
Public Health Issues

ACC - Accident/Injury Prevention

ACC-002

Boating Safety and Intoxicated Boating Laws: The Wisconsin Medical Society believes

- In an absolute sobriety requirement on persons under age 19 who are operating motorboats (same requirement exists for persons under age 19 who are operating a motor vehicle).
- In increasing the minimum jail term for persons convicted four or more times for violating the intoxicated boating law from 30 to 60 days.
- In requiring the court to order persons convicted of the intoxicated boating law to refrain from operating a motorboat for a certain period of time.
- That persons 18 years of age or older and born after January 1, 1979, must hold a boating safety certificate in order to operate a motorboat. The certificate may be obtained by passing an examination or successfully completing a boating safety course.
- That 10 and 11-year-olds who are operating a motorboat must be accompanied by a parent or guardian, or an adult designated by the parent or guardian. The minor must have a valid boating certificate showing that s/he completed a boating safety course.
- That minors ages 12 to 15 must also have a certificate, and may be accompanied by a parent or guardian or an adult designated by a parent or guardian. Minors ages 16-17 also are required to have a valid boating safety certificate.
- That boaters charged with violating a speed limit may not raise the defense that s/he did not know how fast the motorboat was moving because the motorboat lacked a speedometer.
- The slow-no-wake speed area should be expanded to include areas within 100 feet of lake shoreline and certain boats.
- That operators required to use corrective lenses while driving motor vehicles must use corrective lenses while operating a motorboat. (HOD, 0405)

ACC-003

Fireworks Regulation: The Wisconsin Medical Society (Society) opposes eliminating the authority of local governments (cities, villages and towns) to adopt ordinances that regulate the possession of fireworks, or that define fireworks to include devices excluded from the

fireworks regulation under state law. The Society also opposes easing restrictions on fireworks possession, which would jeopardize public health and safety. (HOD, 0405)

ACC-005

Universal E-Codes in Hospitals: The Wisconsin Medical Society supports the universal utilization of E-coding by all Wisconsin hospitals. (BOD, 1109)

ACC-008

Headgear for Equestrian Activities: The Wisconsin Medical Society supports

- Educational programs for parents, riding instructors, show organizers and managers, outlining the risks in horseback riding and methods to minimize them.
- Satisfactory protective headgear for each type of riding activity.
- The wearing of protective headgear by individuals riding or preparing to ride horses. (HOD, 0405)

ACC-009

Bicycle Helmet Use: Because bicycle accidents are a major cause of traumatic brain injuries and death in children and others in Wisconsin, the Wisconsin Medical Society supports legislation that would require helmet usage for all riders of bicycles, including passengers. Until such requirements become law, the Society strongly endorses the use of bicycle helmets by riders of all ages, especially children under the age of 18. The Society supports legislation that would specifically prohibit the use of bicycles by children under the age of 18 unless riders and passenger are wearing bicycle helmets. Further, the Society encourages all Wisconsin physicians to educate their patients and the general public about the importance of bicycle helmet use.

The Society also (1) supports appropriate efforts to educate parents and children about bicycle safety, including the use of bicycle helmets, and (2) supports working with the Wisconsin Chapter of the American Academy of Pediatrics and other appropriate organizations to ensure widespread distribution of information and educational materials about bicycle safety, including the use of bicycle helmets, to both medical and non-medical audiences.

The Society also encourages physicians to counsel their patients who ride motorized and non-motorized cycles to use approved helmets and appropriate protective clothing while cycling; (2) encourages patients and families to inform and train children about safe cycle-riding procedures, especially on roads and at intersections, the need to obey traffic laws, and the need for responsible behavior; (3) encourages community agencies, such as those involving law enforcement, schools, and parent-teacher organizations, to promote training programs for the responsible use of cycles; (4) urges manufacturers to improve the safety and reliability of the vehicles they produce and to support measures to improve cycling safety; and (5) advocates for further research on the effectiveness of helmets and on the health outcomes of community programs that mandate their use. (BOD, 0110)

ACC-010

Firearm Possession and Safety: The Wisconsin Medical Society recognizes that uncontrolled ownership and use of firearms, especially handguns, is a serious threat to the public's health inasmuch as the weapons are one of the main causes of intentional and unintentional injuries and deaths.

The Society supports laws and regulations that:

- Promote firearm safety;
- Keep firearms, especially handguns, out of the hands of children except in the cases of adult supervised hunting and sport shooting outings
- Prevent firearms from being sold to, or possessed by, convicted felons and those with a diagnosed mental illness that may make them a hazard to themselves and others
- Impose criminal background checks and a waiting period for the purchase of any firearms
- Prohibit the manufacture and sale of handguns with barrel lengths of less than four inches
- Prohibit possession of a firearm by people who are subject to a court-ordered injunction for domestic abuse or child abuse.

Further, the Society supports joint meetings between representatives of the American Medical Association and the National Rifle Association to facilitate communication and resolve differences so that gun violence in America can be reduced.

The Society also believes that the licensing of individuals to carry concealed firearms should be based on evidence showing net benefit to the health of the public. (HOD, 0405)

ACC-011

Restriction of Cell Phone Use While Driving: The Wisconsin Medical Society discourages, due to evidence demonstrating that cognitive ability is temporarily impaired by any use of cell phone, hand held or hand free, while driving, the use of cell phones including text messaging by all vehicle operators while driving. (HOD, 0408)

ACC-012

Graduated Drivers License: The Wisconsin Medical Society supports the essential features that should be mandated in GDL systems as outlined in the Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) position paper titled, *WIAAP Position Paper on the banning of cellular phone use for teen drivers in the provision stage of the graduate drivers licensing program, August 2007.*

1. A learner-permit phase that starts no earlier than 16 years of age and lasts at least 6 months.
2. A minimum of 30 hours (preferably 50 hours) of adult-supervised, on-road driving during the permit stage (at least 5-10 of these supervised practice hours should be at night).
3. A provisional (intermediate) state, with restrictions, that lasts until 18 years of age.
4. A nighttime driving restriction (9:00 PM to 5:00 AM until driving with provisional license for 6 months, followed by a midnight to 5:00 AM restriction until 18 years of age).
5. Passenger limits (unless supervised by an adult)
 - a. First 6 months with provisional license: no teenaged passengers.
 - b. Until 18 years of age: no more than 1 teenaged passenger.
6. Prompt imposition of fines, remedial driver classes, or license suspension for violation of passenger or curfew restrictions.

7. Use of safety belts and appropriate child restraints by all occupants.
8. No cellular phone use while in the provisional stage.
9. Zero tolerance for alcohol and provisions for administrative license revocation for drunk driving, excessive speeding, or reckless driving.
10. Documented safe driving record before full licensure is granted. (HOD, 0408)

ACC-013

Restriction of Cell Phone Usage and Text Messaging While Driving: The Wisconsin Medical Society will work to ban all non-emergency use of cell phones when operating a motor vehicle by seeking legislation to: (1) prohibit the use of any type of cell phone (hands on or hands off or built in) by anyone while driving any vehicle, and (2) prohibit text messaging by anyone while driving any vehicle. (BOD, 0709)

ACC-014

Motor Vehicle and Bicycle Safety: The Wisconsin Medical Society supports legislation that would make safety belt non-use by any occupants in automobiles and other enclosed motor vehicles a “primary offense” in all states; and supports extension of motorcycle helmet laws to include motorized vehicles such as mopeds, scooters and all-terrain vehicles, and to cover all age groups. (BOD, 0110)

AID - AIDS

AID-002

Physician Reporting and Partner Notification: The Wisconsin Medical Society supports:

- Current procedures that require physicians to report patients with positive HIV test results to the state epidemiologist;
- Modifying the state statutes to allow the state epidemiologist to obtain additional epidemiological data from the reporting physician;
- Deletion of the requirement for information with respect to the sexual orientation of the test subject. (HOD, 0406)

AID-003

Wisconsin Statute for HIV Testing: The Wisconsin Medical Society supports changing the state statutes to change the criminal and monetary penalties for HIV test disclosure without patient permission to be the same as those for disclosure of any confidential information relating to health care records. (HOD, 0406)

AID-005

Voluntary Prenatal HIV Screening: The Wisconsin Medical Society supports HIV screening to all prenatal care patients. (HOD, 0406)

AID-006

Breastfeeding in HIV-Infected Patients: The Wisconsin Medical Society encourages all physicians to advise their HIV-infected patients not to breastfeed. HIV testing of all human milk donors should be mandatory, and milk from HIV-infected donors should not be used for human consumption. (HOD, 0409)

AID-007

Testing of Foster Children for HIV: The Wisconsin Medical Society supports legislation that would allow physicians and/or legal guardians of foster children to test them for communicable diseases including HIV and inform foster parents of the complete health status of children placed in their care. (HOD, 0409)

AID-008

HIV Infected Health Care Workers: The Wisconsin Medical Society (Society) believes it is the overall common goal of health care professionals to serve and protect their patients. The Society also believes that

