Public Health Issues

ACC - ACCIDENT/INJURY PREVENTION

ACC-002
Boating Safety and Intoxicated Boating Laws: The Wisconsin Medical Society believes:
- In an absolute sobriety requirement on persons under age 21 who are operating motorboats (same requirement exists for persons under age 21 who are operating a motor vehicle).
- That operators required to use corrective lenses while driving motor vehicles must use corrective lenses while operating a motorboat. (HOD, 0413)

ACC-003
Fireworks Regulation: The Wisconsin Medical Society opposes eliminating the authority of local governments (cities, villages and towns) to adopt ordinances that regulate the possession of fireworks, or that define fireworks to include devices excluded from the fireworks regulation under state law. The Society also opposes easing restrictions on fireworks possession, which would jeopardize public health and safety. (HOD, 0411)*

ACC-005
Universal E-Codes in Hospitals: The Wisconsin Medical Society supports the universal utilization of E-coding by all Wisconsin hospitals. (HOD, 0410)*

ACC-008
Headgear for Equestrian Activities: The Wisconsin Medical Society supports:
- Educational programs for parents, riding instructors, show organizers and managers outlining the risks in horseback riding and methods to minimize them.
- Satisfactory protective headgear for each type of riding activity.
- The wearing of protective headgear by individuals riding or preparing to ride horses. (HOD, 0411)*

ACC-009
Helmet Use for Cycling and Other Recreational Activities: The Wisconsin Medical Society:
- Supports legislation that requires helmet use for bicycles and other recreational activities (e.g. scooters, in-line or roller skates, skate boards or unicycles) that pose risk of accident or injury, whether as an operator or passenger.
- Encourages physicians to counsel their patients to use approved helmets and appropriate protective clothing while cycling.

*Currently under five-year policy review.
• Encourages parents and caregivers to inform and train children about safe cycle-riding behavior.

• Encourages community agencies, such as those involving law enforcement, schools, and parent-teacher organizations, to promote training programs for the responsible use of cycles.

• Urges manufacturers to improve the safety and reliability of the vehicles they produce and to support measures to improve cycling safety.

• Advocates further research on the effectiveness of helmets and on the health outcomes of community programs that mandate their use.

• Encourages efforts to investigate the impact of helmet use in order to establish the risk of major medical trauma from not wearing helmets, the costs added to the health care system by such behavior, and the payers of these added costs (i.e., private insurance, uncompensated care, Medicare, and Medicaid).

• Supports the exploration of ways to ensure the wearing of helmets through the use of disincentives or incentives such as licensing fees, insurance premium adjustments and other payment possibilities.

• Encourages the manufacture, distribution, and utilization of safe, effective, and reasonably priced bicycle helmets, and encourages the availability of helmets at the point of bicycle purchase.

• Believes that all helmets designed for bicycling and other recreational activities should minimally meet the standards for protective helmets as proposed by the Consumer Products Safety Commission (CPSC), and ideally meet the standards of the Snell Memorial Foundation. (HOD, 0416)

**ACC-010**

Firearm Possession and Safety: The Wisconsin Medical Society recognizes that uncontrolled ownership and use of firearms, especially handguns, is a serious threat to the public’s health inasmuch as the weapons are one of the main causes of intentional and unintentional injuries and deaths.

The Society supports laws and regulations that:

• Promote firearm safety.

• Keep firearms, especially handguns, out of the hands of children except in the cases of adult supervised hunting and sport shooting outings.

• Prevent firearms from being sold to, or possessed by, convicted felons and those with a diagnosed mental illness that may make them a hazard to themselves and others.

• Impose criminal background checks and a waiting period for the purchase of any firearms.

• Prohibit the manufacture and sale of handguns with barrel lengths of less than four inches.

• Prohibit possession of a firearm by people who are subject to a court-ordered injunction for domestic abuse or child abuse.

Further, the Society supports joint meetings between representatives of the American Medical Association and the National Rifle Association to facilitate communication and resolve differences so that gun violence in America can be reduced.

The Society also believes that the licensing of individuals to carry concealed firearms should be based on evidence showing net benefit to the health of the public. (HOD, 0411)

**ACC-012**

Graduated Drivers License: The Wisconsin Medical Society supports the essential features that should be mandated in GDL systems as outlined in the Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) position paper titled WIAAP Position Paper on the banning of cellular phone use for teen drivers in the provision stage of the graduate drivers licensing program, August 2007.

*Currently under five-year policy review.*
Public Health Issues

1. A learner-permit phase that starts no earlier than 16 years of age and lasts at least 6 months.
2. A minimum of 30 hours (preferably 50 hours) of adult-supervised, on-road driving during the permit stage. (At least 5 to 10 of these supervised practice hours should be at night.)
3. A provisional (intermediate) state, with restrictions, that lasts until 18 years of age.
4. A nighttime driving restriction (9 p.m. to 5 a.m. until driving with provisional license for 6 months, followed by a midnight to 5 a.m. restriction until 18 years of age).
5. Passenger limits (unless supervised by an adult)
   a. First 6 months with provisional license: no teenaged passengers.
   b. Until 18 years of age: no more than one teenaged passenger.
6. Prompt imposition of fines, remedial driver classes, or license suspension for violation of passenger of curfew restrictions.
7. Use of safety belts and appropriate child restraints by all occupants.
8. No cellular phone use while in the provisional stage.
9. Zero tolerance for alcohol and provisions for administrative license revocation for drunk driving, excessive speeding, or reckless driving.
10. Documented safe driving record before full licensure is granted. (HOD, 0414)

ACC-013
Restriction of Cell Phone Use and Text Messaging While Driving: The Wisconsin Medical Society will seek legislation to prohibit all non-emergency use of any type of cell phone (hands on or hands off or built in), electronic personal data assistant, or computer by anyone while driving any vehicle. (HOD, 0412)

ACC-015
Restrictions on Discussions Between Physicians and Patients Regarding Gun Ownership: The Wisconsin Medical Society supports the right of physicians to ask if their patients keep guns in the home in order to provide adequate anticipatory guidance regarding safe storage of their weapons, and in order to protect the health and well being of our patients, will publicly oppose legislation or efforts that limit a physician’s ability to ask questions regarding the ownership and storage of weapons in a patient’s home from passing in the state of Wisconsin. (HOD, 0412)

ACC-016
Firearm Safety: The Wisconsin Medical Society:

- Supports legislation that would remove Congressional prohibitions against the collection, analysis and reporting of data by the Centers for Disease Control and Prevention regarding injuries and deaths associated with the use of firearms, and that would encourage the CDC to engage in such research regarding such injuries.
- Encourages physicians to access the most accurate and timely data available regarding firearm safety and use that information to educate and counsel their patients about firearm safety.
- Supports federal legislation that would affirm the rights of physicians to have free and open communication with their patients regarding matters of firearm safety and the use of gun locks in their homes.
- Encourages and applauds state, county and specialty medical societies, the charitable foundations associated with those medical societies, and the AMA Alliance and its state and local chapters, when they undertake projects to educate physicians and patients about the use of gun locks and locks on gun cases and projects to facilitate the low-cost distribution of gun locks for use in our nation’s homes to minimize the risk of firearm injuries and deaths, especially to children.
- Encourages and applauds physicians who are sportsmen and sportswomen to become involved in local firearm safety classes for the general public and to proclaim in such settings that they are physicians so that the public will know of the interest of physicians in such educational activities as a means of promoting injury prevention and the public health.
- Supports increasing physician involvement by encouraging counseling about firearm storage during well-child visits and annual physicals. (HOD, 0416)

**ACC-017**

**Hand and Table Saw Safety:** The Wisconsin Medical Society encourages the use of finger-sensing technology in table saws and encourages schools and colleges in Wisconsin to equip shop classes with finger-sensing technology table saws. (HOD, 0413)

**COM - COMMUNICABLE DISEASES**

**COM-001**

**Testing of Foster Children for Communicable Disease:** The Wisconsin Medical Society supports legislation that would allow physicians or legal guardians of foster children under 14 years of age to be able to consent them for communicable disease testing, in accordance with Wisconsin State Law. (HOD, 0416)

**COM-002**

**Testing for Communicable Diseases in Prison Populations:** The Wisconsin Medical Society supports testing—with due process—of prison inmates for communicable diseases, on a case-by-case basis, which should be performed on the order of the facility’s medical director or the warden upon a physician’s advice, when warranted by the specific circumstance, incident or behavior on the part of an inmate, that results in potentially significant exposure of others.

The presence of communicable diseases should not govern decisions to care for patients for whom a facility would otherwise normally provide care. (HOD, 0416)

**COM-004**

**Wisconsin Statute for HIV Testing:** The Society supports changing the state statutes to make the criminal and monetary penalties for HIV test disclosure without patient permission or in violation of consent requirements commensurate to those for disclosure of any other confidential information relating to health care records. (HOD, 0416)

**COM-007**

**HIV-Infected Health Care Workers:** The Wisconsin Medical Society believes it is the overall common goal of health care professionals to serve and protect their patients. The Society also believes that:

- The potential transmission of HIV infection in the health care setting to patients or health care workers is best prevented by infection control practices known as standard precautions.
- Mandatory HIV testing of health care workers is not recommended, nor should it be a requirement for employment, credentialing, licensure or professional liability insurance.
- Court-ordered, involuntary or mandatory phlebotomy or obtaining of other body fluids for the purpose of HIV testing is only appropriate after a health care worker has sustained a significant exposure and if a specimen of the source patient’s blood or other body fluid is not otherwise available for HIV testing.
- HIV testing must be on a voluntary basis, except in cases of known significant exposure as outlined above. All health care workers are encouraged to assess their need for HIV testing based on personal

*Currently under five-year policy review.*
Public Health Issues

risk behaviors and risks of health care-related occupational exposure. Health care workers at risk should know their HIV status to protect and improve their health and to receive appropriate medical and occupational counseling.

- HIV-positive status by itself should not be the basis for any restriction of the practice of medicine or surgery. While HIV infection does not impair a health care worker’s ability to perform his or her duties, complications or disease sequelae may. Infected health care workers should seek appropriate medical care and periodic evaluation of health status, and counseling on the advisability of continuing to work in health care or continuing particular activities.

- Monitoring by the health care worker’s personal physician should be sufficient to determine whether such impairments exist. When the health care worker’s personal physician determines impairments may exist, it is recommended that the health care worker, with the advice of their physician, request that an ad hoc review body evaluate suspected or documented impairments, including the health care worker’s compliance with infection control protocols, and the worker’s mental and physical competence to continue to practice. Options for establishing an ad hoc review body could be at institutional, local, regional or professional society levels. Strict confidentiality must be maintained by any review body.

- Support must be provided for the HIV-infected health care worker with regard to employment continuation, disability coverage and long-term health insurance availability. (HOD, 0416)

COM-010

HIV Screening, Testing and Partner Notification: The Wisconsin Medical Society:

- Supports Partner Services programs that include the notification and education of individuals at risk of HIV infection regarding HIV risk behaviors, effective prevention strategies, the importance of and access to HIV testing services, and treatment options for those infected.

- Encourages physicians to talk with HIV-infected patients about the importance of meeting with Partner Services staff at local health departments to gain assistance in ways to confidentially notify sexual partners and partners who inject drugs of their risk for HIV infection.

- Encourages physicians to provide culturally and age-appropriate education about effective ways to prevent HIV infection, including pre-exposure prophylaxis (PrEP) medication in combination with other prevention methods.

- Supports the federal Centers for Disease Control and Prevention recommendation that all persons between the ages of 15 and 65 and persons younger than 15 years and older than 65 years who are at increased risk be screened for HIV. Clinicians should consider HIV risk factors among individual patients, especially intravenous drug users or those with new sexual partners. However, clinicians should bear in mind that patients may be reluctant to disclose having HIV risk factors, even when asked.

- Supports continued efforts to move the State toward routine HIV testing or an opt-out approach, which shifts the burden from those who would choose to undergo testing to those who would refuse. (HOD, 0416)

COM-011

HIV and Special Populations: Certain populations are at an increased risk for HIV infection and/or would benefit from increased outreach on HIV risk factors, prevention strategies and HIV screening options.

Pregnant Women, Infants and Children: The Wisconsin Medical Society believes:

- All pregnant women and women who may become pregnant should be provided with culturally, linguistically, educationally and age-appropriate information regarding HIV risks, prevention strategies, and potential treatment options, and that the physician is the proper conduit for this information.
• All pregnant women should be offered and encouraged to accept voluntary HIV testing early in pregnancy so that important interventions for the woman’s health and that of the fetus/infant can be offered in the most timely and effective manner.

