

**WASHINGTON STATE MEDICAL ASSOCIATION  
OFFICIAL ACTIONS OF THE 2007 HOUSE OF DELEGATES**

**REFERENCE COMMITTEE A**

**BOARD OF TRUSTEES REPORTS**

**REPORT D – AMA Delegation (FILED)**

**REPORT F – Membership (FILED)**

**INFORMATIONAL REPORTS**

**#2 – Washington Poison Center Network (FILED)**

**#7 – Washington End of Life Consensus Coalition (FILED)**

**#10 – Physician Orders for Life Sustaining Treatment (POLST) Program (FILED)**

**RESOLUTIONS**

**RESOLUTION A-1 – Department of Corrections (REFERRED)**

RESOLVED, that the WSMA institute an informational program aimed at its members to help them comprehend the extent of medical problems experienced by wards of the DOC when re-entering their communities, and the range of activities being implemented to help resolve them. (Directive to Take Action)

**RESOLUTION A-2 – Appraising Compliance with Advance Directives and POLST Forms (NOT ADOPTED)**

**RESOLUTION A-3 – Coping with Chemicals in Pesticides (ADOPTED AS AMENDED)**

RESOLVED, that the WSMA instruct its staff to obtain, prepare and distribute brief and informative articles in WSMA Reports on the pros and cons of the use of pesticides. (Directive to Take Action)

**RESOLUTION A-4 – WSMA to Take No Position on Physician-Assisted Dying (NOT ADOPTED)**

**RESOLUTION A-5 – Reintroducing DDT in the US and Worldwide (ADOPTED AS AMENDED)**

RESOLVED, that the WSMA support the World Health Organization and the US Agency for International Development in their efforts to get the world to reconsider using DDT responsibly (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA encourage federal officials to implement a nationwide effort to better educate our citizens about the value of DDT in coping with the problems of malaria and West Nile Virus. (Directive to Take Action)

**RESOLUTION A-6 – Developing a Washington State Tuberculosis Control System for the 21<sup>st</sup> Century (ADOPTED AS AMENDED)**

RESOLVED, that the WSMA supports development of a statewide strategic plan for enhanced control of tuberculosis in Washington state that identifies gaps in current TB control programs, establishes measurable performance standards linked to specific funding sources, and encourages expanded state funding for TB control efforts. (Directive to Take Action; New HOD Policy)

**RESOLUTION A-7 – Support for Quality End of Life Care for Citizens of the State of Washington (ADOPTED)**

RESOLVED, that the WSMA remains committed to professional standards that will always allow our patients to feel safe under our care without fear regarding any conflicting motives physicians may have, and that the WSMA remains committed to providing support for medical interventions that foster quality end of life care without participation in hastening death or providing a means for patients to hasten their own death (Reaffirm HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports, in a multidisciplinary context, increased access to and funding of hospice and palliative care services for our patients that concur with the physician's role as healer, and the extension of hospice care, palliative care, pain management, and other medical interventions that further optimize end of life care for those with advanced disease processes, and other vulnerable populations, such as the terminally ill, elderly, and disabled (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA encourages the expansion of medical student and resident training in communication, counseling, management and treatment of patients facing end of life needs, including training in pain control and the use of hospice and palliative care (Directive to Take Action); and BE IT FURTHER

RESOLVED, that no trustee, officer, executive or other representative of the WSMA shall publicly represent for the WSMA any position on PAS or euthanasia that is contrary to the official position of the WSMA as determined by resolutions duly adopted by the House of Delegates. (Reaffirm HOD Policy)

**REFERENCE COMMITTEE B**

**BOARD OF TRUSTEES REPORTS**

**REPORT A - Auditor's Report (FILED)**

**REPORT B - Secretary-Treasurer's Report (FILED)**

**REPORT C - WSMA Business Plan & Status of 2006 Reports and Resolutions (FILED)**

**REPORT E - Nominations, 2007-2008 WSMA Officers and Trustees (FILED)**

**REPORT G – WSMA Organizational Priorities (ADOPTED)**

RESOLVED, that in 2008 the WSMA focus its resources on the following organizational priorities:

- #1. **Make Washington a better place to practice medicine and to receive care.**
  - A. Promote, stress and tie all policies and programs to the professional ethics and obligations of medicine.
  - B. Improve the quality of care.
    - 1. Support greater application of evidence based care.
    - 2. Promote adoption of best practices.
    - 3. Support appropriate care.
    - 4. Promote greater patient safety.
  - C. Aggressively promote reductions in unsupportable variations in care.
  - D. Improve the medical disciplinary process.
  - E. Continue to promote administrative simplification.
- #2. **Support a medical practice environment that serves the needs of the public and profession.**
  - A. Promote universal access to affordable coverage.
  - B. Promote medical practice viability.
  - C. Creatively engage with public and private organizations that affect the financing and delivery of care.
  - D. Promote an alternative to the present medical tort system.
- #3. **Strengthen the ability of the WSMA to support and advocate on behalf of its members.**
  - A. Recruit and retain members – push the “value proposition”.
  - B. Promote physician collaboration, communications, sense of community, and engagement.
  - C. Continue the WSMA’s strong branding campaign.
  - D. Maintain fiscal soundness.
  - E. Provide tangible services.

