

WASHINGTON STATE MEDICAL ASSOCIATION
OFFICIAL ACTIONS OF THE 2009 HOUSE OF DELEGATES

UPDATE #7

(referred items are in blue; status updates are in red)

REFERENCE COMMITTEE A

BOARD OF TRUSTEES REPORTS

REPORT D – AMA Delegation (FILED)

REPORT F – Membership (FILED)

REPORT I – WSMA Public Health Activities (FILED)

INFORMATIONAL REPORTS

#2 – Washington Poison Center (FILED)

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

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

RESOLUTIONS

**RESOLUTION A-1 – Young Physicians Task Force
(ADOPTED)**

RESOLVED, that the WSMA form a young physicians’ taskforce to develop appropriate means for young physicians to be involved in the WSMA (Directive to Take Action); and BE IT FURTHER

RESOLVED, that this young physicians’ taskforce will look at a variety of ways to increase opportunities for young physicians in leadership roles (Directive to Take Action); and BE IT FURTHER

RESOLVED, that this young physicians’ taskforce will report back its recommendations to the WSMA House of Delegate at our annual meeting in 2010 (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA definition of “young physician” be in accordance with the AMA definition (currently “physicians under 40 years of age or in their first eight years of practice”) (New HOD Policy)

Staff: JEN

Status: The task force --Drs. Ray Hsiao (P, King), Jonathan McBride (FM, King), Aparna Ananth (AN, King), Shilpen Patel (RO, King), Molly Hong (FM, Jefferson), Katina Rue (FM, Yakima), and Sajal Kumar (NEP, Yakima) – met in January and

March. The group researched what other state medical associations do to involve young physicians (age 40 and younger) and discussed how to have more formal representation of young physicians on the WSMA Board and in the House of Delegates.

The group:

- 1. Submitted a nomination for a scholarship to the WSMA Leadership Development Conference for Dr. Jonathan McBride'*
- 2. Asked the Bylaws Committee to submit bylaws amendments at the 2010 House of Delegates meeting to create: a WSMA Young Physicians Section; a Delegate position in the HoD; and, a Board of Trustees position for a young physician;*
- 3. Agree to ask the Board of Trustees to create a mentoring program for young physicians, including asking them to attend B/T meetings (item for action at the September B/T meeting); and*
- 4. Agreed to hold a reception at the 2010 WSMA Annual Meeting for young physicians (and those new to the Annual Meeting and House of Delegates process) and to have a WSMA Senior Staff member to explain the HoD process to newcomers. The reception is being included in planning for the annual meeting.*

RESOLUTION A-2 - Addiction Medicine is to be Effectively Recognized as a Medical Specialty as Reflected in State Agency Policies and Statutes (ADOPTED AS AMENDED)

RESOLVED, that the WSMA recognizes that addiction medicine specialists are the authority in the diagnosis and treatment of addictive disorders, and supports changes in state statutes to reflect this in patient referral, management, and compensation.

Staff: LEN

Status: Adopted as policy. The group participates in the WSMA's Interspecialty Advocacy Council.

RESOLUTION A-3 - Public Health Funding (ADOPTED AS AMENDED)

RESOLVED, that the WSMA affirms that improving Population Health should be a true goal of any meaningful health reform effort and that achieving this goal requires a robust partnership between public health and medical care practitioners to carry out long-term disease prevention strategies (Modify HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA calls on the United States Congress and the Washington State Legislature to enact legislation to create true health reform by treating population health and personal health as inseparable components of an optimal health care system and assuring adequate funding of essential public health infrastructure, clinical preventive services, and aggressive community-based efforts to target the real determinates of disease: smoking, alcohol and substance abuse, poor diet, lack of exercise, and impaired access to a high quality "medical home" where disease can be detected at an early stage and effectively managed with evidence-based intervention (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA calls upon State and Federal Legislatures to develop comprehensive, long-term dedicated funding sources for public health services, linked to an appropriate percentage of annual health care cost expenditures, and tied to measurable population health outcomes. (Directive to Take Action)

Staff: LEN

***Status:** The WSMA continues to promote public health as a priority, through the association's participation on the Public Health Roundtable. The group is considering hiring an executive administrator; it already employs a lobbyist. The WSMA has again budgeted \$10,000 to support this effort in 2010.*

In January the Executive Committee approved supporting a tax on candy and gum dedicated to be used exclusively for public health, an action consistent with the resolution. In addition, the Executive Committee approved a proposed bottled water tax to support public health. Unfortunately, no action on dedicated public health funding was taken by the legislature. Several taxes were proposed (candy, gum and bottled water), but their targeted revenue was assigned to the general fund to pay down the deficit.

RESOLUTION A-4 - Support for the Living Will Registry (ADOPTED)

RESOLVED, that the WSMA support efforts to make known the Living Will Registry to its members and their patients and support the marketing of the availability of the Registry through its publications (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA continue to support the End of Life Coalition's efforts to educate the public on tools used for improving end of life care through the Coalition's review of the POLST form and the Living Will Registry. (Directive to Take Action)

Staff: JEN

***Status:** The winter issue of the WSMA patient newsletter featured the Living Will Registry and offered information on how to register. The WSMA website has a section under patient resources dedicated to this topic, and offers physician office materials (such as brochures) on the registry. The WSMA continues to promote those materials through its various communication vehicles (such as the December 3 issue of the Membership Memo).*

The WSMA has also revised its Membership Resource Brochure, which is mailed to all members, to better highlight these materials.