• Physicians should advise their HIV-infected patients not to breastfeed, supports mandatory HIV testing of all human milk from donors, and believes that milk from HIV-infected donors should not be used for human consumption.

• Parents or legal guardians should be able to consent to HIV testing for their children under 14 years of age, in accordance with Wisconsin State Law.

Inmates in Correctional Facilities: The Wisconsin Medical Society believes:

• State correctional systems should provide comprehensive medical management for all entrants, which includes voluntary testing for HIV infection and appropriate treatment for those infected.

• During incarceration, prisoners should be tested for HIV infection as medically indicated or on their request.

• If an increase in cases of HIV infection is noted, more frequent testing may be indicated.

• Correctional systems should ensure that all HIV testing conducted as a part of correctional health services includes informed consent, counseling and strict confidentiality.

• HIV-infected inmates should be encouraged to confidentially notify their sexual or injection drug-using partners of their risk for HIV infection by gaining access to local health department staff skilled in providing HIV Partner Services.

• Correctional health care must meet the current standards of care for HIV-infected persons, including access to approved therapeutic drugs and treatment strategies.

Minority Populations: The Wisconsin Medical Society:

• Acknowledges that some racial/ethnic groups are more affected by HIV than others, and supports increased efforts to educate minority populations regarding the risk and prevention of HIV infection and the importance of HIV testing for those at risk.

Gay and Bisexual Men: The Wisconsin Medical Society:

• Acknowledges that gay men, bisexual men, and men who have sex with men are more affected by HIV than any other group in the United States.

• Encourages physicians and other health care professionals to advise HIV testing at least once per year among members of this group, in agreement with Centers for Disease Control and Prevention recommendations.

• Acknowledges that while all blood and organ donations are screened for HIV, physicians should discuss the value of self-deferral from donating blood or tissue with gay and bisexual men at high risk for HIV infection.

Transgender Individuals: The Wisconsin Medical Society:

• Acknowledges that transgender communities are among the groups at highest risk for HIV infection, and supports increased efforts to educate transgender individuals regarding the risk and prevention of HIV infection and the importance of HIV testing for those at risk.

• Acknowledges that data for this population are not adequately collected, and therefore supports increased epidemiological data collection on HIV infection among transgender communities.

Drug Users: The Wisconsin Medical Society supports:

• Increased funding for drug treatment so that drug users have immediate access to appropriate care and evidence-based treatment programs.

*Currently under five-year policy review.
• Expansion of educational, medical, social support and proven public health services for intravenous drug users and their sexual or needle-sharing partners to reduce the risk of HIV infection. (HOD, 0416)

**ALC - ALCOHOL AND OTHER DRUG ABUSE**

**ALC-001**

**Working to Eliminate Underage Alcohol Consumption:** The Wisconsin Medical Society is opposed to persons under the age of 21 obtaining alcoholic beverages in violation of state law. The Society:

• Supports prohibiting the possession and consumption of alcoholic beverages by persons under the age of 21.

• Supports restrictions on drinking for persons under the age of 21 because of scientific evidence that demonstrates the frontal lobe of the human brain is not fully developed for people under the age of 21, and those who drink before the age of 21 are at a higher risk for future alcohol abuse.

• Supports public health policies to curtail under 21 and high-risk drinking including initiatives banning unescorted persons under 21 from entry into bars, increasing beer excise taxes, reducing or eliminating drink specials, reducing or controlling alcohol outlet density, requiring beer keg registration at retail points of sale, and mandating server and seller training and enforcement.

• Acknowledges that the risks posed to individuals under 21 by powdered alcohol products (e.g. accidental overconsumption or unsafe binging behavior) are largely unknown, and therefore supports a precautionary principle approach in which reasonable safety must be established empirically prior to the sale or use of such products.

• Encourages alcohol companies, advertising companies and commercial media to refrain from marketing practices (including product design, advertising and promotional techniques) that have substantial appeal to persons under 21 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.

• Encourages entertainment industries (e.g. movies, music, radio, television) to limit alcohol-related content in the media, limit the glamorization of alcohol use among young people, and consider alcohol content when rating such media, assigning mature ratings for media that portrays alcohol in a favorable light.

• Supports prohibiting possession of and use of falsified or fraudulent identification to purchase or attempt to purchase alcoholic beverages.

• Supports prohibiting the provision of any alcohol to persons under 21 by adults.

• Supports prohibiting the provision of any alcohol to persons under 21 in private clubs and establishments.

• Supports compliance check programs and appropriate staff training on alcohol sales in retail outlets that sell alcohol, with appropriate penalties for noncompliance.

• State and local enforcement officials should deter adults from purchasing alcohol for persons under 21. Enforcement officials should:
  
  a. Routinely undertake shoulder tap or other prevention programs targeting adults who purchase alcohol for persons under 21.
  
  b. Enact and enforce laws to hold retailers responsible, as a condition of licensing, for allowing persons under 21 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.
Retailers that provide internet sales and home delivery of alcohol should regulate these activities to reduce the likelihood of sales to purchasers under the age of 21. The Society:

a. Encourages all packages for delivery containing alcohol to be clearly labeled as such.
b. Encourages 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. Supports a requirement that the recipient of home delivery of alcohol sign a statement verifying receipt of alcohol and attesting that he or she is of legal age to purchase alcohol.

Local police, working with community leaders, should adopt and announce policies for detecting and terminating drinking parties for persons under 21, including:

a. Routinely responding to complaints from the public about noisy teenage parties and entering the premises when there is probable cause to suspect drinking under the age of 21 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 drinkers under the age of 21 and, if possible, the person who supplied the alcohol when drinking under the age of 21 is observed at parties.

The Society supports efforts to:

a. Prevent and detect the use of false identification by persons under 21 to make alcohol purchases, including prohibiting 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 scanned electronically.
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 persons under 21 for alcohol purchases.

With respect to prevention, treatment and counseling, the Society supports:

a. Intensive research and development for youth-focused campaigns to prevent drinking under the age of 21.
b. Evidence-based intervention programs.
c. College and university evidence-based initiatives to prevent or reduce drinking under the age of 21 on college campuses.
d. The availability of effective clinical services for treating alcohol abuse among populations under the age of 21. (HOD, 0416)

ALC-003
Reduction of Alcohol-Related Traffic Crashes: The Wisconsin Medical Society supports current and future legislative proposals seeking to strengthen penalties for DUI offenders. (HOD, 0411)*

ALC-004
Mandatory Reporting of Unborn Child Abuse: The Wisconsin Medical Society does not support extending the jurisdiction of the juvenile court to unborn fetuses and their expectant mothers, when substance abuse is suspected to such a severe degree that abuse poses a substantial current health risk to the fetus, because it would interfere with the physician-patient relationship and erect a barrier that would keep pregnant women from seeking prenatal care.

The Society supports giving pregnant women with addictive disorders (alcohol, nicotine and other drug abuse) first

*Currently under five-year policy review.
priority for appropriate access to treatment, including admission to AODA inpatient and outpatient treatment programs, and parity of insurance benefits for alcohol and other drug abuse treatment. (HOD, 0411)

**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, smoke tobacco or other drugs, or engage in the non-medical use of drugs given adverse effects on fetal development of smoking, alcohol use, and non-medical use of drugs, and warning men of the potential adverse effects on male fertility and on offspring of smoking, alcohol use, and non-medical use of drugs. (HOD, 0410)

**ALC-007**

Screening for Alcohol and Other Drug Use in Trauma Patients: The Wisconsin Medical Society encourages

- Hospital medical staffs to promote the performance of blood alcohol concentration (BAC) tests and urine drug screens on in-patient hospitalized trauma patients.
- Physicians responsible for the care of hospitalized trauma patients to implement appropriate evaluation and treatment when there is a positive BAC, other positive drug screen results, or other source of suspicion of a potential substance misuse disorder.
- Consulting and using practice parameters developed by physician organizations and federal agencies to assist physicians in the diagnosis and management of substance use disorders. (HOD, 0411)

**ALC-009**

Reporting of Alcoholism as a Cause of Death: The Wisconsin Medical Society believes that alcoholism should be reportable as a cause of death. (HOD, 0414)

**ALC-011**

Drug Testing - Employee: The Wisconsin Medical Society condemns indiscriminate, not-for-cause-testing, for drug use by employers of current employees. There are limited for cause situations or safety-sensitive occupations in which urine testing may provide clinically valid and useful information, such as:

1. In relation to an incident of probable intoxicated behavior at the work site.
2. After an incident with serious safety implications which is most readily explained by “human error.”
3. Before return to work after suspension for an incident such as 1 or 2 (above) or after treatment for chemical dependency.
4. Monitoring of post-treatment recovery for certain critical occupations. Less expensive “screening” tests should only be considered valid when positive results (and clinically indicated negative results) are confirmed by a more expensive and more accurate methods, such as gas chromatography or mass spectroscopy. Employers should establish and distribute clear guidelines as to which employees and/or prospective employees will be subject to testing and under what conditions.
5. Interpretation, recommendation and possible intervention of confirmed positive reactors should be carried out by a medical review officer. (HOD, 0412)

**ALC-012**

Improving Prevention and Treatment of Excessive Alcohol Consumption: The Wisconsin Medical Society will advocate for programs aimed at reducing binge drinking, including, but not limited to:

- Prohibiting drinking establishments from offering inducements (such as “happy hour” or “two for one”) that promote excessive alcoholic beverage consumption.
- Counseling and rehabilitation services for all Wisconsin residents, when indicated, including providing insurance coverage (public and private) for these services.
- Counseling, rehabilitation and education services at post-secondary educational institutions in Wisconsin, when indicated.
- Education for physicians, nurses and other health professionals on providing screening, counseling, and advice for patients.
- Education for bartenders on recognizing excessive alcohol consumption in patrons and proper methods for refusing service.
- Public outreach to communities on the risks of binge drinking and strategies to avoid harm. (HOD, 0412)

**ALC-014**

**Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services:** The Wisconsin Medical Society supports:
- The provision of alcohol and drug screening, brief intervention, referral, and treatment (SBIRT) services as well as the removal of barriers to SBIRT service delivery in general medical settings.
- That all third-party private and public health care payers pay for alcohol and drug screening and intervention services that are provided by physicians, other health care professionals, and other individuals who are supervised by physicians.
- Confidentiality between patient and health care professional in SBIRT service delivery.
- Exempting health care professionals from 1997 Wisconsin Act 292, restoring the legal requirement for confidentiality between pregnant women and their health care professional. (HOD, 0414)

**ALC-015**

**Alcohol and the Driver:** The Wisconsin Medical Society:
- Favors public information and education against any drinking by drivers.
- Supports 0.04 percent blood-alcohol level as per se illegal for driving, and urges incorporation of that provision in all state drunk driving laws.
- Supports 21 as the legal drinking age, supports strong penalties for providing alcohol to persons younger than 21, and stronger penalties for providing alcohol to drivers younger than 21.
- Urges adoption by all states of legislation calling for administrative suspension or revocation of driver licenses after conviction for driving under the influence, and mandatory revocation after a specified number of repeat offenses.
- Encourages industry efforts to develop a safety module that thwarts operation of a car by an intoxicated person.
- Supports the concept of designated driver programs throughout the state. (HOD, 0413)

**ALC-016**

**Dram Shop Liability Laws:** The Wisconsin Medical Society supports strengthened dram shop liability laws in the State of Wisconsin. (HOD, 0413)

*Currently under five-year policy review.*
EMM - EMERGENCY MEDICINE

EMM-007

A Comprehensive Plan for the Emergency Medical System (EMS) in Wisconsin: The Wisconsin Medical Society:

- Supports the continued development and government funding of a comprehensive plan for an emergency medical system (EMS) (including EMS for children) in Wisconsin.
- Supports liability protection for those physicians providing medical direction on a voluntary basis.
- Urges that all such EMS services have expert physician involvement and review on a continuing basis for quality assurance and medical control.
- Endorses regional trauma systems with medical direction, trauma registries, triage plans, quality assurance and coordinated care of acutely traumatized patients.
- Supports the appointment of an EMS Medical Advisory Committee comprised of experts actively practicing in the fields of emergency medicine, emergency nursing, EMS instruction, basic and advanced care EMS providers. Selection shall be from slates provided to the Secretary of the Department of Health Services by each of the respective state professional organizations. A major function of this committee will be for expert advice to the EMS Section on all activities regarding patient care and the practice of all pre-hospital field providers.
- Supports adequate funding for the state EMS Office to enable the appropriate and proper review, licensing, education and ongoing support of the many services in the state.
- Supports continuing education and training for physicians regarding the medical aspects of the EMS program. (HOD, 0415)

EMM-009

Automatic External Defibrillators: The Wisconsin Medical Society (Society) recognizes the lifesaving benefits of automated external defibrillators (AED) and supports laws and legislation that would:

- Broadly promote their use by including basic training in the use of AEDs when CPR training is required in annual AHA and Red Cross CPR certification.
- Promote their placement in all public places that host large gatherings.
- Promote inclusion of specialized AED-related equipment (i.e., smaller contact pads for AEDs likely to be used for children) when appropriate.

