

Maine Medicine

a quarterly publication of the Maine Medical Association

OCTOBER/NOVEMBER/DECEMBER 2021

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

168TH ANNUAL SESSION FOCUSES ON DIVERSITY, EQUITY, AND INCLUSION

The Maine Medical Association conducted its 168th Annual Session at the Sunday River Resort's Jordan Grand Hotel in Newry, Maine in beautiful late summer weather during the weekend of September 10-12, 2021. The meeting format was "hybrid," meaning that attendees had the option of participating in person or remotely. The members, guests, speakers, sponsors, and exhibitors who attended the event in person acted within the COVID-19 protocols established for the event and seemed to enjoy the opportunity to gather safely with friends and colleagues.

The theme of this year's meeting was, *Equality, Equity, and Our Evolving Health Care System* and the CME program featured current work of the MMA, the Administration of Governor Janet Mills, and others to promote diversity, equity, and inclusion in our society. Keynote speaker "Bowtie" Todd Jenkins, Ph.D. kicked off the CME sessions on Saturday with an inspiring talk about his work to address implicit bias and promote diversity, equity, and inclusion in academia, large businesses such as Walmart, and our non-profit sector. "The theme of this Annual Session was timely and we were very fortunate to have such a dynamic and compelling speaker as Dr. "Bowtie" Todd deliver our keynote address," said Lisa Ryan, D.O., MMA Past President and Chair of the Annual Session Planning Committee. Dr. "Bowtie" Todd was followed by a panel of State officials moderated by DHHS Senior Advisor, Delivery System Change Lisa Letourneau, M.D. M.P.H., and included her colleagues Leanna Amaez, J.D., Sharon McDonnell, M.D., M.P.H., and Ian Yaffe. The panel provided an overview of the Governor's initiatives to pursue health equity in the current pandemic environment and beyond. The Diversity, Equity, and Inclusion (DEI) program on Saturday concluded with a presentation on medical missionary work around the world by Michael Curci, M.D. and his colleague, Elizabeth McClellan, APRN.

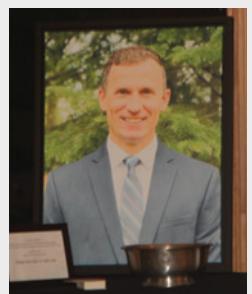
Optional activities on Saturday afternoon included a 1-hour opioid prescribing CME program offered by the Maine Independent Clinical Information Service (MICIS); meetings of the Maine Society of Anesthesiologists and Maine Chapter of the American College of Emergency Physicians; a group hike up the Lollapalooza Trail, and a wine tasting featuring wines of Italy. Because the setting was not conducive to holding a road race, MMA offered a yoga session on both Saturday and Sunday mornings and these sessions proved to be very popular. The MMA General Membership Meeting on Saturday morning featured the annual report from Frank Lavoie, M.D., M.B.A., President & CEO of Medical Mutual Insurance Company of Maine (prompted numerous COVID-19 questions); consideration of amendments to the MMA bylaws (including the establishment of an Independent Practice Section); debate of a resolution on single payer health care reform sponsored by Julie Keller Pease, M.D. (tabled pending the report and recommendations of an Ad Hoc Committee on Health System Reform); adoption of a 2022 budget for the MMA; and election of a slate of candidates for various MMA positions recommended by the Nominating Committee (including six new members of the MMA Board of Directors (see related article).



President Jeffrey Barkin, M.D. and Immediate Past President Karen Saylor, M.D.

During the Inauguration and Awards Dinner on Saturday evening, Karen Saylor, M.D. turned over the President's gavel to Jeffrey Barkin, M.D. and MMA honored Buell Miller, M.D. and Hector Rosquette, M.D. (post-humorously) with the Mary Floyd Cushman, M.D. Award for Distinguished Humanitarian Service as a medical volunteer for

their medical missionary work in Haiti. Dr. Saylor recognized Peter Leighton, M.D. (post-humorously) with the President's Award for Distinguished Service in recognition of his work in addiction medicine and MAT. Peter's widow, Kimberly, and their five children joined MMA for the Awards Dinner. The program concluded on Sunday morning with a panel presentation and discussion of issues in diversity, equity, and inclusion featuring MMA Past President Richard Evans, M.D., and current board members Elisabeth Wilson, M.D., M.P.H., Jim Jean-Jacques, D.O., and Samuela Manages, M.D.



Award recipients Peter Leighton, M.D. and Buell Miller, M.D. with his wife, Ann.

Five Maine medical students from the Tufts University School of Medicine Maine Track program (Maine Track) and the University of New England College of Osteopathic Medicine (UNE COM) attended the MMA Annual Session in Newry.

"The MMA annual session was a wonderful learning opportunity and a great venue to interact and network with leading medical professionals in the state of Maine. I especially enjoyed hearing about the work the MMA is doing to improve medical care delivery in the state of Maine." Tal Tsafnat, UNE COM OMS-II



(L-R) Anthony Mueller, Nathaniel Meyer, Bryan Olson, Tal Tsafnat and Ryan Best M.D.

"The MMA has always given medical students like me a warm welcome and provided opportunities for personal growth, like Steve Saylor testing my physical fitness with

MMA WELCOMES NEW MEMBERS TO THE BOARD OF DIRECTORS

The MMA Nominating Committee, chaired by Past President Robert Schlager, M.D., presented a slate of six candidates for seats on the 30-member Board of Directors. Based on a positive vote for the slate at the General Membership meeting during the Annual Session on Saturday, September 11, 2021, we welcome the following new members to the Board of Directors.

- Jay Mullen, M.D., M.B.A., specialty – emergency medicine; practice setting – BlueWater Emergency Partners;
- James Jarvis, M.D., specialty – family medicine; practice setting – Northern Light Health;
- Minda Gold, M.D., specialty – family medicine; practice setting – Full Circle Direct Primary Care, Damariscotta;
- Scott Schiff-Slater, M.D., specialty – family medicine; practice setting – Hallowell Family Practice, Hallowell;
- Maryn Torner, M.D., M.P.H., specialty – anesthesiology; practice setting – MMC Anesthesiology Residency Program (President, House Staff Association); and
- Nathaniel Meyer, M '22, Tufts University School of Medicine – Maine Track.



