2016-2017
Wisconsin Medical Society
Policy Compendium

Wisconsin Medical Society

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ACC - ACCIDENT/INJURY PREVENTION

ACC-002

Boating Safety and Intoxicated Boating Laws: The Wisconsin Medical Society believes:

- In an absolute sobriety requirement on persons under age 21 who are operating motorboats (same requirement exists for persons under age 21 who are operating a motor vehicle).
- That operators required to use corrective lenses while driving motor vehicles must use corrective lenses while operating a motorboat. (HOD, 0413)

ACC-003

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

ACC-005

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

ACC-008

Headgear for Equestrian Activities: The Wisconsin Medical Society supports:

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

ACC-009

Helmet Use for Cycling and Other Recreational Activities: The Wisconsin Medical Society:

- Supports legislation that requires helmet use for bicycles and other recreational activities (e.g. scooters, in-line or roller skates, skate boards or unicycles) that pose risk of accident or injury, whether as an operator or passenger.
- Encourages physicians to counsel their patients to use approved helmets and appropriate protective clothing while cycling.

**Currently under five-year policy review.*

- Encourages parents and caregivers to inform and train children about safe cycle-riding behavior.
- Encourages community agencies, such as those involving law enforcement, schools, and parent-teacher organizations, to promote training programs for the responsible use of cycles.
- Urges manufacturers to improve the safety and reliability of the vehicles they produce and to support measures to improve cycling safety.
- Advocates further research on the effectiveness of helmets and on the health outcomes of community programs that mandate their use.
- Encourages efforts to investigate the impact of helmet use in order to establish the risk of major medical trauma from not wearing helmets, the costs added to the health care system by such behavior, and the payers of these added costs (i.e., private insurance, uncompensated care, Medicare, and Medicaid).
- Supports the exploration of ways to ensure the wearing of helmets through the use of disincentives or incentives such as licensing fees, insurance premium adjustments and other payment possibilities.
- Encourages the manufacture, distribution, and utilization of safe, effective, and reasonably priced bicycle helmets, and encourages the availability of helmets at the point of bicycle purchase.
- Believes that all helmets designed for bicycling and other recreational activities should minimally meet the standards for protective helmets as proposed by the Consumer Products Safety Commission (CPSC), and ideally meet the standards of the Snell Memorial Foundation. (HOD, 0416)

ACC-010

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

The Society supports laws and regulations that:

- Promote firearm safety.
- Keep firearms, especially handguns, out of the hands of children except in the cases of adult supervised hunting and sport shooting outings.
- Prevent firearms from being sold to, or possessed by, convicted felons and those with a diagnosed mental illness that may make them a hazard to themselves and others.
- Impose criminal background checks and a waiting period for the purchase of any firearms.
- Prohibit the manufacture and sale of handguns with barrel lengths of less than four inches.
- Prohibit possession of a firearm by people who are subject to a court-ordered injunction for domestic abuse or child abuse.

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

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

ACC-012

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

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

ACC-013

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

ACC-015

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

ACC-016

Firearm Safety: The Wisconsin Medical Society:

- Supports legislation that would remove Congressional prohibitions against the collection, analysis and reporting of data by the Centers for Disease Control and Prevention regarding injuries and deaths associated with the use of firearms, and that would encourage the CDC to engage in such research regarding such injuries.
- Encourages physicians to access the most accurate and timely data available regarding firearm safety and use that information to educate and counsel their patients about firearm safety.
- Supports federal legislation that would affirm the rights of physicians to have free and open communication with their patients regarding matters of firearm safety and the use of gun locks in their homes.
- Encourages and applauds state, county and specialty medical societies, the charitable foundations associated with those medical societies, and the AMA Alliance and its state and local chapters, when they undertake projects to educate physicians and patients about the use of gun locks and locks on gun cases and projects to facilitate the low-cost distribution of gun locks for use in our nation's homes to minimize the risk of firearm injuries and deaths, especially to children.