Further, the Society endorses that all law enforcement officers and other First Responders complete annual certification training in the use of AEDs and have an AED, with adult and pediatric-sized contact pads, on board all local, county and state government emergency vehicles. (HOD, 0414)

EMM-010

Resolving the Current Lack of a Universal Connector on Defibrillator Pads: The Wisconsin Medical Society supports the development and use of universal connector pads for all external defibrillators. The 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. (HOD, 0412)

EMM-011

Virtual Medical ID Bracelet Identification Alert System: The Wisconsin Medical Society supports the concept of a virtual medical ID bracelet identification alert system, which can be used in emergencies to assure that emergency responders in Wisconsin are able to offer fully informed quality treatment in emergency health situations and that families are notified rapidly of such situations. (HOD, 0416)
EMM-012
Cardiopulmonary Resuscitation: The Wisconsin Medical Society recognizes the benefits and life-saving successes of cardiopulmonary resuscitation (CPR), and encourages medical professionals and members of the public to acquire and maintain CPR certification and skills.

The Society also recognizes popular and medical misconceptions about CPR and its risks, benefits, burdens and contraindications, including the public’s poor understanding of CPR success rates. These misunderstandings often cause undue family stress and pressure on medical staff to perform CPR when it is contraindicated.

The Society encourages honest discussions about the risks, benefits and burdens of CPR to enable informed decision making, and supports efforts to educate the public and medical professionals regarding those risks, benefits and burdens. Such information should be conveyed in an unbiased and culturally appropriate fashion. (HOD, 0415)

EMM-013
Emergency Preparedness: The Wisconsin Medical Society supports:

- A central civilian/medical command structure at the state level to coordinate emergency preparedness and response issues.
- The enhancement of emergency preparedness surveillance, response and leadership capabilities in state and local public health agencies and tribal health centers.
- The funding and implementation of planning for appropriate preparedness and response for infectious disease threats, natural disasters, mass casualties, chemical and biological emergencies, and other emergencies, including appropriate training of physicians, hospitals and hospital staffs throughout Wisconsin. (HOD, 0415)

EOH - ENVIRONMENTAL/OCCUPATIONAL HEALTH

EOH-003
MMT in the U.S. Gasoline Supply: The Wisconsin Medical Society will express its concerns for public health over the addition of Methylcyclopentadienyl Manganese Carbonyl (MMT) into the gasoline supply until the safety of the substance is clearly documented. (HOD, 0412)

EOH-004
Health Priorities in Mining: The Wisconsin Medical Society supports requiring input from the Department of Health prior to the issuance of a mining permit. The Department’s input:

- Must be based on evidence provided by public health experts with knowledge of the public health issues that result from mining.
- Should include consideration of past environmental records of mining companies seeking a mining permit. (HOD, 0411)

EOH-007
Herbicide and Pesticide Use: The Wisconsin Medical Society supports:

1. The appropriate use of landscape herbicides and pesticides in private, commercial and municipal settings based on consideration of the risks and benefits of such chemical use.
2. Appropriate training, inspection and certification of applicators who use these agents.
3. Inspection and certification of the carrier chemicals and equipment.

*Currently under five-year policy review.*
4. As a minimum standard, posting or notification of chemical application at the site in an expeditious manner, with brief but informative content regarding the primary and carrier agents and the date of application.

5. Posting additional informational fact sheets, whenever possible, at the site of application to describe, in language the general population can understand, the following product issues:
   a) The target organs at risk of exposure.
   b) The need for consistent, safe application and clean-up methods to avoid chronic low-dose exposure.
   c) The appropriate disposal methods. (HOD, 0415)

EOH-008

Clean Air:

1. The Wisconsin Medical Society supports setting the national primary and secondary ambient air quality standards at the level necessary to protect the public health. Establishing such standards at the level necessary to protect the public health. Establishing such standards at a level “allowing an adequate margin of safety,” as provided in current law, should be maintained, but more scientific research should be conducted on the health effects of the standards currently set by the EPA.

2. The Society supports continued protection of certain geographic areas (i.e., those with air quality better than the national standards) from significant quality deterioration by requiring strict, but reasonable, emission limitations for new sources.

3. The Society endorses a more effective hazardous pollutant program to allow for efficient control of serious health hazards posed by airborne toxic pollutants.

4. The Society believes that more research is needed on the causes and effects of acid rain, and that the procedures to control pollution from another state need to be improved.

5. The Society believes that attaining the national ambient air quality standards for nitrogen oxides and carbon monoxide is necessary for the long-term benefit of the public health. Emission limitations for motor vehicles should be supported as a long-term goal until appropriate peer-reviewed scientific data demonstrate that the limitations are not required to protect the public health. (BOT Rep. R, A-82; Reaffirmed: CLRPD Rep. A, I-92; Amended: CSA Rep. 8, A-03; Reaffirmation I-06; Reaffirmed in lieu of Res. 509, A-09; Reaffirmation I-09)

The Society urges the enactment of comprehensive clear ambient air legislation that will lessen risks to human health.

The Society supports cooperative efforts with the Administration; Congress; national, state and local medical societies; and other organizations to achieve a comprehensive national policy and program to address the adverse health effects from environmental pollution factors, including air and water pollution, toxic substances, the “greenhouse effect,” stratospheric ozone depletion and other contaminants.

The Society supports federal legislation that meaningfully reduces the following four major power plant emissions: mercury, carbon dioxide, sulfur dioxide and nitrogen oxide. (HOD, 0412)

EOH-013

Physician Access to Information on Clinical Management of Hazardous Materials Exposures: The Wisconsin Medical Society supports:

• Educational programs that enhance physician utilization of existing systems for emergency medical information dissemination.

• Continuing medical education for physicians regarding management of hazardous materials exposure cases.

• Further integration of state and national resources, regarding hazardous material exposure responsiveness.
• The development of support systems for medical care professionals in the field.
• Educating Wisconsin physicians about the presence of the toxic chemical fact sheet available on the Department of Health Services website under Environmental Health Resources and other resources as they become available. (HOD, 0415)

**EOH-014**
Guidelines for the Evaluation and Treatment of Work-Related Illnesses and Injuries: The Wisconsin Medical Society supports treatment guidelines for Worker’s Compensation cases that balance the highest quality of patient care with cost containment for employers. (HOD, 0413)

**EOH-015**
Labeling and Inventory of Coal Ash: The Wisconsin Medical Society supports labeling coal ash as hazardous by any and all relevant regulatory bodies, and supports the creation of a publicly available, up-to-date, inventory of all coal ash sites in Wisconsin. (HOD, 0416)

**EOH-016**
Coal-Fired Power Plants: The Wisconsin Medical Society favors research and development to decrease problems relating to emissions of coal ash. (HOD, 0411)

**EOH-017**
Health Impacts of Climate Change: The Wisconsin Medical Society supports policies that improve public health by mitigating the adverse effects of climate change, and by encouraging physician awareness of these adverse effects. The Society therefore:

• Supports educating the medical community on the potential adverse public health effects of climate change and incorporating the health implications of climate change into the spectrum of medical education.
• Recognizes the importance of physician involvement in policymaking at the state, national and global levels and supports efforts to search for novel, comprehensive and economically sensitive approaches to mitigating climate change to protect the health of the public.
• Encourages physicians to assist in educating patients and the public on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability.
• Encourages physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to more efficiently.
• Supports epidemiological, translational, clinical and basic science research necessary for evidence-based climate change policy decisions related to health care and treatment.
• Supports transportation and community design codes that encourage communities to incorporate multi-modal transportation systems including sidewalks, dedicated bike paths and mass transit where geographically appropriate.
• Supports increased use of renewable non-emitting energy sources, increased energy efficiency and fuel emission limitations. (HOD, 0416)

**EOH-018**
Improving Physician Awareness of Radon in Wisconsin: The Wisconsin Medical Society supports education of physicians and patients through journal articles and public service announcements, etc. about the necessity, especially in certain areas, to test for radon and the importance of remediating high levels. (HOD, 0414)

*Currently under five-year policy review.*
EOH-019
Harmful Effects of Chemicals and Antibiotics in the Environment: The Wisconsin Medical Society (shall) develop an educational campaign for physicians and their patients on the possible harmful effects of atrazine, PBDE, phthalates, manufacture by products of perflorinated chemicals, the prevalence of estrogens in consumer water supplies, and the use of antibiotics in consumable meat products; and (shall) encourage and act to legislate to create, implement and resource studies through the Wisconsin Department of Natural Resources and the U.S. Environmental Protection Agency (EPA) to determine the short-term and long-term impact of the aforementioned products. (HOD, 0410)*

EOH-020
Worker’s Compensation Medical Reform Legislation: The Wisconsin Medical Society supports policies that help maintain stability in our worker’s compensation system and opposes legislation or regulation that would create or would facilitate the creation of a fee schedule for Wisconsin. The Society supports the current Division of Workers Compensation’s organizational structure and its current location within the Executive Branch, the results of which continue to be that our worker’s compensation system runs efficiently, produces cost-effective outcomes and maintains low rates of litigation. (HOD, 0415)

MCH - MATERNAL, INFANT AND CHILD HEALTH
MCH-001
Sudden Infant Death Syndrome Training: The Wisconsin Medical Society supports ensuring that licensed childcare providers receive training in the most current medically accepted methods of preventing sudden infant death syndrome (SIDS). The Society further supports that certified trainers and providers at day care facilities be required to do hands-on recertification at least every five years. (HOD, 0415)

MCH-002
Blood Lead Level Guidelines for Children: The Wisconsin Medical Society supports the 1998 “A Physician’s Guide to Blood Lead Screening and Treatment of Lead Poisoning in Children,” which recommends the following:

- For children outside of the cities of Racine and Milwaukee, the child’s risk should be assessed by looking at the age of the home, the status of home renovations, whether siblings or playmates have suffered lead poisoning, and whether the child is Medicaid, HealthCheck or WIC eligible. If the child is at risk, a blood test should be performed.
- For Milwaukee and Racine resident children, the guidelines recommend “Three before age 3” or administering blood tests to all children at 6, 12 and 24 months of age.
- If the child is enrolled in Medicaid, HealthCheck or WIC, testing should be done between ages 3 and 5, if no record of prior testing is available.
- The Society advocates for the state to use the information gathered from screening programs to accelerate and fund lead abatement programs.
- The Society also supports improved parent and public education regarding the risks of lead poisoning in children (HOD, 0414)

MCH-003
Possession and Use of Metered Dose Inhalers by School Students: The Wisconsin Medical Society supports allowing an asthmatic student, while in school, to possess and use a metered dose inhaler or dry powder inhaler if the student uses the inhaler before exercise to prevent the onset of asthmatic symptoms or uses the inhaler to alleviate asthmatic symptoms. (HOD, 0411)*
MCH-005

Childhood and Adolescent Sleep Needs: The Wisconsin Medical Society supports greater attention to sleep hygiene in educational programs established by the Department of Public Instruction for teachers, counselors, parents and children. (HOD, 0411)*

MCH-007

Continuity of Prenatal Care: The Wisconsin Medical Society believes that pregnant women should be able to maintain a continuous relationship with a single physician throughout their entire pregnancy and supports working with the state of Wisconsin and relevant federal agencies to identify and eliminate disruptions in continuous medical prenatal care caused by uncoordinated government programs. (HOD, 0411)*

MCH-008

Access to Health Care for Children: The Wisconsin Medical Society supports a goal that all children in Wisconsin have access to health care. (HOD, 0414)

MCH-009

Statewide Perinatal Database: The Wisconsin Medical Society supports a comprehensive system for collecting and analyzing clinical perinatal data. Clinical perinatal data is information gathered from direct observation and treatment of women and infants around the time of birth (i.e., perinatal period). The perinatal period is defined as three months prior to pregnancy through the infant’s first year of life. (HOD, 0415)

MCH-010

Medicaid Prenatal Care Coordination Program: The Wisconsin Medical Society endorses the Medicaid Prenatal Care Coordination Program. (HOD, 0415)

MCH-013

Surrogate Parenting: The Wisconsin Medical Society believes that physicians who participate in surrogate motherhood arrangements or provide fertility, obstetric or counseling services for a surrogate, should carefully examine all relevant issues, including legal, psychological, societal, medical and ethical aspects. Simple clear conclusions cannot be anticipated. Significant ethical concerns exist even in the most uncomplicated situation involving an infertile couple and no financial transactions. Additional concerns that result from the payment of fees and from special circumstances such as surrogate use for convenience or single parenting magnify the ethical complications. Thus, while the decision to participate or not in the surrogate motherhood alternative is an individual one for each physician to make, the Society has significant reservations about this approach to parenthood and offers the following recommendations for the guidance of physicians:

1. Initiation of Surrogate Arrangements
   a. When approached by a patient interested in surrogate motherhood, the physician should, as in all other aspects of medical care, be certain there is a full discussion of ethical and medical risks, benefits and alternatives.
   b. A physician may justifiably decline to participate in surrogate motherhood arrangements.
   c. If a physician decides to become involved in a surrogate motherhood arrangement, he or she should follow these guidelines:
      i. The physician should be assured that appropriate procedures are utilized to screen the contracting person or persons and surrogate. Such screening may include appropriate fertility studies and genetic screening.
      ii. The physician should receive only the usual compensation for obstetric and gynecologic services. Referral fees and other arrangements for financial gain beyond the usual fees for medical services are inappropriate.