A table top display on the living will registry has been created for use at public events.

RESOLUTION A-5 - Statewide Vaccine Purchase and Distribution Program (ADOPTED AS AMENDED)

RESOLVED, that the WSMA endorses the continuation of a Universal Vaccine Purchase and Distribution Program structure for purchase, storage, and distribution of vaccines, with the intent of maximizing access to vaccines while minimizing cost, complexity, and workload for vaccine providers.

Staff: LEN AND BOB

***Status:** The WSMA volunteer and staff leadership was engaged in numerous meetings and legislative action to find a way to continue universal vaccine purchase and distribution. The association worked closely with the State Chapter of the American Academy of Pediatrics and the WAFP, with the AAP chapter taking the lead in the process. The WSMA helped break a roadblock within the health plan community toward the end of the legislative session.*

This work culminated in the governor signing HB 2551 into law near the end of the regular session. The new law establishes the Universal Vaccine Fund, which will have a private board of directors. Physicians will submit two bills for vaccines, one for the professional service and one for the vaccine, which will either be a penny or a code modifier. The applicable health plan will then reimburse the vaccine fund for that vaccine. The insurers have also agreed that they will provide the funding necessary to get the program started. The program is become operational by May 1, the date at which the state's Universal Vaccine Program ends. This has been a significant "win" for medicine.

WSMA staff is working with the Vaccine Communications Subgroup to get information about the new system out to physicians. The WSMA co-sponsored three informational bulletins to practices on creation of the Washington Vaccine Association (WVA) and new reporting rules for acquiring state purchased vaccines, effective May 1. The WVA conducted a webinar on April 23 to further publicize this change. The WSMA continues to inform its members via its own publications as well. Operational concerns still are affecting the new vaccine arrangements; the WVA is convening a work group of practice staff to discuss issues and possible solutions; WSMA staff will participate.

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 2008 Reports and Resolutions (FILED)

REPORT E - Nominations, 2009-20010 WSMA Officers and Trustees (FILED)

REPORT H – WSMA Nominating Committee (FILED)

REPORT J – WSMA Annual Meeting (FILED)

EXECUTIVE COMMITTEE REPORTS

REPORT A - Physicians Foundation (FILED)

REPORT D - Continuing Medical Education (FILED)

REPORT F - WSMA Organizational Priorities 2010 (REPORT FILED, RESOLVES ADOPTED)

RESOLVED, that the WSMA's vision for the future is one where the Association actively supports policies and programs that make *Washington a better place to practice medicine and to receive care*; and BE IT FURTHER

RESOLVED, that in 2010 the WSMA focus its resources on the following organizational priorities to support this vision:

- 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 by supporting policies and programs that:
 1. Support information-based care.
 2. Promote best practices.
 3. Promote reductions in unsupportable variations in care.
 4. Improve patient safety.
 5. Educate physicians on how to meet these goals.
 - C. 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.
- 2. Support a medical practice environment that serves the needs of the public and profession.**
 - A. Promote universal access to affordable coverage.
 - B. Promote information sharing and data to improve care and care coordination.
 - 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 via current and new delivery vehicles.
 - D. Stress the value of the support, services, and leadership that the WSMA offers to the physicians of Washington State (our "Value Proposition").
 - E. Work with county medical societies, specialty societies, and physicians in all practice settings to support these organizational priorities.
 - F. Maintain fiscal soundness.

Staff: ALL

Status: The 2010 business plan based on these priorities was approved by the Executive Committee and Board of Trustees in January as was the WSMA's 2010 operating budget.

REPORT G – WSMA and WAMPAC Funding (REPORT FILED, RESOLVE ADOPTED)

RESOLVED:

1. That the WSMA active membership dues be increased by 5% (\$25) effective with the 2010 membership year (with a proportionate increase for other membership categories as appropriate).
2. That the WAMPAC dues structure be revised to separate WAMPAC dues from the American Medical Political Action Committee dues (currently \$100 of every \$250 WAMPAC sustaining membership is forwarded to the AMPAC).
3. That annual WAMPAC dues at the base (sustaining) level be reduced to \$25 per year and that this amount be incorporated into the annual WSMA dues, with the provision that members be provided an opportunity to designate that the \$25 instead be contributed to the Washington State Medical Education and Research Foundation (WSM-ERF¹) should they not wish to have the \$25 go to WAMPAC.

Staff: JEN AND LEN

***Status:** The new dues structure was implemented with the 2010 dues statements, mailed in October. Initial returns indicate that most individuals are not opting out of the PAC contribution. Staff has also made changes to the website so that individuals can make additional contributions to the WAMPAC. Efforts to promote additional PAC payments will get underway after the first of the year.*

The new dues structure is significantly increasing membership in WAMPAC, hopefully raising another \$100,000 to contribute to campaigns this summer and fall. WAMPAC also was able to make contributions to legislators and leadership organizations prior to the cutoff for donations in December.

