

## 2004 House of Delegates Action on Resolutions and Board Reports

*Editor's Note:* To read the complete text of resolutions and amendments, visit the members-only section of our Web site: [wisconsinmedicalsociety.org](http://wisconsinmedicalsociety.org).

**Resolution 1** directs that the Wisconsin Medical Society, concurrent with a recommendation of the American Medical Association, Medical Futility in End-of-Life Care policy E-2.037, support the passage of state legislation which establishes a legally sanctioned extra-judicial process for resolving disputes regarding futile care, modeled after the Texas Advanced Directives Act of 1999. *Action: adopted.*

**Resolution 2** directs the Wisconsin Medical Society to support legislation that would restore the rights of individual physicians to go to the free marketplace to purchase liability insurance, including: 1) making the Injured Patients and Families Compensation Fund voluntary; 2) allowing physicians to obtain varying levels of insurance entirely through commercial insurers; and 3) allowing physicians to self-insure, provided patients are fully informed. *Action: not adopted.*

**Resolution 3** directs the Wisconsin Medical Society to request the American Medical Association to work with the Accreditation Council for Graduate Medical Education (ACGME) to limit the increase of the ACGME fees to no more than the consumer price guide (CPI). *Action: adopted.*

**Resolution 4** directs the Wisconsin Medical Society to request the American Medical Association to oppose development of any examination for maintenance of medical license. *Action: Original Resolution 4 adopted as amended.*

**Resolution 5** directs the Wisconsin Medical Society to oppose the expansion of casino gaming in Wisconsin and support a moratorium on additional casinos. The resolution further directs the Society to insist that the societal costs to Wisconsin be expressed in any public conversation regarding gambling under the concept of equal time. *Action: adopted as amended.*

**Resolution 6** directs the Wisconsin Delegation to the American Medical Association to sup-

port the idea that the Medicare 75%/25% rule be discontinued and admission to inpatient rehabilitation facilities be based on the functional needs of patients and their ability to improve in a reasonable amount of time. *Action: adopted.*

**Resolution 7** directs the Wisconsin Medical Society to utilize all of its resources to push for legislation to enact an "any willing provider bill." *Action: referred to the Board of Directors.*

**Resolution 8** directs the Wisconsin Medical Society to support the restoration of the full capitation payments to the previous amount of \$10,091 to the Wisconsin medical students attending the Medical College of Wisconsin. *Action: adopted as amended.*

**Resolution 9** directs the Wisconsin Medical Society to strongly support and urge the state of Wisconsin to fully restore Graduate Medical Education funding for residency training programs to the previous amount (\$28 million per year). *Action: adopted as amended.*

**Resolution 10** directs the Wisconsin Medical Society to recognize that obesity and lack of physical fitness is a growing epidemic in US society, and requires additional public health and legislative intervention to current efforts to augment the efforts by physicians. The resolution further directs the Society to take a leadership role in Wisconsin in improving fitness and decreasing obesity. It further directs the Society to encourage its members to be role models for healthy exercise and eating patterns. Additionally, the resolution directs the Society to support legislative action to require daily physical education to include aerobic exercise for at least 30 minutes in primary and secondary schools. This resolution directs the Society to support legislative action to ensure a minimum level of dietary standards in school food, which emphasizes appropriate portion size, reduced fat and cholesterol content and healthier choices over popular food items, and have a policy of offering healthy nutritional choices and discouraging poor choices. The Society is directed, in accord with the recommendations of our Task Force on Health System Reform, to encourage the Wisconsin Legislature to develop and fund a statewide position for a "Surgeon General" who will di-

rect his or her efforts primarily at issues of fitness and health. Furthermore, it directs the Society to form a task force with a life of one year to work with state agencies, civic planners, architectural groups, the Department of Public Instruction and other groups as appropriate to develop statewide plans for increasing the fitness and nutrition of the people of Wisconsin. Finally, the Wisconsin delegation to the American Medical Association (AMA) is directed to carry forward a proposal for school physical education and nutrition to the AMA for enactment on a national level. *Action: adopted as further amended.*

**Resolution 11** directs the Wisconsin Medical Society to seek the introduction and adoption of legislation that would proactively prohibit health insurers from selling policies in Wisconsin that include contract language that would deny insurance payments for the treatment of injuries sustained as a consequence of the insured person being intoxicated due to alcohol or under the influence of controlled substances. The Society is also directed to support the use of blood, breath and/or urine alcohol tests in the emergency department setting to assist in appropriate medical diagnosis, especially in cases in which an individual has incurred an injury. Additionally, the Society is directed to support the use of screening and brief intervention techniques for individuals seen in health care settings with alcohol odor on their breath or with significant amounts of alcohol detected through the use of blood, breath and/or urine alcohol tests done at the time of the health care encounter. Finally, the Society is directed to support the objective of the Healthiest Wisconsin 2010 State Health Plan which states that by 2010, within the limits of available funds and resources, primary health care professionals AND EMERGENCY MEDICINE PROFESSIONALS in at least 18 counties will be provided with a protocol to annually screen their patients and their patients' family members for alcohol and other substance use-related problems and refer them for specialized services, with the intent of increasing the identification and referral of persons with substance-related problems. *Action: adopted as further amended.*