*Currently under five-year policy review.
iii. The physician should not participate in a surrogate program where the financial arrangements are likely to exploit any of the parties.

2. Care of Pregnant Surrogates
   a. When a woman seeks medical care for an established pregnancy, regardless of the method, of conception, she should be cared for as any other obstetric patient or referred to a qualified physician who will provide that care. The surrogate mother should be considered the source of consent with respect to clinical interventions and management of the pregnancy. Confidentiality between the physician and patient should be maintained. If other parties, such as the adoptive parents, are to play a role in decision making, the parameters should be clearly delineated, with the agreement of the patient. (HOD, 0411)

MCH-014
Home Visitation to New Parents: The Wisconsin Medical Society supports programs that provide universal access to home visitation for all new parents in Wisconsin. (HOD, 0415)

MCH-015
Fetal Research: The Wisconsin Medical Society supports fetal research under the following guidelines:

1. Physicians may participate in fetal research when their activities are part of a competently designed program, under accepted standards of scientific research to produce data that are scientifically valid and significant.
2. If appropriate, properly performed clinical studies on animals and non-gravid humans should precede any particular fetal research project.
3. In living fetal research projects, the investigator should demonstrate the same care and concern for the fetus as a physician providing fetal care or treatment in a non-research setting.
4. All valid federal or state legal requirements should be followed.
5. There should be no monetary payment to obtain any fetal material for fetal research projects.
6. Competent peer review committees, review boards or advisory boards should be available, when appropriate, to protect against the possible abuses that could arise in such research.
7. Research on the so-called “dead fetus,” macerated fetal material, fetal cells, fetal tissue or fetal organs should be in accord with state laws on autopsy and state laws on organ transplantation or anatomical gifts.
8. In fetal research primarily for treatment of the fetus:
   a. Voluntary and informed consent, in writing, should be given by the gravid woman, acting in the best interest of the fetus.
   b. Alternative treatment or methods of care, if any, should be carefully evaluated and fully explained. If simpler and safer treatment is available, it should be pursued.
9. In research primarily for treatment of the gravid female:
   a. Voluntary and informed consent, in writing, should be given to the patient.
   b. Alternative treatment or methods of care should be carefully evaluated and fully explained to the patient. If simpler and safer treatment is available, it should be pursued.
   c. If possible, the risk to the fetus should be the least possible, consistent with the gravid female’s need for treatment.
10. In fetal research involving a viable fetus, primarily for the accumulation of scientific knowledge:
    a. Voluntary and informed consent, in writing, should be given by the gravid woman under circumstances in which a prudent and informed adult would reasonably be expected to give such consent.
    b. The risk to the fetus imposed by the research should be the least possible.
c. The purpose of the research is the production of data and knowledge that are scientifically significant and that cannot otherwise be obtained.

d. In this area of research, it is especially important to emphasize that care and concern for the fetus should be demonstrated. There should be no physical abuse of the fetus. (HOD, 0411)*

**MCH-019**

**DNR Bracelets for Children:** The Society supports legislation that allows a DNR bracelet to be worn by a patient less than 18 years of age who is terminally ill under the definitions in the current legislation. (HOD, 0415)

**MCH-022**

**Dental Access:** The Wisconsin Medical Society recognizes the importance of good oral health to overall health and the need for improving access to dental services for children and underserved populations in our state. The Society should cooperate with the Wisconsin Dental Association and the Division of Public Health to identify ways to improve access to preventive dental services and work toward a common goal of improving the oral health of children in our state. The Board of Directors should evaluate the feasibility of having physicians in Wisconsin provide some preventive dental services to children. (HOD, 0414)

**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, 0416)

**MCH-024**

**Newborn 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, 0410)*

**MCH-026**

**Alcohol, Tobacco, Drug Abuse and Pregnancy:** The Wisconsin Medical Society (Society) recognizes the severe impact that perinatal use of alcohol, tobacco, prescription opioids and illegal drugs may 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 policy elements:

- That oppose legislation that criminalizes maternal drug and alcohol addiction, or involves physicians in evidence gathering for law enforcement and prosecution purposes rather than in 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.

*Currently under five-year policy review.*
• That support rigorous scientific research on the developmental consequences of perinatal exposure, and identify appropriate methodologies for early intervention with perinatally exposed children.

• That encourage close monitoring of the infant after birth by a clinician experienced in perinatal withdrawal symptoms and appropriate, evidence-based treatment for neonatal abstinence syndrome (NAS).

• That support requiring retailers to prominently display a sign on the retailer’s premises warning pregnant women that they should not drink alcoholic beverages, smoke tobacco or other drugs, or engage in the non-medical use of drugs given adverse effects on fetal development, and warning men of the potential adverse effects on male fertility and on offspring of smoking, alcohol use, and non-medical use of drugs.

• That encourage the government to expand the proportion of funds allocated to drug treatment, prevention and education. In particular, support is crucial for establishing and making broadly available specialized treatment programs for drug-addicted pregnant women wherever possible. (HOD, 0416)

**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, 0410)*

**MCH-029**

**Regulating Dextromethorphan:** The Wisconsin Medical Society supports legislative action to restrict purchases of over-the-counter medicines containing dextromethorphan to individuals of age 18 or greater. (HOD, 0414)

**MCH-030**

**Appropriate Testing of Medicaid Children for Lead:** 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 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.

The Society supports the concept of incentives to health care professionals to follow the Federal rules regarding the testing of Medicaid children for lead poisoning. (HOD, 0412)

**MCH-031**

**Vaccination Coverage of Uninsured Children By Private Physicians:** The Wisconsin Medical Society supports that Wisconsin children medically eligible to receive vaccinations but underinsured and uninsured receive those vaccinations through the Vaccines For Children Program (VFC) and be able to receive the vaccines from private physicians in the physician’s office. (HOD, 0415)

**MCH-033**

**Repeal of Religious Exemptions in Child Abuse and Medical Practice Statutes:** The Wisconsin Medical Society supports repeal of religious exemption provisions in the state’s child abuse statues, and recognizes that constitutional barriers may exist with regard to elimination of religious exemptions provisions in the state’s medical practice act. The Society will pursue all solutions, including legislation where appropriate, to address such matters. (HOD, 0416)

**MCH-034**

**Pregnancy “Counseling” Centers:** The Wisconsin Medical Society supports that any entity offering crisis pregnancy services disclose information on site, in its advertising, and before any services are provided concerning the medical services, contraception, termination of pregnancy or referral for such services, or adoption options or referral for such
services that it provides. The Society advocates that any entity providing medical or health services to pregnant women that markets medical or any clinical services abide by applicable licensing requirements and have the appropriate qualified licensed personnel to do so and abide by federal health information privacy laws. (HOD, 0412)

**MCH-036**

**Pulse Oximetry Screening for Newborns:** The Wisconsin Medical Society recommends the routine use of pulse oximetry screening in newborns to detect critical congenital heart disease (CCHD) and other diseases associated with hypoxia in the newborn period. The Society supports the collaborative effort among the families, pediatricians, family physicians, midwives, neonatologists and pediatric cardiologists of Wisconsin that will help to ensure that this screening process serves its intended purpose. (HOD, 0412)

**MCH-037**

**Adverse Child Experiences:** The Wisconsin Medical Society acknowledges the health risks and developmental consequences associated with toxic stress and adverse childhood experiences (ACEs). The Society supports the development and implementation of evidence-based policies to reduce exposure to and impact of toxic stress and ACEs and supports the education of all health care professionals about the prevalence, impact and prevention of toxic stress and ACEs. (HOD, 0415)

**MCH-038**

**Infant Health and Wellness in Wisconsin:** The Wisconsin Medical Society recognizes the severity and significance of high infant mortality rates in the state and is concerned by the racial and socioeconomic disparities of infant and stillborn deaths and preterm birth rates. To address these issues, the Society supports reducing Wisconsin’s infant mortality rate and improving birth outcomes via these principles:

*Increase health equity and reduce disparities of birth outcomes through improving the social, economic, educational and environmental determinants of health.* The Society supports:

- Targeting social determinants of health through investments in high-risk, under-resourced areas that emphasize the reduction of poverty on families during childbearing years.
- Addressing racial disparities by supporting culturally appropriate infant mortality programs and policies, focusing on Wisconsin’s specific racial and ethnic composition.
- Adding a health equity perspective to approaching programs and policies that support healthier birth outcomes.

*Improve data collection and quality surveillance systems associated with birth outcomes measurement.* The Society supports:

- Improving timely and accurate reporting of existing data collection programs and better facilitating the translation of real-time data.
- Prioritizing research into the causes and prevention of infant mortality and poor birth outcomes, including biological mechanisms, through local, state and national agencies and organizations.
- Building interagency, public-private, and multidisciplinary collaboration at the national, state, community, family and individual levels with organizations surveying infant mortality, women's health, family health and lifecourse well-being.
- Improving and building upon existing evidence-based quality measures for health care professionals.

*Improve the health of women across the lifespan. The Society encourages applying a lifecourse perspective, which conceptualizes birth outcomes as a product of the entire life of the mother in addition to the pregnancy and early childhood. The Society supports:*

*Currently under five-year policy review.*
• Encouraging lifecourse well-being at every age and every life stage, including pre-, intra-, inter- and post-partum, through routine discussions between physician or health care professional and patient that include:
  a. Risk factors leading to poor birth outcomes including sexually transmitted infections, tobacco and marijuana use, substance abuse, chronic conditions (such as diabetes, hypertension, and infection), domestic violence and mental health.
  b. The importance of identifying, screening and monitoring women with pre-existing, high-risk medical conditions including previous preterm birth, mental health issues and chronic diseases.
  c. The maintenance of healthy weight, exercise and nutrition throughout the lifespan.
  d. Culturally competent care.
• Advocating for aligning pay structures and incentives that reward physicians and health care systems for lifecourse perspective care delivery.
• Advocating for improvements in the health system that allow physicians to provide high quality, continuous, patient-centered comprehensive care.
• Reducing the women’s health care professional shortage and increasing access to care by promoting collaborative practice.