¹ The Washington State Medical Educational and Research Foundation (WSM-ERF) was created in the mid 1960s to carry out scientific research and projects in the public interest in the fields of medical science, medical economics, public health, sociology and related areas. See Informational Report #8, Reference Committee B for more information on the Foundation's work.

BYLAWS COMMITTEE REPORTS

REPORT A - 2009 Bylaws Amendment (ADOPTED)

ARTICLE III, SECTION 8 – MEDICAL STUDENT MEMBERS

A medical student member shall be one who is a full-time student of ~~the University of Washington School of Medicine~~ a medical school in the state of Washington accredited to grant the degree of Doctor of Medicine or Doctor of Osteopathy, and who is making satisfactory progress toward the attainment of ~~the~~ at ~~degree of doctor of medicine~~. A medical student member shall have all the rights and privileges of an active member, except the right to vote, or to hold office other than as a Student Trustee and Student Section Delegate or Alternate to the House of Delegates. Medical Student Member dues shall be established by the Board of Trustees.

REPORT B – 2009 Bylaws Amendment (ADOPTED AS AMENDED)

ARTICLE IV – COMPONENT SOCIETIES AND SECTIONS

Section 1. Component Societies.

A component society or section is a medical organization in the State of Washington recognized by this Association as representative of a segment of the medical profession. There shall be three types of component societies and sections: component county societies, specialty society sections, and special sections defined in these Bylaws.

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~~ amend its bylaws in order to change its status from a non-unified to a unified county society must be recommended approved by the Executive Committee and ratified by the Board of Trustees and decided by the House of Delegates. ~~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 recommended made by the Executive Committee and ratified by the Board of Trustees and decided by the House of Delegates following the process provided in Section 6 of this Article.

Section 5. Charters.

An application for recognition of a new component society or section or a request for combining, separating or discontinuing an existing component society or section shall be considered by the Board of Trustees and referred to the House of Delegates; if the House of Delegates approves, a charter shall be issued.

All charters issued by this Association shall be signed by the President and the Secretary-Treasurer and shall state, among other things:

- a. the name of the society or section, which name shall include the name of the county or counties over which the society will have geographic jurisdiction, the name of the specialty society, or the name as defined in these Bylaws; and
- b. that the authority and rights of the component society are limited specifically by the provisions of these Bylaws.

Section 6. Charter Revocation.

The Board of Trustees may, in its discretion, recommend that the House of Delegates revoke the charter of or suspend any or all of the rights and privileges of a component society or section, which, in the opinion of the Board:

- a. fails willfully or negligently to pay prior to the ensuing January 1, an assessment, regular or special, levied on it;
- b. fails to investigate any charges preferred against any of its members, which, if true, would be cause for discipline, or fails to institute or to conduct in a proper manner disciplinary proceedings where a complaint has been filed in proper manner and form;

- c. fails to execute a disciplinary sentence imposed on a member as a result of disciplinary proceedings;
- d. willfully refuses or fails to obey or follow any policy, rule of conduct, or course of action regularly and validly enunciated by the House of Delegates, whether appearing in the Bylaws or by resolution; or
- e. commits any act which is contrary to or inconsistent with the objects of this Association.

The Board of Trustees shall ~~have jurisdiction to revoke~~ recommend revoking a charter or ~~to suspending~~ any or all of the rights of a component society or section only if:

- a. a hearing is held at which the accused society or section has a full and complete opportunity to be heard in its own defense;
- b. at least two weeks prior to the hearing, notice is given the affected society or section as to the time and place of the hearing and as to the alleged derelictions of the society or section which will be the subject of the hearing; and
- c. two-thirds or more of the Board of Trustees vote to recommend suspension of the affected society's or section's rights or privileges, or to recommend revocation of the charter of the affected society or section.

The Board in its ~~decision~~ recommendation shall provide a summary of its deliberations and may provide conditions under which the affected society or section will be restored to good standing in this Association. The affected component society or section may submit a written response to the Board's recommendation. The Association shall circulate to the Delegates the Board's recommendation and these additional materials at least two weeks before the next session of the House of Delegates.

~~A component society or section whose rights or privileges or whose charter has been suspended or revoked by the Board of Trustees shall have the right to appeal to the The House of Delegates at its next session shall vote on the recommendation of the Board of Trustees and the decision of the House of Delegates in the matter shall be final. Pending the determination of the House of Delegates on such appeal, the decision of the Board of Trustees shall be held in abeyance.~~

Staff: TIM

Status: The Bylaws have been revised to reflect the amendments.

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 with commendation)

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

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

#9 - Washington Patient Safety Coalition (FILED)

#12 - WSMA/County Medical Societies Task Force (FILED)

RESOLUTIONS

RESOLUTION B-1 - WSMA Commitment to County Medical Societies and Effective Statewide Political Advocacy: A Reaffirmation of WSMA Bylaws (ADOPTED AS AMENDED)

RESOLVED, that the Washington State Medical Association commit to promoting and maintaining a mutually supportive, transparent, and collaborative relationship between the WSMA and its component County Medical Societies. (Directive to Take Action)

Staff: JEN

Status:** A member of the senior staff has been assigned as county society liaison. The liaison has kept county staff abreast of the dues restructure. A county staff meeting was held on December 8. Agenda items included: promoting the value proposition, creative ideas for general membership meetings, generating physician participation, CME, WSMA's key contact program and a general WSMA update. **Another meeting of county staff was held during the May Leadership Development Conference.

