2005 House of Delegates Action on Resolutions and Board Reports

Editor’s Note: To read the complete text of resolutions and amendments, visit the members-only section of our Web site: www.wisconsinmedicalsociety.org.

Resolution 1 directs the Wisconsin Medical Society to seek legislation requiring all health care insurers to support GME in Wisconsin and directs the Society’s AMA delegation to work with the AMA to seek federal legislation requiring that all health care insurers support GME. Action: amended and adopted the first resolved from the original Resolution 1 and adopted the second resolved with amendments.

Resolution 2 directs the Society to adopt the position that the monetary cap for non-economic damage claims for medical malpractice apply to first-year medical residents and that the Injured Patients and Families Compensation Fund apply to first-year medical residents. Additionally, if the Wisconsin Supreme Court does not reverse the decision of the Wisconsin Court of Appeals regarding this issue, the Society will call upon the Wisconsin legislature to amend the relevant Wisconsin Statutes in accordance with Resolve Clauses (1) and (2). Action: adopted as amended.

Resolution 3 directs the Society to support new legislation that will place the Injured Patients and Families Compensation Fund on a more actuarially sound footing, including enacting a cap on total damages for medical liability at $1.5 million per occurrence. Action: not adopted.

Resolution 4 directs the Society to seek legislation that would (1) cap non-economic damages at $250,000; (2) cap total damages at a level indexed to the average amount of life insurance carried by residents of the state of Wisconsin; (3) allow patients to purchase their own insurance for adverse medical events; (4) cap or eliminate contingency fees; (5) punish attorneys for filing frivolous lawsuits; and (6) include other tort reform measures found to be workable in other states. Action: referred to the Board of Directors.

Resolution 5 directs the Society to support vaccine liability and tort reform at the federal level and educate the public about the health risks associated with failing to enact tort reform. Action: substitute resolution adopted in lieu of Resolution 5.

Resolution 6 directs the Society to express its concern to the Governor regarding the wording of his emergency order where “immediate court proceedings” against physicians was threatened for non-compliance with this order. Action: referred to the Board of Directors as amended.

Resolution 7 directs the Society to support increased standards for FDA approval of new pharmaceuticals, requiring clinical trials that demonstrate effectiveness and safety in comparison to existing pharmaceuticals, standard therapy and placebos. In addition, the Society’s AMA delegation should forward this issue to the AMA for consideration at its next meeting and urge the AMA to work with Congressional legislators to introduce new legislation for increased FDA standards while the Society works with Wisconsin’s congressional delegation to sponsor or support this legislation. Action: adopted as amended.

Resolution 8 directs the Society to oppose efforts to change our state constitution in a manner that would permanently discriminate against gay, lesbian, bisexual and transgender citizens by denying them the possibility of a civil marriage with all the rights and responsibilities it involves, and to be a source of information to fight discrimination in any form because of patient’s sexual orientation. Action: adopted as amended.

Resolution 9 directs the Society to educate politicians and the public about the dangers of single payer national health insurance system. Action: not adopted.

Resolution 10 directs the Society to undertake a study of the corporate practice of medicine, including the implications for the medical profession, a review of legislation and court rulings in Wisconsin and other states, and make recommendations to the House of Delegates at the 2006 annual meeting. Action: not adopted.

Resolution 11 directs the Society to support, as the standard of care, that when prescribing controlled substances for the relief of pain, physicians are acting upon their best judgment for the benefit of the patient, and that prosecutors do not have the lawful authority to interfere with the practice of medicine by second guessing physicians’ judgment in the relief of pain, and the federal government should cease from criminal prosecutions based on differences of opinion on medical necessity or the appropriate use of certain drugs. Action: not adopted.

Resolution 12 directs the Society to do all it can to improve patient safety in all medical encounters. It also directs physicians to work to reduce adverse events and systemic problems through education, appropriate technologies and process improvements, and it directs physicians to promote a safe and protected environment for sharing information on qual-
ity improvement activities and discussions. The resolution further directs the Society to work with those involved in the delivery of health care to improve patient safety. Action: substitute resolution adopted in lieu of Resolution 12.

Resolution 13 directs the Wisconsin Medical Society to undertake an educational campaign targeted at physicians and hospitals that will stress the importance of fair, reasonable and transparent charges for individuals who pay cash for health care services. This includes making fee schedules available to the public, offering appropriate cash discounts, and toning down extremely aggressive collection tactics. Action: referred to the Board of Directors.

Resolution 14 directs the Society to support the adoption of Health Information Technology (HIT) and regional health information organizations that will provide information where it is needed, when it is needed, to support care. It also directs the Society to encourage physicians to work toward the following goals at a pace appropriate to their practices: the adoption and implementation of electronic health records (EHRs); the adoption of e-prescribing, ideally integrated with the EHR; the adoption of systems providing clinical decision support; the choice of systems that comply with emerging national standards; the choice of systems from vendors that have achieved appropriate certification; the collection and use of clinical data for quality improvement; the reporting of data on clinical quality measures to public warehouses. Action: adopted.

Resolution 15 directs the Society, the Society Foundation, the hospitals and the nursing school deans to have a focus meeting (task force or topical interest group) to resolve the problem of the difficulty that students have in completing their clinical experience. Action: referred to the Board of Directors.

Resolution 16 directs the Society to develop an educational program that will address the issue of asset protection including family limited partnerships, limited liability companies, foreign asset protection trusts, captive insurance companies and enhanced debt shields. Action: not adopted.

