

2008 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.wisconsinmedical-society.org.

Resolution 1 directed the Wisconsin Medical Society to appoint a “task group” to determine all the currently known ways physicians can reduce their daily contributions to the excessive costs of medical care. It also asks this “task group” to recommend an affordable action plan for the Wisconsin Medical Society to advise and regularly remind physicians of these ways and that this report be presented to the House of Delegates in 2009 for action. It further asks that the Wisconsin Medical Society request that the American Medical Association complete a similar study and develop an action plan at the national level. *Action: Referred to Board of Directors.*

Resolution 2 directed the Wisconsin Medical Society to support legislation that will place the Injured Patients and Families Compensation Fund on an actuarially sound footing, including capping payouts from the Fund. It further requests that the Wisconsin Medical Society also support legislation that would make participation in the Fund voluntary and would allow physicians to choose liability insurance that will best serve their needs. *Action: Not Adopted.*

Resolution 3 directed the Wisconsin Medical Society to seek the repeal of the nursing home bed tax. *Action: Not Adopted.*

Resolution 4 directed the Wisconsin Medical Society to recommend that the American Medical Association evaluate existing data concerning same-sex couples and their dependent children and report back to the House of Delegates to determine whether there is “sufficient” evidence of health care disparities for these couples and children because of their exclusion from civil marriage. *Action: Adopted as Amended:*

RESOLVED, That our American Medical Association delegation request that the AMA evaluate existing data concerning same-sex couples and their dependent children and determine whether there is sufficient evidence of health care

disparities for these couples and children because of their exclusion from civil marriage.

Resolution 5 directs the Wisconsin Medical Society to support the Joint Principles of the Patient-Centered Medical Home as a guideline for Wisconsin and all states to improve the health of its citizens. It further requests that the Society encourage Wisconsin and all states to implement and fund pilot programs to demonstrate the quality, safety, value and effectiveness of the patient-centered medical home; and, that the Society forward a resolution to the American Medical Association in support of the Joint Principles of the Patient-Centered Medical Home. *Action: Adopted as Amended:*

RESOLVED, That the Wisconsin Medical Society support the Joint Principles of the Patient-Centered Medical Home as developed by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians and the American Osteopathic Association as guidelines for Wisconsin and all states to improve the health of its citizens, and be it further

RESOLVED, That the Wisconsin Medical Society encourage Wisconsin ~~and all states~~ to implement and fund pilot programs to demonstrate the quality, safety, value, payment mechanisms and effectiveness of the patient-centered medical home, and be it further

RESOLVED, That the Wisconsin Medical Society put forward a resolution to the American Medical Association in support of the Joint Principles of the Patient-Centered Medical Home and to encourage national payors to implement and fund pilot programs to demonstrate the quality, safety, value, payment mechanisms and effectiveness of the patient-centered medical home.

Principles (2/07)

Personal physician—each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.

Physician directed medical practice—the personal physician leads a team of individuals at the prac-

level of the State MEB with regards to its ability to perform its duty of oversight of physician practice and investigation of complaints against physicians in a timely manner, and (2) ask the legislature to evaluate the feasibility of the State MEB returning to an independent board. *Action: Referred to Board of Directors.*

Resolution 7 directed the Wisconsin Medical Society to help educate our physicians and our patients through journal articles, public service announcements, etc. about the necessity, especially in certain areas, to test for radon and the importance of remediating high levels. *Action: Adopted.*

Resolution 8 directed the Wisconsin Medical Society to amend its Constitution and Bylaws such that the composition of the Nominating Committee is such that each District appoints 2 members to the Nominating Committee and the Specialty sections appoint 2 members, for a total of 18 voting members. It also requests that the members of the Nominating Committee be provided a list of persons that have held the open position over the previous 10 years along with their District or Specialty section designation such that the Nominating Committee can consider the representation of all parts of the state over time for that position in its deliberations. It further directed that the Wisconsin Medical Society Board of Directors establish an open process for information sharing about the candidates on the Wisconsin Medical Society members-only Web site and convene an open forum that all Districts could participate in via teleconference or personal attendance during which candidates for President-elect could be interviewed before the Nominating Committee meeting. *Action: Adopted as Amended.*

~~RESOLVED, That the Wisconsin Medical Society amend its Constitution and Bylaws to such that the composition of the Nominating Committee such that each District appoints 2 members to the Nominating Committee and the Specialty sections appoint 2 members, for a total of 18 voting members; and be it further~~

RESOLVED, That the members of the Nominating Committee be provided a list of persons that have held the open position over the previous 10 years along with their District or Specialty section designation such that the

Nominating Committee can consider the representation of all parts of the state over time for that position in its deliberations; and be it further

~~RESOLVED, That the Wisconsin Medical Society Board establish an open process for information sharing about the candidates on the members-only Web site and convene an open forum that all Districts could participate in via teleconference or personal attendance during which candidates for President-elect could be interviewed before the Nominating Committee meeting; and be it further~~

RESOLVED, That the Nominating Committee develop criteria that ensures a fair, standardized and transparent process for all candidates.