Dr. Harper has visited or is scheduled to visit the following county medical societies (membership or leadership meetings): Clark, Pierce, Yakima, Benton Franklin, Walla Walla and King. A meeting between county executives, presidents, and WSMA leaders was held on January 2 another meeting is planned for May 15. Also, the WSMA has created two listservs – one for county medical society executives and a separate listserv for county medical society presidents.

RESOLUTION B-2 - Leadership Position Eligibility (NOT ADOPTED)

RESOLUTION B-3 - Special Task Force (ADOPTED AS AMENDED)

RESOLVED, that the WSMA Board of Trustees be directed to create a task force of WSMA and county medical society representatives as nominated by the constituent county medical societies comprised of a demographically representative sample of members by its Nov. 14 meeting.

RESOLVED, that the task force be directed to prepare a report and recommendations on issues pertaining to WSMA and County Medical Society relationships and other issues that may be identified by the Board of Trustees for submission to the 2010 House of Delegates meeting. (Directive to Take Action)

Staff: JEN

***Status:** The taskforce has been appointed. Members from the counties are Drs. Roy Gondo (Yakima), Ron Morris (Pierce), Courtney Clyde (Spokane), Molly Hong (Jefferson), Greg Stern (Whatcom), Susan Reis (Snohomish), Cole Mason (Thurston-Mason), Paul Pennington (King), and Rebecca Hoffman (Clark). Members representing the WSMA are: Drs. Dean Martz (President-elect), Doug Myers (Sec/Treasurer), Glenn Lux (Board member), and Rod Trytko (Board member).*

The Taskforce met on January 6. The discussion focused on the current organizational structure and what physicians value from the WSMA and county medical societies. A theme throughout the meeting was the value of professionalism and the need to do

more on quality and data. The group proposed to the WSMA Executive Committee that the WSMA move forward with an intensive survey of physicians (members and non-members) throughout Washington state to gauge their interest in organized medicine, what they value from such organizations. The Committee also discussed further researching the organizational structure once the survey is complete.

The 2010 operating budget includes funding for a needs assessment survey of members and non-members, as well as four regional focus groups. Polling consultant Stuart Elway joined the committee at its meeting on April 8 and shared the survey results. Some highlights of the findings:

- *WSMA members and county members were more likely to be male and older.*
- *Similar to the WSMA member, most CMS members paid for all of the dues themselves.*
- *Those who do not already pay their own dues would do so if their employer refused to pay (46% - county dues) (57% - WSMA dues).*
- *78% of WSMA members surveyed were members of their CMS (19% of non-members were members of their CMS).*
- *37% said their county was of great or significant value.*
- *26% said they were satisfied with their county dues. Only in Eastern Washington and Pierce County did the majority of CMS members report significant or great value (57% in Eastern, 68% in Pierce).*
- *81% of the county members said they plan to continue their membership.*

The committee reviewed the purpose for meeting and after much discussion, the group agreed it would be best to start compiling a report for reaction. Members of the committee were asked to send their comments to staff and staff would prepare a report for reaction. There was general agreement that the report would focus on what has been accomplished to date, the value proposition of the WSMA and county medical societies, the need for the HOD to consider possible structural changes and possible next steps to be taken.

An initial draft of the report has been routed to the committee for comment. A final report will be included in the 2010 HOD book.

RESOLUTION B-4 - Information Regarding WSMA Board Nominees to be Provided to HOD (ADOPTED AS AMENDED)

RESOLVED, that the House of Delegates be given information about the employment status, current professional activities, past work experience, and reasons for interest in the position of candidates for office.

Staff: JEN

Status: All candidates are now asked to complete a conflict of interest disclosure form and to submit their CVs. The forms are then accessible via the WSMA website and in the HoD materials. The forms have been revised slightly so that candidates can also include their reasons for their interest in the position.

RESOLUTION B-5 - Electronic Voting (REFERRED)

RESOLVED, that the WSMA use an electronic audience response system for all polling and voting during the annual House of Delegates meetings or other large assemblies. (Directive to Take Action)

Staff: JEN

Status: Electronic voting is planned for the 2010 Annual Meeting on test basis, with the speaker and vice speaker to determine when the technology will be used – for all votes, or when votes are in question. After the meeting, a decision will be made to determine if the technology should be made operational at future meetings.