**Resolution 12** directs the Wisconsin Medical Society to request that the legislature pass a "liability cap" within the Injured Patients and

Families Compensation Fund to make it actuarially accountable. *Action: not adopted.*

**Resolution 13** directs the Wisconsin Medical Society to educate politicians and the public about the dangers of a single payer national health insurance system. *Action: not adopted.*

**Resolution 14** directs the Wisconsin Medical Society to: 1) study hospital billing practices and determine whether cash paying patients are being charged much higher rates than other patients, 2) determine whether hospital collection methods are appropriate and compatible with the nonprofit status of many hospitals, and 3) encourage hospitals to make up budget shortfalls by seeking voluntary charitable donations from individuals and corporations, rather than by cost shifting or overzealous collection tactics. *Action: referred to the Board of Directors.*

**Resolution 15** directs that the Wisconsin Medical Society support public health/environmental policies to curtail underage and high-risk drinking, including initiatives such as banning unescorted, underage, young 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. It further directs that the Wisconsin Medical Society encourage its members to become involved in the Action Team on Alcohol and Health; and support the policy recommendations of the National Academy of Sciences/Institute of Medicine 2003 report - Reducing Underage Drinking: A Collective Responsibility ([http://books.nap.edu/execsumm\\_pdf/10729.pdf](http://books.nap.edu/execsumm_pdf/10729.pdf)) and work actively in the community to promote this report. It also directs that the Wisconsin Delegation to the AMA forward this resolution to the American Medical Association (AMA) House of Delegates for consideration in A-04 so that this may become policy of the AMA. *Action: adopted.*

**Resolution 16** directs the American Medical Association (AMA) to encourage the setting of standards for Information Technology whereby the different products will be able to retrieve and share data for the identified important functions while allowing the software companies to develop competitive systems. It also directs our AMA to work with Congress and insurance companies to work out a plan to have government, insurers, and medical providers share in the costs of instituting an Information



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Technology system, which will be very expensive to build but will provide many benefits to society. *Action: adopted as further amended.*

**Resolution 17** directs the Wisconsin Medical Society to encourage hospitals and clinics to provide financial assistance to patients making less than 200% of the poverty level of income; and that the hospital or clinic charge should be consistent with the discounted charge a typical insured patient would pay; and further that eligibility criteria for financial assistance be plainly stated and visible. *Action: referred to the Board of Directors.*

**Resolution 18** directs the American Medical Association (AMA) to gather together all relevant information concerning the most expensive 5% of the medical patients in order to be able to devise ways to handle these cases less expensively by: using best-management practices, exploring whether “centers of excellence” provide catastrophic care more efficiently, exploring whether consultation from regional or national experts at an earlier time in these high cost cases might provide benefit, earlier consideration of end-of-life issues, and better education about “palliative” medicine. *Action: adopted as further amended.*

**Resolution 19** directs that the Wisconsin Medical Society encourage power wheelchair and scooter insurance coverage not only for individuals who are bed- or chair-bound, and cannot operate a manual wheelchair and can safely operate the controls of a power wheelchair, but also for individuals who are chronically, intermittently bed- or chair-bound, where some limb strength might be preserved yet other factors such as pain, fatigue or dyspnea on exertion limit functional ambulation, or where ambulation is so limited that activities of daily living within the house or normal domestic, vocational, and social activities around the house and outside of the house would be compromised (as determined by an appropriate specialist); and that our American Medical Association (AMA) delegation forward these recommendations to the AMA for consideration at its next meeting, so that the AMA can recommend that the Centers for Medicare and Medicaid Services rescind its recent, more restrictive wheelchair policy clarification and, in the alternative, issue a proposed policy that seeks public comment. *Action: adopted as amended.*

**Resolution 20** directs that in addition to the ceremony held in the awardee’s hometown, the

Society establish an event at the Wisconsin Medical Society Annual Meeting honoring the Society’s Physician Citizen of the Year, issue a press release to major state newspapers, publish a yearly article in the *Wisconsin Medical Journal (Journal)* featuring the accomplishments of the physician awardee, and acknowledge prior Society Physician Citizens of the Year both at the Society’s Annual Meeting and in the *Journal* article. *Action: adopted.*

**Resolution 21** directs the Wisconsin Medical Society to rescind current policy VIO-980 License to Carry Concealed Weapons: The Wisconsin Medical Society opposes legislation creating a license to carry a concealed weapon, as this presents a public health threat (BOD,0300). *Action: referred back to the Board of Directors.*