- Encourages and applauds physicians who are sportsmen and sportswomen to become involved in local firearm safety classes for the general public and to proclaim in such settings that they are physicians so that the public will know of the interest of physicians in such educational activities as a means of promoting injury prevention and the public health.
- Supports increasing physician involvement by encouraging counseling about firearm storage during well-child visits and annual physicals. (HOD, 0416)

ACC-017

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

COM - COMMUNICABLE DISEASES

COM-001

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

COM-002

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

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

COM-004

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

COM-007

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

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

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

- HIV-positive status by itself should not be the basis for any restriction of the practice of medicine or surgery. While HIV infection does not impair a health care worker's ability to perform his or her duties, complications or disease sequelae may. Infected health care workers should seek appropriate medical care and periodic evaluation of health status, and counseling on the advisability of continuing to work in health care or continuing particular activities.
- Monitoring by the health care worker's personal physician should be sufficient to determine whether such impairments exist. When the health care worker's personal physician determines impairments may exist, it is recommended that the health care worker, with the advice of their physician, request that an ad hoc review body evaluate suspected or documented impairments, including the health care worker's compliance with infection control protocols, and the worker's mental and physical competence to continue to practice. Options for establishing an ad hoc review body could be at institutional, local, regional or professional society levels. Strict confidentiality must be maintained by any review body.
- Support must be provided for the HIV-infected health care worker with regard to employment continuation, disability coverage and long-term health insurance availability. (HOD, 0416)

COM-010

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

- Supports Partner Services programs that include the notification and education of individuals at risk of HIV infection regarding HIV risk behaviors, effective prevention strategies, the importance of and access to HIV testing services, and treatment options for those infected.
- Encourages physicians to talk with HIV-infected patients about the importance of meeting with Partner Services staff at local health departments to gain assistance in ways to confidentially notify sexual partners and partners who inject drugs of their risk for HIV infection.
- Encourages physicians to provide culturally and age-appropriate education about effective ways to prevent HIV infection, including pre-exposure prophylaxis (PrEP) medication in combination with other prevention methods.
- Supports the federal Centers for Disease Control and Prevention recommendation that all persons between the ages of 15 and 65 and persons younger than 15 years and older than 65 years who are at increased risk be screened for HIV. Clinicians should consider HIV risk factors among individual patients, especially intravenous drug users or those with new sexual partners. However, clinicians should bear in mind that patients may be reluctant to disclose having HIV risk factors, even when asked.
- Supports continued efforts to move the State toward routine HIV testing or an opt-out approach, which shifts the burden from those who would choose to undergo testing to those who would refuse. (HOD, 0416)

COM-011

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

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

- All pregnant women and women who may become pregnant should be provided with culturally, linguistically, educationally and age-appropriate information regarding HIV risks, prevention strategies, and potential treatment options, and that the physician is the proper conduit for this information.

- All pregnant women should be offered and encouraged to accept voluntary HIV testing early in pregnancy so that important interventions for the woman's health and that of the fetus/infant can be offered in the most timely and effective manner.
- Physicians should advise their HIV-infected patients not to breastfeed, supports mandatory HIV testing of all human milk from donors, and believes that milk from HIV-infected donors should not be used for human consumption.
- Parents or legal guardians should be able to consent to HIV testing for their children under 14 years of age, in accordance with Wisconsin State Law.

Inmates in Correctional Facilities: The Wisconsin Medical Society believes:

- State correctional systems should provide comprehensive medical management for all entrants, which includes voluntary testing for HIV infection and appropriate treatment for those infected.
- During incarceration, prisoners should be tested for HIV infection as medically indicated or on their request.
- If an increase in cases of HIV infection is noted, more frequent testing may be indicated.
- Correctional systems should ensure that all HIV testing conducted as a part of correctional health services includes informed consent, counseling and strict confidentiality.
- HIV-infected inmates should be encouraged to confidentially notify their sexual or injection drug-using partners of their risk for HIV infection by gaining access to local health department staff skilled in providing HIV Partner Services.
- Correctional health care must meet the current standards of care for HIV-infected persons, including access to approved therapeutic drugs and treatment strategies.

Minority Populations: The Wisconsin Medical Society:

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

Gay and Bisexual Men: The Wisconsin Medical Society:

- Acknowledges that gay men, bisexual men, and men who have sex with men are more affected by HIV than any other group in the United States.
- Encourages physicians and other health care professionals to advise HIV testing at least once per year among members of this group, in agreement with Centers for Disease Control and Prevention recommendations.
- Acknowledges that while all blood and organ donations are screened for HIV, physicians should discuss the value of self-deferral from donating blood or tissue with gay and bisexual men at high risk for HIV infection.

