WASHINGTON STATE MEDICAL ASSOCIATION
OFFICIAL ACTIONS OF THE 2008 HOUSE OF DELEGATES
Referred Items Are Highlighted

STATUS REPORT
06/25/09

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 – Unified AMA Membership
(ADOPTED AS AMENDED)

RESOLVED, that the WSMA directs its AMA delegation to take a resolution to the AMA House of Delegates at the 2008 Interim Meeting calling for the AMA to establish a membership goal of at least fifty percent of all US physicians over the next 10 years; and that this be a high priority; and BE IT FURTHER

RESOLVED, that the WSMA Executive Committee attempt to negotiate a reasonable unified membership agreement with the AMA.

Staff: TC/SM

Status: A resolution calling on the AMA to make attaining at least half of all US physicians as members over the next 10 years a high priority was submitted for consideration at the 2008 Interim Meeting. The resolution was deemed outside the advocacy focus of the Interim Meeting and, thus, was not considered. The WSMA Delegation is working with the other states in the Western Mountain States Conference on a revised membership resolution to be submitted for consideration at the 2009 Annual Meeting.

A revised resolution calling on the AMA to make attaining at least half of all US physicians as members over the next five years its highest priority was submitted by the WSMA (co-sponsored by eight additional states) for consideration at the 2009 Annual Meeting. There was testimony from the AMA Board of Trustees that membership is a priority, and that while well-intentioned, this resolution will not aid the AMA's membership efforts. The resolution was not adopted.

RESOLUTION A-2 - Marijuana Reclassification (Resolution A-2 renamed and ADOPTED AS AMENDED in lieu of Resolution A-3)

RESOLVED, that the WSMA support reclassification of marijuana's status as a Schedule I controlled substance to a more appropriate schedule; and BE IT FURTHER

RESOLVED, that the WSMA support efforts to cease the criminal prosecution and other enforcement actions against physicians and patients acting in accordance with state medical marijuana law; and BE IT FURTHER

RESOLVED, that the WSMA urge the AMA delegation to submit a similar resolution to the AMA House of Delegates at its 2008 Interim meeting.

Staff: LE/SM

Status: A resolution on this issue was submitted and accepted for consideration at the AMA Interim Meeting, November 8-11, 2008. After hearing mixed testimony on this and another resolution on this issue, the AMA House voted to refer both resolutions for further study.

The Executive Committee decided in an earlier meeting of the Committee to not move forward with this legislation in Olympia because defining marijuana differently is controlled by the Drug Enforcement Administration at the federal level and not at the state level.

RESOLUTION A-3 - Marijuana: Medical Use and Research (Resolution A-2 adopted as amended in lieu of Resolution A-3)

RESOLUTION A-4 - Use of Naloxone for Prehospital Emergency Treatment Of Opioid Poisoning (ADOPTED AS AMENDED)

RESOLVED, that the WSMA support public availability of naloxone as a harm reduction strategy for families of persons at risk of opioid overdose, with appropriate education; and BE IT FURTHER

RESOLVED, that the WSMA support legislation that would authorize basic Emergency Medical Technicians (EMTs) to administer naloxone; and BE IT FURTHER

RESOLVED, that the WSMA encourage the Department of Health and other appropriate agencies to produce educational materials on the use of naloxone in opioid overdose.

Staff: LE

Status: After hearing from the trauma medical directors, it was decided to not pursue legislation on this issue this year. The medical directors were concerned about the cost of ensuring that naloxone was on first responders' rigs and that training EMTs would cost them resources. The WSMA drafted and introduced legislation that would grant immunity from prosecution to any person who reports a drug overdose to 911. The legislation also would have not allowed anyone to administer naloxone if it is available. The bill died in the House Rules Committee where the majority did not bring the bill out for a vote. The WSMA worked closely

with the ACLU on this legislation, but could not overcome the objections of law enforcement associations.

RESOLUTION A-5 - End of Life Issues (ADOPTED AS AMENDED)

RESOLVED, that the WSMA take appropriate steps to communicate to its members and to the general public the WSMA's position on end of life issues as determined by the House of Delegates.