**Late Resolution 22** directs the Wisconsin Medical Society to ask the American Medical Association to work with the Centers for Medicare and Medicaid Services and the Veterans Administration to increase the number of graduate medical education (residency and fellowship) positions by at least 10%. *Action: adopted as amended.*

**Late Resolution 23** directs the Wisconsin Medical Society to recommend legislative action to restrict purchases of over-the-counter medicines containing dextromethorphan to individuals of age 18 or greater. *Action: referred to the Board of Directors.*

**Late Resolution 24** directs the Wisconsin Medical Society to study the loss of independent private practitioners in the state of Wisconsin and report back to the House of Delegates at the 2005 Annual Meeting. This report will define independent private practitioners as being self-employed, either solo or in groups, and having ownership of their equipment and medical records. This report will attempt to identify the root causes leading to loss of physician autonomy. It will then analyze how the loss of physician autonomy affects the medical profession. It will also study the implications for patient care, patient choice, and the effects on the community. Finally, it will conclude with recommendations for the profession. *Action: referred to the Board of Directors.*

**Late Resolution 25** directs the Wisconsin Medical Society to encourage the enactment of legislation which provides that 1% of all private Wisconsin health care insurance premium dol-

lars be allocated to the support of Graduate Medical Education. *Action: referred to the Board of Directors.*

**Late Resolution 26** directs the Wisconsin Medical Society to lend strong support to Lisa Armaganian, MD, in her quest to be approved by the Board of Directors as the duly elected West Allis Memorial Hospital Chief of Medicine. The Society is also directed to support the removal of all impediments to the practice of quality medical care by Dr. Armaganian and all members of the medical staff at West Allis Memorial Hospital. This resolution directs the Society to support the efforts of all Wisconsin hospital medical staff members to advocate for the highest quality of medical care for the patients they serve. The Wisconsin Medical Society Board is directed to authorize the Wisconsin Medical Society staff to offer legal and other advocacy support to West Allis Memorial Hospital and all Wisconsin hospital medical staffs regarding economic credentialing and perceived conflicts of interest. Finally, action taken on this resolution should be forwarded as well to the American Medical Association Section on Organized Medicine for its support and assistance in this matter. *Action: adopted as further amended.*

**Late Resolution 27** directs the Wisconsin Medical Society to strongly support legislation and other means to have health insurers cover routine health care costs for patients with malignancy or pre-malignant conditions especially if they enter National Cancer Institute approved clinical trials. *Action: adopted.*

**Policy LIA-960: PAP SMEAR SCREENING**—*Action: replacement policy adopted as further amended.*

**Policy SAT-876: DRIVER LICENSE RENEWAL**—*Action: replacement policy adopted as amended.*

**Policy SAT-878: DRIVER BAC TESTING IN FATAL CRASHES**—*Action: replacement policy adopted as amended.*

**Policy HST-996: TAX CODE THAT EFFECTS ALL HEALTH CARE EXPENSES EQUITABLY**—*Action: policy reaffirmed.*

**Policies MCH 974 MATERNITY LENGTH OF STAY and MCH 977 MEDICAID HMO**

**MATERNITY HOSPITAL STAY**—*Action: replacement policy adopted as further amended.*

**Policy MCH 979: FORMS FOR THE DOCUMENTATION OF PRENATAL CARE**—*Action: replacement policy adopted as further amended.*

**Policy SCH 995: SCHOOL-BASED CLINICS**—*Action: replacement policy adopted as amended.*

**Board Report B: 2003 House of Delegates Resolution 16: Antimicrobial Use in Agriculture.** *Action: adopted.*

**Board Report B: 2003 House of Delegates Resolution 17: Loss of Independent Private Practitioners in Wisconsin.** *Action: adopted.*

**Board Report B: 2003 House of Delegates Resolution 21: Choice of Pharmaceuticals Based on Advertising.** *Action: adopted.*

**Board Report B: Emergency Contraception.** *Action: adopted.*

**Board Report B: Promote Smoke-Free Workplaces.** *Action: adopted.*

**Board Report B: Citizen Congress Continuation.** *Action: adopted.*

**Board Report B: Wisconsin Emergency Assistance Volunteer Registry (WEAVR).** *Action: adopted.*

**Board Report B: March of Dimes Wisconsin Prematurity Campaign Partnership.** *Action: adopted.*

**Board Report B: Legitimate Orders or Valid Prescriptions.** *Adopted as further amended.*

**Board Report B: Chelation Therapy and Discipline.** *Adopted as amended including change in title: Legislation to Dictate Medical Practice.*

**Board Report B: Department of Health and Family Services—Division of Public Health Fact Sheet.** *Action: adopted as further amended.*

**Board Report C: 2004 Budget.** *Action: adopted.*

**Board Report CC: 2005 Dues.** *Action: adopted.*



# Wisconsin Medical Journal

The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

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