- The potential transmission of HIV infection in the health care setting from patient to health care worker as well as vice versa, is best prevented by the use of universal precautions and proper barrier techniques.
- Mandatory HIV testing of health care workers, or even specific categories of health care workers, is not recommended, nor should it be a requirement for employment, credentialing, licensure, or professional liability insurance.
- Mandatory testing would involve substantial costs with minimal benefits. Further, such a testing policy would raise substantial civil rights concerns, especially in light of existing state laws prohibiting involuntary testing and prohibiting discrimination on the basis of HIV status.
- All health care workers are encouraged personally to assess their own need for HIV testing. Testing must be on a voluntary basis. These assessments should include known high-risk behaviors, as well as risks associated with health care-related occupational exposure. If health care workers are at risk, they should learn their HIV status to protect and improve their health and to receive appropriate medical and occupational counseling.
- HIV-positive status by itself should not be the basis for any restriction of the practice of medicine or surgery. While HIV infection, per se, does not impair a health care worker's ability to perform his or her duties, complications or disease sequelae may. Infected health care workers should seek appropriate medical care and periodic evaluation of health status, and counseling on the advisability of continuing to work in health care or continuing particular activities. Monitoring by the health care worker's personal physician should be sufficient to determine whether such impairments in the health care worker exist.
- When the health care worker's personal physician determines that such impairments may exist, it is advised that the infected health care worker, with the advice of his or her physician, request that an ad hoc committee be constituted to consider any suspected or documented impairments. This committee should evaluate the health care worker's compliance with infection control protocols and mental and physical competence to continue to practice. Membership of the committee may be composed of, but not necessarily limited to, an infectious disease specialist familiar with HIV disease, a person of the same professional specialty as the infected health care worker, the infected health care worker's personal physician, a person with expertise in infection control, and the infected health care worker. If the health care worker is practicing in an institution, then such a committee may be created within that institution. Other options include a local, regional, or professional society advisory committee. Absolute confidentiality must be maintained by any such advisory committee.

- Support must be provided for the HIV-infected health care worker with regard to employment continuation, disability coverage, and long-term health insurance availability. (HOD, 0408)

AID-009

Involuntary Patient Testing After Significant Exposure: The Wisconsin Medical Society supports court-ordered, involuntary phlebotomy or obtaining of other body fluids for the purpose of HIV testing after a health care worker has sustained a significant exposure if a specimen of the source patient's blood or other body fluid is not otherwise available for HIV testing. (HOD, 0407)

AID-017

Testing of Prisoners: The Wisconsin Medical Society supports testing, with due process, of prison inmates for communicable diseases, on a case-by-case basis, which should be preformed on the order of the facility's medical director or the warden upon a physician's advice, when warranted by the specific circumstance, incident or behavior on the part of an inmate, resulting in potentially significant exposure of others.

The presence of communicable diseases should not govern decisions to care for patients for whom a facility would otherwise normally provide care. (HOD, 0409)

AID-018

HIV Testing: The Wisconsin Medical Society supports the state reviewing and revising Wisconsin statutes to consider current trends in disease progression to and recommendations by the CDC. The Wisconsin Medical Society also supports efforts to move the State toward routine testing or an opt-out approach, which shifts the burden from those who would choose to undergo testing to those who would refuse. (HOD, 0408)

ALC - ALCOHOL AND OTHER DRUG ABUSE

ALC-001

Working to Eliminate Underage Alcohol Consumption: The Wisconsin Medical Society (Society) is opposed to minors obtaining alcoholic beverages in violation of state law. The Society supports

1. Wisconsin elected-officials to the U.S. Congress to support, vote for and enact legislation to provide for injunctive relief in Federal district court to enforce state laws relating to the interstate transportation of intoxicating liquor;
2. Public health/environmental policies to curtail underage and high-risk drinking including initiatives banning unescorted, underage people from entry into bars; increasing beer excise taxes; reducing or eliminating drink specials; reducing/controlling alcohol outlet density; requiring beer keg registration at retail points of sale; and mandating server and seller training and enforcement.
3. The federal government should fund and actively support the development of a national media effort as a major component of an adult-oriented campaign to reduce underage drinking.
4. All segments of the alcohol industry that profit from underage drinking, inadvertently or otherwise, should join with other private and public partners to establish and fund an independent nonprofit foundation with the sole mission of preventing and reducing underage drinking.

5. Alcohol companies, advertising companies and commercial media should refrain from marketing practices (including product design, advertising and promotional techniques) that have substantial underage appeal and should take reasonable precautions in the time, place and manner of placement and promotion to reduce youthful exposure to other alcohol advertising and marketing activity.
6. The alcohol industry trade associations, as well as individual companies, should strengthen their advertising codes to preclude placement of commercial messages in venues where a significant proportion of the expected audience is underage, to prohibit the use of commercial messages that have substantial underage appeal and to establish independent external review boards to investigate complaints and enforce the codes.
7. Congress should appropriate the necessary funding for the U.S. Department of Health and Human Services to monitor underage exposure to alcohol advertising on a continuing basis and to report periodically to Congress and the public. The report should include information on the underage percentage of the exposed audience and estimated number of underage viewers of print and broadcasting alcohol advertising in national markets and, for television and radio broadcasting, in a selection of large local or regional markets.
8. The entertainment industries should use rating systems and marketing codes to reduce the likelihood that underage audiences will be exposed to movies, recordings, or television programs with unsuitable alcohol content, even if adults are expected to predominate in the viewing or listening audiences.
9. The film rating board of the Motion Picture Association of America should consider alcohol content in rating films, avoiding G or PG ratings for films with unsuitable alcohol content, and assigning mature ratings for films that portray underage drinking in a favorable light.
10. The music recording industry should not market recordings that promote or glamorize alcohol use to young people; should include alcohol content in a comprehensive rating system, similar to those used by the television, film, and video game industries; and should establish an independent body to assign ratings and oversee the industry code.
11. Television broadcasters and producers should take appropriate precautions to ensure that programs do not portray underage drinking in a favorable light, and that unsuitable alcohol content is included in the category of mature content for purposes of parental warnings.
12. Congress should appropriate the necessary funds to enable the U.S. Department of Health and Human Services to conduct a periodic review of a representative sample of movies, television programs, and music recordings and videos that are offered at times or in venues likely to have a significant youth audience (e.g., 15 percent) to ascertain the nature and frequency of lyrics or images pertaining to alcohol. The results of these reviews should be reported to Congress and the public.
13. The minimum drinking age laws of each state should prohibit
 - a. Purchase or attempted purchase, possession and consumption of alcoholic beverages by persons under 21.
 - b. Possession of and use of falsified or fraudulent identification to purchase or attempt to purchase alcoholic beverages.

- c. Provision of any alcohol to minors by adults, except to their own children in their own residences.
 - d. Underage drinking in private clubs and establishments.
14. States should strengthen their compliance check programs in retail outlets, using media campaigns and license revocation to increase deterrence.
- a. Communities and states should undertake regular and comprehensive compliance check programs, including notification of retailers concerning the program and follow-up communication to them about the outcome (sale/no sale) for their outlet.
 - b. Enforcement agencies should issue citations for violations of underage sales laws, with substantial fines and temporary suspension of license for first offenses and increasingly stronger penalties thereafter, leading to permanent revocation of license after three offenses.
 - c. Communities and states should implement media campaigns in conjunction with compliance check programs detailing the program, its purpose and outcomes.
15. The federal government should require states to achieve designated rates of retailer compliance with youth access prohibitions as a condition of receiving relevant block grant funding, similar to the Synar Amendment's requirements for youth tobacco sales.
16. States should require all sellers and servers of alcohol to complete state-approved training as a condition of employment.
17. States should enact or strengthen dram shop liability statutes to authorize negligence-based civil actions against commercial providers of alcohol for serving or selling alcohol to a minor who subsequently causes injury to others, while allowing a defense for sellers who have demonstrated compliance with responsible business practices. States should include in their dram shop statutes key portions of the Model Alcoholic Beverage Retail Licensee Liability Act of 1985, including the responsible business practices defense.
18. States that allow Internet sales and home delivery of alcohol should regulate these activities to reduce the likelihood of sales to underage purchasers. States should
- a. Require all packages for delivery containing alcohol to be clearly labeled as such.
 - b. Require persons who deliver alcohol to record the recipient's age identification information from a valid government-issued document (such as a driver license or ID card).
 - c. Require recipients of home delivery of alcohol to sign a statement verifying receipt of alcohol and attesting that he or she is of legal age to purchase alcohol.
19. States and localities should implement enforcement programs to deter adults from purchasing alcohol for minors. States and communities should
- a. Routinely undertake shoulder tap or other prevention programs targeting adults who purchase alcohol for minors, using warnings, rather than citations, for the first offense.

