



# Maine Medicine

a quarterly publication of the Maine Medical Association

APRIL/MAY/JUNE 2023

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

## MMA2023 170<sup>TH</sup> ANNUAL SESSION – PLEASE JOIN US IN PORTLAND!



T.R. Reid

MMA members will gather for their 170<sup>th</sup> Annual Session at the Holiday Inn by the Bay in Portland during the weekend of September 8-10, 2023. The keynote presentation on Saturday will be by author, lecturer, and documentary filmmaker T.R. Reid, <https://www.trreid.net/>. Mr. Reid's address on the status of health care reform in the U.S. will be accompanied by an opportunity for members to have a dialogue with physicians who practice in other countries' health care systems. The MMA's recent health care reform initiative will also be a topic of the General Membership meeting during lunch on Saturday. The weekend agenda will also include meetings of the Independent Practice Section, the Medical Student Section, and several medical specialty organizations. Recreational and social offerings will include golf (Friday), yoga (Saturday), a group walk (Sunday), receptions (Medical Student Section poster session at opening reception on Friday), and dining and shopping in downtown Portland. You will have plenty of time to network with colleagues! The Awards & Inauguration Dinner on Saturday evening will feature presentations of the Mary Floyd Cushman, M.D. Award for Outstanding Humanitarian Service, the President's Award for Distinguished Service, and recognition

of Maine physicians on the 50<sup>th</sup> anniversary of their graduation from medical school. During the Inauguration Ceremony, President Erik Steele, D.O. will pass the gavel to Paul Cain, M.D. as he becomes the 171<sup>st</sup> President of MMA. The Annual Session Committee, chaired by Lisa Ryan, D.O., is refining aspects of the agenda for a great weekend. For more information, please contact Lisa Martin, Director of Membership, at 207-480-4201 or [lmartin@mainemed.com](mailto:lmartin@mainemed.com).



## BEYOND THE STETHOSCOPE: Jims Jean-Jacques, D.O. is Deliberate in Approach to Work-Life Balance

Dr. Jims Jean-Jacques feels called to the practice of medicine and to helping patients, but he recognizes that it is a daunting, demanding profession in which burnout is a serious risk. He seeks work-life balance in a deliberate, methodical way. "If you don't take time for your wellness, you will be forced to *make* time for your illness," he says. He adds, "If you don't take care of yourself, you won't be able to take care of others." He uses this framework for his approach to wellness. Good sleep and nutrition are important of course, but family, spirituality, and some time to himself, in that order, keep him grounded and healthy. Family, often multi-generational, is vitally important in the culture of his native Haiti, and Jims maintains a strong commitment to his family. This means being home for evening meals with his wife and children whenever possible and often reserving time for family conversations about topics light or weighty before turning in for the night. It also means traveling annually to reunions of extended family in Boston, Montreal, or Florida. "Being part of a family gives a strong sense of community and wellness, and there's good evidence that this supports longevity," he says. Jims also feels a deep sense of spirituality which he and his family express as members of Discovery Church in Hampden and the family's contributions to community activities. When Jims does have time for individual pursuits, he enjoys playing the piano and reading, including genres ranging from medicine and ethics to spirituality, philosophy, economics, and real estate. Keeping these aspects of his life in balance is an important way to avoid burnout. "I strive to be in the moment and focus on quality time in each of these areas of my life," says Jims.



*Jims D. Jean-Jacques, D.O. received his B.A. in Biochemistry and Molecular Biology from Boston University. After work in medical research in the Boston area, he obtained his Doctor of Osteopathic Medicine degree from the University of Medicine & Dentistry of New Jersey, School of Osteopathic Medicine. Jims next undertook a rotating post-graduate internship at Kennedy University Hospital in Stratford, N.J. He completed his residency in Internal Medicine followed by a Cardiovascular fellowship at SCS/MSU College of Osteopathic Medicine - Garden City Hospital (Michigan). He also completed the Advanced Heart Failure & Heart Transplantation Fellowship Program at the Strong Memorial Hospital - University of Rochester Medical Center. He serves in leadership roles at St. Joseph Hospital in Bangor including Chief of Medicine; Director of the Heart Failure Clinic; President of the Medical Executive Committee; Member of the St. Joseph Hospital Board of Trustees; and Chair of the Ethics Committee. He is a member of the MMA Board of Directors. Jims lives with his wife and two children in Hampden.*

## MMA WELCOMES EVEREST RECOVERY CENTERS TO ASSOCIATION DRIVE, MANCHESTER LOCATION



Everest Recovery Centers held an Open House on March 24, 2023 to announce the opening of its new treatment center located at 16 Association Drive, Manchester. Everest Recovery looks forward to improving access to opioid addiction treatment services in Kennebec County. This is Everest Recovery's second location in the State of Maine. Its first clinic opened in Saco, in January of 2022.

"You can't miss it; the Opioid Epidemic is ravaging the state of Maine – the entire nation. And certainly, with the onset of fentanyl, it's gotten even worse. Getting folks into medication-assisted treatment allows them to re-engage with their families, regain employment, and just live a productive life" said Peter Morris, co-founder and CEO of



Ribbon Cutting by Governor Mills and CEO Peter Morris

Everest Recovery. "My goal is that our treatment centers are a place I would want to send a family member of mine, if they were suffering from this disease."

Everest Recovery has been pleased with the support it has received at the local, state, and federal level to provide this gold standard level of treatment for those suffering from opioid use disorder.

