

# 2006 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: [www.wisconsinmedicalsociety.org](http://www.wisconsinmedicalsociety.org).*

**Resolution 1:** Enactment of Reasonable Contingency Fee Limits in Malpractice Actions. Directs the Wisconsin Medical Society Board of Directors to work to enact legislation that sets reasonable limits on attorney fees in medical liability cases. *Action: Resolution 1 adopted as amended:*

RESOLVED, That the Wisconsin Medical Society supports limits on attorney fees in medical liability actions utilizing strict sliding fee scales, as already enacted in some other states, in order to ensure that injured patients receive the greatest amount possible of their medical liability settlements. Provisions within the sliding fee scales would not allow for either the court nor the client to pay the attorneys more than the scale directs.

**Resolution 2:** Primary Legislative Priority of the Wisconsin Medical Society. Directs the Wisconsin Medical Society to make medical liability reform its primary legislative priority. *Action: Resolution 2 adopted as amended:*

RESOLVED, That medical liability reform should remain a legislative priority for the Wisconsin Medical Society.

**Resolution 3:** Formation of Panel of Physicians to Review Medical Treatment Guidelines for the Evaluation and Treatment of Work-Related Illnesses and Injuries. Directs the Wisconsin Medical Society to support treatment guidelines to balance patient care and employer costs in Worker's Compensation cases. It further directs the Wisconsin Medical Society to create a Task Force to review the existing and proposed treatment guidelines, propose alternative guidelines to the Worker's Compensation Advisory Committee and set aside funds to help finance the review. *Action: Resolution 3 referred to the Board of Directors.*

**Resolution 4:** Nursing Homes Play an Important Role in the Care of Our Patients and Should Not Be Systematically Closed. Directs the Wisconsin Medical Society to advocate the state government's creation of an independent arbitration panel outside of the nursing home regulator department to review fines and/or citations. *Action: Resolution 4 referred to the Board of Directors with a report to be presented at the 2007 House of Delegates Annual Meeting.*

**Resolution 5:** Medicine and Culture. Directs the Wisconsin Medical Society to encourage physicians to undertake reasonable efforts to ensure that they and their practices comport with the US Department of Health and Human Services Office of Minority Health's developed Culturally and Linguistically

Appropriate Services (CLAS) standards. *Action: Resolution 5 adopted as amended:*

RESOLVED, That the Wisconsin Medical Society encourages physicians to undertake reasonable efforts to provide culturally and linguistically appropriate services as needed in their practices.

**Resolution 6:** Resolving the Current Lack of a Universal Connector on Defibrillator Pads. Directs the Wisconsin Medical Society to support the development and use of universal connector pads for all automated external defibrillators and to work with and support the University of Wisconsin EMS department in its efforts in partnering with Congresswoman Tammy Baldwin and the Department of Health and Human Services to strongly urge manufacturers to voluntarily make the change to universal connectors. *Action: Resolution 6 adopted as amended:*

RESOLVED, That the Wisconsin Medical Society supports the development and use of universal connector pads for all external defibrillators; and be it further

RESOLVED, That 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; and be it further

RESOLVED, That our American Medical Association Delegation forward this Resolution to the AMA for their consideration.

**Resolution 7:** Requiring All Health Care Facilities to Be Smoke Free. Directs the Wisconsin Medical Society to seek legislation requiring that all health care facilities in Wisconsin be smoke free and that the Society encourages all of its members to advocate for smoke free health care facilities for the benefit of their patients, coworkers and the public at large. *Action: Substitute resolution adopted in lieu of Resolution 7 and Late Resolution 13.*

RESOLVED, That 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; and be it further

RESOLVED, That the Wisconsin Medical Society's delegation to the American Medical Association bring this issue, in the form of a smoke free America, as a resolution to the AMA Annual Meeting.

**Resolution 8:** Appropriate Testing of Medicaid Children for Lead Poisoning. Directs the Wisconsin Medical Society to assist in educating health care professionals about the continuing problem of childhood lead poisoning and its serious impact on children's health and to educate health care professionals about the importance

of following the federal rules regarding the testing of children for lead poisoning through the existing system of councils, publications and any other effective means. It also directs the Society to support the concept of disincentives to health care professionals who fail to follow the federal rules regarding the testing of Medicaid children for lead poisoning. *Action: Resolution 8 adopted as amended.*

RESOLVED, That 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 communications, 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; and be it further

RESOLVED, That 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.