Resolution 9 directed the House of Delegates of the Wisconsin Medical Society to direct the Board of Directors to suspend changes to its membership pending additional evaluation and report to this House in 2009. *Action: Not Adopted.*

Resolution 10 directed the officers and nominees for elected office of the Wisconsin Medical Society to disclose on an annual basis any and all affiliations, both past and present, with insurance companies, liability insurance companies, managed care organizations and government health care programs. It further directs that the above disclosures will be published in the *Wisconsin Medical Journal* prior to elections. *Action: Adopted as Amended.*

~~RESOLVED, That the Board members, officers and nominees for elected office of the Wisconsin Medical Society disclose on an annual basis any and all present affiliations, both past and present; with insurance companies, liability insurance companies, managed care organizations, industry and government health care programs; and be it further~~

RESOLVED, That the officers, directors, and nominees for elected office of the Wisconsin Medical Society disclose on an annual basis all significant affiliations. Disclosure will be modeled on the requirements of the ACCME and consistent with state and federal law.

The definition of significant affiliations includes all financial or leadership relationships that may be reasonably anticipated to have a material effect on issues considered, policies developed, or

activities undertaken by the Wisconsin Medical Society.

Financial relationships include compensation, contracts, honoraria, stock ownership representing more than 10% of any one corporation's holdings, or other remuneration or consideration.

Leadership relationships include service as an officer, director, or trustee of an organization.

Disclosure will include all current relationships and all relationships during the preceding 5 years. As appropriate, the officer, director, or candidate should report significant affiliations of immediate family members. Immediate family members are defined as a spouse, parent, or child.

RESOLVED, That the above disclosures will be published in the *Wisconsin Medical Journal* and on the members-only section of the Wisconsin Medical Society Web site prior to elections.

Resolution 11 directed the Wisconsin Medical Society to request that the WisMedPAC Board of Directors review its policy on political endorsements, research what other respected organizations such as the American Medical Association PAC have done and consider adopting strategies for lobbying that do not include formal political endorsements. *Action: Adopted.*

Resolution 12 directed the Wisconsin Medical Society to change the mission statement of the Society to reflect this changing environment and directs that the new mission statement read: *The mission of the Wisconsin Medical Society is to facilitate the achievement of a healthiest Wisconsin through advocacy for healthy choices by all (individuals, families, communities and policy makers), universal access to safe and cost-effective health services, highest levels of physician professionalism and optimal conditions for the practice of medicine.* *Action: Referred to Board of Directors.*

Resolution 13 directed the Wisconsin Medical Society to adopt the policy, per the Governance Task Force Informational Briefing, Page 6, that a two-thirds (2/3) supermajority vote be required for passage of contentious public policy resolutions, with the Wisconsin Medical Society Speaker identifying contentious public resolutions.

Action: Board Report CC: Governance Task Force Recommendations: Two Thirds Vote for Public Policy Adopted in Lieu of Resolution 13:

Board Report CC: Governance Task Force Recommendations: Two Thirds Vote for Public Policy recommended that 2007 Board Report C: Governance Task Force (GTF) recommendation on a two-thirds vote for public policy resolutions not be adopted.

Late Resolution 14 directed the Wisconsin Medical Society to establish a very strong expectation that every member will make an annual contribution to WISMedPAC or WISMedDirect. It further directed the Wisconsin Medical Society Board of Directors to take leadership by first creating an expectation that every Wisconsin Medical Society Board member will make a \$500 annual contribution to WISMedPAC or WISMedDirect. It also directs the Society to remind and inform members regularly in all Wisconsin Medical Society publications, and to send annual solicitation letters with optional amounts listed as \$100, \$250, \$500, Other. Finally, it directs that feedback be given for each contribution in the form of an appreciation letter with lists of contributors and the amount of the contributions sent to county medical societies. *Action: Adopted as Amended.*