Transgender Individuals: The Wisconsin Medical Society:

- Acknowledges that transgender communities are among the groups at highest risk for HIV infection, and supports increased efforts to educate transgender individuals regarding the risk and prevention of HIV infection and the importance of HIV testing for those at risk.
- Acknowledges that data for this population are not adequately collected, and therefore supports increased epidemiological data collection on HIV infection among transgender communities.

Drug Users: The Wisconsin Medical Society supports:

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

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

ALC - ALCOHOL AND OTHER DRUG ABUSE

ALC-001

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

- Supports prohibiting the possession and consumption of alcoholic beverages by persons under the age of 21.
- Supports restrictions on drinking for persons under the age of 21 because of scientific evidence that demonstrates the frontal lobe of the human brain is not fully developed for people under the age of 21, and those who drink before the age of 21 are at a higher risk for future alcohol abuse.
- Supports public health policies to curtail under 21 and high-risk drinking including initiatives banning unescorted persons under 21 from entry into bars, increasing beer excise taxes, reducing or eliminating drink specials, reducing or controlling alcohol outlet density, requiring beer keg registration at retail points of sale, and mandating server and seller training and enforcement.
- Acknowledges that the risks posed to individuals under 21 by powdered alcohol products (e.g. accidental overconsumption or unsafe binging behavior) are largely unknown, and therefore supports a precautionary principle approach in which reasonable safety must be established empirically prior to the sale or use of such products.
- Encourages alcohol companies, advertising companies and commercial media to refrain from marketing practices (including product design, advertising and promotional techniques) that have substantial appeal to persons under 21 and should take reasonable precautions in the time, place and manner of placement and promotion to reduce youthful exposure to other alcohol advertising and marketing activity.
- Encourages entertainment industries (e.g. movies, music, radio, television) to limit alcohol-related content in the media, limit the glamorization of alcohol use among young people, and consider alcohol content when rating such media, assigning mature ratings for media that portrays alcohol in a favorable light.
- Supports prohibiting possession of and use of falsified or fraudulent identification to purchase or attempt to purchase alcoholic beverages.
- Supports prohibiting the provision of any alcohol to persons under 21 by adults.
- Supports prohibiting the provision of any alcohol to persons under 21 in private clubs and establishments.
- Supports compliance check programs and appropriate staff training on alcohol sales in retail outlets that sell alcohol, with appropriate penalties for noncompliance.
- State and local enforcement officials should deter adults from purchasing alcohol for persons under 21. Enforcement officials should:
    a. Routinely undertake shoulder tap or other prevention programs targeting adults who purchase alcohol for persons under 21.
    b. Enact and enforce laws to hold retailers responsible, as a condition of licensing, for allowing persons under 21 to loiter and solicit adults to purchase alcohol for them on outlet property.
    c. Use nuisance and loitering ordinances as a means of discouraging youth from congregating outside of alcohol outlets in order to solicit adults to purchase alcohol.

- Retailers that provide internet sales and home delivery of alcohol should regulate these activities to reduce the likelihood of sales to purchasers under the age of 21. The Society:
  a. Encourages all packages for delivery containing alcohol to be clearly labeled as such.
  b. Encourages persons who deliver alcohol to record the recipient's age identification information from a valid government-issued document (such as a driver license or ID card).
  c. Supports a requirement that the recipient of home delivery of alcohol sign a statement verifying receipt of alcohol and attesting that he or she is of legal age to purchase alcohol.
- Local police, working with community leaders, should adopt and announce policies for detecting and terminating drinking parties for persons under 21, including:
  a. Routinely responding to complaints from the public about noisy teenage parties and entering the premises when there is probable cause to suspect drinking under the age of 21 is taking place.
  b. Routinely checking, as a part of regular weekend patrols, open areas where teenage drinking parties are known to occur.
  c. Routinely citing drinkers under the age of 21 and, if possible, the person who supplied the alcohol when drinking under the age of 21 is observed at parties.
- The Society supports efforts to:
  a. Prevent and detect the use of false identification by persons under 21 to make alcohol purchases, including prohibiting the production, sale, distribution, possession and use of false identification for attempted alcohol purchase.
  b. Issue driver licenses and state identification cards that can be scanned electronically.
  c. Allow retailers to confiscate apparently false identification for law enforcement inspection.
  d. Implement administrative penalties (e.g., immediate confiscation of a driver's license and issuance of a citation resulting in a substantial fine) for attempted use of false identification by persons under 21 for alcohol purchases.
- With respect to prevention, treatment and counseling, the Society supports:
  a. Intensive research and development for youth-focused campaigns to prevent drinking under the age of 21.
  b. Evidence-based intervention programs.
  c. College and university evidence-based initiatives to prevent or reduce drinking under the age of 21 on college campuses.
  d. The availability of effective clinical services for treating alcohol abuse among populations under the age of 21. (HOD, 0416)

