

## REPORT B - 2010

### BOARD OF DIRECTORS

Referred to: **Quality and Clinical Outcomes**

- **2009 Resolution 19: Restriction Of Cell Phone Usage And Text Messaging While Driving**
- **2009 Resolution 15: Data Access - Federal Level**
- **2009 Board Report BB: Economic Credentialing**
- **Sale Of Raw Milk & Milk Products**

#### **2009 RESOLUTION 19: RESTRICTION OF CELL PHONE USAGE AND TEXT MESSAGING WHILE DRIVING**

##### BACKGROUND

William Scheckler, MD and the Dane County Medical Society introduced Resolution 19 at the 2009 House of Delegates (HOD). The HOD referred the Resolution to the Board of Directors (Board), which subsequently referred it to the Council on Health Care Quality and Population Health. Resolution 19 requested the Wisconsin Medical Society to work on the ban of all non-emergency use of cell phones when operating a motor vehicle by seeking the passage of appropriate legislation.

The Council, at its meeting on May 7, 2009 discussed the resolution extensively and decided that even though there are current state laws on inattentive driving, they are not enforceable as a primary offense for cell phone use, unless it is the major factor in causing an accident. The Council also acknowledged that several adjacent states have stronger laws.

The Council on Health Care Quality and Population Health and the Strategic Policy Panel recommended, and the Board concurred that 2009 Resolution 19 be adopted.

**RESOLVED, That the Wisconsin Medical Society work to ban all non-emergency use of cell phones when operating a motor vehicle by seeking legislation to: 1) prohibit the use of any type of cell phone (hands on or hands off or built in) by anyone while driving any vehicle, and 2) prohibit text messaging by anyone while driving any vehicle.**

**The Board recommends the House of Delegates approve 2009 Resolution 19: Restriction of Cell Phone Usage and Text Messaging While Driving.**

#### **2009 RESOLUTION 15: DATA ACCESS - FEDERAL LEVEL**

##### BACKGROUND

The Medical Society of Milwaukee County, on behalf of the Patient Safety Collaborative, introduced Resolution 15: Data Access – Federal Level at the 2009 House of Delegates (HOD). The HOD referred it to the Board of Directors, which subsequently referred it to the Council on Health Care Quality and Population Health (Council). Resolution 15 requested the Wisconsin Medical Society (Society) charge its AMA delegate with bringing the data aggregation and data sharing issue forward and directed the AMA's legislative arm work to minimize Federal regulatory and legislative barriers.

The Council discussed the resolution at its May 7, 2009 meeting and ultimately decided that the intentions of the resolution needed to be clarified since Society policy MER-012 already supports this issue. At the

Council's meeting on September 3, a member of the Council, who is on the Patient Safety Collaborative, offered an alternate resolution.

Original Resolution:

RESOLVED, That the Wisconsin Medical Society direct the members of its AMA delegation to bring this issue to the attention of the AMA House of Delegates; and be it further

RESOLVED, That the members of the Wisconsin Medical Society's AMA Delegation work to direct the AMA's legislative arm to work to minimize such Federal regulatory and legislative barriers.

The Council on Health Care Quality and Population Health and the Strategic Policy Panel recommended, and the Board of Directors concurred that the substitute resolution be adopted in lieu of Resolution 15:

**Substitute Resolution:**

**RESOLVED, That the Wisconsin Medical Society advocate at the AMA level for a Unique Healthcare Patient Identifier Number to be available immediately.**

**The Board recommends the House of Delegates approve the substitute resolution above, in lieu of 2009 Resolution 15.**

## **2009 BOARD REPORT BB: ECONOMIC CREDENTIALING**

### **BACKGROUND**

2009 Board Report BB: Economic Credentialing was presented at the 2009 House of Delegates (HOD). The HOD referred it to the Board of Directors, which subsequently referred it to the Council on Health Care Access (Council). Council members, at their meeting on September 2, 2009, recommended that the Society adopt AMA policy H-230.975, amended for Society use. The Council further recommended that the Board of Directors hold discussions with the Wisconsin Hospital Association on this issue.

The Council on Health Care Access and the Strategic Policy Panel recommended, and the Board of Directors concurred with the amended policy:

### **H-230.975**

**The Wisconsin Medical Society AMA (1) adopts the following definition of economic credentialing: economic credentialing is defined as the use of economic criteria unrelated to quality of care or professional competency in determining an individual's qualifications for initial or continuing hospital medical staff membership or privileges; (2) strongly opposes the practice of economic credentialing; (3) believes that physicians should continue to work with their hospital boards and administrators to develop appropriate educational uses of physician hospital utilization and related financial data and that any such data collected be reviewed by professional peers and shared with the individual physicians from whom it was collected; (4) believes that physicians should attempt to assure provision in their hospital medical staff bylaws of an appropriate role for the medical staff in decisions to grant or maintain exclusive contracts or to close medical staff departments; and (5) will communicate its policy and concerns on economic credentialing on a continuing basis to the American Wisconsin Hospital Association, Federation of American Health Systems, and other appropriate organizations ~~(6) encourages state medical societies to review their respective state statutes with regard to economic credentialing and, as appropriate, to seek modifications therein; (7) will explore the development of draft model legislation that would acknowledge the role of the medical staff in the hospital medical staff credentialing process and assure various elements of medical staff self-governance; and (8) will study and address~~**

~~the issues posed by the use of economic credentialing in other health care settings and delivery systems. (CMS Rep. B, I-91; Reaffirmed by BOT Rep. 14, A-98; Reaffirmation A-07)~~

**The Board recommends the House of Delegates approve the above policy as amended.**

## **SALE OF RAW MILK & MILK PRODUCTS**

### **BACKGROUND**

At its December 4, 2009 meeting, the Council on Legislation (Council) discussed news reports that legislation would be introduced in the state legislature related to broadening the ability of farmers to sell raw milk. The Council asked that an article about the issue be published in *Medigram* (the December 17, 2009 edition included such a story) and asked staff to follow the issue for possible further action at its next meeting.

Following the Council meeting, identical companion bills were introduced in the State Legislature: Assembly Bill 628 was introduced on December 18, 2009 and Senate Bill 434 was introduced on December 21, 2009. The bills would require the Department of Agriculture, Trade and Consumer Protection to grant a raw milk sales permit to certain farmers meeting certain criteria, and allow the farmer to sell unpasteurized products directly to the consumer.

At its January 5, 2010 meeting, the Dane County Medical Society approved a motion requesting that the Wisconsin Medical Society (Society) Board of Directors go on record opposing the legislation. As requests for Society changes generally come via the council process, the Council polled its members on adopting an amended version of current AMA policy for the Society's purposes.

The Council approved the proposed language via the Council's listserv on January 10 and 11, 2010 with the rationale that there is a history of unpasteurized milk products causing severe illness for some consumers and establishing Society policy would allow the Society to take an official position on the pending legislation

### **Current AMA Policy:**

H-150.980 Milk and Human Health

The AMA reaffirms its policy that all milk sold for human consumption should be required to be pasteurized. (Sub. Res. 67, I-85; Reaffirmed by CLRPD Rep. 2, I-95; Reaffirmed: CSA Rep. 8, A-05)

The Council recommended, and the Board concurred, that:

**The Wisconsin Medical Society believes that all milk sold for human consumption should be required to be pasteurized.**

**The Board recommends the House of Delegates approve the policy on Raw Milk and Raw Milk Products as stated above.**