Staff: JH

Status: The WSMA has communicated its position on end of life issues via its standard communications vehicles and in interviews with the media. After Initiative 1000 passed, the WSMA, along with the hospital association, placed several opeds emphasizing the need for patients to make their end of life wishes known – highlighting the materials available on the WSMA website. Several editorials also highlighted the WSMA resources. The WSMA continues to communicate its position with the media. The WSMA also submitted comments to the DOH as part of the I-1000 rule making process, and has posted the final rules on our website

RESOLUTION A-6 - Washington Poison Center (NOT ADOPTED)

RESOLUTION A-7 - Anti-Lead Resolution (ADOPTED)

RESOLVED, that the WSMA continue its efforts to assure that both its own members and members of the general public congratulate our Department of Health for its achievements in the lead poisoning arena and the citizens of the state for backing these successful preventative efforts (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA encourage its AMA Delegation members urge the AMA to do likewise on the national scene. (Directive to Take Action)

Staff: JH/SM

Status: A resolution on this issue was submitted to the 2008 AMA Interim Meeting. The resolution was deemed outside the advocacy focus of the Interim Meeting and, thus, was not considered. *The AMA Delegation did not resubmit this resolution for consideration at the 2009 Annual Meeting*.

RESOLUTION A-8 - Firearms Availability and Safety (NOT ADOPTED)

RESOLUTION A-9 - WSMA Public Health Committee (REFERRED TO BOARD OF TRUSTEES)

RESOLVED, that the WSMA constitute, before March 2009, a standing "Public Health Committee" with a target of 5-7 committee members, with a minimum of one face-to-face meeting annually, and with most of its deliberations conducted by email or conference call (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA request that the Washington Public Health Officers Society appoint one WSMA member as their representative to the WSMA Public Health Committee. (Directive to Take Action)

Staff: JH/BOT

Status: At its January meeting, the WSMA Board voted to not adopt Resolution A-9, and to provide a report on the WSMA's involvement in public health activities for the 2009 House of Delegates.

RESOLUTION A-10 - Expanding Physician Use of the CHILD Profile Immunization Registry (ADOPTED AS AMENDED)

RESOLVED, that the WSMA encourage all member physicians providing childhood immunizations services to fully utilize the CHILD Profile system by enrolling all of their pediatric patients in this electronic immunizations registry and maintaining accurate, up-to-date immunization profiles on these patients; and BE IT FURTHER

RESOLVED, that the WSMA work with DOH to reduce the cost of integrating the state vaccine registry into clinical practices and to increase the utility of the registry for clinicians.

Staff: JH/BP

Status: The WSMA encouraged members to use the CHILD Profile system in the Nov/Dec issue and April issue of WSMA Reports. The WSMA also created a link to the CHILD Profile page under the Center for Medical Professionalism on the WSMA website (click on Quality Care/Best Practices).

To address the substantial budget reductions to the Vaccines For Children funding and that program's likely termination over the near term, the WSMA has formed an ad hoc work group, chaired by Dr. Deb Harper, president-elect, to explore strategies for improving vaccinations for children in Washington.

RESOLUTION A-11 - Physicians' Right of Conscience (WITHDRAWN)

RESOLUTION A-12 – Support of Immunizations in Washington State (ADOPTED)

RESOLVED, that the WSMA support the use of the current immunization schedule published by the Centers for Disease Control Advisory Committee for Immunization Practices (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA oppose legislation that restricts the use of immunizations that are FDA approved and recommended by the ACIP. (Directive to Take Action)

Staff: LE

Status: SB 5756 was introduced in the Senate. The bill required notification by health care providers before an injection or ingestion of "hazardous" substance. Substance is mercury or thimerisol. It was an anti-vaccine bill. The WSMA testified against the bill. The measure died in committee where it was not brought up for a vote.

WSMA's legislation, HB 1703, which would have made it more challenging for a parent to claim a personal exemption from immunizing their children to enter school, died on the Senate floor calendar because of a series of amendments by the sponsor of SB 5756 that would have gutted the bill. The WSMA could not support the amendments as they were made available by Senator Oemig.

<u>RESOLUTION A-13 – Support for the Medical Home Approach in Primary Care</u> **(ADOPTED)**

RESOLVED, that the WSMA support the implementation of strategies that promote primary care as described in the “Joint Principles of a Patient-Centered Medical Home”* adopted in March 2007 by the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP) and the American Osteopathic Association (AOA) (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA make restoration and improvement of our primary care system one of its highest priorities legislatively, with insurance companies, and in support of the system changes needed toward this end. (Directive to Take Action)

Staff: LE/BP

Status: The WSMA participated in the development of the medical home report prepared by the Washington State Health Care Authority, which includes a proposal to conduct pilot projects of different medical home configurations (pending state budgetary funding).