Jay Mullen, M.D., M.B.A.



James Jarvis, M.D.



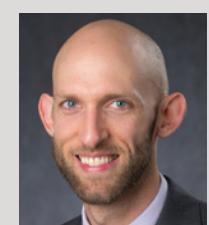
Minda Gold, M.D.



Scott Schiff-Slater, M.D.



Maryn Torner, M.D., M.P.H.



Nathaniel Meyer, M '22

an early morning trail run on our last day at Sunday River. I enjoyed reconnecting with members who I met a couple of years ago in Bar Harbor, and this year I was fortunate to connect with so many more, too!" Bryan D. Olson, UNE COM OMS-III

Also attending were Nathaniel Meyer (Maine Track Class of 2022), Anthony Mueller (UNE COM OMS-II) and Tyler Lang (Maine Track Class of 2022).

Please mark your calendars for the MMA's 169th Annual Session at the Harborside Hotel & Marina in Bar Harbor from September 9-11, 2022.



Back row: Richard A. Evans, M.D., Robert McAfee, M.D., Charles Pattavina, M.D. Front row: Amy Madden, M.D., Lisa Ryan, D.O., Krishna Bhatta, M.D.



Awards Dinner



Keynote speaker "Bowtie" Todd Jenkins, Ph.D.



Maine Society of Anesthesiologists Meeting held at MMA Annual Session.



Usha Reddy, M.D.

MMA - CQI NEWS

By Jessica Reed, Clinical Quality Manager at MMA-CQI

Creating Innovative Medical and Dental Pathways for HPV Vaccination Education to Increase HPV Vaccination Rates in Maine (HPV Vaccination Dental Project)

The Maine Medical Association Center for Quality Improvement (MMA-CQI) has been awarded a 2-year grant from the Maine Cancer Foundation for the grant project **Creating Innovative Medical and Dental Pathways for HPV Vaccination Education to Increase HPV Vaccination Rates in Maine** (also referred to as the HPV Vaccination Dental Project). This project will focus on building pathways for medical and dental practices in Maine to work together to educate and promote HPV vaccinations for girls and boys ages 9-13 years old. This collaboration will help spread the message about HPV vaccinations as cancer prevention and increase HPV vaccination rates - thus protecting these adolescents from six different types of HPV-associated cancers.

This project will have three areas of focus:

1. **Federally Qualified Health Centers:** HPV vaccination educational resources combined with the implementation of evidence-based interventions with medical and dental professionals at two Federally Qualified Health Centers (FQHCs) with co-located dental clinics will be utilized to increase HPV vaccination rates for 9–13-year-old girls and boys.
2. **Private Dental Clinics:** HPV and HPV vaccination education and resources will be provided to 1-2 dental clinics to pilot a new dental-focused infographic and a new referral form. Dentists and dental hygienists will use these new tools to educate patients and families about HPV vaccinations and make referrals to pediatrician or family providers for HPV vaccinations.
3. **Dental Professional College Programs:** HPV and HPV vaccination education will be provided to dental and dental hygienist students to support and encourage the important role dental professionals can have in promoting HPV vaccinations with their adolescent patients in Maine.

We are currently recruiting two FQHCs with co-located dental clinics. There is a generous practice stipend available for participating practices. Please reach out to Jessica Reed, Clinical Quality Manager at MMA-CQI for more details or to answer any questions at 207-200-6739 or jreed@mainemed.com.

More information on the importance of HPV vaccinations and how to increase HPV vaccination rates in clinical practice can be found at the MMA-CQI Learning Lab (www.qclearinglab.org). The online learning module "Increasing HPV Vaccination Rates in Clinical Practice" is an easily accessible, quality improvement resource for pediatricians, family clinicians, practice staff, and other quality improvement healthcare professionals. Two free CME credits are available. A new HPV Vaccination Resource Toolkit is also available with other HPV resources in Unit 10 of the HPV online learning module.

Maine Cancer Foundation's grant is offered as part of their ongoing efforts to reduce cancer incidence and mortality in Maine. They have invested \$15 million since 2015 in support of cancer prevention, early detection and screening, and access to care for all Mainers. To learn more about Maine Cancer Foundation, visit www.maineoncancer.org, or contact Katelyn Michaud at katelyn@maineoncancer.org or 207-773-2533.

For more information visit www.qclearinglab.org

PRESIDENT'S CORNER

By Jeffrey Barkin MD, DFAPA, President, Maine Medical Association



The weekend of September 10-12 brought us the Maine Medical Associations 168th annual meeting. After more than a year and a half of video meetings, we finally had the opportunity to come together for the first time in a long time. Everyone was vaccinated; attendees wore

masks and much of the meeting was held outside, despite some shivers the first evening, relieved by the hot tub. The joy experienced by us was evident by the smiles, hugs, handshakes, shoulder bumps, and especially smiles, a lot of smiles. In fact, I do not think I have ever experienced so much expressed joy by a group. Our pent-up social energy, genuine concern and affection for each other finally could be experienced in person. What a joy! As always, the Maine Medical Association staff organized a wonderful conference, made even more special this year by the dynamics of "absence makes the heart grow fonder." A massive thank you for making this event so much fun and we are all looking forward to next year's meeting in Bar Harbor.

Becoming President of the Maine Medical Association on September 11th was one of the most emotional experiences of my life. Coupled against the 20th anniversary of one of the greatest American tragedies, seeing everyone and sharing some thoughts was for me a moment of true awe.

During the weekend much conversation was about the ongoing COVID-19 crisis, how well Maine has done relative to other states in vaccination rates, hospitalizations and deaths, but also ongoing vaccine hesitancy. Mis- and dis-information was a topic in many conversations. The erosion of trust in many pillars of society was noted, especially the devaluing of physicians,

medicine, and science during a time of societal distress brought about by a once in a lifetime pandemic.