RESOLUTION B-6 - HOD Conflict of Interest (REFERRED concurrently with Resolution B-8 with a report back to the House of Delegates in 2010)

RESOLVED, that all voting delegates to the WSMA House of Delegates and any members of committees or work groups determining policy with economic implications be required to sign a conflict of interest statement, at least annually. (Directive to Take Action)

Staff: JEN

Status: (see below)

RESOLUTION B-7 - HOD Practice Requirements (NOT ADOPTED)

RESOLUTION B-8 - Conflict of Interest Among WSMA Officers, Board Members, and Staff (REFERRED concurrently with Resolution B-6 with a report back to the House of Delegates in 2010)

RESOLVED, that all WSMA officers should be conflict-free (\$0 threshold) during their tenure in office, during their office-elect term, and the period immediately following their active term (to include salary support, research support, or personal income from industry) (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA Board of Trustees should be free of conflicts of interest and should be asked to sever all financial ties to industry during their term of service (and preferably for 2 years prior to their term) (New HOD Policy); and BE IT FURTHER

RESOLVED, that as an interim measure all current WSMA Board members should disclose all conflicts of interest and not participate when any activity bearing on their conflicts arise (New HOD Policy); and BE IT FURTHER

RESOLVED, that no board activity or expense may be funded by industry (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA executive and operational staff should have no financial ties with industry and are prohibited from accepting gifts or other favors (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA encourage all members to adopt similar standards for their own personal interactions with the pharmaceutical and medical device industry as those adopted by this organization. (Directive to Take Action)

Staff: JEN

Status: The Executive Committee has reviewed current WSMA employee and Board of Trustees policy/guidelines on conflicts of interest, as well as AMA Council of Medical Ethics opinion(s) and other state medical associations' policies on the topic.

The following points will be made in a report back to the House of Delegates:

Based on its research, the Committee has concluded:

- 1. The WSMA's current policy is appropriate to the organizational scale and work of the association.*
- 2. It can be improved upon by more formally directing attention to the policy at the beginning of each Board and Executive Committee meeting and asking that members disclose in advance any conflicts of interest pertaining to items on the agenda.*

The Committee asked staff to summarize the information and recommendation into a report to be presented to the HOD, the outline of which this is represented by this status report.

RESOLUTION B-9 - Single Unified State Medical Society (NOT ADOPTED)

REFERENCE COMMITTEE C

BOARD OF TRUSTEES REPORTS

REPORT G - WSMA/WSHA ED Call Task Force (FILED)

EXECUTIVE COMMITTEE REPORTS

REPORT B - Legal Affairs (FILED)

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

RESOLVED, that the WSMA support public policy that supports the organizational priorities of the Association and its Business Plan; and BE IT FURTHER

RESOLVED, that the WSMA maintain a focused public policy and health care economics agenda to make Washington a better place to practice medicine and to receive care be pursued and that the Interspecialty Advocacy Council be enlisted to provide critical input into this work and to coordinate priorities, policies and collaboration among the WSMA and all specialty societies in the state.

Staff: LEN AND BOB

Status: The Interspecialty Advocacy Council (ISAC) met twice during the legislative session, and is scheduled to meet twice again before year's end.

The ISAC February meeting included an update on legislative activities, a presentation on Medicare by Dr. Richard Whitten and a presentation on the Puget Sound Health Alliance.

The Interspecialty Advocacy Council met on Saturday, April 10. Representative Cody attended for an open discussion of issues dealt with during the legislative session and issues that will be dealt with during the interim before next session. Representative Cody's discussion with the ISAC was well received, as were presentations by state Medicaid representatives and Dr. Maxine Hayes, the state's Chief Health Officer. The next ISAC meetings are scheduled for October 16 and November 6.

REPORT E - WAMPAC (FILED)

REPORT H - EC Report H – Resolution C-15 (A-08) – Insurance Company Refusal to Pay for Physician Prescribed Medications (REPORT FILED, RESOLVE ADOPTED AS AMENDED)

RESOLVED, that the WSMA form a task force that addresses this problem for practicing physicians and their patients, including practicing physicians and pharmacists on the task force and report back to the WSMA HOD in a year.

Staff: BOB AND LEN

Status:** This resolve has been extensively reviewed as have the options available in addressing the intent and spirit of the report. A concern addressed in the 2008 House action is the administrative burden imposed on physicians and practice staff by health insurers in conducting these initiatives. Toward that end, staff has been directed to pursue the House's directive to determine if those burdens can be ameliorated. This work is underway. The WSMA Executive Committee directed staff to pursue additional avenues to address this ongoing concern, including a meeting with Insurance Commissioner Kreidler to discuss the feasibility of establishing reasonable requirements of health insurers in authorizing the dispensing of medications and notifying prescribers of actions taken. **Staff and the Resolution's author met with Insurance Commissioner Kreidler on May 7 to present these concerns and explore the possibility of action by the OIC to address this matter; we await the OIC's response.

INFORMATIONAL REPORTS

#11 – Puget Sound Health Alliance (FILED)

RESOLUTIONS

RESOLUTION C-1 – Health Care Reform (ADOPTED AS AMENDED in lieu of Resolutions C-1, C-7, C-8 and C-14)

RESOLVED, that our WSMA study enacted federal legislation and create a white paper describing the possible scenarios with recommendations on:

- How physicians can play a leadership role in each, and the potential impact on the organization of health care delivery;
- How physicians might need to prepare and respond; and
- The potential impact on organized medicine including WSMA; and BE IT FURTHER

RESOLVED, that if a federally sponsored public insurance option does not materialize by the end of 2010, the WSMA shall pursue state legislation in the 2011 session that will allow universal coverage of individuals; and BE IT FURTHER

RESOLVED, that the House of Delegates reaffirm existing policy on Universal Coverage.