Legislation was introduced by the Primary Care Coalition, to which the WSMA belongs, to cause the development of a series of pilot programs to test a variety of primary care reimbursement models.

The primary care medical home pilot programs legislation passed the Legislature. ***The governor has signed the bill into law.***

*Core Principles of a Patient-Centered Medical Home

Personal physician - each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care

Physician directed medical practice – the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.

Whole person orientation – the personal physician is responsible for providing for all the patient’s health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care.

Care is coordinated and/or integrated across all elements of the complex healthcare system including subspecialty care, hospitals, home health agencies, nursing homes as well as the patient’s community (e.g., family, public and private community-based services).

Quality and safety are hallmarks of the medical home in which practices advocate for their patients to support the attainment of optimal, patient-centered outcomes that are defined by a care planning process driven by a compassionate, robust partnership between physicians, patients, and the patient’s family.

Enhanced access to care is available through systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician, and practice staff.

Payment appropriately recognizes the added value provided to patients who have a patient-centered medical home.

RESOLUTION A-14 - Resignation of Dr. Richard Ambur from the WSMA AMA Delegation (ADOPTED without audible dissention)

RESOLVED, that the Washington State Medical Association House of Delegates, the WSMA Board of Trustees, and the WSMA AMA delegation congratulate Dr. Richard Ambur on his years of dedicated service for the physicians and patients of the state of Washington; and BE IT FURTHER

RESOLVED, that we all proclaim our profound thanks for Dr. Ambur's heartfelt, witty, warm and wise service during all these years.

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 2007 Reports and Resolutions (FILED)

REPORT E - Nominations, 2008-2009 WSMA Officers and Trustees (FILED)

REPORT G - House of Delegates Task Force (FILED)

EXECUTIVE COMMITTEE REPORTS

REPORT A - Physicians' Foundation (FILED)

REPORT D - Continuing Medical Education (FILED)

REPORT G - WSMA Organizational Priorities 2009 (FILED)

#1. **Make Washington a better place to practice medicine and to receive care**.

A. Tie all policies and programs to the professional ethics and obligations of medicine.

B. Improve the value and quality of care.

1. Support greater application of evidence based care.
2. Promote adoption of best practices.
3. Aggressively promote reductions in unsupportable variations in care.

4. Support appropriate levels of patient care.
5. Promote greater patient safety.

C. Continue to push for greater administrative simplification.

D. Use our organizational ("brand") credibility to support this priority

E. Engage the public in an honest discussion about what sort of health care system it wants – with quality as a given (*do we want it all, do we want it now, do we want affordability?*)

#2. **Support a medical practice environment that serves the needs of the public and profession**.

A. Promote universal access to affordable coverage.
B. Support medical practice viability.
C. Engage with public and private organizations that affect the financing and delivery of care.
D. Support alternatives to the current medical tort system.

#3. **Strengthen the ability of the WSMA to provide value to its members**.

A. Promote physician collaboration, communications, sense of community, and engagement.
B. Continue the WSMA's strong branding campaign.
C. Provide tangible services.
D. Recruit and retain members, stressing the value of the support, services, and leadership that the WSMA offers to the physicians of Washington State (our "Value Proposition").
E. Maintain fiscal soundness.

Staff: TC – see business plan status report.

REPORT H - Resolution B-4; Expert Witness Testimony (FILED)

BYLAWS COMMITTEE REPORTS

REPORT A - 2008 Bylaws Amendment (REFERRED TO BOARD OF TRUSTEES with a report back at A-09 meeting)

Article VII, Section 4 – NUMBER OF DELEGATES

a. Each component county society shall be entitled to one delegate and one alternate for each ~~fifty members~~ one hundred members, or fraction thereof, of the component county who are active or active limited members of this Association, as of August 1.

b. Each specialty section shall be entitled to one delegate and one alternate for each one hundred members, or fraction thereof, of the component specialty society who are active or active limited members of this Association, as of August 1.

c. Each special section defined in these Bylaws shall be entitled to one delegate and one alternate.

d. Each delegate and alternate must be a member of this Association.

e. Each component society or section may elect delegates or alternates from among any eligible classes of membership.