RESOLVED, That Wisconsin Medical Society will establish a very strong expectation that every member will make an annual contribution to WISMedPAC and/or WISMedDirect; ~~and be it further~~ and that members be reminded and informed regularly of this expectation of the value of contributing in WMS publications; and be it further

RESOLVED, That the Board of Directors take leadership by first creating an expectation that every Board member will make an \$500 annual contribution to WISMedPAC and/or WISMedDirect; be it further

RESOLVED, That members be reminded and informed regularly in all WMS publications, and be it further

RESOLVED, That the annual solicitation letters be sent with optional amounts listed as ___ \$100 ___ \$250 ___ \$500 ___ Other; and be it further

RESOLVED, That feedback be given for each contribution in the form of an appreciation letter



**Wisconsin
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with lists of contributors and the amount of the contributions be sent to county medical societies:

Late Resolution 15 directed the Wisconsin Medical Society to change the wording of ABO-004. *Action: Adopted as Amended.*

RESOLVED, That the Wisconsin Medical Society hereby change the wording of its current policy on abortion ABO-004 to read:

Abortion as a Medical Procedure and Providing Abortion-Related Information: The Wisconsin Medical Society: (1) supports enactment of appropriate legislation that would acknowledge the right of a physician to perform and to practice this medical procedure as he/she might perform any other medical procedure or to refuse to perform an abortion according to the dictates of his/her training, experience and conscience; (2) supports the development of guidelines that ensure that abortions be performed only under proper medical circumstances with adequate provisions for safeguarding the health of the patient; and (3) although abortion is a ~~morally~~ contentious issue, it is a legal medical procedure and physicians should be ~~allowed~~ expected to advise their patients of all the available options, ~~in the event of an unwanted or unplanned pregnancy.~~

Late Resolution 16 directed the Wisconsin Medical Society to oppose any legislation that would dictate how medical and surgical procedures should be performed, especially if said legislation prohibits consideration of the health and well-being of the mother in cases of pregnancy termination. *Action: Referred to Board of Directors.*

Late Resolution 17 directed the Wisconsin Medical Society to support legislation providing immunity from prosecution under controlled substance-related statutes. *Action: Referred to Board of Directors.*

Late Resolution 18 directed the Wisconsin Medical Society to work with our legislators to ensure that the State of Wisconsin create and fund a central database where pharmacists would be required to check the history of previously-dispensed controlled substances before dispensing, that the database also be available to providers who write for controlled substances and that the database is networked to adjacent state databases. *Action: Adopted As Amended.*

RESOLVED, That the Wisconsin Medical Society suggest to our state and work with our legislators to ensure that the State of Wisconsin creates and funds a central database where pharmacists would be required to check the history of previously dispensed controlled substances before dispensing controlled substances, that the database also be available to providers prescribers who write for controlled substances, and that the database is be networked with the databases of adjacent states.

Late Resolution 19 directed Wisconsin's government to restore reimbursement for graduate medical education (GME) to previous levels. *Action: Original Language Substituted and Adopted.*

RESOLVED, That the Wisconsin government restore the reimbursement for graduate medical education (GME) to the same level as it would have been had the State not instituted reductions in the GME reimbursement to the teaching hospitals in the first place.

Late Resolution 20 directed that the Wisconsin Medical Society convey to Wisconsin's Congress, its strong recommendation for increased funding for the Food and Drug Administration to allow it to meet its mission and that the *Wisconsin Medical Journal* be encouraged to inform physicians about the prevalence and implications of counterfeit pharmaceuticals. It further requested that physicians be informed that when experiencing an unexpected or suboptimal response to treatment, the physicians be encouraged to ask their patients to show them their medications and report where they purchased them, so that 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. *Action: Adopted.*

Late Resolution 21 directed physicians to advocate for legislation that aims to increase health care access security for all in Wisconsin. It also directs the Wisconsin Medical Society to research and implement new approaches to increase physician participation in health care access policy-making in Wisconsin. *Action: Adopted as Amended.*

RESOLVED, That in line with the AMA Declaration of Professional Responsibility and the ethical principles of beneficence and justice, the Wisconsin Medical Society encourage physi-

cians ~~to should~~ advocate for legislation that aims to secure increased health care access security for all in Wisconsin.

RESOLVED, That the Wisconsin Medical Society will research and implement new approaches to increase physician participation in health care access policy-making in Wisconsin.