*Continued on page 4*

## MMA BOARD OF DIRECTORS CONSIDERS UPDATED STATEMENT ON HEALTH CARE REFORM

*Continued on page 3*

On Thursday, April 13, 2023, the MMA's most recent Ad Hoc Committee on Health System Reform approved final edits to an update of the MMA's standing 2017 *Statement on Reform of the U.S. Health Care System*. The MMA Board of Directors established this Ad Hoc Committee in early 2021 and the Committee has worked diligently and thoughtfully for more than two years before sending its recommendations to the Board of Directors for consideration. The MMA thanks the approximately 20 physicians who participated in this



Maroulla Gleaton, M.D.,  
Chair



Charles Pattavina, M.D.,  
Vice Chair



Check out the MMA-CQI Annual Report included as an Insert with this issue!

## PRESIDENT'S CORNER

By Erik N. Steele, D.O., President, Maine Medical Association



I don't know about you, but I am \$#%!\* tired. I am tired of being masked and emotionally mugged by this GD pandemic, tired of being short staffed and short-tempered, and tired of being tired. I want to take Toto home, curl up in the corner with my bottle and my binkie, and turn the world off like a switch.

Most of all, I am tired of feeling like nothing I do these days is enough – not enough for me, not enough for my family, not enough for my patients, never ever enough. That fatigue is more burdensome for me than all the other burdens. But, I have decided something about that source of my fatigue, and its associated weight – I am “flipping the bird” to it and am no longer going to kick my own rear for not doing everything.

What you and I, and the rest of us who care for our fellow human beings, have done and are doing is flat out extraordinary. We have stood on the ramparts for the last three years and fought the COVID-19 virus hoards to a standstill. We have gone to work every day despite all the fears for our own safety, and that of our colleagues and families. Despite all of that, we kept showing up, kept going into small rooms full of virus particles, kept fighting back the mountain of COVID-19 “BS” that

confused our patients and made them reluctant to get the right COVID-19 care, and much more.

In order to dump that burden of feeling constantly insufficient, we need to keep reminding ourselves that what we can do is so much more important and impactful than what we are unable to do. When we could not see the 23<sup>rd</sup> patient that day, we still saw and cared for 22 people who needed us. When some of our patients die despite all our best efforts, we still save many others. If we cannot treat all the mental illness out there, we still treat a lot of it. We will continue to make a profound difference in many lives.

So, we need to stop feeling bad about what we are unable to do with too little help, with too few resources for our patients, and with too little time for ourselves. We need to let go of our self-destructive focus on what we cannot do and focus instead on what we have done and are doing.

In your work over the next few months, though, do one more thing: find a colleague who is feeling overwhelmed and inadequate, put your arm around them and thank them for all they have done, all they do and will do. Help them feel the immense, curative power of giving themselves credit for their role in the care of the people of the great state of Maine during the last three years. You and they deserve it. I can be reached at [president@mainemed.com](mailto:president@mainemed.com) or 207-799-8596.

### HANLEY CENTER OFFERINGS AND UPDATES

By Judiann Ferretti Smith, Esq., Executive Director, Daniel Hanley Center for Health Leadership

#### Hanley Center's PELI Advanced Course - Open for Enrollment Course Starting September 2023



The PELI Advanced course is now open for enrollment. The course will be IN PERSON in Freeport, Maine. PELI Advanced is aimed at physicians and senior advanced practice provider leaders who have the experience, commitment, and passion to lead initiatives that will transform and improve Maine's health and health care systems at local, regional, and statewide levels.

#### Rural Physician/Provider Leadership & Wellness Seminar Series

Through the tremendous generosity of The Physician's Foundation, the Daniel Hanley Center for Health Leadership is proud to offer an innovative and much needed seminar series aimed at teaching our rural physicians and providers practical leadership and wellness skills. This curriculum has been designed in partnership with Maine rural physicians and providers.

This brand-new curriculum will:

- Strengthen the ability to see behaviors and norms in a larger system perspective through data, analytics, and purposeful inquiry.
- Learn to lead through advocacy and influence.
- Explore your own resilience and learn to be a role model and catalyst for effective self-care among colleagues, patients, and community members.
- Build a dynamic and supportive community through partnerships and collaborations.
- Offer focus and strategies on mitigating health inequities and implicit bias.
- Create an interdependent, sustainable learning community focused on physician/provider wellness

beyond the duration of the initial course using the ECHO model.

What we are offering:

- Six 3-hour monthly virtual sessions (September 2023 – February 2024)
- Six 1-hour monthly virtual ECHO sessions (March 2024 – August 2024)

#### Hanley Center Graduates Health Leadership Development (HLD) XVI



On Friday, April 7, another fantastic statewide cohort of 35 health leaders graduated from the Hanley Center's flagship Health Leadership Development Course. The course imparted collaborative and inclusive leadership skills and frameworks to physicians, clinicians, administrators, and other healthcare professionals over the past 8 months. Shown here is an Outward Bound Professional Session that helps launch the cohort each year. The course theme for HLD XVI was “Access to Care” and 6 project teams delivered creative projects in six different areas related to the theme. Congratulations to them all!