Staff: JH/BOT

Status: At its November meeting, the EC voted to recommend to the Board of Trustees that the composition of the House of Delegates be left as is, and the speaker and vice speaker be asked to make the process more efficient, and at the same time have staff survey past attendees on the function of the HOD and bring those results to the May Board meeting. At its January 25 meeting, the WSMA Board voted to accept the Executive Committee's recommendation.

An online survey was sent to all members of the HOD in mid-March soliciting feedback on several items related to the House of Delegates, including asking for specific suggestions for improvements. Survey results were reported to the Board at its May meeting. The survey responses will be used as a reference for making improvements to the HOD process.

<u>REPORT B – 2008 Bylaws Amendment</u> (ADOPTED)

Article VIII, Section 10 – PHYSICIAN ASSISTANT MEMBERS

A physician assistant member shall be one who is licensed by the Medical Quality Assurance Commission. A physician assistant member shall have all the rights and privileges of an active member, except the right to vote or to be an officer; however ~~the~~ a Physician Assistant ~~Section~~ who is a delegate to the House of Delegates may vote while carrying out the function of the position. Physician assistant dues shall be determined by the Board of Trustees.

<u>INFORMATIONAL REPORTS</u>

<u>#1 – Physicians Insurance A Mutual Company</u> (FILED)

<u>#3 - Qualis Health</u> (FILED)

<u>#4 - Medical Quality Assurance Commission</u> (FILED)

<u>#5 - Washington Physicians Health Program</u> (FILED with commendation)

<u>#6 - University of Washington School of Medicine</u> (FILED)

<u>#8 - Washington State Medical Education and Research Foundation</u> (FILED)

<u>#9 - Washington Patient Safety Coalition</u> (FILED)

<u>RESOLUTIONS</u>

<u>RESOLUTION B-1 - State to Revise Mechanism by Which Prescribed Pharmaceuticals Are Denied Coverage</u> (ADOPTED AS AMENDED)

RESOLVED, that the WSMA encourages state payers of medical services to cover physician-prescribed pharmaceuticals unless a state-physician review provides evidence that a substitution is equivalent, safe and cost effective.

RESOLVED, that if prerequisites for coverage are established by state payers, the burden of proof is on the payers to assure that such prerequisites are paid for and demonstrated available to the insured within 20 business days of any denial. (New HOD Policy)

Staff: LE/BP

Status: Staff has approached the state agencies with the provisions of the resolution; discussions are proceeding. Staff also proposed a work plan to engage the WSMA and the state specialty societies on strategies to address Medicaid budget issues, including prescription drugs.

The WSMA supported governor's request bill, SB 5892 that altered the state's preferred drug list. The Medicaid program identified 600 physicians who write "dispense as written" more than 25% of the time. In addition, there are 200 physicians that follow this same pathway 80% of the time. The fiscal savings on the bill amounted to $37 million (state and federal) for the biennium. It was incorporated into the 2009-2011 budget.

The legislation will allow the medical director of Medicaid to profile physicians and try to bring outlier physicians into more compliance as compared to the physician's peers. In addition, the legislation adopts a "generics first policy" when a drug is being prescribed for the first course of treatment. If another medication is felt more appropriate for that physician's patient, the physician can petition on the basis of medical necessity for that particular medication. The state's Drug Utilization Review Committee will also opine on the appropriateness of the generic drug. The drug needs to be therapeutically equivalent.

The bill was signed into law.

RESOLUTION B-2 - Early Disclosure Practices for Dealing with Adverse Events (WITHDRAWN)

RESOLUTION B-3 - Restoration of Physician Autonomy (NOT ADOPTED)

RESOLUTION B-4 - Second Nominating Committee (ADOPTED AS AMENDED)

RESOLVED, that the House of Delegates finds that the nominating process for the WSMA officers could be improved and instructs the Board of Trustees to study the issue and possible solutions, and report to the House of Delegates at the 2009 Annual Meeting.

Staff: TC/BOT

Status: The 2009 Committee has been established and met in May. A new form for requesting suggested nominees has been developed and was available, along with other information regarding the nomination process, for download from the WSMA website. ***Information about the Nominating Committee and the process for selecting nominees was included in the Membership Memo in late January. A written request for suggested nominees was sent in mid-February to county medical societies, medical***

specialty societies, and organized medical staffs. Additional information about the nomination process and requests for suggested nominees were included in issues of the Membership Memo, the Monday Memo and WSMA Reports.