Support evidence-based preventive interventions at the community level to improve birth outcomes. The Society supports:
• Developing new and maintaining already successful culturally appropriate health promotion and social marketing campaigns that encourage family planning, safe sleep, smoking cessation, seat belt use and other infant mortality prevention interventions.
• Improving comprehensive and preventive reproductive health care for men and women of reproductive age through promoting comprehensive sexual education and use of family planning, including pregnancy preparedness, optimal inter-pregnancy intervals and access to contraceptives.
• Active engagement of fathers and caregivers.
• Advocating for programs and policies that are known to reduce infant mortality rates and improve birth outcomes. (HOD, 0415)

MEC - MEDICAL CARE
MEC-002
Society Guiding Principles on Patient Safety: The Wisconsin Medical Society supports the following policy on patient safety:
• Leadership Role. The Society will continue to take a leadership role in improving patient safety.
• Partnership. The Society will continue to work in partnership with a broad range of public and private organizations to improve and promote patient safety through educational activities and other available means to establish and promote optimal safety systems in the delivery of health care.
• Information Sharing. The Society will continue to inform the people of Wisconsin about ongoing efforts to improve quality and patient safety in medical care systems.
• AMA Principles. The Society supports the American Medical Association’s “General Principles for Patient Safety Reporting Systems.” (HOD, 0414)
MEC-003
**Correctional Health Care:** The Wisconsin Medical Society encourages Wisconsin to seek accreditation from the National Commission for Correctional Health Care and jails and prisons to be included in any reforms to be implemented in adult and adolescent corrections institutions’ procedures for evaluation and management of inmates’ health care needs. (HOD, 0415)

MEC-006
**Veterans Administration:** The Wisconsin Medical Society supports national legislation that would give rural veterans receiving Veterans Administration supported medical care the choice to receive care locally, and having such care funded through the Veterans Administration system. (HOD, 0411)

MEC-007
**Primary Care Research:** The Wisconsin Medical Society:
- Supports increasing the level of support for developing the infrastructure for practice-based and primary care research.
- Supports improving the accessibility of the funding stream for specific projects in practice-based and primary care research. (HOD, 0411)

MEC-009
**Focus on Men’s Health:** The Wisconsin Medical Society recognizes the health care of men differs in many ways from the health care of women and encourages research and medical education to address the reasons why men have a shorter life span, ways to engage men in their health care and methods to improve access to care for men. (HOD, 0415)

MEC-010
**Disease Management:** The Wisconsin Medical Society supports disease management (DM) protocols that allow for appropriate flexibility and physician discretion when measuring adherence to and variations from practice guidelines as long as these protocols adhere to the goals outlined in the American Medical Association policy on a well-structured DM program. These goals include the following:
- Improves outcomes by the provision of timely and appropriate services.
- Promotes cooperation between primary care and specialty care physicians.
- Emphasizes educating and empowering patients to successfully manage their own health and intelligently use care resources.
- Develops clinical practice guidelines by physicians who are knowledgeable in dealing with chronic diseases.
- Allows informed and voluntary patient participation in DM programs.
- Allows physicians to deviate from DM practice guidelines when appropriate without incurring sanctions or jeopardizing coverage for services.
- Emphasizes peer review assistance when a physician’s practice patterns warrant corrective action measures.
- Promotes collaboration between providers of care and the patient’s primary care physician on an ongoing basis.
- Allows the choice of pharmaceuticals to be based on clinical judgment and validated outcome studies rather than restricted to program formularies.
- Employs certified or licensed physician assistants, nurse practitioners or individuals with a comparable level of training in care coordination.

*Currently under five-year policy review.*
• Supports the primary care physician’s authority for decisions to use or not use specialized care and ancillary/support services or products for patients.
• Requires DM company-employed physicians to be fully licensed to practice medicine in the jurisdiction of the program’s location and to be professionally and legally accountable for any adverse patient events resulting from their interventions. (HOD, 0415)

MEC-012
Diabetes Prevention and Control: The Wisconsin Medical Society supports and promotes the objectives of the Department of Health and Family Services Diabetes Prevention and Control Program. (HOD, 0413)

MEC-013
Do Not Resuscitate Bracelets: The Wisconsin Medical Society supports the use of a national or statewide color standard when using wristbands to designate a patient’s Do Not Resuscitate (DNR) status. (HOD, 0413)

MEC-014
Patient Safety: The Wisconsin Medical Society opposes any legislation that would mandate specific methods or techniques in the performance of medical or surgical procedures. (HOD, 0415)

MEC-016
Palliative Care: The Wisconsin Medical Society recognizes palliative care as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems—physical, psychosocial and spiritual.

The Society supports broader understanding of palliative care and its benefits among physicians and the public. Because most palliative care is not performed by palliative care specialists, the Society encourages all physicians to train in basic palliative care skills, including goals-of-care conversations. Palliative care is not synonymous with end-of-life care and should be a part of care for all patients with serious illness concurrent with curative treatment. (HOD, 0415)

MEN - MENTAL HEALTH
MEN-003
Prescriptive Authority for Psychologists: The Wisconsin Medical Society will take all necessary steps in defeating prescriptive authority for psychologists. (HOD, 0411)*

MEN-005
Mental Health Care and Treatment of Homeless People: The Wisconsin Medical Society believes in improving the provision of adequate housing, appropriate care and treatment, and legal remedies to ensure that homeless people receive needed care. (HOD, 0411)*

MEN-006
Improving Access to Mental Health Care: The Wisconsin Medical Society (Society) recognizes the importance of quality care for people with mental illness, and that our health care system must do more to detect and care for those with mental illness. The Society therefore recommends the following focus areas to improve access to and quality of mental health care:

1. Screening and Early Detection
   Screening and early detection ensures that all patients in need can be steered toward care. The Society supports efforts to:
• Increase early detection and treatment of depression, anxiety, and substance abuse in primary care settings, and supports screening tools that improve consistency of detection.
• Increase access to psychiatric consultation and referral sources for patients identified as having a need for psychiatric evaluation and treatment as a result of screening in primary care settings.
• Train school staff, law enforcement, and the community at large on ways of identifying children and adults who are in a state of crisis and how to proceed (mental health first aid).
• Regularly screen returning veterans, and their families, and refer to local mental health and life adjustment resources.
• General screening should include questions to identify war veterans and their family members.

2. **Workforce Development**
Meeting the needs of patients with mental illness requires a sufficient and properly trained workforce. The Society will:
• Support the promotion of training psychiatrists and encouraging psychiatrists to practice in underserved areas.
• Support funding mechanisms to encourage psychiatrists to practice in underserved areas and populations.
• Consider ways to connect psychiatric services to those in need in shortage areas through expanding training programs, telemedicine and consultations to primary care providers in underserved areas.

3. **Intervention and Referral to Treatment**
Once recognized, patients with mental illness must be referred consistently to appropriate treatment services. The Society supports efforts to:
• Provide psychiatric consultation in the primary care and emergency care setting.
• Ensure immediate intervention through such consultation, and assist patients in the referral process when necessary. Available services must include pediatric psychiatry, alcohol and other drug assessment, and acute inpatient care services.
• Integrate emergency mental health response and intervention into post-disaster emergency medical response care.

4. **Intermediate Care and Alternative Delivery Models**
To be effective, recognition and assistance to patients with mental illness cannot be limited to a strictly clinical setting. The Society supports efforts to:
• Include school based care, workplace wellness programs, group therapies, and increased treatment provided by primary care physicians.
• Provide specialty programs for returning war veterans, and their families, that focus on mental health and adjustment to life after military service, in group and individual settings.
• Assist patients during the transition from primary care to specialized psychiatric care and supportive therapies as appropriate after initial detection and comprehensive assessment.

5. **Care Coordination and Integration**
Mental illness presents unique challenges to all aspects of health care, and cannot be separated from physical health. The Society supports efforts to:
• Integrate and coordinate medical and mental health care within medical clinics, hospitals and schools (consistent with Society policy REQ-007).
• Increase access to mental health care for children of all ages. School based mental health services and funding sources for these services should be consistent with AMA policy H-60.991.

*Currently under five-year policy review.*
6. **Reducing Stigma**

Addressing patient concerns regarding stigma will reduce fear for patients, encourage adherence to treatment plans, and promote the formation of mutually beneficial legislation regarding the disclosure of medical records among health care professionals. The Society supports efforts to:

- Use interactive CME modules to educate primary care physicians and specialists in the recognition of stigma related to mental illness. Such education may provide participants with an opportunity to recognize attitudes and behaviors that could contribute to stigma, as well as provide an example of a practical clinical approach to helping doctors and patients overcome stigma.
- Educate non-psychiatrist physicians in how to effectively treat patients with mental illness, and make available resources for caring for patients with mental illness. One method would be to implement direct provider-to-provider phone connections within health systems to provide psychiatric consultation, and access to counseling services.
- Create anti-stigma programs that address stereotypes, prejudice and discrimination in the health care setting.
- Encourage all physicians and therapists to talk with their patients about the benefits of medical record access between health care professionals, explaining clearly who receives access to records and how they are used to improve care quality.

7. **Mental Health Parity and Reimbursement for Services**

Mental health parity holds the promise of providing equitable care to patients with mental illness, and must be properly implemented to ensure its success. The Society will:

- Actively participate in educating providers in Wisconsin about federal and state mental health parity laws and support the full and proper implementation of mental health parity.
- Work to enhance all funding sources for mental health, alcohol and other drug programs, and mental wellness services, and advocate for fair reimbursement for physicians, therapists, and facilities providing these services. (HOD, 0414)

**MEN-007**

**Equal Health Care Access for Eating Disorders:** The Wisconsin Medical Society supports advocacy for mental health parity explicitly as it relates to eating disorders. (HOD, 0416)

**OBE - OBESITY**

**OBE-002**

**Obesity Prevention:** The Wisconsin Medical Society recognizes obesity in children and adults as a major public health epidemic. The Society supports incorporating obesity prevention and treatment across multiple institutional environments as follows:

**Physical activity environment:** The built environment as shaped by transportation and land use policy promotes or inhibits physical activity. As such, community planners, public officials, and developers have an opportunity to prevent and remediate obesity. The Society supports:

- Community-level initiatives to increase availability and use of community recreational facilities so that all children and adults may be physically active in a safe and enjoyable way.
- Proper and positive implementation of Wisconsin’s Complete Streets Law, which requires the Department of Transportation to ensure bicycle and pedestrian facilities are included in all new highway construction and reconstruction projects funded in whole or in part from state or federal funds.
• Legislation requiring new road and highway construction and reconstruction projects that, regardless of funding source, ensures bicycle and pedestrian facilities that meet Department of Transportation requirements as stated in Wisconsin’s Complete Streets Law.

Food & beverage environment: The Society believes ensuring access to healthy food and beverage options for all is a public health priority. As such, the Society encourages public officials and community leaders to make a concerted effort to reduce unhealthy food and beverage options while substantially increasing healthier food and beverage options at affordable, competitive prices. The Society supports:

• Discouraging overconsumption of sugar-sweetened beverages by making clean, potable water and a variety of competitively priced and appropriately sized non-sugar-sweetened beverage options readily available in public places, worksites and recreational areas.
• Legislation limiting the amount of calories served in children’s meals at chain and quick-service restaurants.
• Financial and non-financial incentives such as tax breaks, subsidies, supportive zoning and technical assistance to food retailers that locate in underserved communities and that offer a variety of healthy, affordable food options.
• Financial and non-financial incentives to encourage the production, distribution and procurement of foods from local farms.
• State and federal agriculture policy that encourages production of a variety of crops designated for nutrient-dense foods.
• Where taxes on beverages with added sweeteners are implemented, the revenue should be used primarily for programs to prevent obesity, as well as to improve access to potable drinking water, particularly in schools and communities disproportionately affected by obesity and related conditions.

Health care and workplace environments: Health care professionals and insurers are at the forefront of obesity prevention and treatment; as such they are in a position to catalyze individual and population health improvement. The Society:

• Supports standards of practice for routine medical examinations that include utilization of body mass index (BMI), tape measurement of waist circumference for those with BMI less than 35 and counseling and behavioral interventions for prevention, screening, diagnosis and treatment of overweight and obesity in adults.
• Supports standards of practice for routine medical examinations that include utilization of BMI-for-age for children (ages 2-20), assessing children’s rate of weight gain and parents’ weight status, and counseling and behavioral interventions for prevention, screening, diagnosis and treatment of overweight and obesity in children and adolescents.
• Will encourage public and private insurers to ensure that health insurance coverage and access provisions address obesity prevention, screening, diagnosis and treatment for children, adolescents and adults.
• Supports full medical and surgical insurance coverage for evidence-based obesity care, including ancillary services such as dieticians, exercise physiologists, and psychologists.
• Encourages those who provide health care services to women of childbearing age to offer counseling on the following: the importance of conceiving at a healthy BMI; appropriate pregnancy weight gain, subsequent post-partum weight loss, breastfeeding initiation and continuation and making informed infant feeding decisions.
• Encourages health care professionals, at each well-child visit, to provide guidance to parents of young children in ways to increase their child’s level of physical activity, decrease their sedentary behavior and encourage healthy eating habits.
• Encourages all employers to adopt workplace policies to support breastfeeding mothers that ensure comfortable private space and adequate break time.