For more information about any of the Hanley Center's Offerings:

[www.hanleyleadership.org](http://www.hanleyleadership.org)

Judiann Smith, Executive Director, [judiannsmith@hanleyleadership.org](mailto:judiannsmith@hanleyleadership.org)

Janell Lewis, Director of Leadership Development, [jlewis@hanleyleadership.org](mailto:jlewis@hanleyleadership.org)



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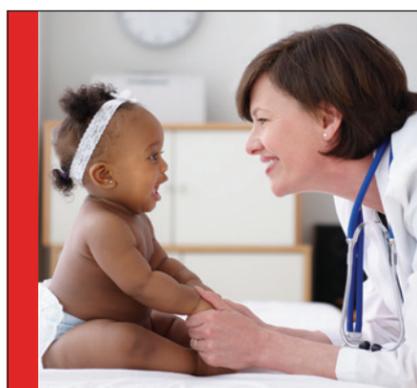
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  - Submit Resume/Vitae to [dadams@brhcme.org](mailto:dadams@brhcme.org)/[bensworth@brhcme.org](mailto:bensworth@brhcme.org)
- Candidates must:**
- have graduated from an accredited medical school & completed a residency in Family Practice or Med/Peds,
  - have a current State of Maine Medical License and D.E.A.
  - have certificate & at least 5 years' experience in the practice of family or internal medicine.
  - be board certified

### STAY INFORMED!

Update your email address with MMA to stay current on communications from us!

Email Lisa Martin at [lmartin@mainemed.com](mailto:lmartin@mainemed.com).



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# NOTES FROM THE CEO

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



I commend the Board of Directors and Ad Hoc Committee on Health System Reform for undertaking the difficult task of developing a brief, accessible policy statement on health care reform that reflects consensus views of the MMA's diverse membership. Every physician will find aspects of the statement to like and to dislike. But, I hope that every member will agree that the process of developing the statement has been thorough and inclusive. It began in early 2021 with a baseline survey of member opinion. The Ad Hoc Committee spent months preparing a first revision of the MMA's 2017 *Statement on Reform of the U.S. Health Care System*. The Committee then dedicated several months to soliciting input from the membership through an online survey, a series of "listening sessions," and outreach to member practices and segments of the membership. The Ad Hoc Committee further edited

the Statement based on that feedback and has made a recommendation to the Board of Directors who will consider it during regular meetings in April and June. When approved by the Board, the Statement will be a reference for MMA's testimony at the State House and with the media/public. It should remain a catalyst for continued engagement and conversation within the MMA about one of the most important public policy issues of our time. The physician community must be prepared to engage in the broader societal debate about the U.S. health care system. Accordingly, the Statement will empower members in that engagement, whether representing MMA in comments to policy makers at the State House or in a conversation with an editorial writer at your local weekly newspaper or with community members at a Rotary Club or other civic organization.

*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.*

## BAYSTATE FINANCIAL FISCAL FITNESS FOR LIFE

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



### Planning Well

No matter the discipline, gaining access to the information necessary to make informed decisions is always a challenge. This challenge is only surpassed in difficulty by the challenges of validating that information and then applying it to solve an articulated problem.

Starting with a focus on gathering "information," my attention was drawn to the headline from a USA Today syndicated column, dated March 12, 2023, "Study: Drugs in ads no better than other." While the pros and cons of such advertising was addressed, I was struck by the similarity of how pharmaceutical companies are attempting to bypass the physician by marketing their products directly to the consumers of their drugs, the patients of those physicians. In the financial world, this marketing of products directly to the consumer, the client of the financial advisor, was prevalent years before this recent phenomenon in medicine.

The strategies are the same; both visually present scenes of people enjoying life to the fullest, free from medical or financial worry. Their worries are swept away by the results of the marketed drug or product. The visuals could be interchangeable; only the audio content, or the list of the seemingly endless potential side effects from the medication, or the required disclosures that accompany financial products, both superimposed on the screen, but unreadable, distinguishes the two!

The article is based on a study done by Harvard Medical School and the Center for Medicine and Media at the Dartmouth Institute and contains quotes from Professors Dr. Joseph Ross from the Yale School of Public Health and Dr. Richard Kravitz from UC Davis School of Medicine. The impact of these direct marketing strategies is summed up in this excerpt of comments by Dr. Kravitz:

*At their best, direct-to-consumer ads could be triggers for an in-depth conversation with a physician, Kravitz said. But in reality, harried doctors who have six patients waiting probably won't be able to take the time for such discussions and will just give the patient the drug they request.*

*Convincing patients the drug they saw advertised isn't their best option "sops up a lot of time that could otherwise be better directed," Kravitz said.*

In our opinion, a comparison can be made regarding the impact on the financial planning process when the planning process is bypassed, and the financial product is marketed to the client.

The trend of providers of pharmaceutical and financial products directly marketing to the patient/consumer could very well work to undermine the critically important relationship between doctor/patient and advisor/client. If healing is to be achieved vs. simple treatment or important financial problems are to be solved vs. the simple purchase of a product, it is important that professional advice continue to serve as the cornerstone of the process for achieving and maintaining both Physical and Fiscal wellbeing.

In our next article, we will focus on the challenge physicians face in gathering accurate and appropriate information prior to making important financial decisions.

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*Continued from page 1...MMA Board of Directors Considers Updated Statement on Health Care Reform*

work. We extend special thanks to Maroulla Gleaton, M.D., Chair, and Charles Pattavina, M.D., Vice Chair, for guiding the Committee through its work. The MMA and the Committee are also deeply indebted to Lani Graham, M.D., M.P.H. and Paul Cain, M.D. who represented different philosophical viewpoints on the Committee, but worked together diligently and with good humor through numerous rounds of drafting to develop a proposal that achieved consensus in the Committee. The MMA Board of Directors is scheduled to consider the proposed Statement at its scheduled meetings on Wednesday, April 26, 2023 and Wednesday, June 7, 2023. We will report the

Board of Directors' action on the Statement through our regular communications channels.

You can find the proposed Statement before the Board of Directors in the "Spotlight" Section on the home page of the MMA website at [www.mainemed.com](http://www.mainemed.com).