RESOLUTION B-5 - Conflict of Interest Declaration (ADOPTED AS AMENDED)

RESOLVED, that all nominees and candidates for the WSMA Board of Trustees be required to make a curriculum vitae available, including pertinent disclosures.

Staff: SM

Status: All incumbents on the Board of Trustees have been asked to submit a CV and Board of Trustees Conflict of Interest Disclosure Form if they are running for another term on the Board. A revised form for submitting suggested nominations notes the requirement for all suggested nominees to submit a CV and Conflict of Interest Disclosure Form.

RESOLUTION B-6 - Doctors Code of Conduct (ADOPTED AS AMENDED in lieu of Resolution B-9)

RESOLVED, that the WSMA encourage hospital medical staffs to independently develop Standards of Professional Conduct similar to the AMA Model Medical Staff Bylaws.

Staff: TL

Status: The WSMA, in conjunction with the WSHA and WPHP, has sent a letter to all hospital CEOs, CMOs and chiefs of medical staffs and other interested stakeholders about the role the WPHP can play in assisting in the treatment of some disruptive physician disorders. Similar information was highlighted in the January issue of *WSMA Reports*.

The WSMA has sent a letter to all medical staff presidents about the new Joint Commission disruptive physician behavior requirement (effective January 1, 2009, the commission requires accredited organizations to comply with a new leadership standard that addresses disruptive and inappropriate behaviors). The letter outlined issues medical staff should be aware of, including what to do, and our recommendations.

The WSMA has recently updated its model medical staff bylaws which incorporate a model disruptive physician code of conduct policy based upon Joint Commission requirements and the new AMA Code of Conduct policy. The WSMA is preparing to launch a statewide program to push this information out to hospital medical staffs this summer. *Letters have been sent to chiefs of medical staffs throughout the state. All county medical societies were cc'd on the correspondence. The new bylaws have also been publicized in WSMA communication vehicles.*

RESOLUTION B-7 - Adoption of EMRs (NOT ADOPTED)

RESOLUTION B-8 - Mandatory Emergency Call Coverage (Executive Committee Report F [Reference Committee C] resolves adopted as amended in lieu of Resolution B-8)

<u>RESOLUTION B-9 - Fair Process for "Disruptive" Physicians</u> (Resolution B-6 adopted as amended in lieu of Resolution B-9)

<u>RESOLUTION B-10 - Non-Profit Non-Compete Hurts Washington Physicians</u> (NOT ADOPTED)

<u>RESOLUTION B-11 - Analysis of Stark Rule</u> (WITHDRAWN)

<u>RESOLUTION B-12 - Definition of Surgery</u> (ADOPTED AS AMENDED)

RESOLVED, that the WSMA adopt the following AMA Definition of Surgery H-475.983:

"Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. Surgery also is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed, or manipulated by closed reductions for major dislocations or fractures, or otherwise altered by mechanical, thermal, light-based, electromagnetic, or chemical means. Injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs, and the central nervous system also is considered to be surgery (this does not include the administration by nursing personnel of some injections, subcutaneous, intramuscular, and intravenous, when ordered by a physician). All of these surgical procedures are invasive, including those that are performed with lasers, and the risks of any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife, or scalpel."

Policy Adopted

<u>RESOLUTION B-13 - National Practitioner Data Bank Report</u> (ADOPTED)

RESOLVED, that the WSMA adopt the policy that all licensed health care providers should be subject to mandatory reporting to the NPDB for: 1) adverse licensure actions; 2) adverse clinical privilege actions; 3) adverse professional society membership actions; 4) paid malpractice judgments or settlements; 5) adverse Medicare/Medicaid participation actions; and, 6) if applicable, adverse DEA licensure actions (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA work to implement this policy in regulation or legislation at an opportune time. (Directive to Take Action)

Staff: TL

Status: Legal Affairs staff has communicated with the National Practitioners Data Bank (NPDB) and the Washington State Department of Health and determined that most of this information is currently being reported. In addition, it is our understanding that through the adoption of new federal regulations by the NPDB reports currently required under the NPDB and the Health Integrity and Protection Data Bank (HIPDB) will be combined. Based upon these developments no legislation appears to be necessary at this time, but continued monitoring of these federal regulations and communications with the DOH on the progress of these regulations may be productive.