Resolution 17 requests that the Society’s Council on Health Care Access and Financing continue to study the loss of independent private practitioners in the state of Wisconsin and report back to the House of Delegates at the 2006 Society Annual Meeting. Action: not adopted.

Resolution 18 directs the Society to affirm its support for the Physician Consortium for Performance Improvement (PCPI) and the performance measures that it has developed, and encourages the allocation of resources toward the PCPI rather than any of the multiple parallel efforts that exist to measure physician performance. The resolution further directs the Society to seek to partner with the Wisconsin Collaborative for Healthcare Quality, our state government, our medical schools and other interested parties in an effort to seek funding for, and implementation of, performance measures developed by the PCPI throughout the state. Action: First resolved from original Resolution 18 adopted as amended; second resolved from original Resolution 18 referred to the Board of Directors; and substitute third resolved adopted.

Resolution 19 directs the Society to support Project Access initiatives in Wisconsin, and to support innovative ideas for providing incentives to encourage charity care, such as a tax rebate for seeing Project Access patients. Action: adopted as amended.

Resolution 20 directs the Society to create a task force on the revision of the Annual Meeting and House of Delegates format and report its findings and recommendations at the 2006 Annual Meeting to House of Delegates. It also directs the task force to solicit feedback and comments from members to determine the consensus opinion on the present structure and function of the House of Delegates and how it should be altered to meet the needs of the members. Action: adopted as amended.

Resolution 21 directs that the Society bylaws be amended to create an additional seat on the Society Board of Directors for a member of the Society Young Physician Section. The resolution directs that the Young Physician Section shall select a person from among its members, in the same manner as the selection of Young Physician Section Governing Council, to fill that seat. The resolution also directs that the selection be communicated to the Society House of Delegates at the same time and manner as provided for district directors. The Young Physician member of the Society Board of Directors shall serve for a term similar to that for district directors and be subject to the same procedures for removal and the filling of any vacant director position, except that the director shall be a member of the Young Physician Section. Action: adopted.

Resolution 22 directs that the Society shall change the corporate seal to replace the words State Medical Society of Wisconsin with Society. Action: adopted as amended.

Late Resolution 23 directs the Society to repeal the nursing home bed tax. Action: not adopted.

Late Resolution 24 directs the Society to support clinical management guidelines which outline that all patients admitted to a hospital emergency room (ER), including inpatient hospital care through the ER, with a traumatic injury should be screened.
for alcohol problems by use of serum collection for blood alcohol concentration and by means of a standardized brief assessment tool (i.e., CAGE or AIDIT). Late Resolution 24 also directs the Society to support removal of all legal financial barriers to the standard clinical procedure of collecting this clinical information, as indicated by clinical management guidelines. It further directs the Wisconsin Delegation to the AMA to introduce a resolution at the AMA House of Delegates for consideration in 2005 calling for such screening in ERs of patients with traumatic injuries. Action: referred to the Board of Directors.

**Late Resolution 25** directs the Society to support the policy priorities of “Physicians and Lawyers for National Drug Policy” (PLNDP). It further directs the Society to encourage physicians to partner with lawyers and judges in their communities to become members of PLNDP at no cost, and to work collaboratively in their communities to promote a more rational, public-health-focused approach to substance use and addiction. Action: referred to the Board of Directors.

**Late Resolution 26** directs the Society to oppose on a state level and the American Medical Association to oppose on a national level the assessment of any administration or other fees charged to physicians by insurance companies, PPOs or repricers for their participation in the network unless the fee meets the following requirements: (1) the fee directly benefits the physician in a well-defined manner; and (2) the fee is voluntary and is not required for the physician’s inclusion in the provider network. Action: referred to the Board of Directors.

**Late Resolution 27** directs the Society to request the Governor of Wisconsin to proclaim a “Clinical Trials Day.” Action: extracted from consent calendar and not adopted.

**Late Resolution 28** directs the Society to respond publicly and vigorously to those reports, pointing out inaccuracies and flaws in the studies, and insisting that local medical societies be a part of the discussion on medical costs if the discussion is to be considered valid. Action: substitute resolution adopted in lieu of Late Resolution 28.

**Late Resolution 29** directs the Society to support efforts to prohibit direct-to-consumer advertising of prescription drugs. Action: adopted as amended.

**Late Resolution 30** directs that the Society’s subcommittee of the Task Force on Professionalism continue with the planned third Citizen’s Congress in the fall of 2005. The resolution also directs that the Society continue to assist in its financial and administrative support of the third Citizen’s Congress and that the subcommittee of the Task Force on Professionalism be charged to work with Society staff to seek outside funding from appropriate sources to help defray the costs of the Congress, by at least 50 percent. Action: referred to the Board of Directors.

**Late Resolution 31** directs the Society to urge the Joint Commission on the Accreditation of Healthcare Organizations to approve the safe and efficient approach to the provision of surgical services. Action: referred to the Board of Directors.

**Late Resolution 32** directs the Society to explore all options to protect the Injured Patients and Families Compensation Fund, including, but not limited to, taking legal action against the state if ultimately necessary, privatizing the Fund or once again authorizing legislation or efforts to amend the state’s constitution in an attempt to reaffirm the Fund’s purpose and integrity. Action: adopted.


**Board Report C**—Chief Executive Officer. Action: adopted.


**Board Report C**—PIC Wisconsin. Action: approved.


**Board Report CC**—Health care Partnership Dues Category. Action: approved.


**Board Report CC**—Constitution and Bylaws Amendments: Associate Member Definition. Action: adopted as further amended.
The mission of the Wisconsin Medical Journal is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

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