

**WISCONSIN MEDICAL SOCIETY
2010
5-YEAR POLICY UPDATE**

In April 2004, the Wisconsin Medical Society (Society) Board of Directors approved a 5-year policy review provision for all Society policies. Each year all Society policies approved 5 years ago are reviewed by the appropriate Society council to determine if those policies should be retained, retained in part or deleted. The Society Board of Directors has voted on the councils' recommendations and submits the following policies to the House of Delegates for action.

RECOMMENDED FOR RETENTION

ABO-002

Partial Birth Abortion

The Wisconsin Medical Society:

- Recognizes that the procedure intact-dilation and extraction, known to the public as partial birth abortion, should not be used when the physician has determined that there is a viable fetus (now about 24 weeks gestation or later) except in instances where the mother's life is in imminent physical danger or the fetus has an abnormality incompatible with life.
- Requests that the American Medical Association take similar action. (HOD, 0404)

ACC-005

Universal E-Codes in Hospitals

The Wisconsin Medical Society supports the universal utilization of E-coding by all Wisconsin hospitals. (HOD, 0404)

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. (HOD, 0404)

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. (HOD, 0404)

EMC-010

Examination for Maintenance of Medical License

The Wisconsin Medical Society opposes the imposition of any clinical skills examination for maintenance of medical license as other mechanisms exist to ensure physician's competence. (HOD, 0404)

EME-014

Medical Education Funding

The Wisconsin Medical Society strongly supports state funded Graduate Medical Education funding for residency training programs and sufficient yearly tuition assistance and capitation payments to Wisconsin medical students attending the Medical College of Wisconsin. (HOD, 0404)

EME-015

Increase in House Staff Positions

The Wisconsin Medical Society supports increasing the number of graduate medical education (residency and fellowship) positions to adequately address the developing physician workforce shortage. (HOD, 0404)

ETH-013

Physician-Assisted Suicide

The Wisconsin Medical Society reaffirms its opposition to any legislation that legalizes physician-assisted suicide in Wisconsin. (HOD, 0404)

ETH-020

Euthanasia

The Wisconsin Medical Society believes that the intentional termination of the life of one human being by another—mercy killing or euthanasia—is contrary to public policy, medical tradition, and the most fundamental measures of human value and worth. (HOD, 0404)

ETH-022

Child Support Initiative Relating to Denial of Licenses and Credentials by the Department of Regulation and Licensing

The Wisconsin Medical Society opposes legislation that would deny license or credential to anyone not signing a statement attesting that he/she either has not been ordered by a court to pay support, or has been ordered to pay support and is either current on that support, is party to a pending court action related to the obligation, or is in arrears in excess of 60 days but is in compliance with an approved repayment plan. (HOD, 0404)

ETH-023

Comity Amongst States Regarding Advanced Directives

The Society supports the concept of comity for advance directive documents (i.e. the living will and power of attorney for health care) to ensure that a document that is lawful in the state of origin be considered lawful in every other state. (HOD, 0404)

EXC-006

Initiation and Implementation of Cardiopulmonary Resuscitation in Wisconsin Long Term Care Facilities

The Wisconsin Medical Society (Society) continues to endorse the document, “Practice Parameters: Regarding the Initiation and Implementation of Cardiopulmonary Resuscitation in Wisconsin Long Term Care Facilities.” A copy of this document is on file at the Society. (HOD, 0404)

GAM-002

Oppose Expansion of Casino Gambling in Wisconsin

The Wisconsin Medical Society opposes the expansion of casino gaming in Wisconsin and supports a moratorium on additional casinos due to the dangers of gambling addiction and the cost to society. (HOD, 0404)

HMS-005

Hospital Medical Staffs

The Wisconsin Medical Society (Society) reaffirms support for the autonomy of the structure and governance of the independent medical staffs of hospitals including the ability of the independent medical staff to elect its own officers.

The Society supports codifying state law to mandate the hospital medical staff bylaws be viewed as contracts that must include a physician’s due process and hearing rights.