This Ad Hoc Committee on Health System Reform is the third generation of the MMA's effort to engage members in the health care reform debate in Maine and nationally since the development of the Dirigo Health Program in the early 2000s which was enacted with the support of the MMA.



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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.



**20<sup>TH</sup> ANNUAL  
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Lisa Martin at  
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with questions.

**SAVE  
THE DATES**

**SEPTEMBER 8-10, 2023**

**MMA's 170<sup>th</sup> Annual Session  
Holiday Inn by the Bay in Portland**



## SPECIALTY SOCIETY MEETINGS

September 9, 2023

Maine Society of Anesthesiologists Meeting  
(Held in conjunction with MMA's Annual Session)  
Holiday Inn by the Bay – Portland, ME  
from 2:00pm – 5:00pm  
Contact: Lisa Montagna 207-620-4015  
or mesahq@gmail.com

September 15-17, 2023

2023 Maine Chapter ACP Annual  
Scientific Meeting  
Atlantic Oceanside – Bar Harbor, ME  
Contact: Warene Eldridge 207-215-7118  
or mainechapteracp@gmail.com

September 29, 2023

Maine Association of Psychiatric  
Physicians Meeting  
University of Southern Maine,  
Hannaford Hall – Portland, ME  
from 8:00am – 4:30pm  
Contact: Dianna Poulin 207-480-4194 or  
dpoulin@mainemed.com

September 29, 2023

Maine Society of Eye Physicians and Surgeons  
Fall Business Meeting  
(Held in conjunction with the 22nd Annual  
Downeast Ophthalmology Symposium)  
Harborside Hotel – Bar Harbor, ME  
from 10:30am – 11:45am  
Contact: Shirley Goggin 207-445-2260 or  
sgoggin@mainemed.com

September 29 – October 1, 2023

22nd Annual Downeast Ophthalmology  
Symposium  
(Presented by the Maine Society of  
Eye Physicians and Surgeons)  
Harborside Hotel – Bar Harbor, ME  
Contact: Shirley Goggin 207-445-2260 or  
sgoggin@mainemed.com

## THANKS TO THE MMA'S RECENT SUSTAINING MEMBERS

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

Maroulla Gleaton, M.D.

J. Thomas Laverdiere, M.D.

Dahl Chase Pathology

Down East Community Hospital

Down East Orthopedic Associates

Spectrum Healthcare Partners

Waterville Pediatrics

## MMA NECROLOGY

MMA has learned of and mourns the passing of the following physicians since our last publication:

Anne F. Collins, M.D. (1938-2022)

Robert J. Dreher, M.D. (1939-2023)

Edward B. Gilmore, M.D. (1939-2022)

Edward A. Greco, Jr., M.D. (1931-2022)

John C. Serrage, M.D. (1936-2022)

Donald E. Ware, M.D. (1942-2022)

If you are aware of the passing of a Maine physician, please notify Lisa Martin, Director of Membership, at [lmartin@mainemed.com](mailto:lmartin@mainemed.com) or 207-480-4201.

## MAINE DHHS UPDATE

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



### Maine's Behavioral Health Crisis System

Mainers have faced significant challenges during the past several years, resulting in increased demand for mental health services including crisis

response services. Given the state's large and rural geography, Maine's crisis service providers make up a key component of the safety net available to respond to a mental health crisis. Maine's crisis services are supported by the Office of Behavioral Health and the Office of Child and Family Services, which are committed to ensuring a complete continuum of crisis care services and adhere to national best practice recommendations using the following framework:

#### (1) Provide Someone to Talk To: The Maine Crisis Line

The Maine Crisis Line (MCL), tel. 888-568-1112, is a centralized telephone line that serves as both the Lifeline/National Suicide Prevention Hotline and the state's Mental Health Crisis Line. Staffed 24/7, clinically trained crisis workers provide intervention support by telephone, text, and chat. Staff can also connect those in crisis with local services and community resources and make referrals to outpatient services, Mobile Crisis response teams, and inpatient services. Maine contracts with The Opportunity Alliance to operate the MCL, which triages callers as needed to regional Mobile Crisis providers who can respond with in-person assessment and triage when needed.

#### (2) Provide Someone to Respond: Mobile Crisis Teams

Individuals with a behavioral health crisis that cannot be resolved over the phone using the MCL and who are not at imminent risk are referred to the appropriate regional Mobile Crisis Team in their area. The State contracts with five Mobile Crisis provider organizations, each serving a given region and providing a Mobile Crisis Unit and crisis stabilization services. Mobile Crisis Teams are dispatched by regional providers and are required to respond on-scene to the person's location within 60 minutes (on average) from the call time. When indicated, the MCL

coordinates with regional Mobile Crisis providers to complete a warm handoff with the caller and ensure that a crisis assessment is completed. These providers are specially trained to de-escalate mental health crises, assess needs, and provide an appropriate level of care in the least restrictive setting. They respond to individuals in a variety of settings, including schools, hospitals, jails, and family homes, and provide follow-up services and aftercare supports after an individual has returned to the community.

#### (3) Provide a Place to Go: Crisis Receiving and Stabilization Facilities

The State's goal is to provide in-person stabilization and residential services for those needing a higher level of service. Currently, the State is working in collaboration with Spurwink to pilot a comprehensive, 24/7 Crisis Center in Portland that uses a crisis receiving center approach to provide crisis stabilization services in a home-like, non-threatening environment with access to Certified Peer Support Specialists. This model is staffed by a multi-disciplinary team to provide trauma-informed care and culturally competent crisis services, temporary outpatient services, outpatient chairs for short-term (up to 23 hours) observation, stabilization, and support.