The distrust of medicine, science, and vaccines in particular raises the fundamental question of what is the role of a physician in our society? While we must learn, retain, and continuously acquire new information, we must also credibly and empathetically convey it to our patients. While we are subject matter experts in medicine, how do we convey our medical advice in a non-threatening, truthful, comprehensive, yet easy to understand way to make our treatment plan something our patients can accept and work with us to operationalize? I have learned that one of the most basic physician roles is that of an educator and teacher. If this is the case, we need to continuously ask how are we doing connecting to our patients? Do they understand the plan and feel comfortable with it? Are there lingering fears or doubts? Might "internet research" by patients and their close ones influence the acceptance of the treatment plan? And, if so, what is our role as physicians in this dynamic?

As a psychiatric physician, I have come to learn – especially now – that many people do not like being told what to do. One of our challenges as physicians is to effectively connect with our patients. To do so requires empathy, respect, and much listening.

If the collegiality and affection I experienced at the annual meeting is any indicator, there is every reason to believe we can connect, communicate, and collaborate with many others in society to return to a place of positive civil dialog, and yes, maybe even (safe) hugs and shoulder bumps!

Feel free to reach out to me at 207-775-2244 or president@mainemed.com.

Update on the State's Response to the Opioid/Drug Epidemic

By Gordon H. Smith, JD, Director of Opioid Response, State of Maine



Greetings MMA members and friends. I appreciate the opportunity to share with you the major opioid response initiatives the State has initiated so far in 2021.

- Following two comprehensive rate reviews, MaineCare increased reimbursement for many substance use disorder treatment codes including increasing by 77% reimbursement for medically supervised withdrawal and by nearly as much for residential treatment.
- Through major behavioral health organizations in the state, hired 16 behavioral health liaisons to provide outreach and appropriate referrals to individuals surviving an accidental overdose.
- Supported the opening of two new opioid treatment programs (methadone clinics), a new residential treatment facility and welcomed dozens of new providers into the MaineCare Opioid Health Home program.
- Established an overdose fatality review panel (ORP) to review a select number of both fatal and non-fatal overdoses in order to identify gaps in services. Sixteen individuals serve on the panel, including three physicians. The panel held its first meeting on October 1 and will be meeting monthly.
- Oversaw the expansion of syringe service provider locations from 7 sites in 2019 to 18 certified sites today.
- Celebrated the opening of several new recovery residences bringing the total to 121.
- Expanded medication assisted treatment to all residents with a diagnosis of SUD in the custody of the Department of Corrections. By the end of the year, upwards to 600 prison residents will be receiving such treatment.

Despite these initiatives, we expect fatal overdoses to exceed 600 in 2021, a 20 percent increase from last

year. The continued presence of fentanyl in the state, combined with the growing tendency of individuals to use drugs alone, is the primary cause of the increase in fatal overdoses. On a more positive note, fatal overdoses represent less than 7 percent of total overdoses, demonstrating that dedicated first responders are getting better and better at saving individuals using some of the more than 100,000 doses of naloxone the State has purchased and distributed through the Maine Naloxone Distribution Network.

I want to call your attention to three new websites we are using to convey up to date information on the availability of resources. Overdose data is reported monthly on the www.mainedrugdata.org website operated through a contract with the University of Maine. Information on the OPTIONS liaison program and available resources by county are found at www.knowyouroptions.me. Information on how to acquire naloxone is available at www.getmainenaloxone.org. I encourage you to check out these resources.

What can you do to help? A lot! Make a habit of prescribing naloxone along with any significant opioid dosing. We still need more MAT prescribers, and it is easier than ever to receive the federal waiver and begin to treat individuals with SUD who may already be in your practice. Many primary care physicians have received their waiver and find addiction treatment to be the most positive and joyful part of their practice. I appreciate these champions, many of whom serve on our Opioid Response Clinical Advisory Committee chaired by Lisa Letourneau, M.D., M.P.H. and Alane O'Connor, D.N.P. Other champions on the Committee include Andrea Truncalli, M.D., Christine Munroe, D.O., Kristin Silvia, M.D., Erik Steele, D.O. and Noah Nesin, M.D. I appreciate their generous contribution to our efforts. We all grieve the recent death of one of our most dedicated champions, Dr. Peter Leighton.

When the global pandemic is finally in our rear-view mirror, we will still be challenged by the opioid epidemic. We will need your help. Thank you for the opportunity to share these thoughts. I wish you all the best for 2022.

NOTES FROM THE CEO

By Andrew MacLean, J.D., CEO, Maine Medical Association



The Annual Session in early September each year marks a transition in the organization as members elect new officers and directors, adopt a budget for the next fiscal year, and often identify new or revised priorities for the MMA in the year ahead. I am looking forward to working with our new President, Dr. Jeff Barkin, and our new Board Chair, Dr. Paul Cain, as well as other members of the Executive Committee and Board of Directors (including six new members featured in this issue) in pursuit of the MMA's strategic priorities for 2022 and beyond. Two topics from the Annual Session agenda – MMA's efforts to promote diversity, equity, and inclusion in our health care system and society generally, and the establishment of an Independent Practice Section to focus MMA's response to the unique needs and concerns of this component of our membership, will remain among MMA's top strategic priorities. Since the conclusion of the Annual Session, the MMA staff and officers have been planning the annual President's Retreat, scheduled for the weekend of October 22-24,

2021 in Portland. This annual event gives the Board of Directors dedicated time to address some aspect of strategic planning for MMA. During this retreat, the Board will revisit its 2019-2020 strategic plan which was developed during the Fall of 2019 after I became CEO and was approved by the Board in January 2020. The emergence of the COVID-19 pandemic during the first quarter of 2020 interrupted our initial implementation of the strategic plan as MMA devoted substantial resources to supporting members in their response to the pandemic. But, we still have made progress on the strategic plan, including several "Action Priorities" for 2021, including the continued pursuit of financial sustainability; the work of Ad Hoc Committees on Health System Reform and Diversity, Equity, and Inclusion; enhancing our communications capability with a new web site; and supporting independent physician practices. I am excited to undertake this review of our current strategic plan in reference to the dramatically different environment in which we and MMA find ourselves today.