**Resolution 9:** Improving Nutritional Value of Beverages Available in Primary Schools. Directs the Wisconsin Medical Society to commend those grade schools that have eliminated vending machines that sell drinks that are of a low nutritional value and are high in fat, salt and/or sugar and to encourage other grade schools to do the same. The Resolution further directs the American Medical Association delegates to forward this resolution to the AMA for their consideration. *Action: Resolution 9 referred to the Board of Directors.*

**Resolution 10:** Enhancing Physicians' Interest in the Medical Care of People with Profound Developmental Disabilities. Directs the Wisconsin Medical Society to advocate for the highest quality medical care for persons with profound developmental disabilities in Wisconsin and to encourage support for health care facilities whose primary mission is to meet the health care needs of persons with profound developmental disabilities. The Resolution further directs the Society to encourage medical schools and residency programs in Wisconsin to encourage faculty and trainees to appreciate the opportunities for delivering care to the profoundly developmentally disabled and also encourages medical schools and graduate medical education programs to establish and encourage enrollment in electives rotations at Wisconsin's centers for the developmentally disabled. It also directs the Society's AMA delegation to introduce a resolution at the AMA House of Delegates. *Action: Resolution 10 referred to the Board of Directors.*

**Resolution 11:** Population Medicine. Directs the Wisconsin Medical Society to request that the two medical schools prepare a report for the benefit of physicians and citizens of Wisconsin, to be submitted for publication in the *Wisconsin Medical*

*Journal*, that describes the quantitative and qualitative commitment to the teaching of population medicine to Wisconsin's future physicians. It further directs the Society's AMA delegation to introduce a Resolution at the AMA House of Delegates suggesting that the AMA Council on Medical Education produce a report of the status of education in population medicine in American's medical schools and residence programs so that there can be valid baseline data upon which to develop recommendations about how to improve the knowledge and skills of practicing physicians in assessing population medicine aspects of health problems encountered in practice settings. *Action: Resolution 11 referred to the Board of Directors.*

**Resolution 12:** Electrodiagnostic Medicine. Directs the Wisconsin Medical Society to affirm that performing electromyography is the practice of medicine and work to restrict other non-physician health care professionals from expanding their scope of practice. The Resolution further directs the Society to work to discourage physicians from interpreting electromyographic studies that they did not actually perform through methods including CPT coding modifiers to create a distinction between needle EMGs performed by a physician and those performed by another provider, even if the latter was interpreted by a physician and discouraging reimbursement for electromyography that was not actually performed by a physician. It also directs the Society's AMA delegation to forward this Resolution to the American Medical Association's House of Delegates for its consideration. *Action: Resolution 12 adopted as amended.*

RESOLVED, That our Wisconsin Medical Society affirm that performing needle electromyography is the practice of medicine, and work to discourage other non-physician health care professionals from expanding their scope of practice to include performing needle electromyography; and be it further

RESOLVED, That our Wisconsin Medical Society work to discourage physicians from interpreting needle electromyographic studies that they did not actually perform, through methods including CPT coding modifiers to create a distinction between needle EMGs performed by a physician and those performed by another provider, even if later interpreted by a physician, and discouraging reimbursement for needle electromyography that was not actually performed by a physician; and be it further

RESOLVED, That our Wisconsin Medical Society forward this Resolution to the American Medical Association House of Delegates for its consideration.

**Late Resolution 13:** Smoke Free Wisconsin. Directs the Wisconsin Medical Society to make the passage of legislation for a smoke free Wisconsin, which includes all public places, bars and restaurants, a legislative priority for the Society until such legislation is passed. It further directs the Society's AMA delegation to introduce a resolution, smoke free America, at the AMA House of Delegates. *Action: Substitute resolution adopted in lieu of Resolution 7 and Late Resolution 13. (See "Resolved" under Resolution 7.)*



**Late Resolution 14:** Creation of Ethical Conduct Policy and Procedure. Directs the Society to establish a policy and designate resources for reviewing breaches of ethical conduct, sanctioning through letters of censure, suspension or termination of membership in the professional association for physicians involved in violations of Wisconsin law. *Action: Late Resolution 14 referred to the Board of Directors with a request for a report and proposal at the 2007 House of Delegates Annual Meeting.*