The other State-contracted Mobile Crisis providers currently offer limited walk-in facilities that can provide Crisis Stabilization Units (CSUs) for referrals, with a planned expansion of walk-in hours to 24/7, and implementation of a crisis receiving center approach in additional communities. CSUs offer individualized, residential, therapeutic interventions during a psychiatric emergency, and/or stabilization of mental health and/or co-occurring mental health and substance use disorders for a time-limited, post-crisis period. Services include screening, assessment, evaluation, intervention, monitoring behavior and response to therapeutic interventions; planning for and implementing crisis and post-crisis stabilization activities; and supervision to ensure personal safety.

Maine DHHS recognizes physicians as important partners in these efforts; I encourage you to share any additional thoughts or questions by contacting me directly at [lisa.letourneau@maine.gov](mailto:lisa.letourneau@maine.gov).

Continued from page 1...MMA Welcomes Everest Recovery Centers to Association Drive, Manchester Location



Open House in renovated Hanley Building

"My administration will continue to do all we can to stop drugs from reaching Maine, to prevent addiction at an early age, to treat addiction when we couldn't prevent it, to set people on a lifelong path to recovery, and above all else, to save lives," said Governor Janet Mills, who attended Everest's Open House. The Mills administration has taken a series of actions to combat the Opioid

Epidemic in Maine ([www.maine.gov/governor/mills/issues/opioid-epidemic](http://www.maine.gov/governor/mills/issues/opioid-epidemic)).

In 2022, there were 716 fatal overdoses in Maine ([www.mainedrugdata.org/december-2022-monthly-overdose-report/](http://www.mainedrugdata.org/december-2022-monthly-overdose-report/)) an average of nearly 60 every month. This total is up from 631 deaths in 2021 and 504 deaths in 2020. The stress and isolation brought on by the COVID pandemic, coupled with the rise in prevalence of the deadly synthetic opioid fentanyl, has led to a tragic increase in fatalities.

Everest Recovery Centers joins the Maine Medical Professionals Health Program in providing services at the Hanley Building, owned by the Maine Medical Education Trust, in the MMA's office park in Manchester.



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# STATE HOUSE NOTES

By Dan Morin, Director of Communications & Government Affairs



## MMA Climbs Capitol Hill; Remains Focused on Happenings in Augusta

After staying away during the past several years because of the COVID-19

pandemic, physicians from across the country returned to Washington, D.C. in February to lobby Congress. I was fortunate to accompany MMA President, Erik Steele, D.O., and attend the annual American Medical Association National Advocacy Conference. Priority issues at the federal level as identified by the AMA included Medicare Physician Payment Reform, Scope of Practice, and Graduate Medical Education.

Dr. Steele and I visited each of Maine's congressional delegation offices, meeting in person with both senior Senator Susan Collins and Senator Angus King to discuss the following challenges in Maine.

**Administrative burden:** Excessive physician workloads must be addressed by reducing time spent on administrative tasks, such as prior authorizations, and utilization review, both key drivers of physician burnout. Dr. Steele urged our delegation to attack the ongoing administrative roadblocks that take away critical time from direct patient care.

**Medicare payment policy** is the basis for funding the entire health care system. Commercial payer rates are pegged to the underlying Medicare methodology. Maintaining, updating, and increasing Medicare funding and clinical payment policies by establishing appropriate reimbursement rates that cover the actual cost of providing the care, and regularly rise with inflation, is a critical priority.

Residency training programs are the top source of Maine physicians. The link between where a physician trains and where they ultimately practice is strongest. Most GME programs in Maine are in primary care while specialists primarily train at Maine Medical Center. The Balanced Budget Act of 1997 put caps on the number of federally funded residency training positions and despite recent increases more GME workforce investment is desperately needed.

### Maine Legislature

The MMA's State Legislative Priority List summarizes the status of MMA-sponsored bills, as well as the progress of other significant health care and public health



Meeting with U.S. Senator Susan Collins across the hall from her committee duties

legislation. The Priority List represents a small sampling of the hundreds of bills MMA follows during each legislative session.

### MMA Bills

LD 353 – Act Concerning SUD Treatment, Recovery, Prevention and Education

LD 420 – An Act to Fund a Health Program for Medical Professionals

LD 796 – Act Concerning Prior Authorizations for Health Care Provider Services

LD 1323 – Act to Amend the Opioid Education Requirements

TBD – Act to Establish Standards for Health Care Utilization Review

### Watch and Act Issues

LD 51 – Restore Religious and Philosophical Vaccine Exemptions – Opposed

LD 60 – 72-Hour Firearms Purchase Waiting Period – Support

LD 231 – Maine Pediatric and Behavioral Health Partnership Program – Support

LD 549 – Act Regarding the Statute of Limitations for Medical Negligence – Oppose

LD 1215 – End Sale of Flavored Tobacco Products – Support

Please visit the 'MMA Spotlight' section of our website at [www.mainemed.org](http://www.mainemed.org), or contact me directly at [dmorin@mainemed.com](mailto:dmorin@mainemed.com) or (207) 838-8613 for more information on specific bills and where they stand in the process, or to become a Key Contact today and advocate for your patients, profession and public health.