RESOLVED, that this task be given priority in the goals of the organization so that the paper can be completed and presented to the membership within 6 months of the conclusion of the House of Delegates (Directive to Take Action).

Staff: TOM

Status: *Rona Consulting, the firm contracted to prepare the white paper presented the paper and their recommendations to the Executive Committee at its February meeting. One of the specific recommendations in the white paper is that:*

“The WSMA must conduct a strategic planning session as soon as possible. The organization is facing the need to consider significant changes in direction and organizational structure. There is a three to four year window of opportunity before the full impact of the pending legislation is felt. There are also opportunities to expand your leadership role almost immediately. A March 2010 timeframe would allow adequate time for preparation and some time for clarification of the impending legislation.

“During this strategic planning session, the WSMA must consider, choose, and commit to bold steps that will allow you to shape the future.”

The Executive Committee agreed with this recommendation and directed that a Request for Proposal (RFP) for a strategic planning project be prepared. In February it was released to seven consulting firms. At the Committee’s March meeting the Committee agreed to retain the firm of Henrichs and Associates¹ to conduct the project.

The Committee's decision to proceed with the project at this time was based on the benefits of “syncing up” the strategic planning process schedule with:

- 1. The physician needs assessment web-based survey;***
- 2. The physician needs focus groups planned for April;***
- 3. The May 16 Board of Trustees meeting; and***
- 4. The customary process of bringing to the Board and House of Delegates recommended organizational priorities upon which the subsequent year's business plan and budget are based.***

Input elements of the project will include:

- 1. Results of the physician opinion/needs assessment web survey;***
- 2. Results of the focus groups, one of which would be board specific (more about that in a few words);***
- 3. The white paper;***
- 4. Our current business plan; and***
- 5. Major policies that will/could result from enactment of federal health care reform.***

The cover story of the March issue of WSMA Reports summarized the white paper. The paper is available by contacting staff. The paper strongly recommended a strategic planning project and Consultant Kathy Henrichs has been retained by the WSMA. The strategic planning project is underway.

RESOLUTION C-2 - Criteria to Determine Third Party Reimbursements (NOT ADOPTED)

RESOLUTION C-3 - State Laws Relating to E-Discovery from EMR (REFERRED)

RESOLVED, that the WSMA work with the state of Washington to create E-Discovery Laws to define the use of electronic data in court proceedings (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA work with the state of Washington to limit information to be released in court proceedings that deals with the amount of time an individual health care provider spends on each screen in a patient's medical record. (Directive to Take Action)

Staff: TIM

***Status:** Staff did a comprehensive review of the current status of e-discovery laws both in Washington State and around the country. That review will be provided in a report back to the HOD in the materials submitted for the WSMA annual meeting. Staff review found that because of ongoing issues related to court rules and case law on electronic discovery, the WSMA is able to take action in accordance with the first charge from the HOD, but is not currently able to take immediate action on the second HOD charge.*

Under the direction of the Washington State Bar Association Court Rules and Procedures Committee, efforts are under consideration to amend current court rules to include rules related to e-discovery for use in Washington courts similar to rules which have been adopted for use in Federal courts. WSMA Legal Affairs will write a letter to the WSBA in support of adoption of the proposed e-discovery rules. The WSMA will also seek additional means to further adoption of such rules. The general counsel for Physicians Insurance (PI) reviewed the WSMA information related to e-discovery and the recommendation to write the WSBA in support of the proposed rules and agreed with the recommendation.

At the direction of the Executive Committee, the WSMA will include information about laws pertaining to e-discovery in WSMA communications vehicles to inform WSMA members about the issue of electronic discovery.

The WSMA is unable to take immediate action on the second charge of the HOD since the information the charge seeks to protect appears to be included in electronic information which is subject to discovery under current case law and court rules. As mentioned above, this particular issue will be more fully covered in a report that will be submitted to the HOD that will summarize staff findings in this area.

RESOLUTION C-4A (REFERRED AS AMENDED to the Executive Committee with a report back in 2010)

RESOLVED, that the WSMA pursue a legislative or regulatory prohibition of insurance company contract provisions that require physicians to have active staff privileges (Directive to Take Action); and BE IT FURTHER

Staff: LEN

***Status:** Following contact with the Office of the Insurance Commissioner and review of health plan contract provisions, it was determined that a regulatory solution was not feasible. A bill to address the resolves of this resolution (SB 6857) was introduced by Senator Chris Marr (D-Spokane), but the short legislative session and timing issues prevented it from moving forward. The WSMA will support such a bill in 2011.*

RESOLUTION C-4B – Payment to Physicians Providing On-Call Coverage
(ADOPTED AS AMENDED)

RESOLVED, that the WSMA endorse the principle of reasonable payment of physicians by hospitals for on-call coverage whether or not they are required to be physically present in the facility (New HOD Policy)

***Status:** Policy adopted.*

RESOLUTION C-5 - Legal Protection for Physicians When Care is Considered Futile (NOT ADOPTED)

RESOLUTION C-6 – Taxation and Regulation of Marijuana (NOT ADOPTED)

RESOLUTION C-7 – State Public Insurance Option (Resolution C-1 adopted as amended in lieu of Resolution C-7)

RESOLUTION C-8 – Principles for Universal Health Care (Resolution C-1 adopted as amended in lieu of Resolution C-8)

RESOLUTION C-9 - Administration of Intranasal Naloxone (ADOPTED AS AMENDED)

RESOLVED, that WSMA support House Bill 1796 or similar legislation in the 2010 session.

