthcare

Develop a Program:

Employers can be fined under OSHA’s General Duty Clause if they fail to provide their employees with a safe working environment, which can include acts of workplace violence. The Occupational Health and Safety Administration Guidelines recommend a written comprehensive workplace violence prevention program which includes the following elements:

1. Management commitment and employee participation

- Acknowledgment of the value of a safe and violence-free workplace for both the workers and patients/clients
- Allocating appropriate authority and resources to all responsible parties
- Assign and ensure all managers and supervisors understand their role and maintain a system of accountability. Include employees from high risk areas
- Supporting and implementing appropriate recommendations from committees assigned to oversee this work
- Establishing comprehensive coverage of medical and psychological counseling
- Establishing policies that ensure the reporting, recording, and monitoring of incidents and near misses. Foster an open environment to promote the reporting of any act of violence

2. Worksite analysis

Analysis involves a mutual step-by-step assessment of the workplace to find existing or potential hazards

that may lead to incidents of workplace violence. Information is generally collected through surveys from employees, patients/clients, job hazard analysis, and record analysis.

3. Hazard prevention and control

- Identify and evaluate control options for each hazard
- Select effective controls to eliminate or at minimum reduce hazard
- Implement controls
- Follow up on controls once in place to confirm that they are being used and maintained correctly
- Continue to evaluate the controls making changes as needed

4. Safety and health training

Training can help raise safety awareness, provide tools needed to identify hazards, and address potential problems ahead of time reducing the likelihood of an incident. Training should be for all workers (include vendors and volunteers).

5. Record keeping and program evaluation

It is necessary to keep records and evaluate the violence prevention program. This will help determine if what you are doing is working and will help identify those areas that need work.

Examples of some of the documents are: minutes from committee meetings; hazard analyses; corrective action plans; training program; and who attended.

The program should be reviewed regularly and after a major incident. In addition, policies and procedures should be reviewed on a regular basis.

Processes involved in an evaluation include:

- Consistent reporting system and reports are reviewed regularly
- Review of safety meeting minutes and reports
- Review trends and rates in incidents
- Measure improvements
- Stay up-to-date on administrative and work practice changes
- Close the loop on all recommendations
- Survey employees
- Comply with all regulatory requirements
- Invite law enforcement to come in to review worksites and make recommendations for improvements

Medical Mutual Insurance Company of Maine’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.



THE ALZHEIMER’S ASSOCIATION HAS RESOURCES FOR YOU AND YOUR PATIENTS

By Peter Baker, LCSW, Program Director, Alzheimer’s Association, Maine Chapter

The Alzheimer’s Association is the leading voluntary health organization in Alzheimer’s care, support and research. Founded in 1980 by a group of family caregivers and individuals interested in research, the Association includes our home office in Chicago, a public policy office in Washington, D.C., and a presence in communities across the country including our Maine chapter office in Scarborough.

In the United States alone, more than 5 million have Alzheimer’s, and 16 million are serving as their unpaid caregivers. Here in Maine, an estimated 28,000 are living with Alzheimer’s and are supported by over 69,000 caregivers. The Association addresses this crisis by providing education and support to the millions who face dementia every day, while advancing critical research toward methods of treatment, prevention and, ultimately, a cure.

The Alzheimer’s Association also offers resources to help you optimize care for your patients living with dementia and their caregivers. With a robust offering of information, tools and programs available in person and online, we are a trusted partner for you and your patients.

- Our Healthcare Professionals website ([alz.org/HCPs](https://www.alz.org/HCPs)) has helpful tools, including videos, cognitive assessment and care planning resources.
- Alzheimer’s Disease Pocketcard app and portal ([alz.org/HCPapp](https://www.alz.org/HCPapp) and [alz.org/HCPportal](https://www.alz.org/HCPportal)) provides reliable Alzheimer’s and dementia information, assessment, management and care planning tools and materials that can be easily shared with patients and caregivers.
- Cognitive Impairment Care Planning ([alz.org/careplanning](https://www.alz.org/careplanning)) information about CPT code 99483 and access the Cognitive Impairment Care Planning Toolkit to help you deliver assessment and care plan services under the code.
- Research Resources ([alz.org/resources](https://www.alz.org/resources)) Alzheimer’s, dementia and related brain research as well as treatment developments.
- Challenging Conversations About Dementia ([alz.org/FreeCME](https://www.alz.org/FreeCME)) free CME courses to learn how to confidently approach the detection, diagnostic and care-planning process.

- New Strategies in Diagnosing, Preventing, and Treating Dementia: A Course for Primary Care Physicians (<https://www.alzmassnh.org/hospital/cme-course/>) free CME courses for primary care providers

The Alzheimer’s Association offers reliable resources, support and information to all of those affected by Alzheimer’s and other dementias. Available across the country, we’re here whenever and wherever individuals and families need us.

By Phone:

- 24/7 Helpline 800-272-3900
Free nationwide 24/7 Helpline, staffed by master’s level clinicians and specialists, providing confidential support and information.

In-person:

- Face-to-face support groups and education programs available across the country and the state of Maine.

Online:

- I have Alzheimer’s website – [alz.org/IHaveAlz](https://www.alz.org/IHaveAlz)
Features information and resources for people

living with dementia, including interactive tools for navigating the challenges that accompany a diagnosis.

- Caregiver Resources – [alz.org/care](https://www.alz.org/care)
Information and tools for caregivers and those who participate in making care-related decisions.
- Alzheimer’s Association & AARP Community Resource Finder – [alz.org/crf](https://www.alz.org/crf)
Database of dementia and aging-related resources, including support groups.
- Alzheimer’s Navigator – [alzheimersnavigator.org](https://www.alzheimersnavigator.org)
Tool that allows users to assess their needs and create customized action plans.
- Alzheimer’s Association TrialMatch – [alz.org/TrialMatch](https://www.alz.org/TrialMatch)
Free clinical studies matching service.

I can be reached at 207-772-0115 x 9691, toll free 1-800-272-3900 or email pbaker@alz.org.



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Free Individual Academic Detailing Sessions on Two Opioid Topics

Academic Detailing is peer-to-peer educational outreach designed to improve prescribing practices.

In 2019 MICIS offers two topics which are directed at two groups of prescribers:

- those who have complex patients with chronic pain on opioids
- those who are considering or providing buprenorphine treatment for opioid use disorder.

Prescribers and Medical Directors may request an individual 1-hour Academic Detailing session at their practice location. Sessions can be scheduled for any time of day, and on the same day for multiple providers in the same or nearby practices. There is no charge for the session.

To schedule a session and for more information, visit www.micismaine.org

The Maine Medical Education Trust designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Maine Medical Education Trust and the Maine Independent Clinical Information Service (MICIS). The Maine Medical Education Trust is accredited by the Maine Medical Association Committee on Continuing Medical Education and Accreditation to provide continuing medical education for physicians.

The Maine Independent Clinical Information Service www.micismaine.org is a program of the Maine Medical Association.



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