## MMA HAPPENINGS

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

### JUNE 4

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

### JUNE 13

8:00am – 3:30pm  
Spectrum Health Partners

### JULY 12

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

### AUGUST 8

8:00am – 3:30pm  
Spectrum Health Partners

### AUGUST 16

11:30am – 1:30pm  
MMA Senior Section Meeting

### SEPTEMBER 8-10

MMA's Annual Session Holiday Inn by the Bay, Portland, ME

### OCTOBER 4

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

### OCTOBER 18

11:30am – 1:30pm  
MMA Senior Section Meeting



**Evidence-Based Prescribing Education**  
[www.micismaine.org/education-topics/](http://www.micismaine.org/education-topics/)

**Schedule a presentation at your medical practice, hospital or meeting:**

- Using Data to Improve Opioid Prescribing
- Simplified Treatment of Hepatitis C in Primary Care Settings
- Adult & Pediatric Asthma: Evidence-based Prescribing Update

**Meet with an Academic Detailer for an individual session on one of these topics:**

- Opioid prescribing in Maine
- Medications for Opioid Use Disorder
- Deprescribing benzodiazepines & opioids
- Simplified Treatment of Hepatitis C
- Adult & Pediatric Asthma

*MICIS is a program of the  
Maine Medical Association. Spring 2023*

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**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](http://www.qclearninglab.org)



**PQC4ME 2023 Statewide Conference**

The Maine Medical Association Center for Quality Improvement would like to announce **REGISTRATION IS NOW OPEN** for our PQC4ME 2023 Statewide Conference, AIM High: Celebrating Progress, Creating the Future.

Join us as we share local and national successes and challenges to QI work, network, and celebrate with colleagues from around the state. Each hospital is encouraged to bring an interprofessional team!



AIM High: Celebrating Progress, Creating the Future

June 7, 2023

9:00am – 3:00pm

REGISTER NOW AT:

<https://www.surveymonkey.com/r/June7thRegistration>

KEYNOTE SPEAKER:

Ann Borders, M.D., M.Sc., M.P.H.,  
Director, Illinois PQC

LOCATION:

Maple Hill Inn Farm & Conference Center  
11 Inn Road  
Hallowell, ME 04347

For more information, contact Ashlee Crowell-Smith at [acrowell-smith@mainemed.com](mailto:acrowell-smith@mainemed.com).

We look forward to seeing you on June 7th!

**HELP NEEDED?**

If you have a position you are trying to fill, MMA would like to help get the word out.

MMA posts job openings in our e-newsletter, on our website, and in *Maine Medicine*. Contact Shirley Goggin at 207-445-2260 or [sgoggin@mainemed.com](mailto:sgoggin@mainemed.com) for more details.



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**PUBLIC HEALTH SPOTLIGHT**

By Mikenzie Dwyer, Public Health & Government Affairs Associate



**What Physicians Need to Know About the End of the PHE**

On January 20, 2020, the federal government declared a COVID-19 Public Health Emergency (PHE) in response to the coronavirus pandemic. The emergency declaration provided access to health care coverage to meet basic needs including increased amounts for Supplemental Nutrition Assistance Program (SNAP) benefits and required states to adjust Medicaid eligibility coverage to ensure continuous coverage during the pandemic. Now, after three years, both the State of Maine and the federal government are winding down the PHE.

Congress passed a law in December 2022 that separates the continuous coverage provision in the PHE by providing a fixed end date of March 31, 2023. Maine will now begin to review eligibility for everyone enrolled in MaineCare and disenroll individuals no longer eligible – this is the “unwinding” process. The emergency maximum allotments for SNAP ended February 28, 2023. All other services associated with the PHE will officially end on May 11, 2023, as directed by the federal government.

**What will change:**

- Certain Medicare and Medicaid waivers and broad flexibilities for health care providers**  
During the PHE, CMS used a combination of emergency authority waivers, regulations, and sub-regulatory guidance to ensure and expand access to care and to give health care providers flexibilities needed to help keep people safe. CMS has developed a roadmap for the end of the Medicare PHE waivers and flexibilities. Some Medicaid waivers will end on May 11, while others (Appendix K & Section 1115) may remain in place for 6 months following the end of the PHE

- Coverage for COVID-19 testing**  
Medicare beneficiaries who are enrolled in Part B will continue to have coverage without cost sharing for laboratory-conducted COVID-19 tests when ordered by a provider. The requirement for private insurance companies to cover COVID-19 tests without cost-sharing, both OTC and laboratory tests, will end.
- Reporting of COVID-19 laboratory results and immunization data to CDC**  
HHS has had the authority to require lab test reporting for COVID-19. HHS will no longer have this express authority to require this data from labs, which may affect the reporting of negative test results and impact the ability to calculate percent positivity for COVID-19 tests in some jurisdictions.
- Certain FDA COVID-19-related guidance documents for industry that impact clinical practice and supply chains will end or be extended**  
The FDA published guidance documents to address COVID-19 PHE challenges, including limitations in clinical practice or potential disruptions in the supply chain will be addressed to determine if they are no longer needed or should be continued.
- Health Care Providers’ ability to safely dispense controlled substances via telemedicine without in-person interaction**  
During the PHE, the Drug Enforcement Administration (DEA) and HHS adopted policies to allow DEA-registered physicians to prescribe controlled substances to patients without in-person interaction. The DEA recently released rulemaking to continue patient access to these therapies beyond the COVID-19 pandemic.

As the unwinding process continues the Maine Medical Association will keep you informed on changes and updates. Watch MMA’s web site “Spotlight Section” for tools, tips, and advocacy, to help members succeed as the full scope of post-PHE landscape takes shape.