Please contact me any time with your comments or suggestions about how we might serve you better – amaclean@mainemed.com; 207-480-4187 Direct; 207-215-7462 Mobile.



30 Association Drive, P.O. Box 190
Manchester, Maine 04351

(t) 207-622-3374

(f) 207-622-3332

info@mainemed.com

www.mainemed.com

NEWSLETTER EDITOR

Richard A. Evans, M.D.

(t) 207-564-0715 (f) 207-564-0717
raevans95@earthlink.net

PRESIDENT

Jeffrey Barkin, M.D.

(t) 207-775-2244
president@mainemed.com

PRESIDENT-ELECT

Erik Steele, D.O.

(t) 207-799-8596
erik.steele@martinspoint.org

CHIEF EXECUTIVE OFFICER

Andrew MacLean, J.D.

(t) 207-480-4187 (f) 207-622-3332
amaclean@mainemed.com

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 2021 SUSTAINING MEMBERS

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

Central Maine Health Care

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Northern Light Blue Hill Hospital

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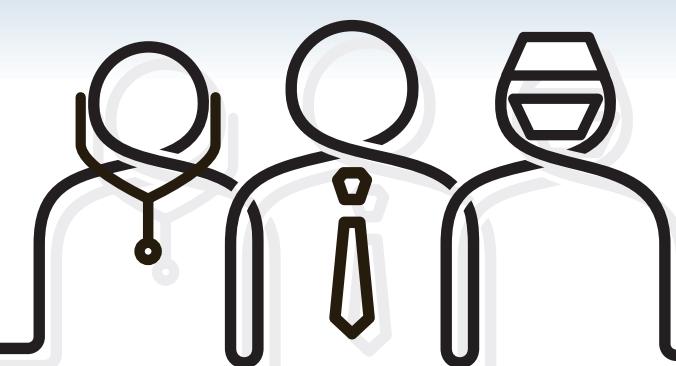
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BAYSTATE FINANCIAL FISCAL FITNESS FOR LIFE

By Larry Perry, CLU, ChFC, CLTC, Baystate Financial

Aging – Your Final Frontier

MIT AgeLab researchers have broken down life into four 8000-day (approximately 22 year) periods. The first three stages they label *Learning, Growing and Maturing*. Although variable from person to person, the experiences and expectations during these stages have been well defined from generation to generation. It is only the fourth stage (age 66 to 88), a relatively new reality, that is bringing this generation of retirees into uncharted territory. Dr. Coughlin says about retirement that it "is now an entire life stage waiting to be written."

"Now that we have achieved what humankind has tried to achieve since it has walked – living longer – we really don't have a good idea of what to with all that additional time."

Joe Coughlin, PhD, Director, MIT AgeLab

In our continuing efforts to bring unique learning opportunities to MMA members through our joint endeavor with MMA, *Fiscal Fitness For Life*, we extended to all MMA members an invitation to our *Client Engagement Series* presentation *8000 days: Understanding Life Through the Eyes of the MIT AgeLab*.

In this presentation, Hartford Fund's Sr. VP of Applied Insights, John Diehl, who works closely with the leadership team at the MIT AgeLab, was able to share with us revealing statistics regarding the aging process. It was amazing how three simple questions ... and your answers to them ... will define the quality of life you will experience throughout the fourth 8000-day period of your life:

**Who will change my lightbulbs?
How will I get an ice cream cone?
Who will I have lunch with?**

While the questions may indeed be simple, your answers to them will focus your attention on the evolving stages of the aging process:

**Where will I be living?
How will I access transportation?
With whom will I be spending my time?
OR who will I socialize with?**

The conclusions drawn from MIT AgeLab research find that the answers to these questions will change during your years in retirement, based upon which one of the four phases of retirement you are in:

1. The Honeymoon Phase, characterized by the ability and time to fully enjoy both financial and physical well being.

2. The Big Decision Phase, characterized by the recognition your lives will change and the emergence of a new set of concerns (e.g., cost of home maintenance, leaving behind sources of "earned" income) as well as priorities (e.g., proximity to your children's families).

3. The Navigating Longevity Phase, characterized by limitations, and the need to design strategies for declining health, reduced mobility, and the erosion of your social support network. Events begin to control you, rather than you being able to control events. Having a healthy attitude for accepting life's unwanted challenges is key to being able to enjoy this phase of the aging process.

4. The Solo Journey Phase - For many, this is the most challenging aspect of aging and how you plan for it will determine whether it is a frightening or fulfilling experience. It is the letting go of independence, and the need to have a multi-faceted strategy for the receiving of care.

Registrants for the webinar received access to MIT AgeLab's *8000 Days* white paper and workbook. If you did not participate in the webinar, but would like to receive this material, contact Lisa Martin at MMA Member Services.

Registered representatives and investment adviser's representative of MML Investors Services, LLC. (MMLIS) Member SIPC. Supervisory office located at 200 Clarendon Street, 19th & 25th Floors, Boston, MA 02116. 617-585-4500. CRN202401-1022647



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MAINE DHHS UPDATE

By Lisa M. Letourneau, M.D., M.P.H., Senior Advisor for Delivery System Change



CoverME.gov: Helping Patients Find Affordable Health Insurance

Health research provides solid evidence that having affordable health care insurance helps people

access needed health care services and results in better health outcomes. As physicians, we are in a unique position to help our patients identify their best options for health insurance coverage. Maine DHHS is pleased to highlight several new developments for improving access to affordable health care in Maine. On October 4, Governor Mills and Commissioner Lambrew announced (<https://www.maine.gov/governor/mills/news/governor-mills-commissioner-lambrew-announce-federal-approval-maines-state-based-health>) that the federal government has approved Maine's fully state-based health insurance marketplace, CoverME.gov. Along with the state's expansion of MaineCare in 2019, CoverME.gov is at the heart of Maine's efforts to reduce the uninsured rate in Maine and improve people's access to care.