Resolution 22 directed the Wisconsin Medical Society to publicly commend Drs. James Thomson and Jungying Yu for their meritorious work in the field of induced Pluripotent Stem Cell research and to formulate an official position encouraging policies that support further research and use of iPS cells in lieu of ES cells. *Action: Adopted as Amended:*

RESOLVED, That the Wisconsin Medical Society publicly commend Drs. James Thomson and Jungying Yu for their meritorious work in the field of induced Pluripotent Stem Cell research; and be it further

RESOLVED, That the Wisconsin Medical Society supports further research and use of iPS cells (induced pluripotent stem cells).

Board Report A: 2007 House of Delegates Resolution 4: Nursing Home Bed Tax. *Action: Adopted.*

Board Report A: 2007 House of Delegates Late Resolution 33: HIV Testing. *Action: Adopted.*

Board Report A: 2007 House of Delegates Board Report A: Standard Benefit Plan. *Action: Adopted as Amended.**

Transplants (Determined to be medically necessary) Heart, Heart/Lung, Kidney, Lung, Liver, Pancreas, Bone Marrow (as stated in the policy) (up to a separate lifetime maximum benefit of \$500,000; Prior approval required)

Kidney Transplants and Dialysis Treatments (up to ~~\$30,000~~ \$75,000 per year; Prior approval required)

(added to bottom of Standard Benefit Plan grid) Above listed monetary limits shall be reviewed on a biannual basis and updated to reflect current economic realities.

**Standard Benefit Plan in its entirety is located on the Society's Web site at: <http://www.wisconsinmedicalsociety.org/initiatives>*

Board Report AA: 2006 House of Delegates Resolution 4: Nursing Homes Play An Important Role In The Care of Our Patients and Should Not Be Systematically Closed. *Action: Adopted.*

Board Report B: 2007 House of Delegates 2006 Resolution 9: Improving Nutritional Value of Beverages Available In Primary School/SCH-003: School Food and Nutrition Programs. *Action: Adopted as Amended:*

That the Wisconsin Medical Society encourage 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; and

That the Wisconsin Medical Society actively provide information and resources to physicians and others on healthy school programs and initiatives; and

That the Wisconsin Medical Society encourages ~~supports schools' provision of healthy snacks and nutritious meals and~~ 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.

Board Report B: 2007 House of Delegates Resolution 17: Restriction of Cell Phone Use While Driving. *Action: Adopted Substitute Resolved.*

~~RESOLVED, That the Wisconsin Medical Society recommends work to:~~ 1) prohibit the use of cell phone (hands on or hands off or built-in) by anyone driving while on a learner's permit or graduated driver's license (GDL); and prohibiting the use of hands on cell phones use, including text messaging, by all vehicle operators drivers while driving.

RESOLVED, Due to evidence demonstrating that cognitive ability is temporarily impaired by any use of cell phone, hand held or hand free, while driving, Wisconsin Medical Society dis-





In his inaugural speech, Wisconsin Medical Society President Steven C. Bergin, MD, (who is pictured above being congratulated by the Society's Immediate Past President Clarence C. Chou, MD) urged his colleagues to get involved politically to make health insurance available for everybody. "We must shed our professional cocoon and awaken from our political hibernation," said Dr Bergin, an OB/GYN from Stevens Point. "We need to mount a vigorous sustained grass roots campaign engaging and dialoguing with local, state, and national legislative representatives. We should not off-handedly dismiss proposals just because they depart from the status quo." Doctor Bergin's presidential theme focuses on ways to improve health care quality, controlling costs, and increasing access to healthcare. To read the full text of his inaugural speech, visit wisconsinmedicalsociety.org/publications_and_media/press_releases/inaugural.

courages the use of cell phones, including text messaging, by all vehicle operators while driving.

Board Report B: 2007 House of Delegates Resolution 15: Zostavax. *Action: Adopted.*

Board Report B: 2007 House of Delegates Resolution 16: Raise Driving Age In Wisconsin To Eighteen. *Action: Adopted.*

Board Report B: 2007 House of Delegates Resolution 22: Action On Strategic Priority, Patient-Centered Care. *Action: Adopted.*

Board Report B: 2007 House of Delegates Resolution 29: Embryonic Stem Cells. *Action: Adopted.*

Board Report B: 2007 House of Delegates Substitute Resolution Adopted In Lieu of 2007 Resolution 12: Physician Education About End

of Life and Pain Issues. *Action: Adopted.*

Board Report B: 2006 House of Delegates Resolution 11: Population Medicine. *Action: Adopted.*

Board Report BB: 2007 House of Delegates Resolution 16: Raise Driving Age In Wisconsin To Eighteen. *Action: Adopted.*

Board Report BB: Screening Brief Intervention, and Referral To Treatment (SBIRT). *Action: Adopted.*