- b. Enact and enforce laws to hold retailers responsible, as a condition of licensing, for allowing minors to loiter and solicit adults to purchase alcohol for them on outlet property.
 - c. Use nuisance and loitering ordinances as a means of discouraging youth from congregating outside of alcohol outlets in order to solicit adults to purchase alcohol.
20. States and communities should establish and implement a system requiring registration of beer kegs that records information on the identity of purchasers.
21. States should facilitate enforcement of zero tolerance laws in order to increase their deterrent effect. States should
 - a. Modify existing laws to allow passive breath testing, streamlined administrative procedures and administrative penalties.
 - b. Implement media campaigns to increase young peoples' awareness of reduced BAC limits and of enforcement efforts.
22. States should enact and enforce graduated driver licensing laws.
23. States and localities should routinely implement sobriety checkpoints.
24. Local police, working with community leaders, should adopt and announce policies for detecting and terminating underage drinking parties, including
 - a. Routinely responding to complaints from the public about noisy teenage parties and entering the premises when there is probable cause to suspect underage drinking is taking place.
 - b. Routinely checking, as a part of regular weekend patrols, open areas where teenage drinking parties are known to occur.
 - c. Routinely citing underage drinkers and, if possible, the person who supplied the alcohol when underage drinking is observed at parties.
25. States should strengthen efforts to prevent and detect use of false identification by minors to make alcohol purchases. States should
 - a. Prohibit the production, sale, distribution, possession and use of false identification for attempted alcohol purchase.
 - b. Issue driver licenses and state identification cards that can be electronically scanned.
 - c. Allow retailers to confiscate apparently false identification for law enforcement inspection.
 - d. Implement administrative penalties (e.g., immediate confiscation of a driver's license and issuance of a citation resulting in a substantial fine) for attempted use of false identification by minors for alcohol purchases.
26. States should establish administrative procedures and non-criminal penalties, such as fines or community service, for alcohol infractions by minors.
27. Intensive research and development for a youth-focused national media campaign relating to underage drinking should be initiated. If this work yields promising results, the inclusion of a youth-focused campaign in the strategy should be reconsidered.
28. The U.S. Department of Health and Human Services and the U.S. Department of Education should fund only evidence-based education interventions, with

- priority given to those that incorporate elements known to be effective and those that are part of comprehensive community programs.
29. Residential colleges and universities should adopt comprehensive prevention approaches, including evidence-based screening, brief intervention strategies, consistent policy enforcement and environmental changes that limit underage access to alcohol. They should use universal education interventions, as well as selective and indicated approaches with relevant populations.
 30. The National Institute on Alcohol Abuse and Alcoholism and the Substance Abuse and Mental Health Services Administration should continue to fund evaluations of college-based interventions, with a particular emphasis on targeting of interventions to specific college characteristics, and should maintain a list of evidence-based programs.
 31. The U.S. Department of Health and Human Services and states should expand the availability of effective clinical services for treating alcohol abuse among underage populations and for following up on treatment. The U.S. Department of Education, the U.S. Department of Health and Human Services, and the U.S. Department of Justice should establish policies that facilitate diagnosing and referring underage alcohol abusers and those who are alcohol dependent for clinical treatment.
 32. Community leaders should assess the underage drinking problem in their communities and consider effective approaches—such as community organizing, coalition building and the strategic use of the mass media—to reduce drinking among underage youth.
 33. Public and private funders should support community mobilization to reduce underage drinking. Federal funding for reducing and preventing underage drinking should be available under a national program dedicated to community-level approaches to reducing underage drinking, similar to the Drug Free Communities Act, which supports communities in addressing substance abuse with targeted, evidence-based prevention strategies.
 34. A federal interagency coordinating committee on prevention of underage drinking should be established, chaired by the secretary of the U.S. Department of Health and Human Services.
 35. A National Training and Research Center on Underage Drinking should be established in the U.S. Department of Health and Human Services. This body would provide technical assistance, training and evaluation support and would monitor progress in implementing national goals.
 36. The secretary of the U.S. Department of Health and Human Services should issue an annual report to Congress on underage drinking summarizing all federal agency activities, progress in reducing underage drinking and key surveillance data.
 37. Each state should designate a lead agency to coordinate and spearhead its activities and programs to reduce and prevent underage drinking.
 38. The annual report of the secretary of the U.S. Department of Health and Human Services on underage drinking should include key indicators of underage drinking.

39. The Monitoring the Future Survey and the National Survey on Drug Use and Health should be revised to elicit more precise information on the quantity of alcohol consumed and to ascertain brand preferences of underage drinkers.
40. Congress and state legislatures should raise excise taxes to reduce underage consumption and to raise additional revenues for this purpose. Top priority should be given to raising beer taxes, and excise tax rates for all alcoholic beverages should be indexed to the consumer price index so that they keep pace with inflation without the necessity of further legislative action.
41. All interventions, including media messages and education programs, whether funded by public or private sources, should be rigorously evaluated, and a portion of all federal grant funds for alcohol-related programs should be designated for evaluation.

States and the federal government—particularly the U.S. Department of Health and Human Services and the U.S. Department of Education—should fund the development and evaluation of programs to cover all underage populations. (BOD, 0709)

ALC-003

Reduction of Alcohol Related Traffic Crashes: The Wisconsin Medical Society supports current and future legislative proposals seeking to strengthen penalties for DUI offenders. (HOD, 0405)

ALC-004

Mandatory Reporting of Unborn Child Abuse: The Wisconsin Medical Society does not support extending the jurisdiction of the juvenile court to unborn fetuses and their expectant mothers, when substance abuse is suspected to such a severe degree that abuse poses a substantial current health risk to the fetus, because it would interfere with the physician-patient relationship and erect a barrier that would keep pregnant women from seeking prenatal care.

The Wisconsin Medical Society supports giving pregnant women with addictive disorders (alcohol, nicotine and other drug abuse) first priority for appropriate access to treatment, including admission to AODA inpatient and outpatient treatment programs, and parity of insurance benefits for alcohol and other drug abuse treatment. (HOD, 0405)

ALC-006

Alcohol Warning Signs: The Wisconsin Medical Society supports requiring retailers to prominently display a sign on the retailer's premises warning pregnant women that they should not drink alcohol beverages because of the risk of birth defects. (BOD, 0709)

ALC-007

Screening for Alcohol and Other Drug Use in Trauma Patients: The Wisconsin Medical Society encourages

- Hospital medical staffs to promote the performance of blood alcohol concentration (BAC) tests and urine drug screens on in-patient hospitalized trauma patients.
- Physicians responsible for the care of hospitalized trauma patients to implement appropriate evaluation and treatment when there is a positive BAC, other positive drug screen results, or other source of suspicion of a potential substance misuse disorder.

- Relevant physician organizations to develop practice parameters to assist physicians in the diagnosis and management of substance misuse disorders. (HOD, 0404)*

ALC-009

Reporting of Alcoholism as a Cause of Death: The Wisconsin Medical Society believes that alcoholism should be reportable as a cause of death. (HOD, 0408)

ALC-011

Drug Testing - Employee: The Wisconsin Medical Society condemns indiscriminate, not for cause testing, for drug use by employers of current employees. There are limited for cause situations or safety sensitive occupations in which urine testing may provide clinically valid and useful information, such as: 1) in relation to an incident of probable intoxicated behavior at the work site; 2) after an incident with serious safety implications which is most readily explained by “human error;” and 3) before return to work after suspension for an incident such as 1 or 2 (above) or after treatment for chemical dependency; 4) monitoring of post-treatment recovery for certain critical occupations. Less expensive “screening” tests should only be considered valid when positive results (and clinically indicated negative results) are confirmed by a more expensive and more accurate method, such as gas chromatography or mass spectroscopy. Employers should establish and distribute clear guidelines as to which employees and/or prospective employees will be subject to testing and under what conditions; and 5) Interpretation, recommendation and possible intervention of confirmed positive reactors should be carried out by a medical review officer. (HOD, 0406)

ALC-012

Happy Hours: The Wisconsin Medical Society supports prohibiting drinking establishments from offering inducements (such as “happy hour” or “two for one”) to excessive alcoholic beverage consumption. (HOD, 0405)

ALC-014

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services: The Wisconsin Medical Society supports:

- The provision of alcohol and drug screening, brief intervention, referral, and treatment (SBIRT) services as well as the removal of barriers to SBIRT service delivery in general medical settings.
- That all third-party private and public healthcare payers pay for alcohol and drug screening and intervention services that are provided by physicians, other healthcare professionals, and other individuals who are supervised by physicians.
- Confidentiality between patient and healthcare professional in SBIRT service delivery.
- Exempting healthcare professionals from Wisconsin Act 292 of 1997, restoring the legal requirement for confidentiality between pregnant women and their healthcare professional. (HOD, 0408)

*Currently under five-year policy review.

EMM - EMERGENCY MEDICINE

EMM-007

A Comprehensive Plan for the Emergency Medical System (EMS) in Wisconsin: The Wisconsin Medical Society

- Supports the continued development and government funding of a comprehensive plan for an EMS system (including EMS for children) in Wisconsin; supports liability protection for those physicians providing medical direction on a voluntary basis.
- Urges that all such EMS services have expert physician involvement and review on a continuing basis for quality assurance and medical control.
- Endorses regional trauma systems with medical direction, trauma registries, triage plans, quality assurance and coordinated care of acutely traumatized patients.
- Supports the appointment of an EMS Medical Advisory Committee comprised of experts actively practicing in the fields of emergency medicine, emergency nursing, EMS Instruction, Basic and Advanced Care EMS providers. Selection shall be from slates provided to the Secretary of the Department of Health and Family Services by each of the respective state professional organizations. A major function of this committee will be for expert advice to the EMS Section on all activities regarding patient care and the practice of all pre-hospital field providers.
- Supports adequate funding for the state EMS Office to enable the appropriate and proper review, licensing, education and ongoing support of the many services in the state.
- Supports continuing education and training for physicians regarding the medical aspects of the EMS program. (HOD, 0409)

EMM-009

Automatic External Defibrillators: The Wisconsin Medical Society (Society) recognizes the lifesaving benefits of automated external defibrillators (AED) and supports laws and legislation that would:

1. broadly promote their use by including basic training in the use of AEDs when CPR training is required in annual AHA and Red Cross CPR certification;
2. promote their placement in all public places that host large gatherings; and
3. promote inclusion of specialized AED-related equipment (i.e., smaller contact pads for AEDs likely to be used for children) when appropriate.