Beginning November 1, consumers can use CoverME.gov to shop for and enroll in private marketplace insurance plans, with most people qualifying for federal financial assistance that can result in lower monthly premiums and out-of-pocket costs. The federal American Rescue Plan Act increased financial assistance available this year, making more people eligible than ever before. More than 80% of marketplace enrollees in Maine qualify for financial assistance, with monthly premiums for many as low as \$10 or less.

All plans offered on CoverME.gov will cover the 10 categories of Essential Health Benefits, including many preventive services with no out-of-pocket costs. In addition, the Made for Maine Health Coverage Act

requires individual market plans (excluding plans with Health Savings Accounts) to cover the first primary care and first behavioral health care visits of the year at no cost to the enrollee. Most 2022 individual health insurance plans in Maine will use one of several "Clear Choice" plan designs that use standard cost-sharing design, meaning they have the same deductible, copays, and co-insurance for medical services, no matter which health insurance company offers the plan.

By moving to a fully state-based marketplace, Mainers gain many benefits, including the ability to participate in an extended open enrollment period. This year, open enrollment will extend from November 1, 2021, to January 15, 2022, providing an additional month for Mainers to take advantage of affordable health coverage options.

Additionally, during the open enrollment period Mainers can use CoverME.gov to apply for either private insurance or MaineCare. Individuals who apply and are eligible for MaineCare will have their application sent directly to MaineCare for review. Eligible Mainers can still enroll in MaineCare at any time of year by applying online through My Maine Connection (<https://www.maine.gov/mymaineconnection> or <https://www.maine.gov/dhhs/ofi/applications-forms>). MaineCare income eligibility guidelines can be found online. (<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2021%20MaineCare%20Eligibility%20Guidelines.pdf>)

As trusted messengers with your patients and in your communities, Maine physicians have an important opportunity to educate patients about their coverage options. This fall, CoverME.gov will include a "Partner Resources" section, as well as a directory (<https://www.coverme.gov/find-help-near-you>) of trained and certified Maine Enrollment Assisters who can help guide uninsured people to the coverage option that works best for them. Please share these materials and encourage your patients needing coverage to visit CoverME.gov or call (866) 636-0355 TTY 711.



The MMA-CQI, with funding support from the Maine Board of Licensure in Medicine (BOLIM), developed and maintains online on demand learning modules available for CME credit at

www.qclearninglab.org

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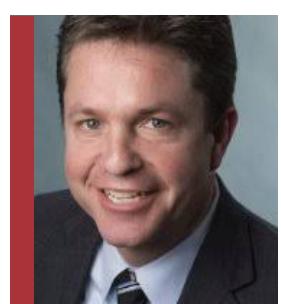


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STATE HOUSE NOTES

By Dan Morin, Director of Communications and Government Affairs



January 2022 - Anticipating the Second Regular Session of the 130th Maine Legislature

The Maine Legislature is scheduled to return January 5th for the Second Session. Second sessions are typically shorter than the first and only a limited number of bills are allowed—usually budgetary matters, bills carried from the first session, and legislation deemed to be an ‘emergency.’

Priority bills of interest to medicine that were carried over from the first session include a proposal to raise the tax on tobacco products (LD 1423) to keep kids from starting to smoke, help adults to quit, and to provide funding for much-needed public health programs. Another public health measure concerning tobacco use is a bill to ban menthol and other flavors in cigarettes and e-cigarettes (LD 1550) to protect Maine youth and young adults.

The MMA is also currently leading a statewide stakeholder group concerning increased investments in primary care and behavioral health (LD 1196).

Under the leadership of physician state legislator, Sam Zager, M.D., and MMA Board member, Elisabeth Wilson, M.D., M.P.H., healthcare leaders across the state are participating in multiple meetings with the goal of producing a consensus proposal for the Maine Legislature to improve health outcomes and lower future costs by realistically orienting care toward more

prevention, chronic disease management, access and equity, and better treatment for behavioral/mental health conditions such as substance use disorder.

September 24th was the deadline for Maine legislators to submit new bills for the Second ‘Emergency’ Session in 2022. Over 300 bill titles and/or ideas were submitted for consideration. All new bills for the Second Session must be approved by a small group of legislative leaders called the Legislative Council. Since many are not approved, we suggest keeping an eye out for MMA’s *Maine Medicine Weekly Update* email newsletter for updated information on what new bills will be presented to the Maine Legislature in January.

A Legislative Council Meeting to review legislator requests was scheduled for Monday, October 25th. The Council has planned on holding two more meetings before the middle of November to finalize approved bills.

A few of the more interesting bill subject titles that MMA Government Affairs has flagged concern mandatory vaccination and exemptions, postpartum MaineCare coverage, insurance coverage for COVID-19-related mental health treatment for kids, allow pharmacists to dispense emergency supplies of chronic maintenance drugs, halting prior authorization and step therapy in MaineCare for serious mental illness, among others.

Visit the Maine Legislature’s website at <https://legislature.maine.gov/> and look for links on the left panel of the site’s homepage for a list of all proposed bill titles for 2022. You can also contact Dan Morin, MMA’s Director of Communications & Government Affairs at (207) 480-4199 or at dmorin@mainemed.com for more information or questions.