ALC-003

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

ALC-004

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

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

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

ALC-006

Alcohol Warning Signs: The Wisconsin Medical Society supports requiring retailers to prominently display a sign on the retailer's premises warning pregnant women that they should not drink alcohol beverages, smoke tobacco or other drugs, or engage in the non-medical use of drugs given adverse effects on fetal development of smoking, alcohol use, and non-medical use of drugs, and warning men of the potential adverse effects on male fertility and on offspring of smoking, alcohol use, and non-medical use of drugs. (HOD, 0410)*

ALC-007

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

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

ALC-009

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

ALC-011

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

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

ALC-012

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

- Prohibiting drinking establishments from offering inducements (such as "happy hour" or "two for one") that promote excessive alcoholic beverage consumption.

- Counseling and rehabilitation services for all Wisconsin residents, when indicated, including providing insurance coverage (public and private) for these services.
- Counseling, rehabilitation and education services at post-secondary educational institutions in Wisconsin, when indicated.
- Education for physicians, nurses and other health professionals on providing screening, counseling, and advice for patients.
- Education for bartenders on recognizing excessive alcohol consumption in patrons and proper methods for refusing service.
- Public outreach to communities on the risks of binge drinking and strategies to avoid harm. (HOD, 0412)

ALC-014

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services: The Wisconsin Medical Society supports:

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

ALC-015

Alcohol and the Driver: The Wisconsin Medical Society:

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

ALC-016

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

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EMM - EMERGENCY MEDICINE

EMM-007

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

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

EMM-009

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

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

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

EMM-010

Resolving the Current Lack of a Universal Connector on Defibrillator Pads: The Wisconsin Medical Society supports the development and use of universal connector pads for all external defibrillators. The Society will work with and supports all members of state EMS departments and state and federal legislators and departments to strongly urge manufacturers to voluntarily make the change to universal connectors. (HOD, 0412)

EMM-011

Virtual Medical ID Bracelet Identification Alert System: The Wisconsin Medical Society supports the concept of a virtual medical ID bracelet identification alert system, which can be used in emergencies to assure that emergency responders in Wisconsin are able to offer fully informed quality treatment in emergency health situations and that families are notified rapidly of such situations. (HOD, 0416)

EMM-012

Cardiopulmonary Resuscitation: The Wisconsin Medical Society recognizes the benefits and life-saving successes of cardiopulmonary resuscitation (CPR), and encourages medical professionals and members of the public to acquire and maintain CPR certification and skills.

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

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

EMM-013

Emergency Preparedness: The Wisconsin Medical Society supports:

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

EOH - ENVIRONMENTAL/OCCUPATIONAL HEALTH

EOH-003

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

EOH-004

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

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

EOH-007

Herbicide and Pesticide Use: The Wisconsin Medical Society supports:

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

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4. As a minimum standard, posting or notification of chemical application at the site in an expeditious manner, with brief but informative content regarding the primary and carrier agents and the date of application.
5. Posting additional informational fact sheets, whenever possible, at the site of application to describe, in language the general population can understand, the following product issues:
   a) The target organs at risk of exposure.
   b) The need for consistent, safe application and clean-up methods to avoid chronic low-dose exposure.
   c) The appropriate disposal methods. (HOD, 0415)

EOH-008

Clean Air:

1. The Wisconsin Medical Society supports setting the national primary and secondary ambient air quality standards at the level necessary to protect the public health. Establishing such standards at the level necessary to protect the public health. Establishing such standards at a level "allowing an adequate margin of safety," as provided in current law, should be maintained, but more scientific research should be conducted on the health effects of the standards currently set by the EPA.
2. The Society supports continued protection of certain geographic areas (i.e., those with air quality better than the national standards) from significant quality deterioration by requiring strict, but reasonable, emission limitations for new sources.
3. The Society endorses a more effective hazardous pollutant program to allow for efficient control of serious health hazards posed by airborne toxic pollutants.
4. The Society believes that more research is needed on the causes and effects of acid rain, and that the procedures to control pollution from another state need to be improved.
5. The Society believes that attaining the national ambient air quality standards for nitrogen oxides and carbon monoxide is necessary for the long-term benefit of the public health. Emission limitations for motor vehicles should be supported as a long-term goal until appropriate peer-reviewed scientific data demonstrate that the limitations are not required to protect the public health. (BOT Rep. R, A-82; Reaffirmed: CLRPD Rep. A, I-92; Amended: CSA Rep. 8, A-03; Reaffirmation I-06; Reaffirmed in lieu of Res. 509, A-09; Reaffirmation I-09)

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

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

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

EOH-013

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

- Educational programs that enhance physician utilization of existing systems for emergency medical information dissemination.
- Continuing medical education for physicians regarding management of hazardous materials exposure cases.
- Further integration of state and national resources, regarding hazardous material exposure responsiveness.

- The development of support systems for medical care professionals in the field.
- Educating Wisconsin physicians about the presence of the toxic chemical fact sheet available on the Department of Health Services website under Environmental Health Resources and other resources as they become available. (HOD, 0415)

EOH-014

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

EOH-015

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

EOH-016

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

EOH-017

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

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

EOH-018

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

**Currently under five-year policy review.*

EOH-019

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

EOH-020

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

MCH - MATERNAL, INFANT AND CHILD HEALTH

MCH-001

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

MCH-002

Blood Lead Level Guidelines for Children: The Wisconsin Medical Society supports the 1998 "A Physician's Guide to Blood Lead Screening and Treatment of Lead Poisoning in Children," which recommends the following:

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

MCH-003

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

MCH-005

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

MCH-007

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

MCH-008

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

MCH-009

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

MCH-010

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

MCH-013

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

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

**Currently under five-year policy review.*

iii. The physician should not participate in a surrogate program where the financial arrangements are likely to exploit any of the parties.

2. Care of Pregnant Surrogates

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

MCH-014

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

MCH-015

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

1. Physicians may participate in fetal research when their activities are part of a competently designed program, under accepted standards of scientific research to produce data that are scientifically valid and significant.
2. If appropriate, properly performed clinical studies on animals and non-gravid humans should precede any particular fetal research project.
3. In living fetal research projects, the investigator should demonstrate the same care and concern for the fetus as a physician providing fetal care or treatment in a non-research setting.
4. All valid federal or state legal requirements should be followed.
5. There should be no monetary payment to obtain any fetal material for fetal research projects.
6. Competent peer review committees, review boards or advisory boards should be available, when appropriate, to protect against the possible abuses that could arise in such research.
7. Research on the so-called "dead fetus," macerated fetal material, fetal cells, fetal tissue or fetal organs should be in accord with state laws on autopsy and state laws on organ transplantation or anatomical gifts.
8. In fetal research primarily for treatment of the fetus:
    a. Voluntary and informed consent, in writing, should be given by the gravid woman, acting in the best interest of the fetus.
    b. Alternative treatment or methods of care, if any, should be carefully evaluated and fully explained. If simpler and safer treatment is available, it should be pursued.
9. In research primarily for treatment of the gravid female:
    a. Voluntary and informed consent, in writing, should be given to the patient.
    b. Alternative treatment or methods of care should be carefully evaluated and fully explained to the patient. If simpler and safer treatment is available, it should be pursued.
    c. If possible, the risk to the fetus should be the least possible, consistent with the gravid female's need for treatment.
10. In fetal research involving a viable fetus, primarily for the accumulation of scientific knowledge:
    a. Voluntary and informed consent, in writing, should be given by the gravid woman under circumstances in which a prudent and informed adult would reasonably be expected to give such consent.
    b. The risk to the fetus imposed by the research should be the least possible.

c. The purpose of the research is the production of data and knowledge that are scientifically significant and that cannot otherwise be obtained.