*Currently under five-year policy review.*
School environments: Children spend up to half their waking hours and consume one-third to one-half their daily calories in school environments. As such, schools are uniquely positioned to serve as a focal point in addressing childhood obesity. The Society:

- Supports proper and positive implementation of the federal Healthy Hunger Free Kids Act of 2010 as a way to promote strong nutritional standards for all foods and beverages sold or provided through schools.
- Supports legislation that requires all beverage vending machines in Wisconsin’s schools contain only bottled water, milk, 100 percent fruit juice, 100 percent vegetable juice or a blend of fruit and vegetable juices or other healthy beverage options.
- Supports legislation that requires foods sold outside federally reimbursed USDA programs, often known as “competitive foods” or “a la carte options” also meet the nutrition standards set by the Healthy Hunger Free Kids Act of 2010.
- Recommends licensed child-care providers utilize existing Wisconsin Active Early Resource Kit for low-cost or no cost strategies and resources to promote 120 minutes of physical activity for children 2 to 5 years of age in the care of providers.
- Recommends state and local education agencies expand the Wisconsin Active School Project to ensure that all students in grades K-12 have adequate opportunities to engage in at least 60 minutes of physical activity per school day.
- Recommends the Department of Instruction develop and require K-12 curriculum standards for quality physical education that ensures at least 50 percent of class time is spent in vigorous or moderate-intensity physical activity.
- Recommends the State Legislature and Department of Public Instruction adopt standards for K-12 sequential food literacy and nutrition science education curriculums based on the food and nutrition recommendations in the Dietary Guidelines for Americans.

Messaging: The message environments surrounding people influence physical activity and food choices and play an important role in preventing and remediating obesity. The Society:

- Supports proper and positive implementation of Section 4205 of the Affordable Care Act, which requires nutrition labeling at restaurant chains with more than 20 locations.
- Encourages the FDA and USDA to adopt a single standard for mandatory nutrition labeling system for all fronts of packages and retail store shelves.
- Supports mandatory nutritional standards that limit foods and beverages marketed to children and adolescents to those that support a diet in accordance with the Dietary Guidelines for Americans.
- Supports statewide initiatives to combat childhood obesity by developing a targeted evidence-based, innovative social marketing program with physical activity and nutrition messages for children, adolescents and their parents.
- Will work to develop a statewide education effort, in conjunction with community advocates and interested parties, to create awareness of obesity prevention, obesity complications, and effective, sustained obesity treatment. (HOD, 0413)

**PHI - PHYSICALLY/MENTALLY IMPAIRED**

**PHI-001**

Accessible Parking for People with Disabilities: The Wisconsin Medical Society will assist with the ongoing development of administrative guidelines to assist physicians in determining whether or not a patient’s condition is a qualifying condition and redefining the criteria for qualification for a disabled parking permit. (HOD, 0414)
PHI-002
Reimbursement for Providing Interpretive Services: The Wisconsin Medical Society will seek legislation, regulations or other action that would require third-party payers, including governmental agencies and private insurers, to fully reimburse the cost of providing professional interpreter services to hearing impaired patients. (HOD, 0412)

PHI-004
Issuance of Disabled Parking Permits: The Wisconsin Medical Society supports timely issuance of disabled parking permits. (HOD, 0412)

PHI-005
Enhancing Physician Interest in the Medical Care of People with Profound Developmental Disabilities: The Wisconsin Medical Society supports:

- Advocating for the highest quality medical care for persons with profound developmental disabilities in Wisconsin.
- Encouraging support for health care facilities whose primary mission is to meet the health care needs of persons with profound developmental disabilities.
- Encouraging faculty and trainees of medical schools and residency programs to appreciate the opportunities for exploring fascinating diagnostic and therapeutic challenges while also accruing significant personal rewards when delivering care with professionalism to persons with profound developmental disabilities and multiple comorbid medical conditions in any setting.
- Encouraging medical schools and graduate medical education programs in Wisconsin to establish and encourage enrollment in electives rotations for medical students and residents at Wisconsin’s Centers for the Developmentally Disabled.
- Informing Wisconsin physicians that when they are presented with an opportunity to care for patients with profound developmental disabilities, there is a resource available to them in the American Academy of Developmental Medicine and Dentistry. (HOD, 0413)

PHI-006
Advancements in Advocacy and Medical Care of Persons with Developmental Disabilities: The Wisconsin Medical Society:

- Encourages clinicians to learn and appreciate variable presentations of complex functioning profiles in all persons with Developmental Disabilities.
- Encourages medical schools and graduate medical education programs in Wisconsin to acknowledge the benefits of education on how aspects in the social model of disability (e.g. ableism) can impact the physical and mental health of persons with Developmental Disabilities.
- Encourages medical schools and graduate medical education programs in Wisconsin to acknowledge the benefits of teaching about the nuances of uneven skill sets often found in the functioning profiles of persons with Developmental Disabilities, will improve quality of clinical care.
- Encourages the education of Wisconsin physicians on how to provide and/or advocate for quality, developmentally appropriate medical, social and living supports for patients with Developmental Disabilities so as to improve health outcomes.
- Supports a cooperative effort between physicians, health and human services professionals, and a wide variety of adults with developmental disabilities to implement priorities and quality improvements for the care of persons with Developmental Disabilities.

*Currently under five-year policy review.*
- Supports introduction of a resolution by the Wisconsin Delegation of the American Medical Association (AMA) at the AMA House of Delegates espousing all these principles on a nationwide basis. (HOD, 0412)

**PUB - PUBLIC HEALTH/SAFETY**

**PUB-003**

**Full Funding for Core Public Health Services:** The Wisconsin Medical Society supports full state funding for core public health service functions that are delegated to local public health departments. (HOD, 0413)

**PUB-017**

**Organ Sharing:** The Wisconsin Medical Society (Society) supports:
- The concept of regional organ sharing.
- Patient status categories that have been equitably developed and ethically applied that give first preference to Wisconsin residents, where reasonably possible, and then share organs outside of the state.
- Efforts to continue public and physician education about organ donation and transplantation. (HOD, 0412)

**PUB-018**

**Organ Donation:** The Wisconsin Medical 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, 0410)*

**PUB-020**

**Fitness and Nutrition:** The Wisconsin Medical Society supports additional public health and legislative intervention to improve fitness and decrease obesity.

The Society strongly advises that all school districts in Wisconsin have daily physical education programs in all grades and a minimum level of dietary standards in school food that emphasize appropriate portion size and healthier nutritional choices over popular food items. (HOD, 0412)

**PUB-021**

**Vaccination Supply:** The Wisconsin Medical Society supports American Medical Association efforts to advocate for federal action, including legislation, to assure adequate vaccine supply and vaccination rates. (HOD, 0411)*

**PUB-022**

**City of Milwaukee Well City Initiative:** The Wisconsin Medical Society supports the City of Milwaukee Well City initiative and encourages other cities and the State of Wisconsin to pursue WELCOA “Well” designation. (HOD, 0413)
PUB-026
Recommendations for Government Health Departments: The Wisconsin Medical Society:

- Encourages Wisconsin to create a separate and distinct Department of Health that will emphasize public and environmental health programs and services.
- Supports this concept through appropriate administrative rules and the passage of legislation.
- Will cooperate with other public health organizations in Wisconsin to secure this structure.
- Believes that the head of the Department of Health shall be a graduate of an accredited school of public health or medical school graduate program in community health and preventive medicine preferably with a doctorate in public health, or a PhD or an MD with a masters in public health and public sector administrative experience, including knowledge of local public health administration.
- Encourages county public health agencies, if possible, to appoint a public health-trained physician as the public health officer.
- Supports prohibiting the inclusion of local public health departments into human service agencies. (HOD, 0409)*

PUB-027
Raw Milk: The Wisconsin Medical Society opposes any legislation to allow sale of any dairy products made of unpasteurized milk to the public in Wisconsin. (HOD, 0410)*

PUB-028
Public Health Funding: The Wisconsin Medical Society supports policy that provides additional resources for evidence-based prevention activities and programs provided by health departments in Wisconsin; and the supports efforts by the Governor’s office, the Governor’s Public Health Council, the Wisconsin Legislature, and others to examine new ways in which Wisconsin’s health departments can be better financially supported. (HOD, 0410)*

PUB-030
Farm-To-School Policies and Programs: The Wisconsin Medical Society supports programs and policies that ensure school students have access to fresh, local produce. (HOD, 0410)*

PUB-031
Promoting Celiac Disease Screening Usage and Standards: The Wisconsin Medical Society recognizes undiagnosed celiac disease as a public health problem and supports the formal establishment of evidence-based celiac disease screening recommendations and high-risk population definitions for general and pediatric populations by appropriate stakeholders. (HOD, 0413)

PUB-032
Health Literacy in Health Care Institutions: The Wisconsin Medical Society (Society) recognizes the importance of improving health literacy and supports efforts to meet the Healthy People 2020 goal of using health communication strategies and health information technology to improve population health outcomes and health care quality, and to achieve health equity. Understanding the definition of health literacy to be the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions, the Society recommends all health care institutions adopt a health literacy policy with the primary goal of enhancing communication between patients and providers. The Society encourages the development of community and health system health literacy resources, supports appropriate state legislation aimed at improving health literacy, supports clear

*Currently under five-year policy review.
communication between health insurers and policy holders regarding covered benefits and exclusions, supports the efforts of Health Literacy Wisconsin in achieving these goals, and further supports research directed at demonstrating how improved health literacy impacts outcomes. (HOD, 0415)

**PUB-033**

**Responsible Registration of Immunizations**: The Wisconsin Medical Society and its constituent County Societies will work with involved parties, including providers of immunizations, municipalities, and legislative bodies as needed, to promote timely registration of all immunizations by the entity providing those medical services. (HOD, 0413)

**PUB-035**

**Improving Immunization Rates**: The Wisconsin Medical Society (Society) recognizes the enormous benefits immunizations have brought to public health. Therefore the Society will work to improve immunization rates in the following areas:

*Statewide*

The Society:

- Recognizes that routine childhood and adult vaccinations as described by the Advisory Committee on Immunization Practices have made a positive impact on public health.
- Supports the Wisconsin Immunization Program.
- Promotes the participation of its members in immunization efforts in conjunction with local, state or federal government agencies and other private service organizations.
- Supports accessible education for physicians and the public about the benefits and importance of immunization.
- Will promote efforts to overcome “immunization hesitancy” brought about by fear, misinformation, and other factors.
- Will support efforts to obtain government funds for the purchase and administration of vaccines to allow governmental and private groups to provide immunizations at no cost to those in need.
- Believes that local, state or federal government funds for immunization programs should be obtained from new revenues and not deducted from other health or human service programs.

*Immunization Registry*

The Society:

- Believes an immunization program should continue to maintain the Wisconsin Immunization Registry (WIR) and encourage Wisconsin providers to use WIR for immunization records.
- Will work with involved parties, including providers of immunizations, municipalities, and legislative bodies as needed, to promote timely registration of all immunizations by the entity providing those medical services.

*Child Immunization*

The Society:

- Supports Wisconsin’s immunization schedule for infants and preschoolers, including continuation of the universal infant Hepatitis B immunization program.
- Supports and promotes routine immunization for children as an entitlement for all children living in Wisconsin.
- Encourages physicians to promote the adolescent immunization schedule and understand its complexities.
• Will educate physicians that local health departments are prohibited from using state-supplied vaccines to immunize patients that have insurance coverage for vaccine services.

Adult Immunization

The Society:
• Encourages physicians to recommend and administer appropriate immunizations for their adult patients at the time patients receive care in the hospital and in ambulatory care settings.
• Will educate physicians that local health departments are prohibited from using state-supplied vaccines to immunize patients that have insurance coverage for vaccine services.