**EXECUTIVE COMMITTEE REPORTS**

**REPORT A - Physicians’ Foundation (FILED)**

**REPORT D - Continuing Medical Education (FILED)**

## **JUDICIAL COUNCIL REPORTS**

### **REPORT A – Conscientious Objection (FILED)**

## **BYLAWS COMMITTEE REPORTS**

### **REPORT A - 2007 Bylaws Amendment (ADOPTED)**

#### Article IV, Section 2 – COMPONENT COUNTY SOCIETIES

A component county society is a medical organization representing the medical profession in a geographic area encompassing one or more counties. A unified county society is one in which its Bylaws mandate its allopathic members to be members of this Association and its Osteopathic members to be members of this Association and/or the Washington Osteopathic Medical Association. A decision by a component county society to change its bylaws from a non-unified to a unified county society must be approved by the Executive Committee and ratified by the Board of Trustees. The WSMA may cease to recognize a unified component county society as a unified component society if the county society plans to initiate a decision, action, policy or program that the WSMA believes would be detrimental to its interests. A decision to cease recognition of a unified county society as a unified county society must be made by the Executive Committee and ratified by the Board of Trustees.

### **REPORT B - 2007 Bylaws Amendment (ADOPTED)**

#### Article VIII, Section 3 – MEETINGS OF THE BOARD OF TRUSTEES

The Board of Trustees shall meet immediately prior to or during the annual session of the Association and at such time or times as it may be called to meet by the President. The President may call a special meeting of the Board on his own motion and must call a special meeting on the written request of nine members of the Board.

When calling a special meeting, the President must give at least 48 hours notice. The notice should state the items of business that will be considered or voted upon. A copy of the call for the special meeting must be inserted in the meeting minutes. A special meeting of the Board may be held in person, by telephone or other electronic means.

## **INFORMATIONAL REPORTS**

### **#1 – Physicians Insurance A Mutual Company (FILED)**

### **#3 - Qualis Health (FILED)**

### **#4 - Medical Quality Assurance Commission (FILED)**

### **#5 - Washington Physicians Health Program (FILED)**

### **#6 - University of Washington School of Medicine (FILED)**

### **#8 - Washington State Medical Education and Research Foundation (FILED)**

## **RESOLUTIONS**

### **RESOLUTION B-1 – Establishing a “National Standard of Care” Across the U.S.** **(ADOPTED)**

RESOLVED, that the WSMA House of Delegates direct its AMA delegation to increase efforts at the AMA House of Delegates to get a national standard adopted by each of the 22 states still employing the Locality Rule concerning expert witness testimony. (Directive to Take Action)

### **RESOLUTION B-2 – Guidelines for Managing Chronic Non-cancer Pain** **(ADOPTED AS AMENDED)**

RESOLVED, that the WSMA work with the Agency Medical Directors’ Group to communicate the existence of the “Guidelines on Opioid Dosing for Non-cancer Pain” to Washington State physicians. (Directive to Take Action)

### **RESOLUTION B-3 – Centers of Excellence Designation** (ADOPTED AS **AMENDED)**

RESOLVED, that the WSMA seek eligibility for inclusion of physician-owned practices as Centers of Excellence by the Washington State Department of Social and Health Services. (Directive to Take Action)

### **RESOLUTION B-4 – WSMA Policy for Expert Witness Testimony** (ADOPTED AS **AMENDED)**

RESOLVED, that the WSMA investigate the feasibility of developing a procedure that (i) allows members to file a good faith complaint against members alleged to have violated the WSMA Expert Witness Policy [JC Rpt A, A-05], or other policies of the WSMA, (ii) provides for Judicial Council review of those complaints, and (iii) affords the accused meaningful due process (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the Washington State Medical Association seek legislation that would codify the Expert Witness qualifications and standards for testimony as adopted in Judicial Council Report A, A-05. (Directive to Take Action)

### **RESOLUTION B-5 – Controlling Access to Physician-Specific Prescribing Information** (ADOPTED AS AMENDED in lieu of Resolution B-6)

