

INSTRUCTIONS AND COMMENTS FOR THE
2009 REFERENCE COMMITTEES OF THE
HOUSE OF DELEGATES
WISCONSIN MEDICAL SOCIETY

Specific Responsibilities of Each Member

Read all material to be considered by the committee. Items referred to your committee are under the appropriate tab of the Delegates Handbook.

There will be a Reference Committee Orientation on Friday, April 17 (time and place to be determined)

Friday afternoon, April 17, Reference Committee open hearings are scheduled (to be determined):

(time)- Ref. Committee A - Health Insurance Coverage/Access in (Room)

(time)- Ref. Committee B - Quality/Clinical Outcomes in (Room)

(time) - Ref. Committee C - Organization and Finances in (Room)

You are expected to attend the open hearing of your reference committee and the executive session, which immediately follows the open session. **Please arrive ten minutes before the open hearing is to begin.**

Open Hearing

Any member of the Society who wishes to comment should be heard. If necessary, individuals who are not members of the Society may be heard. When the chair of your committee feels that an officer or member of the Board of Directors should be present to address certain matters coming before the committee, the officer(s)/director(s) presence should be requested prior to the hearing.

As a member of a reference committee, you should not hesitate to question any person appearing before your committee or to ask for further explanations from officers, council chairs, authors/sponsors of resolutions or staff whenever detail is not clear.

The committee may, at the chair's discretion, convene in executive session for the purpose of hearing any individual or group of individuals.

The staff member assigned to the committee may be called upon to supply information about past actions of the House of Delegates when similar material is being considered.

If, in your opinion, there are matters referred to your committee that belong elsewhere, please advise the Speaker who will make any referral decisions. This must be done so that all records may be kept in proper order.

Preparation of the Final Report

Each committee must prepare a final report for the House of Delegates. In preparing the report, the committee should:

Prepare the report in executive (closed) session.

Recommend that a proposal be adopted, not be adopted, be filed, modified or referred to the Board. If

approved by the House of Delegates, these recommendations may become policy positions of the Society.

Evaluate current programs, but don't feel compelled to comment on everything.

Consider the impact upon the Society and the public when recommending any action.

Make recommendations to guide the activities of the officers, the Board of Directors and the councils.

NOTE: We will be using a reference committee report format that has recommendations as the first items in the report followed by supporting information (sample format attached, Exhibit B).

Group together those items on which the committee heard little or no testimony and which the committee feels there is no controversy. Place those items in a consent calendar, which the Speaker can then expedite as a unit in the House. The consent calendar should be the first item in the report.

Include only the resolves when reporting on resolutions. The reference committee can recommend a change in any part of the resolves, or can suggest entirely new wording.

If you combine resolutions or offer amendments, you must include the amended or substitute resolves.

Prepare a report that is clear and concise and not cluttered with the same information that is contained in the printed resolutions and board reports.

All members of the reference committee should sign one copy of the final report prior to leaving the committee room. The exception is the chairperson, who must sign off only after the report has been finalized. If all members are not available, a majority of the members must sign.

Staff Assistance

A member of the staff has been assigned to assist each reference committee. Chairs and members of the committee should work with the staff person so there is no duplication of effort.

Phraseology for Reporting to the House

We request that you word the action portions of your reports by starting a new, underlined paragraph which reads, "Mr. Speaker, your reference committee recommends....." We ask that the reference committee report not contain a direct motion. The chair will open the matter for discussion, which is the immediate subject of the reference committee report. The effect is to permit full consideration of the business at hand, unrestricted to any specific motion for its disposal. Any appropriate motion for amendment or disposition may be made from the floor. In the absence of such a motion, the chair will state the question in accordance with the recommendation of the reference committee.

Examples of six common variants employing this procedure are as follows:

The reference committee is reporting on informational material provided to the House, which encompasses no specific proposal for action. The committee heard little or no testimony and feels there is no controversy. This item should be placed in the Consent Calendar. In the absence of any other motion from the floor, the Speaker or Vice Speaker places the question of the reference committee recommendation before the House.