Further, the Society supports the efforts of all Wisconsin hospital medical staff members to advocate for the highest quality of medical care for the patients they serve. (HOD, 0404)

HSR-012

Essential Elements and Guiding Principals for Health System Reform

The Wisconsin Medical Society (Society) endorses and reaffirms three essential goals in reforming the health care system:

1. Attain universal health insurance coverage.
2. Provide high quality health care.
3. Control health care costs.

The Society endorses the following guiding principals for health system reform:

- Retain a pluralistic health care system that promotes competition based on quality and cost.
- Expand insurance coverage through purchasing pools, premium subsidies and a “Play or Pay” model.
- Attain knowledge and understanding of health care delivery costs and information comparing various pricing systems.
- Foster consumer participation in costs and decisions regarding utilization of health care services in partnership with their physician.
- Protect existing “safety net” programs while seeking expanding eligibility as needed.
- Consider an explicit priority-setting process, based on evidence-based medicine and cost-effectiveness, for coverage of services by public and private insurance programs.
- Certify a state-defined standard benefits package, with any coverage beyond such a standard package to be treated as taxable compensation to the employee (in both private and public sector coverage).
- Promote adoption of practice guidelines and disease management protocols based on the best evidence available that will allow for appropriate flexibility in treating patients when measuring adherence to and variations from the guidelines.
- Promote payment levels by government-funded programs sufficient to eliminate cost shifting onto other payers, which results in price distortion and restricted access to services. (HOD, 0404)

INS-028

National Cancer Institute Clinical Trials

The Wisconsin Medical Society recommends that the Center for Medicare and Medicaid Services (CMS) and other third party payers not deny coverage and reimbursement for the costs of medical care to patients entered in qualifying clinical trials of therapeutic regimes at any phase. Covered costs should include routine health care costs and those usually covered (hospital care and physician and other health care services), as well as the costs of all FDA-approved agents utilized in the trial, regardless of whether the use is for an on-label or off-label indication. Qualifying clinical trials must satisfy all of the following inclusion criteria:

- Treatment is provided with a therapeutic intent (intent refers to an intention to improve patient outcome, relative to survival or quality of life).
- Treatment is being provided pursuant to a clinical trial that has been approved by the appropriate institute of the National Institutes of Health (NIH) as identified in the guidelines for NIH grants.
- The proposed therapy has been reviewed and approved by a qualified institutional review board.
- The facility and personnel providing the treatment are capable of doing so by virtue of their experience and training.
- There is no non-investigational therapy that is clearly superior to the protocol treatment.
- The available clinical or preclinical data provide a reasonable expectation that the protocol treatment will be at least as efficacious as non-investigational therapy.
- That CMS and other third party payers cover costs associated with clinical trials for patients with malignancy or pre-malignant conditions as conducted by NIH-approved National Cancer Institute. (HOD, 0404)

INS-039

Power Wheelchairs and Scooters: The Wisconsin Medical Society supports 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). (HOD, 0404)

INS-040

Legislative Action to Prevent Implementation of Antiquated Provisions of the “Uniform Policy Provision Law”

The Wisconsin Medical Society (Society) opposes 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 supports use of blood, breath and/or urine alcohol tests in the emergency department setting only to assist in appropriate medical diagnosis, especially in cases in which an individual has incurred an injury. (HOD, 0404)

INS-041

Mastectomies and Breast Reconstruction

The Wisconsin Medical Society supports that breast reconstruction incident to a mastectomy should be available regardless of timing relationship to the onset of deformity or absence of their breast, and that the procedure should be covered by Medicare and all other third parties for reimbursement. (HOD, 0404)

LIA-024

Physician Support Program

The Wisconsin Medical Society supports

- The Physician Support Program, developed to address concerns physicians may have about psychological pressures emanating from malpractice claims.
- Publicizing the availability of the program to the membership on a regular basis.
- Making the program available to physicians who are threatened with malpractice suits as well as those who have been formally named in a suit. (HOD, 0404)

LIA-025

Pap Smear Screening

The Wisconsin Medical Society supports the following guidelines for review of pap smears in the context of potential litigation:

The pap smear is the most effective cancer screening test in medical history and has been associated with a significant decrease in the death rate due to a prevalent cancer in the United States. If the pap smear is to continue as an effective cancer screening procedure, it must remain widely accessible and reasonably priced for all women, including those with low incomes and those at high risk.