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SPECIALTY SOCIETY MEETINGS

November 13, 2021

Maine Neurological Society Fall Meeting
Maple Hill Farm – Hallowell, ME
Contact: Cathy Stratton 207-595-5725 or cstratton@mainemed.com

November 17, 2021

ACP Maine Chapter Town Hall Zoom Meeting
Via Zoom
Contact: Warene Eldridge 207-215-7118 or mainechapteracp@gmail.com

December 9, 2021

Maine Chapter – American College of Emergency Physicians Holiday Meeting
Portland Regency Hotel – Portland, ME
Contact: Cathy Stratton 207-595-5725 or cstratton@mainemed.com

February 25-27, 2022

Maine Society of Anesthesiologists Winter Meeting
Sugarloaf Mountain Hotel – Carrabassett Valley, ME
Contact: Lisa Montagna 207-620-4015 or mesahq@gmail.com

Observations on Inequality and Inequity in Our Health Care System

By Julie Keller Pease, MD, Psychiatrist, Maine Allcare

In August, I submitted a resolution to the 2021 MMA General Membership meeting, urging support for “the establishment of an equitable, sustainable, comprehensive, affordable, high-quality, publicly-funded universal health care system at the national level, as well as for comparable legislation at the state level.” My decision to present this resolution was prompted by the annual meeting’s theme: “Equality, Equity, and Our Evolving Health Care System.” The attendees voted to table the resolution, pending the recommendations of an Ad Hoc Committee (of MMA members) on Health System Reform which is currently at work on the MMA’s role in the health care reform policy debate.

Our current healthcare system is rife with inequities of access, cost, coverage and outcomes. About 20 million Americans lack health insurance. Many millions more are underinsured. People who are uninsured and underinsured experience the worst healthcare inequity, with reduced access to lifesaving health care because of unaffordability.

Insurance coverage disparities

There are dozens of different health care coverage plans in Maine, with inequitable premiums, co-pays and deductibles. These plans provide disparate levels of coverage, variable reimbursements, different provider panels, different formularies, etc. A public plan would make everyone’s benefits the same, and eliminate provider panels, etc.

COVID-19 coverage inequities

In 2020, as the pandemic took hold, U.S. health insurance companies declared they would cover 100 percent of the costs for COVID-19 treatment, waiving co-pays and deductibles for hospital stays that frequently range into the hundreds of thousands of dollars. But this year, most insurers (more than 80% of them, all but Maine Community Health Options in Maine) have reinstated co-pays and deductibles for COVID-19 patients. “Now the financial burden of COVID is falling unevenly on patients across the country, varying widely by health-care plan and geography.” - *The Washington Post* A public plan would eliminate most cost sharing.

The Commonwealth Fund: the U.S. healthcare system ranks LAST on equity

In August, the Commonwealth Fund issued its updated report comparing health care in the US to 10 other high income countries. The U.S. healthcare system ranks LAST in health care affordability and health equity, and also has the highest rate of infant mortality and mortality amenable to health care. Although Maine’s infant mortality rate is slightly lower than the U.S. average, Maine also compares poorly to the other 10 countries.

Racial inequality

The Kaiser Family Foundation reports that non-elderly Blacks and Hispanics continue to fare worse than Whites

Continued on page 7

VISIT THE MMA WEBSITE: www.mainemed.com

PARTNERSHIP FOR EXPERT CARE: RAISING AWARENESS ABOUT THE BENEFITS OF PHYSICIAN-LED HEALTH CARE TEAMS

We live in a current political environment that challenges traditional societal conventions, including established institutions of government, the value of education, and professional accomplishment. In response to this environment, the MMA has joined six other physician organizations to better inform Maine people about the importance of physician-led health care teams.

With direct financial assistance, as well as data and communications resources from the American Medical Association Scope of Practice Partnership (SOPP), we've formed the Partnership for Expert Care to further educate Maine people about this important topic through statewide communication and outreach. The initiative hopes to broadly use earned media and public relations, paid media, social media, direct mail, and a website to educate the public and policymakers.

Delivering good patient care is a team effort. It is important for patients to know who is providing their care and to ensure physicians are leading the teams. The Partnership's proactive educational outreach efforts will stress that while all health care providers play an important role, having physicians involved in determining a diagnosis and treatment options is critical for effective and safe patient care.

The MMA values the important contributions made to our healthcare system by our non-physician colleagues and the COVID-19 pandemic has shown how important an adequate and diverse workforce is to the delivery of high-quality health outcomes. Ensuring an appropriate supply of health care clinicians well beyond current pandemic conditions as the ongoing effects of the coronavirus and pre-existing health needs will be a challenge. But we must ensure that nonclinical decision makers know there are important differences between the education and training requirements for physicians and non-physician clinicians and to insist physician leadership remains for the best in patient care.

The Partnership for Expert Care is a partnership comprised of the Maine Medical Association, Maine Osteopathic Association, Maine Association of Psychiatric Physicians, Maine Chapter of American College of Emergency Physicians, Maine Society of Eye Physicians and Surgeons, Maine Society of Anesthesiologists, and Spectrum Healthcare Partners, collectively representing thousands of physicians across the state. To access these and other advocacy resources, go to <https://partnershipforexpertcare.org/>

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Email Lisa Martin at lmartin@mainemed.com.

Time for a checkup? Physicians Need Protection Too.



Philip M. Coffin III

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PUBLIC HEALTH SPOTLIGHT

By Lani Graham, MD, MPH

PFAS: A Classical Case of Environmental Contamination

Six years ago, a terrible environmental disaster began surfacing in Maine, a disaster that would haunt Maine for decades to come. And, like so many environmental disasters, this story is rife with evidence of government neglect and industry carelessness. It is the story of Per-and poly fluoroalkyl substances (PFAS) contamination.

In April 2015, traces of PFAS were found in a Maine public water supply. Thus began an odyssey revealing that sludge contaminated with PFAS and spread on many Maine farmlands for years, had seeped into drinking water. This one discovery led to spending millions of dollars to assure clean public water, and the need to close a family farm permanently. Tragically, similar discoveries are now being made around Maine as other farms find PFAS contamination of their own land, water, animals, produce and themselves.

Per- and polyfluoroalkyl substances (PFAS) are known as "forever chemicals" because of their nearly unbreakable chemical bonds. They have become a global health concern as evidence accumulates of human health effects at very low levels of exposure. These effects include cancers, liver, kidney and thyroid damage, fertility issues and depression of the immune response. PFAS family members are synthetic, stable compounds with unique non-stick properties. As such, they were widely used in consumer products for decades including food packaging, cookware coatings, water-resistant clothing, dental floss, firefighting foam, and in-home furniture and carpeting.