Further, the Society endorses that all law enforcement officers and other First Responders complete annual certification training in the use of AEDs and have an AED, with adult and pediatric-sized contact pads, on board all local, county, and state government emergency vehicles. (HOD, 0408)

EMM-010

Resolving the Current Lack of a Universal Connector on Defibrillator Pads: The Wisconsin Medical Society supports the development and use of universal connector pads for all external defibrillators. The Wisconsin Medical Society will work with and supports all members of state EMS departments and state and federal legislators and departments to strongly urge manufacturers to voluntarily make the change to universal connectors. (HOD, 0406)

EOH - ENVIRONMENTAL/OCCUPATIONAL HEALTH

EOH-003

MMT in the U.S. Gasoline Supply: The Wisconsin Medical Society will express its concerns for public health over the addition of Methylcyclopentadienyl Manganese Carbonyl (MMT) into the gasoline supply until the safety of the substance is clearly documented. (HOD, 0405)

EOH-004

Health Priorities in Mining: The Wisconsin Medical Society supports requiring input from the Department of Health and Social Services prior to the issuance of a mining permit. The Department's input

- Must be based on evidence provided by public health experts with knowledge of the public health issues that result from mining.
- Should include consideration of past environmental records of mining companies seeking a mining permit. (HOD, 0405)

EOH-007

Herbicide and Pesticide Use on Public Lands and Water: The Wisconsin Medical Society supports:

1. The appropriate use of landscape herbicides and pesticides in private, commercial and municipal settings based on consideration of the risks and benefits of such chemical use.
2. Appropriate training, inspection and certification of applicators who use these agents.
3. Inspection and certification of the carrier chemicals and equipment.
4. As a minimum standard, posting or notification of chemical application at the site in an expeditious manner, with brief, but informative content regarding the primary and carrier agents and the date of application.
5. Posting additional informational fact sheets, whenever possible, at the site of application to describe, in language the general population can understand, the following product issues:
 - a. The target organs at risk of exposure.
 - b. The need for consistent safe application and clean up methods to avoid chronic low dose exposure.
 - c. The appropriate disposal methods. (HOD, 0409)

EOH-008

Federal Clean Air Legislation: The Wisconsin Medical Society (Society) will be a member of the National Association of Physicians for the Environment (NAPE), which brings medical organizations together to work toward higher clean air standards. The Society will support stronger air quality standards in order to lessen the risks to human health. (HOD, 0405)

EOH-013

Physician Access to Information on Clinical Management of Hazardous Materials Exposures: The Wisconsin Medical Society supports

- Educational programs that enhance physician utilization of existing systems for emergency medical information dissemination.

- Continuing medical education for physicians regarding management of hazardous materials exposure cases.
- Further integration of state and national resources, regarding hazardous material exposure responsiveness.
- The development of support systems for medical care professionals in the field.
- Educating Wisconsin physicians about the presence of the toxic chemical fact sheet available on the Department of Health and Family Services Web site under Environmental Health Resources and other resources as they become available. (HOD, 0409)

EOH-014

Guidelines for the Evaluation and Treatment of Work-Related Illnesses and Injuries: The Wisconsin Medical Society supports:

- Treatment guidelines for Worker's Compensation cases that balance the highest quality of patient care with cost containment for employers.
- The selected guidelines to the Worker's Compensation Advisory Committee as a preferable alternative to the mandatory treatment guidelines currently being proposed or in effect. (HOD, 0407)

EPP - EMERGENCY PREPAREDNESS

EPP-002

Emergency Preparedness: The Wisconsin Medical Society supports:

- The creation of a central civilian/medical command structure at the state level to coordinate response issues.
- The funding and implementation of planning for appropriate preparedness and response for chemical bioterrorism and similar acts and other emergencies, including appropriate training of physicians, hospitals and hospital staffs throughout Wisconsin. (HOD, 0408)

MCH - MATERNAL AND CHILD HEALTH

MCH-001

Sudden Infant Death Syndrome Training: The Wisconsin Medical Society supports ensuring that licensed childcare providers receive training in the most current medically accepted method preventing sudden infant death syndrome (SIDS). The Society further supports that certified trainers at day care facilities be required to do hands-on recertification every five years. (HOD, 0409)

MCH-002

Blood Lead Level Guidelines for Children: The Wisconsin Medical Society supports the 1998 "A Physician's Guide to Blood Lead Screening and Treatment of Lead Poisoning in Children," which recommends the following:

- For children outside of the cities of Racine and Milwaukee, the child's risk should be assessed by looking at the age of the home, the status of home renovations, whether siblings or playmates have suffered lead poisoning, and

whether the child is Medicaid, HealthCheck or WIC eligible. If the child is at risk, a blood test should be performed.

- For Milwaukee and Racine resident children, the guidelines recommend “Three before age 3” or administering blood tests to all children at 6, 12 and 24 months of age.
- If the child is enrolled in Medicaid, HealthCheck or WIC, testing should be done between ages 3 and 5, if no record of prior testing is available. (HOD, 0405)

MCH-003

Possession and Use of Metered Dose Inhalers by School Students: The Wisconsin Medical Society supports allowing an asthmatic student, while in school, to possess and use a metered dose inhaler or dry powder inhaler if the student uses the inhaler before exercise to prevent the onset of asthmatic symptoms or uses the inhaler to alleviate asthmatic symptoms. (HOD, 0405)

MCH-004

Age-Appropriate Reproductive Health Education: To better foster good reproductive health practices among the state’s citizens, the Wisconsin Medical Society believes

- While local school boards may select the particular program for their schools, age-appropriate reproductive health education should be a required part of all Wisconsin school curricula at all grade levels.
- Because some adolescents are sexually active while others are not, programs need to address both postponing sex and using contraception.
- That the state Legislative Audit Bureau should perform a program evaluation of the various adolescent pregnancy prevention programs offered around the state, with sound methodology and long-term follow-up, so that programs offered to local school districts might be the most effective. (HOD, 0405)

MCH-005

Childhood and Adolescent Sleep Needs: The Wisconsin Medical Society supports greater attention to sleep hygiene in educational programs established by the Department of Public Instruction for teachers, counselors, parents and children. (HOD, 0405)

MCH-007

Continuity of Prenatal Care: The Wisconsin Medical Society believes that pregnant women should be able to maintain a continuous relationship with a single physician throughout their entire pregnancy and supports working with the state of Wisconsin and relevant federal agencies to identify and eliminate disruptions in continuous medical prenatal care caused by uncoordinated government programs. (HOD, 0405)

MCH-008

Access to Health care for Children: The Wisconsin Medical Society supports a goal that all children in Wisconsin have access to health care. (HOD, 0408)

MCH-009

Statewide Perinatal Database: The Wisconsin Medical Society supports a comprehensive system for collecting and analyzing clinical perinatal data. Clinical perinatal data is information gathered from direct observation and treatment of women and infants around the time of birth

(i.e., perinatal period.) The perinatal period is defined as three months prior to pregnancy through the infant's first year of life. (HOD, 0409)

MCH-010

Medicaid Prenatal Care Coordination Program: The Wisconsin Medical Society endorses the Medicaid Prenatal Care Coordination Program. (HOD, 0409)

MCH-013

Surrogate Parenting: The Wisconsin Medical Society (Society) believes that physicians who participate in surrogate motherhood arrangements or provide fertility, obstetric or counseling services for a surrogate, should carefully examine all relevant issues, including legal, psychological, societal, medical and ethical aspects. Simple clear conclusions cannot be anticipated. Significant ethical concerns exist even in the most uncomplicated situation involving an infertile couple and no financial transactions. Additional concerns that result from the payment of fees and from special circumstances such as surrogate use for convenience or single parenting magnify the ethical complications. Thus, while the decision to participate or not in the surrogate motherhood alternative is an individual one for each physician to make, the Society has significant reservations about this approach to parenthood and offers the following recommendations for the guidance of physicians:

I. Initiation of Surrogate Arrangements

1. When approached by a patient interested in surrogate motherhood, the physician should, as in all other aspects of medical care, be certain there is a full discussion of ethical and medical risks, benefits and alternatives.
2. A physician may justifiably decline to participate in surrogate motherhood arrangements.
3. If a physician decides to become involved in a surrogate motherhood arrangement, he or she should follow these guidelines:
 - a. The physician should be assured that appropriate procedures are utilized to screen the contracting person or persons and surrogate. Such screening may include appropriate fertility studies and genetic screening.
 - b. The physician should receive only the usual compensation for obstetric and gynecologic services. Referral fees and other arrangements for financial gain beyond the usual fees for medical services are inappropriate.
 - c. The physician should not participate in a surrogate program where the financial arrangements are likely to exploit any of the parties.