Staff: LEN

***Status:** The WSMA supported SB 5516, sponsored by Senator Rosa Franklin (D-Tacoma), which provides that a person reporting a drug overdose will not be prosecuted for possession of a drug. The bill passed and was signed by the Governor. The new law provides that a person reporting a drug overdose cannot be arrested. It also liberalized who could have and use naloxone for overdoses.*

RESOLUTION C-10 - Advocacy for Prescription Drug Monitoring Program
(ADOPTED)

RESOLVED, that the WSMA work to ensure that any funding stipulations under the current law be amended in the next legislative session, to enable broader funding solutions to be brought to the table, so as not to exempt alternative sources of funding including NASPER grant, SAMHSA grant, user levies, or other such funding (Directive to Take Action); and BE IT FURTHER

RESOLVED, that WSMA continue to advocate for a prescription monitoring program, and campaign to gather third party support should the DOH and/or UW Life Sciences Grant fail to bring the necessary resources to the table. (i.e., coordinate an application of a grant though SAMHSA, or other sources). (Directive to Take Action)

Staff: LEN

Status: *The Prescription Drug Monitoring Program was created by legislation in 2007. In the 2009 session, the program's budget was cut. The WSMA drafted and introduced HB 2892 sponsored by Representative Bill Hinkle (R-Cle Elum), which would have allowed for a privately run prescription drug monitoring program. The attorney general supported the efforts of the PDMP. WSMA staff sits on the AG's prescription drug abuse task force.*

The bill died in the House health care committee due to confusion within the committee. The program still exists in the Department of Health, but has no funding.

RESOLUTION C-11 - The Uniform Consent Template for Opioid Prescribing (ADOPTED AS AMENDED)

RESOLVED, that the WSMA work in conjunction with state agencies, licensing boards, and other professional organizations representing professionals with prescriptive authority for CII and CIII opioids to develop a uniform template to guide prescribers through a disclosure of the risks inherent in the use of prescription opioids.

Staff: TOM

Status: *Discussions amongst the stakeholders affected by Resolution C-11 continue as a result of passage of the Opioid bill.*

RESOLUTION C-12 - Electronic Prescribing and Conflicting Federal Guidelines (ADOPTED)

RESOLVED, that the WSMA encourage the American Medical Association (AMA) to address with the Centers for Medicare and Medicaid Services (CMS) and the Drug Enforcement Administration (DEA) the contradictory guidance, issued respectively by those two federal agencies, relating to electronic transmission of physicians' prescriptions to pharmacies – commonly referred to as “e-prescribing” – for Schedules II, III and IV drugs, as those current guidelines add rather than reduce administrative paperwork and defeat the purpose of electronic handling of prescriptions.

Staff: JEN

Status: *The AMA Delegation took this resolution to the AMA interim meeting in November and it was adopted.*

RESOLUTION C-13 - Definition of Futile Treatment (REFERRED with pending amendment with a report back in 2010)

RESOLVED, that the WSMA shall adopt the current AMA definition of futile care and create a taskforce to further study the issues associated with promoting a patient directed safe and comfortable death utilizing palliative care expertise and report back to the HOD next year. ~~define futile treatment as: a medical treatment or intervention that is physiologically useless, that is, unable to produce the immediate intended physiologic effect; cost of treatment shall not be considered in determination of futility, which is to be made solely on the basis of the immediate effect of the intervention itself; quality of life assessments, which are subjective, are also specifically excluded from futility determination.~~ This definition shall be reflected in any WSMA advocacy regarding futile treatment. (New HOD Policy)

Staff: JEN

Status: *The resolution was sent to the End of Life Consensus Coalition for the Coalition's recommendation on adopting the AMA definition of futile care and a report on issues associated with promoting a patient directed safe and comfortable death utilizing palliative care expertise. The Coalition made the following recommendations:*

- *The Washington End of Life Consensus Coalition recommends that the WSMA adopt the AMA opinion 2.037: Medical Futility in End-of-Life Care, as well as the principals further detailed in the report: Medical Futility in End-of-Life Care, adopted December 1996 (JAMA,1999;281937-41).*
- *The WEOLCC recommends revision of the wording of the resolution to eliminate the phrase "promoting...death" from their current wording and further recommend that the resolution separate the issue of defining futility from the larger and more important issue of emphasizing the pursuit of excellence in end of life care and the promotion of palliative care expertise being available to citizens statewide.*
- *The WEOLCC strongly endorses the creation of a new task force to further study the issues of improving care at the end of life by utilizing the palliative care expertise now available. Additionally, the WEOLCC believes that any actions or resources associated with resolution C-13 should be prioritized toward improving end of life care. The WEOLCC will partner with WSMA in the formation of this proposed task force and will continue to be engaged through our statewide activities in promoting expert and compassionate patient and family goal centered end of life care with responsible reporting to WSMA regarding these efforts.*

The EC reviewed the EOLCC's recommendation at their April meeting and agreed with the first recommendation. A report will be prepared for the 2010 HOD.