**UPDATE ON THE STATE’S RESPONSE TO THE OPIOID DRUG EPIDEMIC**

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



Happy Spring to my MMA friends and colleagues. I continue to appreciate the opportunity to update you on the State’s response to the ongoing epidemic of drug use in the State and the resulting loss of lives. While some of our activities have had to take a back seat to legislative priorities, we are making forward progress in the following areas:

- Update of Opioid Response Strategic Action Plan.**  
With the assistance of our consultant Carol Kelly of Pivot Point, LLC, we are completing the second update of the 2021 Strategic Plan, and we anticipate that the document will be ready for public release this summer. Among the additions to the current Plan are provisions highlighting services to several populations which are disproportionately impacted by the crisis, including veterans and members of several minority populations including Maine’s BIPOC population and individuals seeking immigration and asylum status. We also include language acknowledging the role of faith-based organizations, particularly in rural Maine.
- Governor Mills’ 5<sup>th</sup> Annual Opioid Response Summit.**  
Governor Mills will host her 5th Annual Opioid Response Summit on Thursday, July 20, 2023, in Portland. The primary venue will be the Cross Insurance Arena although several breakout sessions will be held at the MaineHealth conference center adjacent to the Arena and at the Holiday Inn by the Bay which is across the street from the Arena. The previous summits have attracted more than 1200 attendees and we expect another

robust crowd in July. The Governor’s emphasis on prevention will be a prominent theme of the event. We hope many of you will be able to join us for this important event as Maine’s public health addiction crisis continues.

- Opioid Litigation Settlements.** As I have previously reported, the first payments from the defendants were received in the second half of 2022 and amounted to approximately \$28 million. By virtue of language in the court decrees and memorandum of understanding among the parties, 30% of these proceeds are sent directly to 39 state subdivisions, 20% is retained by the State and held by the Attorney General, and 50% will be spent on opioid mitigation by the Maine Recovery Council. Some counties have begun to spend their funds while the MRC is still getting established.
- Overdoses.** After a spike in fatalities in November and December, we have seen a decrease in fatal overdoses for the first three months of 2023. But we want to see a stronger trend before publicly releasing this data. Non-fatal overdoses are consistent with last year.

Finally, given the removal of the requirement of additional education and acquisition of an X-waiver in order to prescribe buprenorphine, we are in hopes that many physicians, particularly primary care physicians, will step up to treat addiction when found in their patients. We have been in dialogue with MMA President Erik Steele, D.O. and other leaders of medicine across the state to design a plan aimed at significantly increasing the number of prescribers of buprenorphine. If we are successful with the campaign, lives of Mainers will be saved. Please consider participating!

**VISIT THE MMA WEBSITE: [www.mainemed.com](http://www.mainemed.com)**

By Greg Marley, LCSW, Senior Clinical Director; Suicide Prevention, NAMI Maine



## Riding the Tiger of Youth Behavioral Health Needs Through the Maze of Service Barriers

First, let me share a few metrics underscoring youth mental health conditions in Maine. For high school adolescents, as measured by the Maine Integrated Youth Health Survey in October 2021, 36% of students surveyed report significant signs of depression during the past year, **48% of girls**. 18.5% of students reported seriously considering suicide and 9.0% reported making a suicide attempt in the year. Again, for girls the rates were significantly higher (24% considering and 11% attempting). The metrics for our LGBTQ+ students are even more distressing. For young adults, a national survey conducted in mid-2021 revealed a shocking 48% of those aged 18 to 25 reported significant symptoms of anxiety, depression, or both. I am preaching to the choir if you work in pediatric or primary care, an emergency department or with schools.

The behavioral health needs of youth, fueled by pandemic stress, uncertainty and isolation have exacerbated an already fragile behavioral health system of care. The pandemic stressed the care system and the combination of initial layoffs combined with wage inflation in other sectors of the economy has resulted in an acute workforce shortage in behavioral health treatment just when we most need additional capacity.

If there was a silver lining to the dark clouds of the pandemic, it is that people's distress has broken down some of the stigma surrounding mental health needs. Since *everyone* is struggling, it has become easier to acknowledge and join the line asking for help.

What are your options to connect a youth and their family to care to rebuild hope and support resilience? You would scoff at me if I in any way minimized the challenge. Let me offer a few options:

- Collaborate with the school clinical providers to share the responsibilities of support for a student in need. You may provide the medication management while they offer regular follow-up and build coping skills.
- Develop a relationship with your local mental health providers to fit someone in. Be the squeaky wheel!
- In rural areas, the Federally Qualified Health Centers all have behavioral health clinicians.
- For clinically challenging cases, use the resources of the Maine Pediatric & Behavioral Health Partnership to seek a consult. Call the ACCESS Line at 1-833-672-4711 Monday thru Friday 9am-4pm to request a consultation!
- If you have an in-house behavioral health clinician, work to ensure a set number of open access slots are in their weekly schedule to manage emergent cases as they arise for assessment and triage.
- For a patient seen on a regular basis for follow-up, develop and track their stability through the use of a Collaborative Safety plan or a Wellness Plan to engage them on their own behalf. NAMI Maine provides a training on use of the Collaborative Safety Plan process.

NAMI Maine staff are available to offer training, education and resources for practice professionals and non-clinical staff. Reach out to Susan Kring at MMA (skring@mainemed.com) or to Greg Marley, LCSW at gmarley@namimaine.org.