REFERENCE COMMITTEE C

EXECUTIVE COMMITTEE REPORTS

REPORT B - Legal Affairs (FILED)

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

RESOLVED, that the Interspecialty Advocacy 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.

Staff: LE/BP

Status: The WSMA is continuing this effort in the 2009 meetings of the Interspecialty Advocacy Council.

REPORT E - WAMPAC (FILED)

REPORT F - House of Delegates (A-07) Resolution C-3, Unreimbursed/Uncompensated Hospital Care (REPORT FILED, RESOLVES ADOPTED AS AMENDED in lieu of Resolution B-8)

RESOLVED, that the WSMA endorses elective rather than mandatory emergency coverage through Medical Staff Bylaws, Rules and Regulations and will communicate that information to the Washington State Hospital Association (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA endorses that hospitals no longer require mandatory emergency coverage for non-assigned patients as a prerequisite to hospital privileges and will communicate that information to the Washington State Hospital Association. (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA and Washington State Hospital Association develop a plan to examine call coverage issues, and offer detailed recommendations on how physicians and hospitals will collaboratively address regional solutions on coordinated call coverage and compensation by May, 2009. (Directive to Take Action)

Staff: JH

Status: The WSMA formed a joint ED Call Coverage Task Force with the hospital association to develop a recommendation(s) on how to address the issues surrounding call by March 15. Members of the committee include six members of the WSMA and six hospital CEOs. The task force met in December, January and late February. The task force has submitted its final report to the Executive Committees of both WSMA and WSHA. The two organizations met on April 9 to discuss the report. The report was approved by both the WSHA and WSMA boards in May. A report will be submitted to the 2009 HOD.

RESOLUTIONS

RESOLUTION C-1 - Non-Profit Non-Compete Hurts Washington Physicians
(Renamed Resolution B-10)

RESOLUTION C-2 - Require Choice: Medical Clinics Or Tobacco (ADOPTED AS AMENDED)

RESOLVED, that the WSMA work with the legislature to introduce legislation prohibiting the sale of tobacco products from a business or facility that also operates a health clinic on the same premises. (New HOD Policy)

Staff: LE

Status: HB 2257 was introduced by Representative Brendan Williams of Olympia and would have prohibited the sale of tobacco in a facility or store with a health clinic. The legislation died in the House committee without a vote.

RESOLUTION C-3 - Screening and Treatment of Sleep Apnea as a Critical Element in Driver Safety (ADOPTED)

RESOLVED, that the WSMA encourage the Washington State Department of Transportation to fully embrace the FMCSA recommendations with respect to appropriately screening commercial drivers who are at high risk for sleep apnea (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA encourage the Washington State legislature to review drowsy driving legislation enacted in other states, and enact reasonable strategies to lower the risk to all citizens in proximity to the roadway (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA support the creation of initiatives for increasing physician and patient awareness of screening and treatment of sleep disorders, especially those who hold commercial drivers licenses, operate a motor vehicle, or operate other heavy machinery such as boats, cranes, aircraft, and lifts. (Directive To Take Action)

Staff: LE

Status: The Executive Committee decided that the best strategy to carry out this resolution is to send a letter to the Secretary of Transportation and the Department of Licensing outlining the issue and indicating our desire to work with them on the issue. ***The letter will be sent this summer.***

RESOLUTION C-4 – Encouraging Sustainable Food Practices In Healthcare (ADOPTED AS AMENDED)

RESOLVED, that the WSMA work with the Washington State Hospital Association to encourage all Washington healthcare facilities to implement healthy, sustainable food practices, including the procurement of meat and poultry produced in sustainable operations without the use of non-therapeutic antibiotics; the purchasing of locally-produced foods, grown without the use of pesticides and foods grown with methods that assure environmental sustainability (Directive To Take Action); and BE IT FURTHER

RESOLVED, that the WSMA encourage further Washington State policy and legislative efforts to improve and protect health through the development of sustainable agricultural practices and systems. (Directive To Take Action)

Staff: LE

Status: The Executive Committee decided to write a letter to both the WSHA and the Washington State Secretary of Agriculture to implement this resolution. It was decided by the Committee that the WSMA doesn't have the expertise to implement this resolution through legislation. *The letter will be sent this summer.*