RESOLVED, that the WSMA pursue the creation of a state-controlled, prescriber “opt-in” program through which a physician would have to give his or her consent before identifiable prescribing information could be used by commercial entities (Directive to Take Action); and BE IT FURTHER

RESOLVED, the “opt-in” program be managed as part of the medical license application and renewal process. (Directive to Take Action)

### **RESOLUTION B-6 – Ensuring the Privacy of Prescription Information** (Resolution **B-5 Adopted as Amended in Lieu of Resolution B-6)**

## **REFERENCE COMMITTEE C**

### **BOARD OF TRUSTEES REPORTS**

#### **REPORT H – WSMA and WSHA Health Care Policy Principles (ADOPTED AS AMENDED)**

RESOLVED, that the House of Delegates adopt the joint statement policy principles:

1. There should be universal access to affordable health insurance and a government sponsored safety net.
2. The health care system should allow and encourage the availability of different levels of coverage beyond a basic level of protection for those who want it. There must be choice of types of insurance, of physicians and other caregivers – to reflect our pluralistic culture.
3. The health care system should be based on fairness and equity, reflecting personal responsibility and accountability by all stakeholders – patients, physicians and providers of services, public and private payers and insurers. The federal tax code should treat those covered by employer-based insurance or individual-based insurance equally.
4. The delivery and financing of the system must include administrative simplification and standardization, with clear accountability and responsibility by all participants.
5. The financing of the system should include incentives to improve quality, control cost, enhanced efficiency and eliminate the use of ineffective health services and inappropriate variations in care. The system must include improved patient safety and a reformed system for compensating patients injured within the healthcare delivery system.

### **EXECUTIVE COMMITTEE REPORTS**

#### **REPORT B – Legal Affairs (FILED)**

#### **REPORT C - Public Policy and Health Care Economics (REPORT FILED, RESOLVE ADOPTED)**

RESOLVED, that the Interspecialty Council support the WSMA's focused agenda to preserve and promote the viability of Washington's medical practices, to implement administrative simplification, to minimize adverse impact of emerging health plan policy changes and to maintain the viability of the WSMA.

#### **REPORT E – WAMPAC (FILED)**

### **INFORMATIONAL REPORTS**

#### **#9 – Administrative Simplification (FILED)**

#### **#11 – Puget Sound Health Alliance (FILED)**

## **RESOLUTIONS**

### **RESOLUTION C-1 – Board of Pharmacy Tying Up Electronic Prescriptions in Washington (ADOPTED AS AMENDED)**

RESOLVED, that the WSMA and Board of Pharmacy work with the State Legislature to expedite the approval process for physicians, pharmacies and software for the transmission and/or receipt of electronic prescriptions. (Directive to Take Action)

### **RESOLUTION C-2 – Exploitation of Physicians by MAA (ADOPTED AS AMENDED)**

RESOLVED, that the WSMA bring legislative pressure to increase the fee schedule of Medicaid to 100% of the Uniform Medical Plan schedule. (Directive to Take Action)

### **RESOLUTION C-3 – Unreimbursed/Uncompensated Hospital Care (REFERRED with a report back at A-08 meeting)**

RESOLVED, that the WSMA seek introduction and passage of legislation that would stop hospitals from compelling physicians to provide free labor in exchange for medical staff privileges by developing a mechanism that would require hospital mandated physician services to be compensated at fair market rates. (Directive to Take Action)

### **RESOLUTION C-4 – Changing the Law Regarding the Composition of Local Health Boards (ADOPTED)**

RESOLVED, that the WSMA seek a change in state law to create appointed local boards of health that include physician and other stakeholder membership, such as other health professionals, representatives of regulated industries, consumers and elected officials. (Directive to Take Action)

### **RESOLUTION C-5 – WSMA Endorsement of Universal Health Care Coverage (ADOPTED AS AMENDED in lieu of Resolutions C-9 and C-15)**

RESOLVED, that the WSMA take the unqualified position that universal health care coverage is an achievable objective through a variety of mechanisms which could be private, public, or a combination thereof (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocate and support universal health care coverage based on the following principles that largely reflect those articulated by the Institute of Medicine in its 2004 publication, *Insuring America's Health*:

- ♦ Health care coverage should be universal so that no one is without access to health care by reason of employment status, health status, or other life circumstances.
- ♦ Health care coverage should promote timely access to high-quality care that is both therapeutically effective and economically efficient.
- ♦ Health care coverage should be continuous with no breaks in coverage that can delay or interrupt necessary medical care and expose individuals and families to the risk of severe financial hardship.