It must be recognized that the pap smear is a screening test that involves subjective interpretation by screening cytologists of the 50,000-100,000 cells that are present on a typical pap smear. Even the best laboratories have an irreducible false negative rate. Although rescreening can reduce this rate, zero-error performance can never be attained as the result of many factors, but particularly due to both the subjectivity involved in making diagnostic determinations in many difficult cases and because of inherent imprecision in the process of specimen collection.

The finding of a false negative pap smear is not necessarily evidence of practice below the standard of care. Whether a false negative smear is the result of negligence must be judged not only on the basis of the individual result, but also in context of overall laboratory performance on pap smears.

The diagnosis, atypical cells of undetermined significance, represents a poorly defined entity with poor inter- and intra-observer reproducibility. Therefore, disputed case of atypical cells of undetermined significance are not likely to represent reasonable groups of allegations of practice below the standard of care.

Pap smear slides assessed for possible litigation should be reviewed without knowledge of clinical outcome. This review should simulate the normal screening situation as closely as possible. This may be accomplished as a screening process including the contested case as one of a number of pap smears representing a variety of disease states. Review with knowledge of subsequent development of carcinoma biases the objectivity of the review and does not reflect standard practice.

A court reviewing the qualifications proffered by physician-witnesses should consider or utilize these prerequisite criteria:

- The physician maintains a current and unrestricted license to practice medicine in his/her state of practice.
- The physician is certified by the appropriate ABMS specialty or subspecialty board.

The standard of care should be that of the reasonable and prudent practitioner. Courts should recognize that a false negative result is not sufficient proof of negligence. Rather, they should look to whether overall pap smear practices of the laboratory meet the standard of care.

Compensation of the physician-witness should reasonably reflect the time and effort expended by the witness in preparation, depositions and trial. Compensation of a physician-witness contingent on the outcome introduces the possibility of bias and should not be permitted. (HOD, 0404)

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. (HOD, 0404)

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. (HOD, 0404)

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. (HOD, 0404)

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. (HOD, 0404)

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. (HOD, 0404)

MEB-012

Medical Examining Board: The Wisconsin Medical Society (Society) strongly supports the mission and activities of the Medical Examining Board of Wisconsin’s Department of Regulation and Licensing (MEB), but has longstanding concerns regarding the staffing and workload of the MEB. The Society

- Expresses persistent concerns on the part of its membership regarding the MEB’s ability to fulfill its legislative obligations, given the inadequate number of support staff assigned to carry out these obligations.
- Supports legislation to strengthen the physician discipline role of the MEB, in order to meet the goal of protecting Wisconsin physicians and patients.

The Society recommends

- That there should be an adequate number of support staff assigned to carry out the duties of the MEB.
- That all licensure fees collected by the MEB should be used exclusively to fund staff to carry out the functions of the MEB, and that staff be assigned exclusively to the MEB. (HOD, 0404)

MRC-037

Medicare Diagnostic Categories Payment Schedule: The Wisconsin Medical Society supports the idea that the Medicare 75/25% rule be discontinued and admission to inpatient rehab facilities be based on the functional needs of the patients and their ability to improve in a reasonable amount of time. (HOD, 0404)

PHE-006

Nurse Midwife Education Program

The Wisconsin Medical Society supports a certified nurse midwife educational program in Wisconsin. (HOD 0404)

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. (HOD, 0404)

REP-001

Metastar

The Wisconsin Medical Society (Society) should disseminate information on the structure and workings of Metastar including

- The Metastar review process and how it affects physicians.
- The selection process for the Metastar Board.
- Information regarding Metastar election including names of candidates, qualifications and any Society recommendations. (HOD, 0404)

REQ-004

Third Party Medical Review

The Wisconsin Medical Society (Society) reaffirms its policy of continuing to seek uniform procedural standards and requirements for all organizations utilizing medical review to approve or deny health insurance benefits for medical care. The Society believes these organizations should be required to