**Late Resolution 15:** Taxpayer's Protection Amendment (TPA). Directs the Wisconsin Medical Society to oppose the Taxpayer Protection Amendment because of its potential impact on decreased Medical Assistance funding of acute, chronic and long term care services for the poor, elderly and disabled and the worsening of cost reimbursement to providers. It further directs the Wisconsin Medical Society to lobby state legislators about its opposition on this and similar legislation. The Wisconsin Medical Society supports the position that the Medicaid program maintain its role as a safety net for the state's most vulnerable populations, and oppose any proposal that negatively impacts that safety net. *Action: Adopted AMA policy H-290.986 with amendment in lieu of Late Resolution 15.*

H-290.986 Medicaid and Efforts to Assure it Maintains its Role as a Safety Net

The AMA supports the position that the Medicaid program maintain its role as a safety net for the nation's most vulnerable populations. (Sub. Res. 204, A-96; Reaffirmation A-05)

**Late Resolution 16:** Improving the Formulary Deviation Request Process for Everyone. Directs the Wisconsin Medical Society to support requirements that all Wisconsin health insurance companies provide an easy, up-to-date on-line formulary for approved prescriptions and deviations, Formulary Deviation Request forms and formulary alternatives be both available on-line and faxed to physician offices within 24 hours of denial, and that the forms faxed to physician offices contain the patient information, insurance identification numbers, claim number and other relevant patient information so physicians can determine an alternative medication and dosage. It also directs the Society to support a state-maintained Web site to allow physicians and their staff to file complaints against health insurance companies to ensure the Insurance Commissioner's Office can easily document insurance company behavior and quickly respond to offending companies to ensure better service to their patients. It further directs the Society's Board of Directors to make this a legislative priority and work with the Wisconsin Legislature to enact legislation that incorporates the Society's position. *Action: Late Resolution 16 adopted as amended.*

RESOLVED, The Wisconsin Medical Society supports requiring that all health insurance companies doing business in Wisconsin provide:

An easy-to-navigate, up-to-date on-line formulary for approved prescriptions and deviations;

That Formulary Deviation Request forms and a list of formulary alternatives be both available on-line and faxed to the physicians office within 24 hours of a denial;

That the forms faxed to the physicians office by the insurance company contain all of the patient information, insurance identification numbers, claim number and other relevant patient information that the insurance company needs so that the physicians and their staff can easily determine the alternative medication and dosage.

**Late Resolution 17:** Advocating for Reform in Payment for Mental Health and Addiction Services. Directs the American Medical Association and the Wisconsin Medical Society to advocate that funding levels for public-sector mental health and addiction services should not be decreased in the face of governmental budgetary pressures. It also directs the Society to increase its advocacy efforts on public health issues and healthcare access issues, especially mental health and substance abuse parity, while they pursue their advocacy efforts regarding medical liability, Medicare and Medicaid reforms. It further directs the Wisconsin delegation to forward this issue to the American Medical Association's House of Delegates. *Action: Adopted the first and third resolved from the original Late Resolution 17 and adopted the original second resolved with amendments.*

RESOLVED, That the American Medical Association and the Wisconsin Medical Society advocate that funding levels for public-sector mental health and addiction services should not be decreased in the face of governmental budgetary pressures, especially because private-sector payment systems are not in place to provide accessibility and affordability for mental health and addiction services to our citizens; and be it further

RESOLVED, That the Society increase the vigor of its advocacy efforts on public health issues and healthcare access issues, such as mental health and substance abuse parity, while it still vigorously pursues its advocacy efforts regarding medical liability reform, Medicare reform and Medicaid reform; and be it further

RESOLVED, That the Wisconsin Medical Society Delegation to the American Medical Association bring this issue to the AMA House of Delegates Annual Meeting.

**Board Report A:** Board of Directors: 2004 House of Delegates Resolution 7: Any Willing Provider. *Action: adopted.*

**Board Report A:** 2005 House of Delegates Late Resolution 26: Administrative or Other Fees Charged to Physicians by PPO or Repricer Network Corporations. *Action: adopted.*

**Board Report AA:** Board of Directors: 2005 Resolution 6: Governmental Override of Physician Judgment. *Action: adopted.*

**Board Report AA:** Board of Directors: Medical Liability Update. *Action: adopted.*

**Board Report AA:** 5 Year Policy Review: LIA-001: Reviewer's Responsibility. *Action: Retained as amended.*

**LIA-001: Reviewer's Responsibility:** The Wisconsin Medical Society believes that whenever a patient's care or medication is reviewed and denial of payment for treatment or approval of a prescribed medication is made, the reviewer's name, title, final decision and rationale for the decision should be documented. The patient and the patient's physician should be notified in writing and the right to appeal the decision should be preserved.