- ♦ Health care coverage should be affordable to individuals and families so that the sum of contributions to health coverage through premiums, taxes and out-of-pocket requirements do not render unaffordable the basic necessities of life.
- ♦ Health care coverage should be affordable and sustainable for society through an administrative approach that (a) maximizes efficiency through core coverage standards and operating procedures that are common to all financing entities and (b) factors into coverage decisions accurate measures of the true costs and benefits of new drugs, devices and treatment protocols (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA promote the cause of universal health care coverage through participation in community-sponsored public forums and through guest editorials, letters, or other submissions to Washington's major print and electronic media. (Directive to Take Action)

**RESOLUTION C-6 – Ensuring the Privacy of Prescription Information (Renamed Resolution B-6)**

**RESOLUTION C-7 – Community Health Centers (REFERRED)**

RESOLVED, that the WSMA encourage all physicians and other health care providers, medical societies and organizations, government, insurers, hospitals, etc. to include community health centers and clinics in any future plans for reform of the health care system. (Directive to Take Action)

**RESOLUTION C-8 – Clarification of WSMA Policies on Tobacco Legislation (ADOPTED AS AMENDED)**

RESOLVED, that the WSMA pay special scrutiny to S.625/H.R.1108 and any other legislation supported by a tobacco company and oppose any special protections legislated or otherwise for the tobacco industry (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA believes that the most dangerous tobacco products, such as cigarettes, should be regulated with the utmost stringency, and that these products should be labeled with the most obvious and urgent warnings. (New HOD policy)

**RESOLUTION C-9 – Universal Health Care (Resolution C-5 Adopted as Amended in lieu of Resolution C-9)**

**RESOLUTION C-10 – Encouraging Safer Chemicals Policies and Regulatory Reform of Industrial Chemicals to Protect and Improve Human Health (ADOPTED)**

RESOLVED, that the WSMA urge the AMA to support restructuring of the Toxic Substances Control Act to:

- 1) require chemical producers to provide comprehensive chemical hazard information in forms that are appropriate for use by the public, workers, industry, and government;
- 2) serve as a vehicle to help federal and state agencies to efficiently assess the human and environmental hazards of chemicals in commercial use and reduce the use of those of greatest concern; and

3) introduce complementary federal mechanisms to motivate investment, education, and research in safer ('green') chemical technology (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA supports Washington State legislative efforts to protect the public, particularly children, from harmful chemicals in consumer products, to reduce the burden of toxic exposure and improve public health for Washington's citizens. (Directive to Take Action. New HOD Policy)

**RESOLUTION C-11 – Early Disclosure Practices for Dealing with Adverse Events**  
**(NOT ADOPTED)**

**RESOLUTION C-12 – Reimbursement of Services** (ADOPTED in lieu of Resolution C-13)

RESOLVED, that the WSMA take steps to help assure that physicians who are practicing within the scope of their practice are reimbursed by third parties for professional services regardless of a diagnosis of chemical abuse/dependency being made. (Directive to Take Action)

**RESOLUTION C-13 – Discriminatory Third Party Coverage** (Resolution C-12 adopted in lieu of Resolution C-13)

**RESOLUTION C-14 – Spinal Injections for Pain Constitute a Practice of Medicine; Not Appropriate for Paraprofessionals** (REFERRED FOR DECISION)

RESOLVED, that the WSMA considers the performance of interventional pain procedures such as spinal injections to be part of the practice of specialty medicine and inappropriate for CRNAs, PAs, and NPs (New HOD Policy); and BE IT FURTHER

RESOLVED, for the protection of our public that the WSMA will take any legislative measures necessary to prevent CRNAs and other paraprofessionals from performing such techniques. (Directive to Take Action)

**RESOLUTION C-15 – Health Care Reform** (Resolution C-5 Adopted as Amended in lieu of Resolution C-15)

**RESOLUTION C-16 – Yakima's New Osteopathic Medical School** (ADOPTED AS AMENDED)

RESOLVED, that the WSMA endorse the development of the new Osteopathic Medical School in Eastern Washington and further support the development of additional seats in Washington MD and DO schools (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA encourage its members to participate in the education of our future physicians. (Directive to Take Action)

## 2007-2008 OFFICERS/TRUSTEES

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Eastern District Trustee	Stuart D. Freed	Chelan-Douglas
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Western District Trustee	Stephen W. Bayles	King
Western District Trustee	Susan M. Harvey	King
Western District Trustee	Nicholas Rajacich	Pierce
Resident Trustee	Jeanne Cawse-Lucas	King
Student Trustee	Amanda Shepherd	King