The Physician's Role

The Society:
• Supports the development and implementation of clear guidelines that address availability and equitable distribution of vaccines, in both endemic and epidemic situations.
• Supports the role of the AMA in such guideline development nationally and the role of the Wisconsin Medical Society in such guideline development locally.
• Encourages physicians and other health and medical workers (in practice and in training) to set positive examples by assuring that they are completely immunized.
• Encourages physicians to routinely review patients’ immunizations. (HOD, 0415)

PUB-036

Prescription Labeling: Recognizing that poor health literacy impacts prescription drug use, the Wisconsin Medical Society supports efforts to improve understandability of prescription labels and to provide instructions in the patient’s preferred language when available and appropriate. The Society encourages all health care and pharmaceutical institutions work toward the adoption of the 2012 United States Pharmacopeia’s (USP) evidence-based prescription label standards. (HOD, 0415)

PUB-037

Healthiest Wisconsin 2020: The Wisconsin Medical Society supports continued collaboration between the Society and the Department of Health Services to promote the state health plan Healthiest Wisconsin 2020. (HOD, 0415)

PUB-038

Society Partnership with the Department of Health and Family Services (DHFS) to Promote Healthiest Wisconsin 2020: The Wisconsin Medical Society supports continued collaboration between the Society and the Department of Health and Family Services to promote the state health plan Healthiest Wisconsin 2020. (HOD, 0409)*

PUB-039

Social Determinants of Health: The Wisconsin Medical Society recognizes social determinants of health (SDOH) to be the circumstances in which people are born, grow up, live, learn, work and age, and the systems put in place to deal with health and illness. These circumstances are in turn shaped by a wider set of forces including economics, policies and politics. The Wisconsin Medical Society is committed to addressing SDOH through education and strategies of public health policy development, emphasis of primary-care driven approaches, and building of collaborative community-based partnerships. (HOD, 0416)

PUB-040

Vaccine Exemptions: The Wisconsin Medical Society opposes philosophic, moral and personal belief exemptions from state vaccine requirements. The Society supports vaccination exemptions for medical reasons only after a patient or their

*Currently under five-year policy review.
legal guardian submits written documentation from a physician or other designated health care professional with proof of education on the benefits and risks of vaccinations to both the child and society. The Society supports making vaccination rates of public and private schools publicly available. (HOD, 0416)

**PUB-041**

**Antibiotic Resistance:** In order to stem the rise of and prevent further antibiotic and antimicrobial resistance, the Wisconsin Medical Society calls for:

- Improving the surveillance and reporting of antibiotic-resistant bacteria, including a statewide surveillance program, to enable effective response, stop outbreaks, limit the spread of antibiotic-resistant organisms, and act on surveillance data to implement appropriate infection control.
- Increasing the longevity of current antibiotics by improving the appropriate use of existing antibiotics through increasing prescriber education, public awareness and patient education about antimicrobial therapy, the importance of compliance with the prescribed regimen, and the problem of antimicrobial resistance.
- Continued scientific research on the development of new antibiotics, as well as other interventions, to combat resistance. (HOD, 0416)

**PUB-042**

**Suicide Prevention:** The Wisconsin Medical Society recognizes the high and increasing suicide rates nationally and in the state of Wisconsin and strongly supports efforts to prevent suicide and attempted suicide. The following populations are at an increased risk for suicide in Wisconsin: residing in northern and western regions of the state, age 45-54, white, male, having less than a high school diploma, divorced, of veteran status, lesbian, gay, bisexual or transgender (LGBT), having a mental health or substance abuse history, having a history of suicide attempts or disclosing an intent to die. The Society supports the following efforts to prevent suicide:

1. Target individuals, families and communities, specifically higher-risk populations, with appropriate primary and secondary prevention strategies and programs.
   a. Integrate and coordinate suicide prevention activities across multiple sectors and settings.
   b. Implement evidence-based communication efforts designed to prevent suicide by changing knowledge, attitudes and behaviors.
   c. Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.
   d. Promote responsible portrayals of mental illness and suicide in social media, the entertainment industry and online.
   e. Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.
2. Promote and use evidence-based clinical interventions and programs that can improve mental health, behavioral health and interpersonal relationships.
   a. Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.
   b. Provide training to community and clinical service providers on the prevention of suicide and related behaviors.
   c. Promote suicide prevention as a core component of health care services.
   d. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.
3. Encourage continued surveillance, research and evaluation into suicide prevention efforts.
   a. Increase the timeliness and usefulness of national surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action.
   b. Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings. (HOD, 0416)

**PUB-043**

**Antibiotic Use in Food-Producing Animals:** Due to the potential serious public health risks of increasing antibiotic resistance, the Wisconsin Medical Society supports:

1. Legislative efforts to ban the use of antibiotics in food-producing animals for growth promotion and routine disease prevention, and to require prescriptions for all antibiotics used to treat sick animals.
2. A requirement that agricultural industries publish their use of antibiotics, with accurate information regarding the antibiotics used and for what purposes.
3. A requirement that antibiotic prescriptions for animals be overseen by a veterinarian knowledgeable of the intended and ideal use of such drugs.
4. Efforts to expand surveillance and data collection of the use of antibiotics in agriculture, with appropriate punitive measures for the misuse of antibiotics. (HOD, 0416)

**PUB-044**

**Toxic Chemicals in Consumer Products:** The Wisconsin Medical Society supports:

1. Educational campaigns for physicians, medical students and patients on the harmful effects of toxic flame retardants (e.g polybrominated diphenyl ethers), phthalates, perfluorinated compounds, formaldehyde, triclosan, endocrine-disrupting compounds, and other carcinogenic or hazardous chemicals in consumer products.
2. Legislation that creates, implements and finances rigorous scientific studies to determine the short- and long-term health impacts of the aforementioned products, bioaccumulation potential and toxicology, both for low- and high-dose exposures.
3. Implementation of comprehensive chemical legislation that is in line with current scientific knowledge on human and environmental health, and is developed and revised under the direction of endocrinologists, toxicologists, occupational/environmental medicine specialists and epidemiologists.
4. Clearly posted information on packaging for consumer products or on the products themselves describing the potential harmful effects of chemicals present in such products, in language the general public can understand. (HOD, 0416)

**PUB-045**

**Lyme Disease Detection, Testing and Treatment:** The Wisconsin Medical Society:

- Acknowledges the high and increasing incidence of Lyme disease in Wisconsin, particularly in the northwest and central regions of the state.
- Acknowledges that Lyme disease can be difficult or complicated to diagnose because the symptoms of Lyme disease are similar to those of other viral or bacterial infections.
- Encourages increased awareness by physicians and other health care professionals of the prevalence of Lyme disease in Wisconsin, and to bear this in mind when seeking a diagnosis.
- Supports both the mandatory and optional reporting guidelines of Lyme disease outlined by the Wisconsin Department of Health Services.
- Recommends that physicians be educated and informed about the latest guidelines on diagnosis and treatment.

*Currently under five-year policy review.*
treatment put forth by the Centers for Disease Control and Prevention (CDC) and the Infectious Diseases Society of America.

- Supports the Infectious Diseases Society of America’s guidelines for the prevention of exposure to ticks and their related infections.
- Supports continued research into more specific and sensitive tests for Lyme disease, and implementation of such tests after they are approved by the Food and Drug Administration and are related to treatment.
- Supports continued research on Post-Treatment Lyme Disease Syndrome (PTLDS) or Chronic Lyme Disease, which can cause fatigue, pain and aches lasting more than 6 months but for which few treatments are available. (HOD, 0416)

**PUB-046**

**Comprehensive Organ Donation Strategy:** The Wisconsin Medical Society supports:

1. The removal of barriers to living organ donation at the time of imminent death as long as it does not directly cause the death of the donor.
2. Recognizing that obtaining consent is a significant barrier to deceased organ donation and supports national and statewide initiatives that address ways to increase rates of consent for donation.
3. The removal of disincentives to living organ donation. (HOD, 0416)

**SAT - SAFE TRANSPORTATION**

**SAT-006**

**Motorcycle Helmet Use:** The Wisconsin Medical Society:

- Supports legislation that requires helmet use for all users of motorcycles, whether as an operator or passenger and covering all age groups.
- Encourages physicians to be aware of motorcycle risks and safety measures and to counsel their patients who ride motorcycles to wear other appropriate protective gear, receive appropriate training in the safe operation of their motorcycle, and comply with Wisconsin licensing laws.
- Believes that such motorcycle helmets should minimally meet the standards for protective helmets as proposed by the Department of Transportation (DOT), and ideally meet the standards of the Snell Memorial Foundation.
- Believes that motorcycle helmet laws should apply to other motorized vehicles such as mopeds, scooters and all-terrain vehicles. (HOD, 0416)

**SAT-007**

**Repeat Drunk Drivers:** The Wisconsin Medical Society supports a review of the reasons for repeat drunk driving offenses and any additional system modifications that would help stem repeat drunken driving occurrences. The Society encourages courts to require assessment, medical treatment and follow-up monitoring of driving under the influence convictions. (HOD, 0413)

**SAT-009**

**Use of Child Safety Restraints in Aircraft:** The Wisconsin Medical Society supports the use of appropriate restraint systems for all children on all commercial flights. (HOD, 0412)

**SAT-011**

**Medical Standards for School Bus Drivers:** The Wisconsin Medical Society believes that medical standards for school bus drivers need to be the highest medical standards required for commercial drivers as defined in Wisconsin Administrative Code Trans 112 dated April 2005. (HOD, 0414)
SAT-014
Seat Belts: The Wisconsin Medical 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, 0410)*

SAT-015
Disclosure of Health Care Information About a Patient’s Ability to Operate a Motor Vehicle: The Wisconsin Medical 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, date of birth, diagnosis 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:

- Hold tactful but candid discussions with patients and families about the risks of driving.
- Encourage the patients and their families to decide on a restricted driving license or schedule, which should follow the current suggestions for restricted driving as recommended by the Wisconsin DOT.
- Record all discussions with patients and their families in the medical record and recommend the physician’s medical opinion on the ability of the patient to safely operate a motor vehicle.
- Depending on the patient’s medical condition, suggest to the patient that they seek further treatment, such as substance abuse treatment or occupational therapy. (HOD, 0416)

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, 0410)*

*Currently under five-year policy review.
SAT-017

**Driver BAC Testing in Fatal Accidents:** The Wisconsin Medical Society supports the following updated guidelines for withdrawing blood for chemical testing in order to assist law enforcement personnel:

- Physicians are urged to cooperate with law enforcement personnel when they request or direct that a blood specimen be obtained. Refusal to obey such direction from one known to be a law enforcement officer may be a criminal violation if the physician has no reasonable excuse to refuse (Wis. Stat, 946.40 - see Atty. Gen. Opinion 209, 1979).

- The physician must make an independent medical decision whether the obtaining of the blood specimen is safe under the circumstances and can be done under medically acceptable conditions. Drawing blood under medically unacceptable conditions may constitute a basis for claiming negligence in performance of the test. The roadside, the interior of a motor vehicle or a jail cell will not generally qualify as medically acceptable conditions.

- Wisconsin statutes do not address the reasonableness of obtaining blood from a person who requires restraint to make this possible. The United States Supreme Court (*Schmerber v. California*) ruled that blood could be withdrawn from a person who refused the test and resisted its performance so long as “inappropriate force” was not used.

- Law enforcement officers requesting the withdrawal of blood for alcohol testing should submit their request to a health care facility or professional in writing. It is recommended that the physician performing or ordering the blood withdrawal attempt to obtain written consent of the person to be tested, but the law enforcement officer’s request to obtain the test should be honored whether or not the subject consents to the test.

- Police agencies that may desire blood specimens for such chemical testing are urged to make prior arrangements with physicians and/or hospitals so that procedures can be agreed on to minimize the potential for misunderstanding when the test is needed.

- Withdrawing blood for chemical blood testing should be required for all drivers involved in fatal motor vehicle (including boat, ATV and snowmobile) crashes. (HOD, 0411)®

SAT-018

**Cell Phone Usage and Texting While Driving:** The Wisconsin Medical Society shall 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. (HOD, 0410)®

SAT-019

**Alcohol and On- and Off-Road Vehicles:** The Wisconsin Medical Society supports that:

- All state laws applicable to the operation of on-road motor vehicles (automobiles, trucks, motor homes and the like) while the operator is under the influence of ethanol should apply to the operation of any personal (non-commercial) motorized vehicle, including motorcycles, all-terrain vehicles, scooters, mopeds, snowmobiles, boats, personal water craft (jet skis and the like), Segways and comparable products and any other motorized vehicles used for on-land or on-water transportation.

- The maximum allowable blood alcohol concentration for the legal operation of any such motorized vehicle should be 0.08gm/dl for personal (non-commercial) use; blood alcohol concentration limits for the commercial use of such vehicles can and should be set lower than 0.08gm/dl.