II. Care of Pregnant Surrogates

1. When a woman seeks medical care for an established pregnancy, regardless of the method, of conception, she should be cared for as any other obstetric patient or referred to a qualified physician who will provide that care. The surrogate mother should be considered the source of consent with respect to clinical interventions and management of the pregnancy. Confidentiality between the physician and patient should be maintained. If other parties, such as the adoptive parents, are to play a role in decision making, the parameters should be clearly delineated, with the agreement of the patient. (HOD, 0405)

MCH-014

Welcome Home Baby: The Wisconsin Medical Society supports programs that provide universal access to home visitation for all new parents in Wisconsin (e.g. Welcome Home Baby Initiative). (HOD, 0409)

MCH-015

Fetal Research: The Wisconsin Medical Society supports fetal research under the following guidelines:

1. Physicians may participate in fetal research when their activities are part of a competently designed program, under accepted standards of scientific research to produce data that are scientifically valid and significant.
2. If appropriate, properly performed clinical studies on animals and non-gravid humans should precede any particular fetal research project.
3. In living fetal research projects, the investigator should demonstrate the same care and concern for the fetus as a physician providing fetal care or treatment in a non-research setting.
4. All valid federal or state legal requirements should be followed.
5. There should be no monetary payment to obtain any fetal material for fetal research projects.
6. Competent peer review committees, review boards or advisory boards should be available, when appropriate, to protect against the possible abuses that could arise in such research.
7. Research on the so-called 'dead fetus,' macerated fetal material, fetal cells, fetal tissue or fetal organs should be in accord with state laws on autopsy and state laws on organ transplantation or anatomical gifts.
8. In fetal research primarily for treatment of the fetus:
 - a. Voluntary and informed consent, in writing, should be given by the gravid woman, acting in the best interest of the fetus.
 - b. Alternative treatment or methods of care, if any, should be carefully evaluated and fully explained. If simpler and safer treatment is available, it should be pursued.
9. In research primarily for treatment of the gravid female:
 - a. Voluntary and informed consent, in writing, should be given to the patient.
 - b. Alternative treatment or methods of care should be carefully evaluated and fully explained to the patient. If simpler and safer treatment is available, it should be pursued.
 - c. If possible, the risk to the fetus should be the least possible, consistent with the gravid female's need for treatment.
10. In fetal research involving a viable fetus, primarily for the accumulation of scientific knowledge:
 - a. Voluntary and informed consent, in writing, should be given by the gravid woman under circumstances in which a prudent and informed adult would reasonably be expected to give such consent.

- b. The risk to the fetus imposed by the research should be the least possible.
- c. The purpose of the research is the production of data and knowledge that are scientifically significant and that cannot otherwise be obtained.
- d. In this area of research, it is especially important to emphasize that care and concern for the fetus should be demonstrated. There should be no physical abuse of the fetus. (HOD, 0405)

MCH-017

Use of Personal Flotation Devices: The Society supports a policy to require children age 12 and under to use personal flotation devices (PFDs) on all boats under 26 feet in length. (HOD, 0408)

MCH-019

DNR Bracelets for Children: The Society supports legislation that allows a DNR bracelet to be worn by a patient less than 18 years of age who is terminally ill under the definitions in the current legislation. (HOD, 0409)

MCH-022

Dental Access: The Wisconsin Medical Society (Society) recognizes the importance of good oral health to overall health and the need for improving access to dental services for children and underserved populations in our state. The Society should cooperate with the Wisconsin Dental Association and the Division of Public Health to identify ways to improve access to preventive dental services and work toward a common goal of improving the oral health of children in our state. The Board of Directors should evaluate the feasibility of having physicians in Wisconsin provide some preventive dental services to children. (HOD, 0408)

MCH-023

Maternity Length of Stay: The Wisconsin Medical Society supports

- Federal law and perinatal discharge of mothers and infants should be determined only by the clinical judgment of attending physicians and not by economic considerations.
- Physicians should not be penalized by insurers or other third party payers for their length of stay decisions. (BOD, 0709)

MCH-024

Hearing Issues: The Wisconsin Medical Society

- Encourages all physicians caring for newborn infants to provide Universal Newborn Hearing Screenings (UNHS).
- Encourages the development of a system by which UNHS is recorded in a similar manner as other required newborn screening tests.
- Supports research into congenital hearing loss and the most cost-effective means for identifying and addressing congenital hearing loss as well as case management and follow-up. (BOD, 0709)

MCH-025

HIV and Pregnancy: The Wisconsin Medical Society believes

- That all pregnant women should be provided with culturally, linguistically, educationally and age-appropriate information regarding HIV risk factors and prevention.
- That the physician is the proper conduit for this information.
- That all pregnant women should be offered and encouraged to accept voluntary HIV antibody testing early in pregnancy so that important interventions for the woman's health and that of her infant can be offered in the most timely and effective manner. (BOD, 0709)

MCH-026

AODA, Tobacco and Pregnancy: The Wisconsin Medical Society (Society) recognizes the severe impact that perinatal use of alcohol, tobacco and illegal drugs have upon the health of both mothers and infants. The Society believes that physicians should routinely provide, at a minimum, a historical screen for all pregnant women, and those of childbearing age, for substance abuse and to follow up positive screens with appropriate counseling, interventions and referrals.

The Society further supports the following policy elements:

- That oppose legislation that criminalizes maternal drug addiction or requires physicians to function as agents of law enforcement—gathering evidence for prosecution rather than providing treatment.
- That forewarn the U.S. government and the public at large that there are extremely serious implications of drug addiction during pregnancy and there is a pressing need for adequate maternal drug treatment and family supportive child protective services.
- That encourage the government to expand the proportion of funds allocated to drug treatment, prevention and education within the context of its “War on Drugs.” In particular, support is crucial for establishing and making broadly available specialized treatment programs for drug-addicted pregnant women wherever possible. (BOD, 0709)

MCH-027

Prenatal Documentation: The Wisconsin Medical Society supports appropriate, safe and well-documented documentation in regard to prenatal care, but opposes legislative mandates on the content or format of physician documentation in the medical record. (BOD, 0709)

MCH-028

Immunizations: The Wisconsin Medical Society (Society) recognizes

- That routine childhood and adult vaccinations as described by the Advisory Committee on Immunization Practices have made such an impact on public health.
- That immunizations are considered one of the greatest medical achievements of the 20th century.
- That vaccines prevent disease in people who receive them and protect those who come in contact with unvaccinated individuals.
- That before vaccines, many children died from diseases such as polio.

- That through the introduction of routine vaccinations, many of these diseases are now becoming rare in the U.S.
- That, however, the viruses and bacteria that cause them still exist.
- That vaccinations are one of the best ways to put an end to the serious effects of certain diseases.

And therefore, the Society supports the Wisconsin Immunization Program and supports Wisconsin's immunization schedule for infants and preschoolers, including continuation of the universal infant Hepatitis B immunization program. (HOD, 0404)*

MCH-029

Regulating Dextromethorphan: The Wisconsin Medical Society supports legislative action to restrict purchases of over-the-counter medicines containing dextromethorphan to individuals of age 18 or greater. (HOD, 0405)

MCH-030

Appropriate Testing of Medicaid Children For Lead: The Wisconsin Medical Society supports coordinating efforts of the Society's councils and committees with agencies working on lead poisoning issues to educate health care professionals through use of Society publications and through any other means deemed effective, about the continuing problem of childhood lead poisoning and its serious impact on children's health, and about the importance of following the Federal rules regarding the testing of children for lead poisoning.

The Wisconsin Medical Society supports the concept of incentives to health care professionals to follow the Federal rules regarding the testing of Medicaid children for lead poisoning. (HOD, 0406)

MCH-031

Vaccination Coverage of Uninsured Children By Private Physicians: The Wisconsin Medical Society supports that Wisconsin children medically eligible to receive vaccinations but are underinsured receive those vaccinations through the Vaccines For Children Program (VFC) and be able to receive the vaccines from private physicians in the physician's office. (HOD, 0407)

MCH-032

Prevention of Prescription Drug Misuse and Addiction By At-Risk Youth: The Wisconsin Medical Society encourages parents to consider placing under lock and key all supplies of narcotic analgesic, sedative, and psycho-stimulant drugs that may be prescribed to a family member, equating the concept "medicine cabinet locks" with the widely accepted concept of "kitchen cabinet locks," in order to minimize the impact of prescription drug misuse and addiction. (HOD, 0407)

MCH-033

Repeal of Religious Exemptions in Child Abuse and Medical Practice Statutes: The Society supports repeal of religious exemption provisions in the state's child abuse statutes, and recognizes that constitutional barriers may exist with regard to elimination of religious exemptions provisions in the state's medical practice act. The Society will monitor any problems with respect to spiritual healing practitioners in Wisconsin, investigate such situations and pursue all solutions, including legislation where appropriate, to address such matters. (BOD, 0909)

*Currently under five-year policy review.

MEC - MEDICAL CARE

MEC-001

Society Partnership with the Department of Health and Family Services (DHFS) To Promote Healthiest Wisconsin 2020: The Wisconsin Medical Society (Society) supports continued collaboration between the Society and the Department of Health and Family Services to promote the state health plan Healthiest Wisconsin 2020. (HOD, 0409)

MEC-002

Society Guiding Principles on Patient Safety: The Wisconsin Medical Society (Society) supports the following policy on patient safety:

- *Leadership Role.* The Society will continue to take a leadership role in improving patient safety.
- *Partnership.* The Society will continue to work in partnership with a broad range of public and private organizations to improve and promote patient safety through educational activities and other available means to establish and promote optimal safety systems in the delivery of health care.
- *Information Sharing.* The Society will continue to inform the people of Wisconsin about on-going efforts to improve quality and patient safety in medical care systems.
- *AMA Principles.* The Society supports the American Medical Association's "General Principles for Patient Safety Reporting Systems." (HOD, 0408)

MEC-003

Correctional Health Care: The Wisconsin Medical Society supports the Legislative Audit Bureau's study of correctional health care (completed in June 2001), supports the inclusion of telemedicine services in its study, and encourages the Legislature to take constructive actions as determined by that study, including that Wisconsin seek accreditation from the NCCHC; and that county jails as well as state prisons be included in any reforms to be implemented in adult and adolescent corrections institutions' procedures for evaluation and management of inmates' health care needs. (HOD, 0408)