Board Report C: 2008 Budget. *Action: Adopted.*

Board Report C: 2007 Resolution 26: Aims/Metrics of Governance Task Force Recommendations. *Action: Adopted.*

2007 Board Report C: 2006 Late Resolution 14: Creation of Ethical Conduct Policy and

Procedure. *Action: Adopted.*

Board Report C: Bylaws Revision Chapter IV Section 1 and 2: Board of Directors. *Action: Not Adopted.*

Board Report CC: Strategic Policy Panel. *Action: Adopted.*

Board Report C: Bylaws Revision (Minus Chapter IV, Section 1 and 2). *Action: Adopted.*

Chapter I: Membership

Section 1. Eligibility

Every physician who holds a license to practice medicine and surgery in Wisconsin, every medical student who is enrolled in an LCME accredited medical school in Wisconsin, and every physician who is serving in an ACGME or AOA approved training program in, or outside of, Wisconsin shall be eligible for membership. Members will conduct themselves in a manner that is not in conflict with the purposes for which the Wisconsin Medical Society, Inc. (Society) is organized and operating.

Section 2. Application

Applications for membership shall be submitted to the county society of the county in which a significant portion of the physician's practice is located. That county society shall accept or reject a request for membership as soon as possible. Each county society shall be the judge of the initial and continuing qualifications of its members, as well as the appropriate membership classification. If the physician's county society is inactive or unable to act on the application within sixty (60) days, the application shall be submitted directly to the state society for action.

Section 3. Membership Classifications

Members, as defined in this section except for Affiliate members, shall have all the rights and privileges of the Society.

- A. Regular. Regular members consist of all members in good standing who do not fit into Categories B and C:

- (1) Physician—Full-time. A member in good standing with a full-time practice devoted to approximately all direct patient contact.
- (2) Physician—Part-time. A member in good standing with a part-time practice devoted to approximately all direct patient contact.
- (3) Dual Physician. A member in good standing with a full-time combined practice responsibility (approximately 50% or less direct patient contact plus educational, public health, and/or research responsibilities).
- (4) Resident/Fellow. Resident/fellow members consist of those members who are enrolled in ~~ACGME or AOA approved training programs in, or outside of, Wisconsin~~ who hold a license to practice medicine and surgery in who are licensed as required by the state of Wisconsin, or the state in which the training program is located.
- (5) Young Physician. First to fourth year post residency with a full-time practice devoted to approximately 100% direct patient contact.
- (6) Student. Student members consist of those members who are enrolled in an LCME accredited medical school in Wisconsin

Board Report CC: Proposed Bylaws Revision. *Action: Adopted.*

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- (3) Dual Physician. A member in good standing with a full-time combined practice responsibility (approximately 50% or less direct patient contact plus educational, public health, and/or research responsibilities).
- (4) Resident/Fellow. Resident/fellow members consist of those members who are enrolled in training programs in, or outside of, Wisconsin who are licensed as required by the state of Wisconsin, or the state in which the training program is located.
- (5) Young Physician. First to fourth year post residency with a full-time practice devoted to approximately 100% direct patient contact.
- (6) Student. Student members consist of those members who are enrolled in an LCME accredited medical school in Wisconsin.

Editor's Note: Society members are encouraged to submit ideas year round. While most Wisconsin Medical Society policy changes are determined annually by the House of Delegates, the Society reminds all members that ideas, proposals and resolutions can be submitted at any time through the Society's member communication form found on the next page. Items submitted are referred to strategic councils for further study, and recommendations will be considered at a future Board of Directors meeting.

Member Communication Form

Member Name: _____ Date: _____

I can be contacted at:

E-mail Address: _____

Phone: _____

Mailing Address: _____

Statement of Request, Question, Concern, Idea or Proposal

Additional Details or Supporting Rationale

Special Note on Communications for Board of Directors or House of Delegates

If you are proposing a specific *policy action* for consideration at a Board of Directors quarterly meeting, or a *resolution* for the House of Delegates annual April meeting, please state **in your own words** the key points that the policy action or resolution should include.

If your request, question, concern, idea or proposal is confidential and you would like to communicate with a staff member directly, please contact Karen Carney at 608.442.3772 or e-mail karenc@wismed.org, or Merry Earll at 608.442.3766 or e-mail merrye@wismed.org.



Wisconsin **Medical** Society
Your Doctor. Your Health.

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 *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.

For reprints of this article, contact the *Wisconsin Medical Journal* at 866.442.3800 or e-mail wmj@wismed.org.

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