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

MCH-019

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

MCH-022

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

MCH-023

Maternity Length of Stay: The Wisconsin Medical Society supports:

- Federal law and perinatal discharge of mothers and infants should be determined only by the clinical judgment of attending physicians and not by economic considerations.
- Physicians should not be penalized by insurers or other third-party payers for their length of stay decisions. (HOD, 0416)

MCH-024

Newborn Hearing Issues: The Wisconsin Medical Society:

- Encourages all physicians caring for newborn infants to provide Universal Newborn Hearing Screenings (UNHS).
- Encourages the development of a system by which UNHS is recorded in a similar manner as other required newborn screening tests.
- Supports research into congenital hearing loss and the most cost-effective means for identifying and addressing congenital hearing loss as well as case management and follow-up. (HOD, 0410)*

MCH-026

Alcohol, Tobacco, Drug Abuse and Pregnancy: The Wisconsin Medical Society (Society) recognizes the severe impact that perinatal use of alcohol, tobacco, prescription opioids and illegal drugs may have upon the health of both mothers and infants. The Society believes that physicians should routinely provide, at a minimum, a historical screen for all pregnant women, and those of childbearing age, for substance abuse and to follow up positive screens with appropriate counseling, interventions and referrals.

The Society further supports policy elements:

- That oppose legislation that criminalizes maternal drug and alcohol addiction, or involves physicians in evidence gathering for law enforcement and prosecution purposes rather than in providing treatment.
- That forewarn the U.S. government and the public at large that there are extremely serious implications of drug addiction during pregnancy and there is a pressing need for adequate maternal drug treatment and family supportive child protective services.

**Currently under five-year policy review.*

- That support rigorous scientific research on the developmental consequences of perinatal exposure, and identify appropriate methodologies for early intervention with perinatally exposed children.
- That encourage close monitoring of the infant after birth by a clinician experienced in perinatal withdrawal symptoms and appropriate, evidence-based treatment for neonatal abstinence syndrome (NAS).
- That support requiring retailers to prominently display a sign on the retailer's premises warning pregnant women that they should not drink alcoholic beverages, smoke tobacco or other drugs, or engage in the non-medical use of drugs given adverse effects on fetal development, and warning men of the potential adverse effects on male fertility and on offspring of smoking, alcohol use, and non-medical use of drugs.
- That encourage the government to expand the proportion of funds allocated to drug treatment, prevention and education. In particular, support is crucial for establishing and making broadly available specialized treatment programs for drug-addicted pregnant women wherever possible. (HOD, 0416)

MCH-027

Prenatal Documentation: The Wisconsin Medical Society supports appropriate, safe and well-documented documentation in regard to prenatal care, but opposes legislative mandates on the content or format of physician documentation in the medical record. (HOD, 0410)*

MCH-029

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

MCH-030

Appropriate Testing of Medicaid Children for Lead: The Wisconsin Medical Society supports coordinating efforts of the Society's councils and committees with agencies working on lead poisoning issues to educate health care professionals through use of Society publications and through any other means deemed effective, about the continuing problem of childhood lead poisoning and its serious impact on childrens' health, and about the importance of following the Federal rules regarding the testing of children for lead poisoning.

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

MCH-031

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

MCH-033

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

MCH-034

Pregnancy "Counseling" Centers: The Wisconsin Medical Society supports that any entity offering crisis pregnancy services disclose information on site, in its advertising, and before any services are provided concerning the medical services, contraception, termination of pregnancy or referral for such services, or adoption options or referral for such

services that it provides. The Society advocates that any entity providing medical or health services to pregnant women that markets medical or any clinical services abide by applicable licensing requirements and have the appropriate qualified licensed personnel to do so and abide by federal health information privacy laws. (HOD, 0412)

MCH-036

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

MCH-037

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

MCH-038

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

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

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

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

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

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

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

Support evidence-based preventive interventions at the community level to improve birth outcomes. The Society supports:

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

MEC - MEDICAL CARE

MEC-002

Society Guiding Principles on Patient Safety: The Wisconsin Medical Society supports the following policy on patient safety:

- *Leadership Role.* The Society will continue to take a leadership role in improving patient safety.
- *Partnership.* The Society will continue to work in partnership with a broad range of public and private organizations to improve and promote patient safety through educational activities and other available means to establish and promote optimal safety systems in the delivery of health care.
- *Information Sharing.* The Society will continue to inform the people of Wisconsin about ongoing efforts to improve quality and patient safety in medical care systems.
- *AMA Principles.* The Society supports the American Medical Association's "General Principles for Patient Safety Reporting Systems." (HOD, 0414)

MEC-003

Correctional Health Care: The Wisconsin Medical Society encourages Wisconsin to seek accreditation from the National Commission for Correctional Health Care and jails and prisons to be included in any reforms to be implemented in adult and adolescent corrections institutions' procedures for evaluation and management of inmates' health care needs. (HOD, 0415)

MEC-006

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

MEC-007

Primary Care Research: The Wisconsin Medical Society:

- Supports increasing the level of support for developing the infrastructure for practice-based and primary care research.
- Supports improving the accessibility of the funding stream for specific projects in practice-based and primary care research. (HOD, 0411)*

MEC-009

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

MEC-010

Disease Management: The Wisconsin Medical Society supports disease management (DM) protocols that allow for appropriate flexibility and physician discretion when measuring adherence to and variations from practice guidelines as long as these protocols adhere to the goals outlined in the American Medical Association policy on a well-structured DM program. These goals include the following:

- Improves outcomes by the provision of timely and appropriate services.
- Promotes cooperation between primary care and specialty care physicians.
- Emphasizes educating and empowering patients to successfully manage their own health and intelligently use care resources.
- Develops clinical practice guidelines by physicians who are knowledgeable in dealing with chronic diseases.
- Allows informed and voluntary patient participation in DM programs.
- Allows physicians to deviate from DM practice guidelines when appropriate without incurring sanctions or jeopardizing coverage for services.
- Emphasizes peer review assistance when a physician's practice patterns warrant corrective action measures.
- Promotes collaboration between providers of care and the patient's primary care physician on an ongoing basis.
- Allows the choice of pharmaceuticals to be based on clinical judgment and validated outcome studies rather than restricted to program formularies.
- Employs certified or licensed physician assistants, nurse practitioners or individuals with a comparable level of training in care coordination.

**Currently under five-year policy review.*

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

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

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

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

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

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

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

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

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

1. *Screening and Early Detection*
   Screening and early detection ensures that all patients in need can be steered toward care. The Society supports efforts to:

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

2. *Workforce Development*
Meeting the needs of patients with mental illness requires a sufficient and properly trained workforce. The Society will:
   - Support the promotion of training psychiatrists and encouraging psychiatrists to practice in underserved areas.
   - Support funding mechanisms to encourage psychiatrists to practice in underserved areas and populations.
   - Consider ways to connect psychiatric services to those in need in shortage areas through expanding training programs, telemedicine and consultations to primary care providers in underserved areas.
3. *Intervention and Referral to Treatment*
Once recognized, patients with mental illness must be referred consistently to appropriate treatment services. The Society supports efforts to:
   - Provide psychiatric consultation in the primary care and emergency care setting.
   - Ensure immediate intervention through such consultation, and assist patients in the referral process when necessary. Available services must include pediatric psychiatry, alcohol and other drug assessment, and acute inpatient care services.
   - Integrate emergency mental health response and intervention into post-disaster emergency medical response care.
4. *Intermediate Care and Alternative Delivery Models*
To be effective, recognition and assistance to patients with mental illness cannot be limited to a strictly clinical setting. The Society supports efforts to:
   - Include school based care, workplace wellness programs, group therapies, and increased treatment provided by primary care physicians.
   - Provide specialty programs for returning war veterans, and their families, that focus on mental health and adjustment to life after military service, in group and individual settings.
   - Assist patients during the transition from primary care to specialized psychiatric care and supportive therapies as appropriate after initial detection and comprehensive assessment.
5. *Care Coordination and Integration*
Mental illness presents unique challenges to all aspects of health care, and cannot be separated from physical health. The Society supports efforts to:
   - Integrate and coordinate medical and mental health care within medical clinics, hospitals and schools (consistent with Society policy REQ-007).
   - Increase access to mental health care for children of all ages. School based mental health services and funding sources for these services should be consistent with AMA policy H-60.991.