- The blood alcohol concentration for the legal operation of any such motorized vehicle by persons under 21 years of age should be nondetectable.

- All state laws applicable to the operation of any such motorized vehicles for on-land or on-water transportation that address safe use while under the influence of ethanol should apply equally to the use of any such motorized vehicles while under the influence of any detectable amount of controlled substances, except in
cases where such controlled substance use was otherwise permissible under Wisconsin law (e.g., prescribed by an authorized prescriber and taken as prescribed by the operator of the motor vehicle); restrictions on the commercial use of motorized vehicles while under the influence of any detectable amount of controlled substances may be more stringent than restrictions on the personal operation of such vehicles.

Any repeat offense laws regarding the operation of motorized vehicles while under the influence of ethanol or controlled substances, should be applicable regardless of the type of vehicle operated by the person convicted of operating under the influence. (HOD, 0412)

**SAT-020**

**Sobriety Checkpoints:** The Wisconsin Medical Society supports legislation to overturn the statutory ban on the use of sobriety checkpoints in Wisconsin. (HOD, 0414)

**SCH - SCHOOL HEALTH**

**SCH-005**

**School-Based Clinics:** The Wisconsin Medical Society supports 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 preventive and educational 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, 0416)

**SCH-006**

**School Wellness Programs:** The Wisconsin Medical Society encourages 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.

The Wisconsin Medical Society will actively provide information and resources to physicians and others on healthy school programs and initiatives. The Wisconsin Medical Society 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. (HOD, 0414)

*Currently under five-year policy review.*
**SCH-007**

Childhood Anaphylactic Reactions: The Wisconsin Medical Society will:

1. Urge all schools, from preschool through 12th grade, to:
   a. Develop Medical Emergency Response Plans (MERP).
   b. Practice these plans in order to identify potential barriers and strategies for improvement.
   c. Ensure that school campuses have a direct communication link with an emergency medical system (EMS).
   d. Identify students at risk for life-threatening emergencies and ensure these children have an individual emergency care plan that is formulated with input by a physician.
   e. Designate roles and responsibilities among school staff for handling potential life-threatening emergencies, including administering medications, working with EMS and local emergency departments, and contacting families.
   f. Train school personnel in cardiopulmonary resuscitation.
   g. Adopt the School Guidelines for Managing Students with Food Allergies distributed by the Food Allergy and Anaphylaxis Network.
   h. Ensure that appropriate emergency equipment to deal with anaphylaxis and acute asthmatic reactions is available and that assigned staff are familiar with using this equipment.

2. Work to expand to all states laws permitting students to carry prescribed epinephrine or other medications prescribed by their physician for asthma or anaphylaxis.

3. Support increased research to better understand the causes, epidemiology and effective treatment of anaphylaxis.

4. Urge the Centers for Disease Control and Prevention to study the adequacy of school personnel and services to address asthma and anaphylactic emergencies.

5. Urge physicians to work with parents and schools to ensure that all their patients with a food allergy have an individualized emergency plan.

6. Work to allow all first responders to carry and administer epinephrine in suspected cases of anaphylaxis.

7. Promote a statewide program to train school personnel in the recognition and treatment of anaphylaxis and to supply epinephrine autoinjectors in school cafeterias. (HOD, 0416)

**SCH-008**

Sugar-Sweetened Beverages in Schools and Childhood Obesity: The Wisconsin Medical Society supports legislation banning the sale of sugar-sweetened beverages in schools and supports educating parents, schools, and students about the link between consumption of sugar-sweetened beverages and childhood obesity. (HOD, 0413)

**SMK - SMOKING AND TOBACCO**

**SMK-002**

Smoking and Tobacco: The Wisconsin Medical Society, recognizing the evidence of adverse effects that tobacco use, addiction and smoking have on 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.
- Promotion of smoke-free indoor environments, including all businesses, educational establishments, workplaces and all places where the public may gather.
• Disclosure of tobacco ingredients and placement of appropriate “injurious to health” messages on tobacco product packaging
• Banning 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 regardless of whether a patient currently uses, formerly used or never used tobacco products.
• Improving access to and availability of smoking cessation programs.
• The Wisconsin cigarette excise tax to reduce cigarette consumption and using the funds generated to support a statewide comprehensive tobacco control program. (HOD, 0415)

**SMK-005**

**Electronic Cigarettes and Other Electronic Nicotine Delivery Devices:** The Wisconsin Medical Society supports the classification of electronic cigarettes (e-cigarettes) and other electronic nicotine delivery devices (ENDDs) as tobacco products and drug delivery devices and supports that they be regulated by the U.S. Food and Drug Administration. Without substantial research and analyses of these devices regarding their safety and potential effectiveness as a smoking cessation tool, the effects of secondhand vapor exposure and the impacts of the ingredients from such devices on the body, the Society supports the inclusion of e-cigarettes in smoke-free policies and tobacco-free policies and that they not be approved for use in public places or for sale to or use by persons under age 18. (HOD, 0415)

**SPO-SPORTS**

**SPO-002**

**Use of Anabolic Steroids and Performance Enhancing Drugs for Athletic Enhancement:** The Wisconsin Medical Society believes that unless prescribed for medically necessary conditions, it is unethical for anyone to prescribe, supply, administer, use or condone the use of anabolic steroids and performance enhancing drugs for purposes of enhanced muscle development and athletic performance. Further, the Society supports efforts to educate physicians, sports governing bodies, coaches, parents and athletes on the federal guidelines and laws for prescribing and dangers of abuse of anabolic steroids and performance enhancing drugs. (HOD, 0413)

**SPO-004**

**Abolishment of Amateur and Professional Boxing in Wisconsin:** The Wisconsin Medical Society supports:

* • Education of the public concerning the dangerous aspects of boxing.
• Legislative efforts to abolish amateur and professional boxing in Wisconsin. (HOD, 0411)*

**SPO-005**

**Concussions in Youth Sports:** The Wisconsin Medical Society supports state legislation that would require that children and adolescents participating in any and all organized sports activities who have symptoms consistent with concussion cannot return to play or practice without written permission from a properly-trained health care professional.

The Wisconsin Medical Society supports local and statewide efforts that would increase concussion education for health care professionals, parents, children, adolescents, and athletic coaches participating in any and all organized sports activities. (HOD, 0411)*

*Currently under five-year policy review.*
VIO - VIOLENCE

VIO-001
Support for Legislative Action and Improved Research on the Health Response to Violence and Abuse: The Wisconsin Medical Society supports the AMA’s efforts, in conjunction with other members of the Federation and the National Advisory Council on Violence and Abuse to:

1. Identify and actively support state and federal legislative proposals designed to increase scientific knowledge, promote public and professional awareness, enhance recognition and ensure access to appropriate medical services for patients who have experienced violence and/or abuse.
2. Actively support legislation and congressional authorizations designed to increase the nation’s health care infrastructure addressing violence and abuse including proposals like the Health CARES (Child Abuse Research, Education and Services) Network.
3. Actively support expanded funding for research on the primary prevention of violence and abuse, the cost of violence and abuse to the health care system, and the efficacy of interventions and methods utilized in the identification and treatment of victims of violence and abuse.
4. Actively study the best practices in diagnosis and management of family violence (including an analysis of studies not reviewed in the recent US Preventive Services Task Force Recommendations on Screening for Family Violence) and present a report that identifies future research and practice recommendations.
5. Invite a Federation-wide task force to review and promote the best practices in the identification, management and prevention of family violence. (Res. 438, A-04) (HOD, 0411)*

VIO-008
Domestic Violence of Adults: The Wisconsin Medical Society believes it is the obligation of physicians and their teams to:

1. Privately identify and screen patients for domestic violence.
2. Respond appropriately to violence disclosures in accordance with Wisconsin law.
3. Appropriately address clinical effects of violence in their patients.
4. Refer patients to appropriate community and health care services.

The Society acknowledges the significant long-term health consequences of domestic violence including death and injury to patients. It is therefore important that physicians assess patients for signs or effects of domestic violence where indicated or appropriate.

The Society also recognizes that reporting to law enforcement without the victim’s consent potentially may further endanger the patient or others. Wisconsin law places obligations and restrictions on whether and when a physician can or must report instances of or injuries caused by domestic violence to law enforcement. It is therefore vital that physicians become informed of their legal obligations and limitations on reporting incidences of or injuries caused by domestic violence. To the extent allowed by law, physicians should respect the patient’s right not to disclose domestic abuse or to refuse intervention when the patient believes such action is not in his or her best interest. Physicians should ensure that all such assessments, conversations and decisions are documented in the patient’s health record. (HOD, 0415)

VIO-009
Prevention of Domestic Violence: The Wisconsin Medical Society supports continued efforts to address domestic violence including prevention and such areas as effective communication, positive parenting, disciplining children, crisis management, handling conflict, handling anger and managing stress. (HOD, 0411)*
**VIO-010**

Domestic Violence Education for Physicians: The Wisconsin Medical Society encourages physicians to be actively involved with domestic violence detection and prevention programs and supports and encourages education for health care professionals in regard to domestic violence. (HOD, 0414)

**VIO-011**

Development of a Strategic, Coordinated Response of Health Care Professionals to Sex Trafficking Victims: The Wisconsin Medical Society believes that health care professionals should be trained in the recognition and response to human trafficking victims, and:

- Encourages medical facilities to make such training available to employees.
- Encourages appropriate entities to compile a repository of educational materials, screening tools and community resources for health care providers to use when human trafficking victims are identified in the medical setting.
- Supports efforts by health care professionals and health care facilities to develop a coordinated response to human trafficking victims, in collaboration with local law enforcement, child protective services and community-based advocates. (HOD, 0415)

**WOM - WOMEN AND REPRODUCTIVE HEALTH**

**WOM-001**

Age-Appropriate Reproductive Health Education: To better foster good reproductive health practices among the state’s citizens, the Wisconsin Medical Society believes:

- While local school boards may select the particular program for their schools, age-appropriate reproductive health education should be a required part of all Wisconsin school curricula at all grade levels.
- Because some adolescents are sexually active while others are not, programs need to address both postponing sex and using contraception.
- That the appropriate state entity should perform a program evaluation of the various adolescent pregnancy prevention programs offered around the state, with sound methodology and long-term follow-up, so that programs offered to local school districts might be the most effective. (HOD, 0411)*

**WOM-002**

Support of Legislation for Medically Accurate, Age-Appropriate Sexual Health Education in Wisconsin Public Schools: The Wisconsin Medical Society supports legislation requiring Wisconsin schools to provide students with comprehensive information about developing healthy relationships, preventing unintended pregnancy and preventing sexually transmitted infections (STIs); and that incomplete education programs, such as those offering uniquely abstinence-only education, are not supported by this society. The Wisconsin Medical Society supports legislation requiring schools to provide medically accurate and age-appropriate curricula, with the following components:

- Recognizing and preventing sexual abuse and dating violence.
- Understanding the physical and emotional changes of puberty and adolescence.
- Developing healthy relationships, including those with family, friends and significant others.
- Recognizing how drugs and alcohol impair judgment, especially in the context of intimate relationships.
- Underlining that abstinence is the only certain way to prevent unintended pregnancy.
- Understanding prevention of pregnancy and STIs through correct use of birth control and barriers.
- Encouraging communication with parents and other trusted adults about these issues. (HOD, 0412)

*Currently under five-year policy review.*
**WOM-003**

**Emergency Contraception:** A victim of sexual assault should be offered prophylaxis for pregnancy, subject to informed consent and consistent with current treatment guidelines. Physicians or hospitals should not be legally mandated to provide emergency prophylaxis to patients in violation of their own conscience, moral beliefs or guiding principles. Physicians and allied health practitioners who find this morally objectionable or who practice at hospitals that prohibit prophylaxis or contraception should provide victims of sexual assault evidence-based information about such services and where they can be obtained in a timely fashion. (HOD, 0414)

**WOM-004**

**Parental Consent for Contraceptive Drugs and Devices:** The Wisconsin Medical Society opposes requiring parental consent before an organization providing family planning services or pregnancy counseling that receives federal, state or local funds can prescribe contraceptive drugs or devices to minors. (HOD, 0413)

**WOM-005**

**Routine Vaccination Against Human Papillomavirus (HPV):** The Wisconsin Medical Society recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination and will use its electronic communication tools to members to convey to the physicians of Wisconsin the importance of the HPV vaccine for both males and females. (HOD, 0413)