MEC-006

Veterans Administration: The Wisconsin Medical Society supports national legislation that would give rural veterans receiving Veterans Administration supported medical care the choice to receive care locally, and having such care funded through the Veterans Administration system. (HOD, 0405)

MEC-007

Primary Care Research: The Wisconsin Medical Society

- Supports increasing the level of support for developing the infrastructure for practice-based and primary care research.
- Supports improving the accessibility of the funding stream for specific projects in practice-based and primary care research. (HOD, 0405)

MEC-009

Sharpening the Focus on Men's Health: The Wisconsin Medical Society (Society) promotes the idea that the health care of men differs in many ways from the health care of women and encourages

research and medical education to address the reasons why men have a shorter life span, ways to engage men in their health care and methods to improve access to care for men. (HOD, 0408)

MEC-010

Disease Management: The Wisconsin Medical Society promotes disease management protocols that allow for appropriate flexibility and physician discretion when measuring adherence to and variations from practice guidelines as long as these protocols adhere to the goals outlined in the American Medical Association policy on a well-structured disease management (DM) program. These goals include

- Improves outcomes by the provision of timely and appropriate services.
- Promotes cooperation between primary care and specialty care physician.
- Emphasizes educating and empowering patients to successfully manage their own health and intelligently use care resources.
- Develops clinical practice guidelines by physicians who are knowledgeable in dealing with chronic diseases.
- Allows informed and voluntary patient participation in DM programs.
- Allows physicians to deviate from DM practice guidelines when appropriate without incurring sanctions or jeopardizing coverage for services.
- Emphasizes peer review assistance when a physician's practice patterns warrant corrective action measures.
- Promotes collaboration between providers of care and the patients primary care physician on an ongoing basis.
- Allows the choice of pharmaceuticals to be based on clinical judgment and validated outcome studies rather than restricted to program formularies.
- Employs certified or licensed physician assistants, nurse practitioners or individuals with a comparable level of training as care coordinators.
- Supports the primary care physician's authority for decisions to use or not use specialized care and ancillary/support services or products for patients.
- Requires DM company-employed physicians to be fully licensed to practice medicine in the jurisdiction of the program's location and to be professionally and legally accountable for any adverse patient events resulting from their interventions. (HOD, 0407)

MEC-011

Cardiovascular Health Program: The Wisconsin Medical Society supports and promotes the goals of the Cardiovascular Health Program:

- To review and define the cardiovascular disease and stroke problems, incidence and associated risk factors in Wisconsin.
- To develop and coordinate programs with healthcare partners, and community and advocacy groups to reduce the risk factors and incidence of heart diseases, with a focus on heart healthy policies and physical and social environmental changes.
- To join citizens and health professionals working towards community programs to decrease the risk of heart disease and stroke, promote physical activity and healthy lifestyles to address primary and secondary prevention.

- To work with the Cardiovascular Health Alliance, local health departments and other organizations to coordinate cardiovascular health projects in Wisconsin. (HOD, 0407)

MEC-012

Diabetes Collaborative: The Wisconsin Medical Society supports and promotes the objectives of the Department of Health and Family Services Diabetes Collaborative. These objectives are

1. To establish measurement procedures to track program success in improving diabetes care.
2. To increase the percentage of people with diabetes who receive
 - a. Recommended foot exams (routine and comprehensive)
 - b. Recommended annual diabetic eye exams
 - c. Recommended annual influenza vaccination
 - d. Recommended pneumococcal vaccination
 - e. Recommended “A1c” hemoglobin tests (long-term blood glucose test)
3. To reduce diabetes-related health disparities for high-risk populations.
4. To establish programs for wellness, physical activity, weight and blood pressure control, and smoking cessation for people with diabetes. (HOD, 0407)

MEC-013

Do Not Resuscitate Bracelets: The Wisconsin Medical Society supports the use of a national or statewide color standard when using wristbands to designate a patient’s Do Not Resuscitate (DNR) status. (HOD, 0407)

MEC-014

Patient Safety: The Wisconsin Medical Society opposes any legislation that would mandate specific methods or techniques in the performance of medical or surgical procedures. (HOD, 0409)

MEN - MENTAL HEALTH

MEN-003

Prescriptive Authority for Psychologists: The Wisconsin Medical Society will take all necessary steps in defeating prescriptive authority for psychologists. (HOD, 0405)

MEN-005

Mental Health Care and Treatment of Homeless People: The Wisconsin Medical Society believes in improving the provision of adequate housing, appropriate care and treatment, and legal remedies to ensure that homeless people receive needed care. (HOD, 0405)

OBE - OBESITY

OBE-001

Obesity Management: The Wisconsin Medical Society urges all Wisconsin physicians to inspire and support a patient’s lifestyle to maintain or achieve a healthy body weight through the following measures:

- Utilization of the body mass index (BMI) for adults or the BMI-for-age for children (ages 2-20) as a screening tool to assess overweight and obesity.
- Adult assessment should also include tape measurement of waist circumference for those with BMI less than 35.
- Implementing a systems approach for the behaviors and interventions required for the prevention and treatment of overweight and obesity. (HOD, 0405)

PHI - PHYSICALLY/MENTALLY IMPAIRED

PHI-001

Accessible Parking for People with Disabilities: The Wisconsin Medical Society (Society) will assist with the ongoing development of administrative guidelines to assist physicians in determining whether or not a patient's condition is a qualifying condition and redefining the criteria for qualification for a disabled parking permit. The Society should not participate in determining the proper punishment for physicians who fraudulently supply patients with disabled parking permits. (HOD, 0408)

PHI-002

Reimbursement for Providing Interpretive Services: The Wisconsin Medical Society (Society) will seek legislation, regulations or other action that would require third party payers, including governmental agencies and private insurers, to shoulder the cost of providing professional interpreter services to hearing impaired patients. Additionally the Society requests the American Medical Association continue to work to secure a 100% tax credit for physicians who provide interpreter services to their patients. (HOD, 0406)

PHI-004

Issuance of Disabled Parking Permits: The Wisconsin Medical Society supports timely issuance of disabled parking permits. (HOD, 0406)

PHI-005

Enhancing Physician Interest in the Medical Care of People With Profound Developmental Disabilities: The Wisconsin Medical Society supports:

- Advocating for the highest quality medical care for persons with profound developmental disabilities in Wisconsin.
- Encouraging support for health care facilities whose primary mission is to meet the health care needs of persons with profound developmental disabilities.
- That medical schools and residency programs in Wisconsin encourage faculty and trainees to appreciate the opportunities for exploring fascinating diagnostic and therapeutic challenges while also accruing significant personal rewards when delivering care with professionalism to persons with profound developmental disabilities and multiple co-morbid medical conditions in any setting.
- Encouraging medical schools and graduate medical education programs in Wisconsin to establish and encourage enrollment in electives rotations for medical students and residents at Wisconsin's Centers for the Developmentally Disabled.

- Informing Wisconsin physicians that when they are presented with an opportunity to care for patients with profound developmental disabilities, there is a resource available to them in the American Academy of Developmental Medicine and Dentistry.
- Introduction of a resolution by the Delegation to the American Medical Association (AMA) at the AMA House of Delegates espousing all these principles on a nationwide basis. (HOD, 0407)

PUB - PUBLIC HEALTH/SAFETY

PUB-003

Full Funding for Core Public Health Services: The Wisconsin Medical supports full state funding for core public health service functions that are delegated to local public health departments. (HOD, 0407)

PUB-006

Promotion and Funding for Childhood Immunizations: The Wisconsin Medical Society

- Supports and promotes routine immunization for children as an entitlement for all children living in the United States.
- Promotes the participation of its members in immunization efforts in conjunction with local, state or federal government agencies and other private service organizations.
- Should aggressively support efforts to obtain government funds for the purchase and administration of vaccine to allow governmental and private groups to provide immunizations at no cost to those in need.
- Believes that local, state or federal government funds for immunization programs should be obtained from new revenues and not deducted from other health or human service programs. (HOD, 0405)

PUB-007

Adult Immunizations: The Wisconsin Medical Society (Society) supports and endorses the efforts of the Wisconsin Adult Immunization Coalition. The Society encourages physicians to recommend and administer influenza and pneumococcal immunizations for their adult patients at the time patients receive care in the hospital and in ambulatory care settings. (HOD, 0405)

PUB-013

Immunizations-Availability and Distribution: The Wisconsin Medical Society supports the efforts of the American Medical Association to identify the causes and develop clear guidelines that will address the problems of availability and equitable distribution of vaccines. (HOD, 0408)

PUB-017

Organ Sharing: The Wisconsin Medical Society (Society) supports:

- The concept of regional organ sharing.
- Patient status categories that have been equitably developed and ethically applied that give first preference to Wisconsin residents, where reasonably possible, and then share organs outside of the state.

- Efforts to continue public and physician education about organ donation and transplantation. (HOD, 0406)

PUB-018

Organ Donation: The Wisconsin Medical Society (Society) supports the concept of a centralized, statewide organ donor registry that encompasses the following ideals:

- Donor information in the registry should be easily accessible at all times only to Wisconsin's organ procurement organizations, and to individuals actively involved in the process of gaining consent, or harvesting or transplanting the donor's organs.
- Donor information in the registry should be accurate and timely.
- The registry should contain a minimum amount of information about the donor as is necessary for identification of the donor and completion of the donation process. Donor information that may directly or indirectly identify an individual must remain confidential, and should not be accessible to the public, governmental personnel other than those administering the registry, or any private business or association.
- The registry should have as many access points as possible where potential donors register as organ donors.