RESOLUTION C-5 - Reducing Lead and Other Toxic Chemicals in Toys and Other Consumer Products (ADOPTED)

RESOLVED, that the WSMA support state and federal policy changes that reduce and eliminate harmful exposures to lead in toys and other children's products, including urging policies that set standards for lead in toys and other children's products at an American Academy of Pediatrics maximum of 40 ppm (6) (Directive to Take Action. New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA encourage policy changes requiring businesses and manufacturers to disclose the chemical contents of consumer products in order to provide consumers with essential right-to-know information and the capacity to make informed decisions that impact health. (Directive to Take Action. New HOD Policy)

Staff: LE

Status: Legislation to accomplish this resolution passed the 2008 session of the Legislature and was signed by the Governor.

RESOLUTION C-6 – EMR/ASP Preventing Physicians from Accessing Their Patients' Medical Records (Resolution C-6 renamed and ADOPTED AS AMENDED)

RESOLVED, that the House of Delegates instructs the Board of Trustees to identify and report to members on the best way to ensure physician access to their patients' medical records when dealing with electronic medical record vendors and application service providers; (Directive to Take Action) and BE IT FURTHER

RESOLVED, that the WSMA encourage the AMA to protect physician records nationwide. (Directive to Take Action)

Staff: BP/SM

Status: A resolution on this issue was submitted and accepted for consideration at the AMA Interim Meeting, Nov. 8-11, 2008. The resolution was reaffirmed by the Rules and Credentials Committee. The WSMA is also working with the AMA's Health Information Technology division on a proposed model contract between physicians and vendors that would provide contract language to address these concerns.

RESOLUTION C-7 – Analysis of Stark Rule (Renamed Resolution B-11)

RESOLUTION C-8 – Health Care Reform (Resolution C-8 renamed and ADOPTED AS AMENDED in lieu of Resolutions C-9 and C-11)

RESOLVED, that the WSMA reaffirm its health care policy principles as contained on pages 36 and 37 of the WSMA Policy Compendium (Reaffirm HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA is committed to working with any interested parties on health care reform; and BE IT FURTHER

RESOLVED, that the WSMA endorse a bi-partisan discussion of healthcare reform at the federal and state level and extend its appreciation to the effort to do so; and BE IT FURTHER

RESOLVED, that any health care reform must include an effective public health system.

Staff: LE

Status: Policy adopted by the WSMA. The WSMA will participate in discussion of health care reform if undertaken by the Legislature in the 2009 session. To date, no legislation has been introduced. Both the Senate Health and Long Term Care Committee have heard a report from Mathematica Research on the analysis of five different scenarios for health care reform that was mandated as part of SB 6333 from the 2008 legislative session. Staff covered the work sessions.

The WSMA continues as an active member of the Healthy Washington Coalition.

The WSMA testified at a Senate Health and Long Term Care Committee hearing on reform. Testimony was presented on WSMA's position and principles of reform.

Legislation passed that adopts a series of principles that should be included in any health care reform debate. The principles very closely match up with the principles adopted by the House of Delegates. The legislation also adopts a goal of universal coverage in Washington state by 2014. DSHS is also instructed to apply for a waiver from the federal government to allow Washington to enroll citizens in Medicaid that are under 200% of the federal poverty level. This would allow Washington to draw down federal funds for the BHP. The governor is also instructed to hold quarterly meetings with a group outlined in the bill to monitor health care reform legislation at the state and federal level. It is expected that the governor will sign the legislation.

RESOLUTION C-9 - Washington Citizens' Work Group on Health Care (Resolution C-8 adopted as amended in lieu of Resolution C-9)

RESOLUTION C-10 - Addiction Medicine Parity (ADOPTED AS AMENDED)

RESOLVED, that the WSMA support additional action on the part of Washington State Legislature to draft and pass parity legislation with respect to substance use and addiction disorders (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA support efforts on behalf of insurers, both public and private, to voluntarily adopt positions of parity for their members. (Directive to Take Action)

Staff: LE/BP

Status: The WSMA is drafting legislation to implement this policy. The Medicare legislation approved by Congress in the summer of 2008 contained a provision that health insurers must provide coverage for substance use and addiction behaviors.

The Executive Committee decided that since it is federal law no Washington state legislation was necessary to achieve this goal.