- Register with the state of Wisconsin.
- Make review criteria available to health care professionals and patients.
- Obtain licensure for all medical care reviewers along with requiring adequate education and training in the areas that they are reviewing.
- Clearly delineate the appeals process available to both patients and health care professionals.
- Fully disclose any financial incentives that the reviewers might have based on denying a target amount of services or health care professionals.
- Prior to any adverse determination regarding medical necessity or appropriateness of care, provide the physician with an opportunity to discuss the plan of treatment with a physician reviewer in the same specialty, during normal working hours.
- Assure patient confidentiality and present authorization to the physician for release of patient information to the review organization. (HOD, 0404)

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. (HOD, 0404)

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. (HOD, 0404)

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. (HOD, 0404)

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

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. (HOD, 0404)

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. (HOD, 0404)

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. (HOD, 0404)

TEC-001

Information Technology Standardization and Costs

The Wisconsin Medical Society supports concepts of information technology (IT) standards for interchangeability of data from different IT systems. (HOD, 0404)

UNS-003

Physician Loan Assistance Program

The Wisconsin Medical Society supports the current Physician Assistance Loan Program that repays educational loans for physicians practicing in health care shortage areas. (HOD, 0404)

RECOMMENDED FOR RETENTION IN PART:

ACC-009

Bicycle Helmet Use

Because As bicycle accidents are a major cause of traumatic brain injuries and death in children and others in Wisconsin, the Wisconsin Medical Society (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 ~~prevent~~ the use of bicycles by children under the age of 18 unless minor-aged riders and passengers who are not 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. (HOD, 0404)

~~H-10.985 Bicycle Helmets and Safety~~

~~It is the policy of the AMA (1) to actively support bicycle helmet use and encourages physicians to educate their patients about the importance of bicycle helmet use; (2) to encourage the manufacture, distribution, and utilization of safe, effective, and reasonably priced bicycle helmets; and (3) to encourage the availability of helmets at the point of bicycle purchase; and (4) to develop model state/local legislation requiring the use of bicycle safety helmets, and calling for all who rent bicycles to offer the rental of bicycle safety helmets for all riders and passengers. (Res. 7, I 90; Modified by Sub. Res. 208, A 94; Reaffirmed: CSA Rep. 6, A 04)~~

~~H-10.987 Use of Helmets in Bicycle Safety~~

~~The Society also: Our AMA (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. (Sub. Res. 72, I 89; Reaffirmed: Sunset Report, A 00)~~

~~H-10.977 Helmets and Preventing Motorcycle and Bicycle Related Injuries~~

~~The Society also It is the policy of the AMA to: (1) 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; (5) prepare model state legislation for cyclists' mandatory use of helmets while cycling; and (56) advocates for further research on the effectiveness of helmets and on the health outcomes of community programs that mandate their use. (CSA Rep. 3, I 93; Reaffirmed: CSA Rep. 6, I 98; Reaffirmed: CSAPH Rep. 2, A 08)~~

~~H-15.960 Motor Vehicle and Bicycle Safety~~

~~The Society also AMA 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; and supports legislation that would require helmet usage for riders of bicycles, including passengers. (Res. 226, A 95; Reaffirmed: BOT Rep. 12, A 05)~~

Rationale: Because of the importance of helmet safety and comprehensive education the Councils' on Health Care Quality and Population Health and Strategic Policy Panel decided to recommend that the Society's policy as well as AMA policies be adopted.

ETH-028**Legitimate Medical Orders or Valid Prescriptions**

The Wisconsin Medical Society believes that non-physician clinicians/pharmacists not be able to ignore legitimate medical orders or valid prescriptions written by physicians. Non-physician clinicians/pharmacists who find this morally objectionable ~~should~~ must provide patients with information on where these orders or prescriptions can be filled. (HOD, 0404)

Rationale: The Council agreed that a stronger message needed to be conveyed.

RECOMMENDED FOR DELETION:**LIA-012**

Improvements to the Medical Professional Liability System: The Wisconsin Medical Society continues to support efforts to develop improvements to the current medical professional liability insurance system. (HOD, 0404)

Rationale: The policy is redundant in that the Society has a policy that is more specific.