The first notification to the EPA of health effects of PFAS came in 1998, but industry had known about health effects for many years before that. In 1999, the National Health and Nutrition Examination Survey (NHANES) began testing the collected serum of Americans for 12 of the more common long chain members of the 4000+ PFAS family. It was discovered that most Americans of every age had levels of PFAS in their serum. This discovery led to a phase out of some of the long chain family members, and the levels of those PFAS family members in the serum of Americans began to drop. Unfortunately, we have no idea about serum levels of other family members, as these are not currently tested.

There are those that believe the PFAS story will end similarly to the tobacco story and others where state legal action had to be taken to obtain some measure of justice for the destruction caused.

What physicians need to know about PFAS in Maine:

- Almost everyone has some long chain PFAS in their blood. Science doesn't yet know what this means for future health;
- Maine's current maximum level of PFAS in drinking water is 20 parts per trillion (ppt);
- People on public water have no reason for PFAS concern because these supplies must meet the Maine standard;
- People who rely on private wells should consider getting their well water tested for PFAS, particularly if they live near a farm where sludge has been spread;
- People who have farms or keep gardens where sludge has been spread should consider getting their soil tested for PFAS;

Success stories just passed into law related to PFAS:

- The maximum contaminant level (MCL) of 20 ppt for drinking water was set for six members of the PFAS family;
- Maine law was changed to allow injured Maine people to seek redress for 6 years after the discovery of the contamination;
- A first in the nation bill was passed to limit continuing use and dumping PFAS;
- The use of firefighting foam containing PFAS was banned for training the sale, manufacture and distribution of this foam was banned unless required by federal law;
- A bill was passed requiring soil testing more than 700 sites across the state where sludge had been spread;
- 40 million dollars was added to the Governor's budget to begin the long process of clean up and remediation;

Resources:

Maine Drinking Water Program

286 Water Street, Augusta, Me. 04333

Voice: 207-287-2070

<https://www.maine.gov/dhhs/mecdc/environmental-health/dwp/>

Defend Our Health

Email: info@defendourhealth.org

Website: <https://defendourhealth.org>

Agency for Toxic Substances and Disease Registry

<https://www.atsdr.cdc.gov/pfas/index.html>

MEDICAL PROFESSIONALS HEALTH PROGRAM

By Guy R. Cousins, LCSW, LACD, CCS, Director, MPH

September: National Recovery Month

In the 21st year of the 21st century, we continue to battle the stigma and discrimination at it relates to substance use disorders and addiction. The language that gets used to talk about it continuously focuses on the moralistic side, seeing Substance Use Disorder as a character defect - some sort of moral failing. The American Society of Addiction Medicine (ASAM) defines addiction as a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Each September is recognized as National Recovery Month and this year was no different. This year's theme was "Recovery is for everyone, every person, every family, every community." There were recovery celebrations all across the state of Maine from Augusta, Bangor, Portland, and many other places in between.

Recovery month is now in its 32nd year working to promote and support new evidence-based treatment and recovery practices. From this ongoing work, the following has clearly emerged:

1. a strong and proud recovery community - people brave enough to put a face and a voice to recovery and willing to speak about it;
2. dedicated service providers and community

members across the state and country who work to make recovery, in all its forms, possible.

This year's theme is a reminder for people in recovery and those who support them that community is what is needed for their journey. It is important to acknowledge that everyone's journey is different but we're all in it together. Strength, support, and hope is what is needed from individuals, families, and communities to help us build our resiliency.

I attended a number of these celebrations this year and it is evident that the passion and energy that exist among the recovery communities is loud and proud in their advocacy work.

As physical health and behavioral health professionals, it is critical for us to know and understand the science and evidence-based treatment practices that are available to help and support working with individuals with substance use disorders. It is critical that we know and do our part in connecting individuals, families, and communities with treatment, recovery coaches, recovery peers, and recovery networks.

It is critical for you to know about **16 Recovery Community Centers around Maine** (portlandrecovery.org/maine-recovery-hub/#recovery_community_map) and utilize it as a resource with the people you treat in your practices.

MEDICAL MUTUAL INSURANCE COMPANY OF MAINE RISK MANAGEMENT PRACTICE TIP

Results Management

Failure to diagnose is one of the most frequent allegations in malpractice claims. A direct relationship exists between this allegation and the lack of a comprehensive, reliable test/consult tracking system. Juries believe that if a test or consultation was important enough for a physician to order, then it is important enough to ensure the results are received.

Results Management Policy

Practices should develop a comprehensive written results management policy that outlines the steps and expectations of their results management process.

Results Management Process

- **Test/Result Tracking Process:** Diagnostic tests ordered by providers must be tracked. Ordered tests should be logged, and after a pre-determined period of time, if a report has not been received, steps should be taken to follow up with the patient or testing facility.
- **Reporting:** If the practice uses an electronic system, reports will be automatically routed to the provider who ordered the test. Paper reports must be physically given to the provider for his/her review. Prior to filing paper reports, they must be reviewed, initialed, and dated by the provider reviewing them.
- **Patient Notification:**
 - Inform patients of all normal and abnormal test results. Teach the patient the adage: "No news is NOT good news." Tell the patient to expect notification within two weeks of test completion, and if not notified, to call the office to obtain results.
 - Establish a policy that requires only providers or clinicians to notify the patient of critical results such that questions posed by the patient can be addressed and follow-up treatment explained.
 - Note discussion and patient understanding in the patient's medical record.
 - Do not depend on follow-up appointments to convey results as patients may miss or cancel appointments.
- **Patient Follow Up:** The provider will recommend changes in the patient's treatment plan based on the results of diagnostic tests. Review of test results, changes to the treatment plan, and follow-up of recommendations should be documented in the patient's medical record.
- **Unsolicited Test Results and Consult Reports:** Unsolicited reports carry a high risk for patient harm

as too frequently, abnormal results "fall through the cracks." To reduce the risk associated with unsolicited reports, review all unsolicited test results and consultation reports, and if abnormal, contact the sender to confirm patient intervention.