The Society also encourages collaboration among Wisconsin's medical community, organ procurement organizations, organ transplant centers, state government and other interested persons or entities to educate Wisconsin's citizens about the benefits of organ donation and donor registries. (BOD, 0709)

PUB-019

Emergency Contraception: A victim of sexual assault should be offered prophylaxis for pregnancy, subject to informed consent and consistent with current treatment guidelines. Physicians or hospitals should not be legislatively mandated to provide emergency prophylaxis to patients in violation of their own conscience, moral beliefs or guiding principles. Physicians and allied health practitioners who find this morally objectionable or who practice at hospitals that prohibit prophylaxis or contraception should provide victims of sexual assault evidence-based information about such services and where they can be obtained in a timely fashion. (HOD, 0408)

PUB-020

Fitness and Nutrition: The Wisconsin Medical Society (Society) recognizes that obesity and lack of physical fitness is a growing epidemic requiring additional public health and legislative intervention and that our Society shall take a leadership role in Wisconsin in improving fitness and decreasing obesity.

The Society strongly advises that all school districts in Wisconsin have daily physical education programs in all grades and a minimum level of dietary standards in school food that emphasize appropriate portion size and healthier nutritional choices over popular food items. (HOD, 0404)*

*Currently under five-year policy review.

PUB-021

Vaccination Supply: The Wisconsin Medical Society supports American Medical Association efforts to advocate for federal action, including legislation, to assure adequate vaccine supply and vaccination rates. (HOD, 0405)

PUB-022

City of Milwaukee Well City Initiative: The Wisconsin Medical Society supports the City of Milwaukee Well City initiative and encourages other cities and the State of Wisconsin to pursue WELCOA “Well” designation. (HOD, 0407)

PUB-023

Counterfeit Pharmaceuticals From International Sources: The Wisconsin Medical Society expresses to Wisconsin’s members of Congress the strong recommendation for increased funding for the Food and Drug Administration to allow it to meet its mission. The Wisconsin Medical Society requests that the Wisconsin Medical Journal inform physicians about the prevalence and implications of counterfeit pharmaceuticals and that physicians be informed that when they experience an unexpected or suboptimal response to treatment, that they be encouraged to ask their patients to show them their medications and report where they purchased them, so they might be able to counsel their patients regarding the risks of purchasing lower cost pharmaceuticals that could be counterfeit and therefore unsafe or ineffective. (HOD, 0408)

PUB-024

Improving Physician Awareness of Radon in Wisconsin: The Wisconsin Medical Society supports education of physicians and patients through journal articles and public service announcements, etc. about the necessity, especially in certain areas, to test for radon and the importance of remediating high levels. (HOD, 0408)

PUB-026

Recommendations for Government Health Departments: The Wisconsin Medical Society

- Encourages Wisconsin to create a separate and distinct Department of Health that will emphasize public and environmental health programs and services.
- Supports this concept through appropriate administrative rules and the passage of legislation.
- Will cooperate with other public health organizations in Wisconsin to secure this structure.
- Believes that the head of the Department of Health shall be a graduate of an accredited school of public health or medical school graduate program in community health and preventive medicine preferably with a doctorate in public health, or a PhD or an MD with a masters in public health and public sector administrative experience, including knowledge of local public health administration.
- Encourages county public health agencies, if possible, to appoint a public health-trained physician as the public health officer.
- Supports prohibiting the inclusion of local public health departments into human service agencies. (HOD, 0409)

PUB-027

Raw Milk: The Wisconsin Medical Society believes that all milk sold for human consumption should be required to be pasteurized. (BOD, 0110)

RUR - RURAL HEALTH**RUR-001**

Increasing Medicare Funding for Rural Hospitals: The Wisconsin Medical Society

- Supports the continued analysis of Medicare effects on rural hospitals being conducted by the Rural Policy Research Institute.
- Will advocate with the Wisconsin delegation to Congress to promote the financial viability of rural hospitals. (HOD, 0407)

RUR-003

Rural Health: The Wisconsin Medical Society supports improving the delivery of medical care to rural Wisconsin and urges:

1. Increasing physician workforce by:
 - a. Encouraging a rural family medicine or other rural primary care experience, including internal medicine, pediatrics, obstetrics-gynecology, for all medical students.
 - b. Supporting the development of a primary care and rural primary care curriculum for medical students.
 - c. Requiring that all medical students have a formal education in family medicine.
 - d. Maintaining an adequate level of state funding for family practice residency programs.
 - e. Recognizing and publicizing that Wisconsin citizens benefit from GME programs, and that in order for GME programs to be successful, their support must be broad based - the Wisconsin Medical Society supports encouraging and improving local support for family practice residency programs in rural areas.
 - f. Continuing to oppose attempts at the federal level to reduce payments to hospitals for GME costs.
 - g. Continuing support for the National Health Service Corps (NHSC) and similar programs to ensure a steady supply of health care professionals for rural health professional shortage areas (HPSAs).
 - h. Continue support for Area Health Education Centers (AHEC).
 - i. Increasing the number of applicants and admissions to the Medical College of Wisconsin and the University of Wisconsin from medically underserved areas.
 - j. Endorsement and support of the New Physicians for Wisconsin, a physician placement service operated by the University of Wisconsin's Department of Professional and Community Development, and the Department of Family Medicine and Practice.

- k. Improving the public image of the rural primary care physician by publicizing the quality of health care provided in rural areas.
 - l. Encouraging physicians to become active in the community and encouraging communities to get to know their physicians.
 - m. Continuing Society activities aimed at seeking modifications in state and federal legislation to create a more positive environment for practice.
 - n. Developing a rural health support system to provide physicians in isolated areas with opportunities for continuing medical education, management assistance for office record and billing systems, physician coverage of their offices for vacation, insurance coverage and other benefits.
 - o. Considering participation in programs which provides short-term replacement for National Health Service Corps and Indian Health Services physicians seeking time off for continuing education or vacations.
2. Changes in hospital and physician payment differentials by:
 - a. Seeking a more equitable and realistic reimbursement level for rural health care providers.
 - b. Pursuing a political strategy designed to educate the Wisconsin Congressional Delegation to the problems of Medicare reimbursement inequities.
 - c. Considering a public information campaign to alert policy-makers and the public to the problems experienced by rural health care providers and their patients.
 - d. Developing its ties to other organizations (such as WHA, Coalition of Wisconsin Aging Groups (CWAG) and others) to alleviate the problems of payment inequities.
 3. Health care delivery as a rural development strategy by:
 - a. Supporting the Wisconsin Health and Educational Facilities Authority (WHEFA) and other options to strengthen capital financing assistance for economically distressed health care facilities in underserved areas.
 - b. Supporting legislation to provide state funding of planning grants for pilot projects in chronically under-served rural areas for the purpose of creating cooperative service programs and rural health care provider networks that would offer comprehensive primary care services. (HOD, 0406)

SAT - SAFE TRANSPORTATION

SAT-006

Motorcycle Helmet Laws: The Wisconsin Medical Society reaffirms its support for motorcycle helmet laws. (HOD, 0409)

SAT-007

Repeat Drunk Drivers: The Wisconsin Medical Society (Society) supports a review of the reasons for repeated drunk driving offenses and any additional system modifications that would help stem repeated drunken driving occurrences. The Society encourages courts to require assessment, medical treatment and follow-up monitoring of driving under the influence convictions. (HOD, 0407)

SAT-008

.08 BAC: The Wisconsin Medical Society supports:

- A maximum BAC of 0.08 or lower for all drivers, consistent with federal requirements.
- The concept of designated driver programs throughout the state. (HOD, 0407)

SAT-009

Use of Child Safety Restraints in Aircraft: The Wisconsin Medical Society supports the use of appropriate restraint systems for all children on all commercial flights. (HOD, 0406)

SAT-011

Medical Standards for School Bus Drivers: The Wisconsin Medical Society believes that medical standards for school bus drivers need to be the highest medical standards required for commercial drivers as defined in Wisconsin Administrative Code Trans 112 dated April 2005. (HOD, 0408)

SAT-014

Seat Belts: The Wisconsin Medical Society (Society) supports legislation to implement primary enforcement of the safety belt law and the mandatory use of age-appropriate restraint devices in all seating positions in all motor vehicles in Wisconsin with allowances for medical exemptions.

The Society believes that there are no generally recognized categories of medical conditions that would warrant exemption from the requirement to use child or adult occupant safety restraints.