RESOLUTION C-14 - Contingency Measures Related to an Expanded Washington State Basic Health Plan (Resolution C-1 adopted as amended in lieu of Resolution C-14)

RESOLUTION C-15 - Patients with Psychotic Associated Disorders to Receive Timely Medical Care (ADOPTED AS AMENDED)

RESOLVED, that the WSMA encourage legislation to revise Washington's Involuntary Treatment Act to lessen the barriers to providing appropriate medical and psychiatric treatment to mentally ill patients whose illness renders them incapable of making rational treatment decisions on their own behalf, while at the same time respecting the mentally ill individual's right to self-determination when this would not result in negative consequences to the individual or to others or to property.

Staff: LEN

Status: *Staff is working with the Washington State Psychiatric Association on this resolution with the idea of legislation during the 2011 session.*

RESOLUTION C-16 - Fair Labeling of Vaccines and Biologics (REFERRED with pending amendment)

RESOLVED, that it shall be WSMA policy to support, and to encourage through legislative and/or regulatory means, fair labeling of all prescription and non prescription drugs, including but not limited to vaccines and implanted medical devices (New HOD Policy; Directive to Take Action); and BE IT FURTHER

RESOLVED, that “fair labeling” shall mean that any drug, vaccine, or drug-containing or drug-eluting medical device manufactured using human fetal or embryonic cell lines including human DNA fragments, ~~proteins, DNA, recombinant DNA, monoclonal antibodies or any other components derived from elective abortion or using cell lines derived from electively aborted tissue shall be clearly labeled as being derived from or manufactured using (as appropriate) electively aborted human fetal or embryonic tissue and listed under~~ and noted under the product’s “Description” in the manufacturer package insert; and BE IT FURTHER

RESOLVED, that the WSMA create a task force to study the science and the public concerns regarding vaccines and report back to the HOD next year. (New HOD Policy)

Staff: LEN

Status: *The first two resolves seek confirmation from the FDA that labeling is a federal issue. On third resolve, the WSMA is to contact the family practice, internal medicine and pediatric associations for their current policies and recommendations regarding vaccines. The WSMA also will seek data and further information from researchers who work in this field. A report with any further recommendations will be sent to the B/T at its May meeting. This approach was approved by the Executive Committee and Board of Trustees at their respective November meetings. The extended special legislative session and tax issues related to health care were such that work on this resolution has been delayed somewhat. Contact has been made with the involved specialties.*

RESOLUTION C-17 - Support for Senate Bill 5688: Enhancing Washington’s Domestic Partnership Legislation (NOT ADOPTED)

RESOLUTION C-18 - Due Process in Limiting Access to Physician Care (ADOPTED AS AMENDED)

RESOLVED, that the WSMA encourage due and open processes when measures related to limiting access to physician services or prescribed services are undertaken by third party payers or governmental agencies.

Staff: BOB

Status: *Staff contacted commercial health insurers in November to determine their respective policies. Staff met with representatives of the OneHealthPort/WorkSMART Institute in December to review progress on administrative simplification requirements established in SB 5346 and to identify areas of potential overlap with requirements set in Resolution C-18 – it appears that only the medical management provision of SB 5346 may affect physicians’ due process rights. Possible legislative action as a vehicle for satisfying the Resolutions’ requirements is under consideration. A decision was reached by legislative and management staff that any chance for legislative action was*

minute, therefore no bill was introduced in the 2010 session. WSMA staff will continue its longstanding practice of introducing the concepts articulated in this resolution in its discussions and communications with third party payers, governmental agencies and policy makers.

RESOLUTION C-19 - Improved Access to Basic Health Insurance Via Cost Reduction Via Dropping Special Mandates (NOT ADOPTED)

RESOLUTION C-20 - Medicare Reimbursement with Huge Planned Cuts to Medicare Program Despite Ever Rising Numbers Of Enrollees (NOT ADOPTED)

RESOLUTION C-21 - Improving Health Insurance Access and Options by Increasing Interstate Competition (ADOPTED AS AMENDED)

RESOLVED, that the WSMA support legislation to enable open access to health insurance across state lines.

Staff: LEN

***Status:** Legislation on these issues introduced in the 2009 session by the Association of Washington Business was still alive for the 2010 session but did not pass. The WSMA supported the bill.*

The WSMA found itself with conflicting policy on this bill. Besides the policy articulated by the resolve of C-21, the association also has supported the state's strong (maybe the strongest in the country) mental health parity requirements. If an out-of-state firm came in under the legislation, it would not have to follow Washington's rules such as acceptable mandates and the Patient's Bill of Rights that we passed about eight years ago. Thus, the WSMA took a position of neutrality rather than tip either way.

RESOLUTION C-22 - Health Insurance Portability (ADOPTED AS AMENDED)

RESOLVED, that the WSMA reaffirm components in achieving effective health care reform: supporting legislation to achieve portability of health insurance.

Staff: LEN

***Status:** Policy adopted. The WSMA will support legislation effecting this change.*

There was no legislation introduced on this policy to support.

RESOLUTION C-23 - Some Principles to be Incorporated in Health Care Reform (NOT ADOPTED)

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*Holdover; position open for election in 2010.