## MEDICAL PROFESSIONALS HEALTH PROGRAM

By Guy Cousins, LCSW, LADC, CCS, Director MPHP

### Be Part of the Solution: Attacking the Stigmatizing Language of Substance Use Disorders

*Words have energy and power with the ability to help, to heal, to hinder, to hurt, to harm, to humiliate and to humble.* — Yehuda Berg

Our words carry weight and meaning. When we use it improperly, language can have a destructive and continuous impact on stigmatized issues like substance use and mental health disorders. Stigma with substance use disorders is real and isn't changing overnight. So many people want it to change but are uncertain what to do. Let's see how we can simplify this: we can start by changing the way we speak about substance use disorders.

We can start by shifting toward more clinical, non-stigmatizing language. Words like addict, alcoholic, junkie, and drunk are pejorative with a significant negative connotation. Words like drug habit are both polarizing and judgmental, implying someone has a choice. Toxicology results often are spoken about and labeled as clean or dirty. Those words that carry negative implication whereas using the terms positive or negative denote the actual result of the test.

Words like abuse or dependence have negative judgments and perceptions. This language is no longer used in the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition for that reason.

You want to be part of the solution? Become a Recovery Ally and work to change the language that you use when speaking about substance use, misuse, substance use disorder, and recovery. Instead of the terms addict/

alcoholic, you can use **person first language**, such as a person with a substance use disorder. More specifically, you could say they are a person with an alcohol use disorder or opioid use disorder. Instead of referring to someone as a former addict you could say they are a person in recovery or a person in long-term recovery.

Need help with changing the language in your organization? Consider reaching out to a local Recovery Center\* to help you with a Recovery Message Training for all staff members. Review material that you may have within your practices/service to check for stigmatizing language and messages.

Whether you're a person in recovery, an ally, or a friend or family member of someone with a substance use disorder, it is incumbent on all of us to shift the way we talk about this chronic medical condition. We can be part of the solution to help make it so individuals with this disease can come out of the shadows and get help without being judged.

I was taught growing up in Aroostook County that it is a mile into the woods, and it is a mile out of the woods. Stigma is taught and learned. We can and must change that. Be part of the solution and start taking the steps out of the woods.

\*There are 26 Recovery Centers across the State of Maine (<https://mainedrugdata.org/maine-drug-data-hub/maine-drug-data/recovery/>)

## MEDICAL MUTUAL INSURANCE COMPANY OF MAINE RISK MANAGEMENT PRACTICE TIP: Medical Record Retention Recommendations for Physician Office Practices and Hospitals

Patients' medical records are among the most vital documents maintained by a health care facility and essential for proper patient care. A well-documented record greatly aids the defense of malpractice lawsuits. The physician practice, provider, or healthcare facility owns the physical medical record; however, the information contained in the medical record is owned by the patient.

### General Overview

#### Age of Majority: 18

**Maine Statute of Limitations:** The general statute of limitations for civil actions is 6 years. For claims of medical negligence, the statute of limitations for adults is 3 years from the date of service. For claims of medical negligence by or on behalf of a minor, the statute of limitations is 6 years from the date of service or 3 years from the age of majority, whichever is shorter. For a foreign object left in the body, the limitation period is measured from the discovery of the object.

MMIC Medical Record Retention Recommendations\*\* (unless state regulations/laws require a longer retention period):

- **Adults:** 10 years from the date of the last medical service for which a medical entry is required.
- **Minors:** Age of majority plus state statute of limitations.  
Note: Once a minor reaches 18, the adult retention recommendation applies, e.g., 10 years from the last medical service for which a medical entry is required.
- **Deceased adult patients:** 10 years from the time of death.
- **Hospitals:** Newborns and Mothers of Newborns: Retain the mother's record and the electronic fetal monitoring (EFM) strips for the same period of time the newborn record is retained. The records of both patients would be needed in defense of any potential birth injury claim.

\*\*MMIC retention suggestions are in accordance with the American Health Information Management Association's (AHIMA) medical record retention guidelines.

### Hospital-owned Physician Practice

Hospital-owned physician practices may be obligated to retain records according to hospital policy. Consult the hospital risk manager or health information management director to determine requirements.

### Physician Office Practice: Medical Records Received from Other Provider or Patients

It is unnecessary to maintain medical records received that are not pertinent to the specialty consult or applicable to treatment of the patient's condition. Records not needed for treatment should be returned to originator or destroyed through confidential means.

### State Regulations for Retention of Medical Records

#### Maine

No state law governs retention of medical records in the private physician office practice. The Maine Medical Association (MMA) provides guidance in the Physician's Guide to Maine Law. The principal guidance is the American Medical Association's (AMA) ethics opinions and Maine's statute of limitations for bringing lawsuits. The minimum length of time the MMA recommends for record retention is six (6) years. However, Maine hospital licensing regulations specify a seven (7) year retention period, which would likely apply to hospital-based practices. It is common for physicians to keep records for as long as ten years, and some malpractice carriers recommend this retention period.

*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.*





# Maine Medical Association

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## Save the Date

Friday, September 29, 2023 / 8-4:30 p.m.

University of Southern Maine, Hannaford Hall  
88 Bedford St, Portland, ME

Registration available soon at [www.mainepsych.org](http://www.mainepsych.org)



### Maine Association of Psychiatric Physicians



The Maine Association of Psychiatric Physicians is proud to announce that the esteemed Bessel van der Kolk MD, trauma expert, co-founder of the Trauma Research Foundation (TRF), and best-selling author of the **Body Keeps the Score** is returning to Maine! He has spent his career studying how children and adults adapt to traumatic experiences, and has translated emerging findings from neuroscience and attachment research to develop and study a range of treatments for traumatic stress in children and adults. The focus of the symposium will be on a comprehensive understanding of the neuroscience and impact of psychological trauma and advances in its treatment including with psychedelics.

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