The Society cautions that a physician who states that a person is unable to wear a safety belt for medical or physical reasons might be held liable for injuries to that person that result from not wearing a safety belt. If a medical exemption is to be made, the Society recommends the following guidelines:

- A medical exemption should only be granted for a sound medical reason and never routinely.
- A request for medical exemption must be carefully reviewed and all possible encouragement given to the patient to adapt the restraint system to the patient's condition (i.e., adjusting the position and height of the car seat, and adjusting and positioning the safety belt) before making a decision.
- If a medical exemption is granted, a record should be kept by the physician of the medical reason given by the patient for the exemption, the documentation of the basis for which the medical exemption was granted, the date it was granted and the expiration date, if any.
- For temporary conditions, a medical exemption should be granted for periods of no more than six months, and renewed as necessary. For permanent conditions, a medical exemption should be granted for no more than four years and renewed as necessary. The Society also encourages the Office of Highway Traffic Safety to develop a public information program in the use of restraints. (BOD, 0709)

SAT-015

Physician Liability Regarding Disclosure of Health Care Information About a Patient's Ability to Operate a Motor Vehicle: The Wisconsin Medical Society (Society) believes that no physician shall be liable for any civil damages for reporting in good faith to the Department of Transportation (DOT) a patient's name and other information relevant to a physical or mental condition of the patient that in the physician's judgment impairs the patient's ability to exercise reasonable and ordinary control over a motor vehicle. The Society suggests that all physicians take a number of initial steps before reporting their patient to the DOT:

- A tactful but candid discussion with the patient and family about the risks of driving is of primary importance.
- Depending on the patient's medical condition, the physician may suggest to the patient that they seek further treatment, such as substance abuse treatment or occupational therapy.
- Physicians also may encourage the patient and the family to decide on a restricted driving schedule.
- The physician should record all discussions with patients and their families in the medical record and the physician's medical opinion on the ability of the patient to safely operate a motor vehicle. (BOD, 0709)

SAT-016

Driver's License Renewal: The Wisconsin Medical Society, recognizing that the safety of older drivers is a growing health concern, believes that because physicians play an essential role in helping patients slow their rate of functional decline, physicians should increase their awareness of the medical conditions, medications and functional deficits that may impair and individual's driving performance and supports

- The Department of Transportation's emphasis on evaluating the functional ability of impaired and elder drivers.
- That drivers 75 years of age and older be encouraged to take special drivers' training courses.
- Driver's license renewal every two years after age 75 or at shorter intervals if recommended by a physician based upon medical assessment of the driver's functional impairments. (BOD, 0709)

SAT-017

Driver BAC Testing in Fatal Accidents: The Wisconsin Medical Society supports the following updated guidelines for withdrawing blood for chemical testing in order to assist law enforcement personnel:

- Physicians are urged to cooperate with law enforcement personnel when they request or direct that a blood specimen be obtained. Refusal to obey such direction from one known to be a law enforcement officer may be a criminal violation if the physician has no reasonable excuse to refuse (Wis. Stat, 946.40 - see Atty. Gen. Opinion 209, 1979).
- The physician must make an independent medical decision whether the obtaining of the blood specimen is safe under the circumstances and can be done under medically acceptable conditions. Drawing blood under medically unacceptable conditions may constitute a basis for claiming negligence in perfor-

mance of the test. The roadside, the interior of a motor vehicle or a jail cell will not generally qualify as medically acceptable conditions.

- Wisconsin statutes do not address the reasonableness of obtaining blood from a person who requires restraint to make this possible. The United States Supreme Court (*Schmerber v. California*) ruled that blood could be withdrawn from a person who refused the test and resisted its performance so long as “inappropriate force” was not used.
- Law enforcement officers requesting the withdrawal of blood for alcohol testing should submit their request to a health care facility or professional in writing. It is recommended that the physician performing or ordering the blood withdrawal attempt to obtain written consent of the person to be tested, but the law enforcement officer’s request to obtain the test should be honored whether or not the subject consents to the test.
- Police agencies that may desire blood specimens for such chemical testing are urged to make prior arrangements with physicians and/or hospitals so that procedures can be agreed on to minimize the potential for misunderstanding when the test is needed.
- Withdrawing blood for chemical blood testing should be required for all drivers involved in fatal motor vehicle (including boat, ATV and snowmobile) crashes. (HOD, 0404)*

SCH - SCHOOL HEALTH

SCH-005

School-Based Clinics: The Wisconsin Medical Society endorses the development of programs, including those located in schools, to provide comprehensive health care services where the health care needs of the population are not being met.

Efforts should be made to have the support of parents and communities, and school-based or school-linked clinics should be established with careful attention to proper staffing and physician supervision of services, appropriate hours of operation and effective follow-up care of patients.

“Comprehensive primary health care” refers to a package of services that is culturally and socially age-appropriate, family-centered, linked to community resources and that provides the full range of primary health care services, especially those that address the major causes of adolescent morbidity and death. These services include the assessment of

- Nutritional status
- Fitness
- Oral health
- Sexuality
- Risk-taking behavior
- Perinatal status
- Alcohol, tobacco, and other substance use
- Other issues related to growth and development

*Currently under five-year policy review.

Services with a preventative and education focus are basic to primary health care and are often provided by public health nurses, school nurses and nurse practitioners, as well as physicians. (BOD, 0709)

SCH-006

School Wellness Programs: The Wisconsin Medical Society encourages schools to embrace and fully implement policies that strive to create and foster healthier school environments. These policies should promote increased physical activity, healthier eating both during and after school, and educational methods that inspire and develop lifelong health habits. The Wisconsin Medical Society will actively provide information and resources to physicians and others on healthy school programs and initiatives. The Wisconsin Medical Society encourages the Department of Public Instruction to continue its educational and monitoring programs that ensure effective wellness policies and implementation of such policies within Wisconsin to enhance school food and nutrition programs. (HOD, 0408)

SMK - SMOKING AND TOBACCO

SMK-001

Promote Smoke-Free Workplaces: Based on evidence on the harmful effects of second-hand smoke, the Wisconsin Medical Society supports legislation promoting a smoke-free workplace. (BOD, 0709)

SMK-002

Smoking and Tobacco: The Wisconsin Medical Society, recognizing the clear, scientific documentation of the threat that the use of tobacco and smoking poses to the health of Wisconsin residents, tobacco users and non-users alike, supports

- Regulating tobacco products by the Food and Drug Administration under similar provisions and statutes as alcohol products.
- Recognition that tobacco products are addictive drugs.
- Promotion of totally smoke-free indoor environments, including all businesses, all educational establishments and all places where the public may gather.
- Disclosure of tobacco ingredients and placement of appropriate “injurious to health” message on the smokeless tobacco package to enlighten society to the true dangers of tobacco.
- Outright ban on tobacco advertising.
- Restricting sales of tobacco products to minors and increasing the enforcement of punitive measures of such sales.
- Assessing, as a component of every new-patient examination, all patients for risk of tobacco-related illness during patient visits, regardless of whether a patient currently uses, formally used or never used tobacco products. (BOD, 1109)

SMK-003

Smoke Free Wisconsin: The Wisconsin Medical Society will make the passage of legislation for a smoke free Wisconsin, that includes all public and work places including provisions for support of smoking cessation programs, a legislative priority for the Society until such legislation is passed. (HOD, 0406)

SPO - SPORTS

SPO-002

Use of Anabolic Steroids and Performance Enhancing Drugs for Athletic Enhancement: The Wisconsin Medical Society (Society) believes that it is unethical for anyone to prescribe, supply, administer, use or condone the use of anabolic steroids and performance enhancing drugs for purposes of enhanced muscle development and athletic performance. Further, the Society supports efforts to educate physicians, sports governing bodies, coaches, parents and athletes on the federal guidelines and laws for prescribing and dangers of abuse of anabolic steroids and performance enhancing drugs. (HOD, 0407)

SPO-004

Abolishment of Amateur and Professional Boxing in Wisconsin: The Wisconsin Medical Society supports

- Education of the public concerning the dangerous aspects of boxing.
- Legislative efforts to abolish amateur and professional boxing in Wisconsin. (HOD, 0405)

VIO - VIOLENCE

VIO-001

Prevention of Child Abuse and Neglect Funding: The Wisconsin Medical Society supports setting an amount equal to 2% of the Department of Corrections budget for purposes of preventing crime through the prevention of child abuse and neglect with the caveat that the funding be channeled to the organization or organizations in the best position to prevent child abuse and neglect. (HOD, 0405)

VIO-008

Domestic Violence of Adults: It is therefore the obligation of physicians or their teams to: (1) privately identify and screen for abuse; (2) respond appropriately to abuse disclosures; (3) assess safety issues; (4) address clinical effects of abuse; (5) refer patients to appropriate community and health care provider services; and (6) carefully and discretely document disclosures in the medical record.

Wisconsin physicians recognize the prevalence of domestic violence and acknowledge that it is a significant cause of death and injuries that has long term health consequences for their patients. It is therefore of the utmost importance for Wisconsin physicians to assess patients for this abuse. In treating adult patients who are possible victims of domestic violence, the goal of intervention must be to help victims regain control of their lives. Because research confirms that reporting to law enforcement, without the victim's consent, can further endanger victims it is vital that physicians pay great respect to a patient's right not to disclose domestic abuse or to refuse intervention when the patient believes such action is not in his or her best interest. The role of the physician in this process is to offer patients options and allow them to make the decisions in their lives. The patient's decision should be documented in the medical record.

Under Wisconsin law, physicians are required to report certain crimes and abuses that may or may not be the result of domestic violence. Wisconsin law requires that physicians report to law enforcement gunshot wounds or any other wound or serious burns (greater than 5% of body affected) that are believed to have occurred as a result of a crime. In addition, abuse of

children, and abuse of adults at risk and elder adults at risk in certain circumstances, requires reporting to appropriate county agencies. As of March 2008, there is no Wisconsin law mandating reporting, specifically for domestic violence of adults, including elders. (HOD, 0409)

VIO-009

Prevention of Domestic Violence: The Wisconsin Medical Society supports continued efforts to address domestic violence including prevention and such areas as effective communication, positive parenting, disciplining children, crisis management, handling conflict, handling anger, and managing stress. (HOD, 0405)

VIO-010

Domestic Violence Education for Physicians: The Wisconsin Medical Society encourages physicians to get actively involved with domestic violence detection and prevention programs and supports and encourages education for health care professionals in regard to domestic violence. (HOD, 0406)