The reference committee is reporting on a resolution or report and agrees with its recommendation(s). The committee heard little or no testimony and feels there is no controversy. This item should be placed in the Consent Calendar. In the absence of any other motion from the floor, the Speaker or Vice Speaker places the question of the reference committee recommendation before the House.

The reference committee is reporting on a resolution that, in its opinion, should be rejected and it so recommends. The Speaker or Vice Speaker places the resolution before the House for discussion. In the absence of other motions from the floor, the Speaker or Vice Speaker, at the appropriate time, places the question on adoption of the resolution, making it clear that the reference committee has recommended a vote in the negative. The vote, however, is on the resolution, not on the reference committee's recommendation.

The reference committee is reporting on a resolution or report that it feels should be referred for further consideration to the Board of Directors, and it so recommends. The Speaker or Vice Speaker places the original matter before the House for discussion. It may be that the House prefers to adopt this matter, amend it, or table, any one of which it is free to do; or the House may wish to follow the reference committee's recommendation. If there is no motion from the floor; the chair will put the motion on the recommendation of the reference committee "to refer." If this fails to pass, the motion is again on the adoption of the resolution or report.

The reference committee is reporting on a resolution or report that it wishes to amend by addition, deletion, alteration or substitution. In order to permit the normal procedures for parliamentary handling, the reference committee may prepare the amendment. The amended resolution or recommendation is presented to the House. The House may wish to restore the matter to its original un-amended form. This may be accomplished quite simply since it may be moved to amend the reference committee version by restoring the original language.

The reference committee is reporting on two or more resolutions or reports, and it wishes to recommend that these items be consolidated into a single resolution. Similarly, the committee could wish to recommend adoption of one of these items in its own right and as a substitute for the rest. The matter before the House for consideration would be the recommendation of the reference committee of the consolidated or substitute version. A motion to adopt this substitute is a main motion and is so treated. If the reference committee's version is not adopted, the entire group of proposals has been rejected, but it is in order for any delegate to then propose consideration and adoption of any one of the original matters.

Form of Action Upon Reports and Resolutions

There should be clear understanding of the precise effect of the language used in disposing of items of business. There has been variance in interpretation of such proposals as "to accept for information," "to approve in principle" or "to approve," "accept," or "adopt."

In the interest of clarity the following recommendations are offered so that the House may accomplish its intent without misunderstanding.

When the House wishes to acknowledge that a report has been received and considered, but that no action upon it is necessary, the appropriate proposal for action is that the report be filed. For example, a report, which explains a government program or regulations, or clarifies the issues in a controversial matter may properly be filed for information. This does not have the effect of placing the association on record as approving or accepting responsibility for any of the material in the report.

When a report offers recommendations for action, these recommendations may be "adopted," "approved," or "accepted," each of which has the effect of making the association responsible for the matter. In the interest of clarity the use of the terms "accept for information" or "approve in principle" should be avoided.

When the House does not wish to assume responsibility for the recommendations of a report in its existing form, it may take action to refer back to the Board, to refer elsewhere, to reject the report in its entirety or in specific part, or to adopt as amended (Amend and Adopt).

NOTE: A report or resolution is "received" when it is introduced as the business of the House at its opening session. The House may decline to receive a matter only by objecting to its consideration at the time of its introduction. For this reason it is inappropriate to propose as a final action that a matter be "received" or "received for information."

S A M P L E -- F O R M A T

Wisconsin Medical Society
House of Delegates Report

Reference Committee B – Quality/Clinical Outcomes

Presented by: (Chairman's name)

Month/Year

Mr. Speaker, members of the House of Delegates, Reference Committee B – Quality/Clinical Outcomes has considered all the items referred to it and submits the following report:

The recommendations of this reference committee have a fiscal note of \$0,000.00/or, no fiscal impact on the 2007 budget.

(1) CONSENT CALENDAR

The following items have been included in a consent calendar. Little or no testimony was heard, and the committee feels that the items are of a non-controversial nature.