Effective Patient Referral Process

"The failure to send the patient for consultation, the failure of a patient to go to a consultation, or the failure to act on the consultant's recommendations are the basis of many legal actions against physicians."¹ As with test tracking, office staff should have a system to log all referrals, track receipt of consult report and follow up of reports not received.

1 Thomas, M. O., Quinn, C. J., & Donohue, G. M. (2009). *Practicing Medicine in Difficult Times: Protecting Physicians from Malpractice Litigation*. Sudbury, Mass.: Jones and Bartlett Publishers.

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.



Is There a Risk ...? A Call for Political Action

By Charles Pattavina, M.D., Chair, Maine Physicians Action Fund and Dan Morin, Director of Communications & Government Affairs

During a recent MMA Zoom meeting discussing the state legislature, a member asked, "Is there a risk we could lose the law that eliminated religious and philosophical exemptions?"

It was a broader discussion concerning immunizations and referred to L.D. 798, signed into law in 2019, which eliminated religious and philosophical exemptions for immunizations required by schools, daycares, and health care facility employees. Only medical exemptions are allowed. The bill narrowly passed each step. In fact, it survived by a single vote (18-17) in the State Senate.

A 2015 bill that would have removed Maine's philosophical exemption passed through the Legislature by similarly small margins and was vetoed by Governor LePage. A veto override failed in the House the last day of the legislative session by only four votes.

Next November, all 186 seats in the Maine Legislature are up for grabs and Governors LePage and Mills will face off in arguably the most highly anticipated gubernatorial race in state history.

To be clear, nonmedical exemptions are very unlikely to return unless control of the governor's office and both chambers of the legislature flip in the November 2022 election. However, ignoring any legislative election is a dangerous proposition. State governments impact nearly every aspect of a physician's duties and an enormous impact on all our daily lives. State legislatures across the country are facing an unprecedented level of challenge in the coming legislative sessions and advocacy groups of all political ideologies have turned to changing public policy from the states outward because of federal policymaking gridlock.

Physicians need to be proactive in helping supportive state legislators remain in office. Physicians also need to push back forcefully and become more involved in removing elected officials who won't prioritize science and the health of their constituents and help elect people who do.

Most problems facing your communities and practice cannot, and will not, be resolved by any U.S. President not to mention U.S. Congress with its decades of gridlock.

The power and influence of medicine on the campaign trail in Maine needs to be revived through The Maine Physicians Action Fund (MPAF).

MPAF is the nonpartisan political action committee of MMA to support and elect pro-medicine candidates. Unfortunately, it is currently very weak. Just 15 years ago, MPAF received more than \$32,000 in member contributions during the 2005-2006 two-year election cycle. The 2019-2020 cycle brought in less than \$4,000. The withering of MPAF couldn't have come at a worse time—when attacks on the practice of medicine are more frequent and from many directions.

Political action committees are not dirty politics. They are simply a group of individuals who pool their financial resources to help elect candidates to public office — people who share interests and concerns about public policy issues.

Laws and regulations, decided by others, determine what you can do for your patients, how you practice medicine, how you get paid, and much, much more.

Now, more than ever, physicians need to be proactive in supporting elected officials and candidates that will

support common sense solutions in health care. With the right people making decisions, patients will end up getting better care.

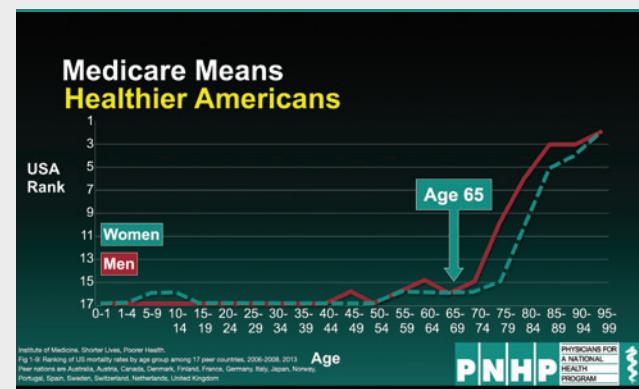
Interested in learning more about MPAF or in donating now? Visit the Advocacy Section at mainemed.com (<https://www.mainemed.com/maine-physicians-action-fund-membership-form>) or contact Dan Morin, MMA's Director of Communications & Government Affairs at (207) 480-4199 or at dmorin@mainemed.com.

Continued from page 5...Observations on Inequality and Inequity in Our Health Care System

across most examined indicators of coverage and access. Blacks are significantly more likely than whites to be uninsured. Early death among black men is a uniquely American problem. Pregnancy is particularly dangerous for black women in America.

Rural inequity

People in our rural communities lose 3 years of life compared to Americans in urban communities. They pay more for health insurance, are more likely to be uninsured, and are more likely to suffer and die from treatable illness. A public plan would ensure that people of all demographics had good coverage, and that rural hospitals would be supported.



Medicare means healthier Americans

A universal health care system would improve outcomes. As one example, let's take a look at Medicare. Medicare is a popular, sustainable publicly-financed system whose mission is to facilitate access to medical care for its beneficiaries. Above age 65, when nearly everyone is covered by Medicare, the U.S. ranking in mortality rates improves from worst to among the best when compared to other countries.

I encourage all MMA members to become more informed about universal health care and to learn more about how universal health care would reduce healthcare inequities. For more information about universal health care, please visit the websites of Maine AllCare www.maineallcare.org and PNHP www.pnhp.org.



Evidence-Based Prescribing Education

Schedule a 1-hour presentation at your medical practice or hospital:

- Simplified Treatment of Hepatitis C in Primary Care Settings
- Prescribing to Reduce Opioid Overdose Risk

Meet with an Academic Detailer for a one-on-one session:

- Level 2: Simplified Treatment of Hepatitis C in Primary Care Settings
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*Opioid prescribing discussion including Maine law
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Deprescribing Opioids and Benzodiazepines*

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