RESOLUTION C-11 - Federal Health Care Reform Legislation (Resolution C-8 adopted as amended in lieu of Resolution C-11)

RESOLUTION C-12 - Filing Fee for Medical Malpractice Lawsuits (NOT ADOPTED)

RESOLUTION C-13 - Exemptions from Washington's School Immunization Requirement (ADOPTED AS AMENDED)

RESOLVED, that the WSMA ask the state legislature to draft legislation providing stringent requirements for parents/legal guardians to obtain personal belief exemptions from Washington's school immunization requirement. (Directive to Take Action)

Staff: LE

Status: HB 1703, drafted by the WSMA, passed the House but, as noted earlier, died on the Senate floor calendar because Senator Oemig was going to propose a half dozen amendments that would have gutted the bill. The bill was not brought up because Senate leadership was concerned about all the amendments and how much time would need to be spent on the bill just prior to cutoffs. The WSMA will need to support the bill next session on this bill (the same bill is still alive for the 2010 session).

RESOLUTION C-14 - Effective Federal Tobacco Legislation (ADOPTED)

RESOLVED, that the WSMA opposes S.625 and its companion bill, H.R.1108 (New HOD Policy); and BE IT FURTHER

RESOLVED that the WSMA opposes labeling of any tobacco product as "reduced exposure" without clear scientific evidence of reduced risk (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA communicate to the AMA and to Washington State's Congressional Delegation, its opposition to S.625, H.R.1108, and to "reduced exposure" labeling without evidence of reduced risk. (Directive to Take Action)

Staff: LE

Status: Policy adopted by the WSMA.

RESOLUTION C-15 - Insurance Company Refusal to Pay for Physician Prescribed Medications (REFERRED TO EXECUTIVE COMMITTEE)

RESOLVED, that the WSMA develop strategies to prohibit insurance companies from refusing to pay for physician-prescribed medications without notifying the patient and physician directly and in writing of the reason for their unwillingness to pay for the prescribed medical treatment (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA develop strategies to require insurance companies to list alternative medications of the same therapeutic class, which are available for substitution and for which they will pay, at the time of their refusal notification (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA develop strategies to prohibit insurance companies from requiring preauthorization of a prescribed medical treatment if that medication is approved for that use by the FDA or is a well-recognized treatment of the patient's medical condition and they offer no equivalent medication on their formulary. (Directive to Take Action)

Staff: BP

Status: Staff researched further details on the background of the resolution with the author and is arranging discussions with representatives of health insurers to encourage adoption of the resolution's provisions. A summary of responses from the health insurers will be presented to the Executive Committee for its review. ***Responses have been received from Aetna, CIGNA, First Choice and Premera – a copy of those responses will be provided to the Executive Committee for review and direction to staff. Despite repeated attempts, Regence BlueShield has not responded; further attempts are being made.***

RESOLUTION C-16 - Public Health System Funding Crisis (ADOPTED AS AMENDED)

RESOLVED, that the WSMA call on the state of Washington to urgently address the issue of providing adequate, stable, dedicated, long-term financing for local public health statewide and to provide financing options for local jurisdictions to protect, promote and provide for the health of the public. (Directive to Take Action)

RESOLVED, that the officers and staff of the WSMA work to ensure that an appropriate portion of the state health care budget be allocated to funding the public health system.

Staff: LE

Status: The WSMA belongs to the Public Health Roundtable. Legislation has been introduced in the state House of Representatives on this issue. The WSMA included this issue in its Legislative Summit agenda. The WSMA, along with the Washington State Nurses Association and the Washington Health Foundation, launched a paid media campaign on the need to support public health funding. The campaign ran through April and directed the public to the savepublichealth.com website.

The WSMA's contract lobbyist is also the lobbyist for the Public Health Roundtable. She spent considerable time during the session mostly trying to preserve existing funding for public health intact. Both the House and Senate individually produced budgets with deep cuts proposed for public health. There

was no discussion of adding more funding for public health because of the state's budget situation.

The Executive Committee in the late days of the session decided not to oppose legislation that was introduced that would have surcharged health professionals' licenses at a rate of $7 per year. The funds were proposed for public health.

Part of the legislation to refer to the public a referendum on a temporary .03 cent sales tax had a $10 million enhancement for public health. The bill to put the tax on the ballot died as the session ended. As of this writing, it is thought that the Legislature will restore all of its proposed cuts to $4 million.