Mr. Speaker, your reference committee recommends that the following reports be adopted:

(A) RESOLUTION 14: HEALTH INFORMATION TECHNOLOGY

(B) BOARD REPORT B: 2004 HOUSE OF DELEGATES RESOLUTION 14:
HOSPITAL BILLING PRACTICES AND 2004 HOUSE OF DELEGATES
RESOLUTION 17: DISCOUNTED FEES FOR THE
UNINSURED/UNDERINSURED

(C) BOARD REPORT B: 2004 HOUSE OF DELEGATES LATE RESOLUTION 23:
ABUSE OF DEXTROMETHORPHAN BY CHILDREN AND ADOLESCENTS

(D) BOARD REPORT B: WISCONSIN COUNCIL ON MEDICAL EDUCATION AND
WORKFORCE

(E) BOARD REPORT BB: TASK FORCE ON THE APPLICANT POOL

(2) RESOLUTION 9: SINGLE PAYER NATIONAL HEALTH SYSTEM

Mr. Speaker, your reference committee recommends that Resolution 9 not be adopted.

Resolution 9 directs the Wisconsin Medical Society to educate politicians and the public about the dangers of single payer national health insurance system.

Your reference committee heard testimony for and against the resolution and upon further review, the resolution is contrary to existing policy which the reference committee feels should be retained.

- (3) RESOLUTION 13: EDUCATIONAL CAMPAIGN-IMPORTANCE OF FAIR, REASONABLE AND TRANSPARENT CHARGES

Mr. Speaker, your reference committee recommends that Resolution 13 be referred to the Board of Directors.

Resolution 13 directs the Wisconsin Medical Society to undertake an educational campaign targeted at physicians and hospitals that will stress the importance of fair, reasonable and transparent charges for individuals who pay cash for health care services. This includes making fee schedules available to the public, offering appropriate cash discounts and toning down extremely aggressive collection tactics.

Your reference committee heard considerable testimony for and against this resolution. The committee felt that the issues were very relevant, but that the issue was too complex for recommendation without further research by a council.

- (4) RESOLUTION 19: "PROJECT ACCESS" IN WISCONSIN

Mr. Speaker, your reference committee recommends that Resolution 19 be adopted as amended.

RESOLVED, That the Wisconsin Medical Society support initiatives to improve access to care for the uninsured, such as Project Access initiatives in Wisconsin, and be it further

RESOLVED, That the Wisconsin Medical Society support innovative ideas for providing incentives to encourage charity care, such as a tax rebate for seeing Project Access patients.

Resolution 19 directs the Wisconsin Medical Society to support Project Access initiatives in Wisconsin, and to support innovative ideas for providing incentives to encourage charity care, such as a tax rebate for seeing Project Access patients.

Your reference committee heard testimony supporting amended language for this resolution. The author of the resolution accepted the suggested language changes and the committee concurred.

- (5) LATE RESOLUTION 28: RESPONSE TO MEDICAL COST STUDIES

Mr. Speaker, your reference committee recommends that the following substitute resolution be adopted in lieu of Late Resolution 28.

RESOLVED, that the Wisconsin Medical Society partner with the Milwaukee County Medical Society to analyze reports of Milwaukee area health care costs (e.g., The General Accounting Office Report, the William H. Mercer Study on Health Care Costs in the Milwaukee area of 2002, and the Mercer "Study of Milwaukee Community Medical Costs") and bring to the public awareness of any inaccuracies and flaws in the study methods and data presented; and be it further

RESOLVED, that the Society work in conjunction with the Milwaukee County Medical Society to ensure that physicians are intimately involved in all discussions of medical cost and possible solutions in the Greater Milwaukee Area.

Resolution 28 directs the Wisconsin Medical Society to respond publicly and vigorously to those reports, pointing out inaccuracies and flaws in the studies, and insisting that local medical societies be a part of the discussion on medical costs if the discussion is to be considered valid.

Your reference committee heard limited testimony on this resolution. The testimony did not provide the committee with any details of the inaccuracies referenced in the initial resolution. The committee determined that it would be more productive for the Society to work with the Milwaukee County Medical Association's Health Care Cost Task Force to analyze the reports of health care costs in the Milwaukee area as compared to the rest of Wisconsin and the nation, and to bring these results to the public. The committee further determined that any discussions on health care costs in the Milwaukee area should include physician representatives acting on behalf of the Society and the Milwaukee County Medical Association.