**Board Report B:** 2004 House of Delegates Resolution 24: Independent Private Practitioners. *Action: adopted.*

**Board Report B:** 2005 House of Delegates Resolution 13: Educational Campaign – Importance of Fair, Reasonable and Transparent Charges. *Action: adopted.*

**Board Report B:** 2005 House of Delegates Resolution 18: Support for Performance Measures Developed by the Physician Consortium for Performance Improvement. *Action: adopted.*

**Board Report BB:** 2005 House of Delegates Resolution 15: Nursing Shortage. *Action: adopted.*

**Board Report BB:** Five-Year Policy Review: PUB-011: Public Health Officer *Action: Retained as amended.*

**Public Health Officer:** The Wisconsin Medical Society encourages county public health agencies, if possible, to appoint a public health-trained physician as the public health officer. (HOD, 0406)

**Report C:** Board of Directors: Strategic Plan. *Action: adopted.*

**Report C:** Board of Directors: 2006 Budget. *Action: adopted.*

**Report C:** Board of Directors: Occupational & Environmental Medicine Section. *Action: adopted.*

**Report C:** Board of Directors: 2005 Late Resolution 30: Citizens Congress. *Action: Substitute language adopted in lieu of Board Report C - Board of Directors: Late Resolution 30: Citizens Congress.*

RESOLVED, That the Wisconsin Medical Society recognizes the value of ongoing dialogues between citizens and physicians like the Citizens Congress; and be it further

RESOLVED, That the Society will seek outside resources to continue such activities through grant-writing efforts that will be funded using monies currently earmarked in the 2006 Budget; and be it further

RESOLVED, That the Society encourages local efforts to hold citizen congresses.

**Report CC:** Board of Directors: 2007 Dues. *Action: adopted.*

**Report CC:** Board Of Directors: Proposed Bylaw Revision: Chapter 1, Section 3. Member-ship Classifications. *Action: adopted.*

**Memorial Resolution** in Memory of Kenneth Viste, Jr., MD. *Action: Memorial Resolution adopted as amended.*

Whereas, Kenneth M. Viste, Jr., MD was a member of the Wisconsin Medical Society from 1970 to 2005; and

Whereas, Kenneth M. Viste, Jr., MD, served as the President of the Wisconsin Medical Society from 1987 to 1988; and

Whereas, Kenneth M. Viste, Jr., MD, served as Wisconsin Medical Society Delegate/Alternate Delegate to the American Medical Association from 1982 to 2005; and

Whereas, Kenneth M. Viste, Jr., MD, served as a member of the American Medical Association Council on Legislation; and

Whereas, Kenneth M. Viste, Jr., MD, served as Chair of the American Medical Association Council on Legislation from 1995 to 1996; and

Whereas, Kenneth M. Viste, Jr., MD, was a member of the North Central Medical Conference for many years, also serving as chair; and

Whereas, Kenneth M. Viste, Jr., MD, served as President of the Wisconsin Medical Society Foundation and as Chair of the Board of Directors of WISMedPAC; and

Whereas, Kenneth M. Viste, Jr., MD, served as President of the American Academy of Neurology from 1995 to 1997; and

Whereas, Kenneth M. Viste, Jr., MD, served as President of the American Society of Neurorehabilitation from 1998 to 2000; and

Whereas, Kenneth M. Viste, Jr., MD, was a highly valued and extremely respected member of the Wisconsin Medical Society; and

Whereas, Kenneth M. Viste, Jr., MD, at age 13 was afflicted with polio requiring use of a wheelchair for mobility and still accomplished all of this and so much more; and

Whereas, Kenneth M. Viste, Jr., MD, passed away on August 21, 2005; therefore be it

RESOLVED, That the Wisconsin Medical Society House of Delegates express its posthumous appreciation for the many years of excellent service by Kenneth M. Viste, Jr., MD, and extend its heartfelt sympathy to his family and present them with a copy of this resolution; and be it further

RESOLVED, That the Wisconsin Medical Society Delegation to the American Medical Association forward this resolution to the AMA for recognition of Kenneth M. Viste, Jr., MD, and his exemplary services to the medical profession.



# Wisconsin Medical Journal

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

The *Wisconsin Medical Journal* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of the *Wisconsin Medical Journal*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *Wisconsin Medical Journal* nor the Society take responsibility. The *Wisconsin Medical Journal* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

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