Currently under five-year policy review.

6. *Reducing Stigma*
   Addressing patient concerns regarding stigma will reduce fear for patients, encourage adherence to treatment plans, and promote the formation of mutually beneficial legislation regarding the disclosure of medical records among health care professionals. The Society supports efforts to:
   - Use interactive CME modules to educate primary care physicians and specialists in the recognition of stigma related to mental illness. Such education may provide participants with an opportunity to recognize attitudes and behaviors that could contribute to stigma, as well as provide an example of a practical clinical approach to helping doctors and patients overcome stigma.
   - Educate non-psychiatrist physicians in how to effectively treat patients with mental illness, and make available resources for caring for patients with mental illness. One method would be to implement direct provider-to-provider phone connections within health systems to provide psychiatric consultation, and access to counseling services.
   - Create anti-stigma programs that address stereotypes, prejudice and discrimination in the health care setting.
   - Encourage all physicians and therapists to talk with their patients about the benefits of medical record access between health care professionals, explaining clearly who receives access to records and how they are used to improve care quality.
7. *Mental Health Parity and Reimbursement for Services*
   Mental health parity holds the promise of providing equitable care to patients with mental illness, and must be properly implemented to ensure its success. The Society will:
   - Actively participate in educating providers in Wisconsin about federal and state mental health parity laws and support the full and proper implementation of mental health parity.
   - Work to enhance all funding sources for mental health, alcohol and other drug programs, and mental wellness services, and advocate for fair reimbursement for physicians, therapists, and facilities providing these services. (HOD, 0414)

MEN-007

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

OBE - OBESITY

OBE-002

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

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

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

- Legislation requiring new road and highway construction and reconstruction projects that, regardless of funding source, ensures bicycle and pedestrian facilities that meet Department of Transportation requirements as stated in Wisconsin's Complete Streets Law.

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

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

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

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

**Currently under five-year policy review.*

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

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

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

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

PHI - PHYSICALLY/MENTALLY IMPAIRED

PHI-001

Accessible Parking for People with Disabilities: The Wisconsin Medical Society will assist with the ongoing development of administrative guidelines to assist physicians in determining whether or not a patient's condition is a qualifying condition and redefining the criteria for qualification for a disabled parking permit. (HOD, 0414)

PHI-002

Reimbursement for Providing Interpretive Services: The Wisconsin Medical Society will seek legislation, regulations or other action that would require third-party payers, including governmental agencies and private insurers, to fully reimburse the cost of providing professional interpreter services to hearing impaired patients. (HOD, 0412)

PHI-004

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

PHI-005

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

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

PHI-006

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

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

**Currently under five-year policy review.*

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

PUB - PUBLIC HEALTH/SAFETY

PUB-003

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

PUB-017

Organ Sharing: The Wisconsin Medical Society (Society) supports:

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

PUB-018

Organ Donation: The Wisconsin Medical Society supports the concept of a centralized, statewide organ donor registry that encompasses the following ideals:

- Donor information in the registry should be easily accessible at all times only to Wisconsin's organ procurement organizations, and to individuals actively involved in the process of gaining consent, or harvesting or transplanting the donor's organs.
- Donor information in the registry should be accurate and timely.
- The registry should contain a minimum amount of information about the donor as is necessary for identification of the donor and completion of the donation process. Donor information that may directly or indirectly identify an individual must remain confidential, and should not be accessible to the public, governmental personnel other than those administering the registry, or any private business or association.
- The registry should have as many access points as possible where potential donors register as organ donors.

The Society also encourages collaboration among Wisconsin's medical community, organ procurement organizations, organ transplant centers, state government and other interested persons or entities to educate Wisconsin's citizens about the benefits of organ donation and donor registries. (HOD, 0410)*

PUB-020

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

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

PUB-021

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

PUB-022

City of Milwaukee Well City Initiative: The Wisconsin Medical Society supports the City of Milwaukee Well City initiative and encourages other cities and the State of Wisconsin to pursue WELCOA "Well" designation. (HOD, 0413)

PUB-026

Recommendations for Government Health Departments: The Wisconsin Medical Society:

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

PUB-027

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

PUB-028

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

PUB-030

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

PUB-031

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

PUB-032

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

**Currently under five-year policy review.*

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

PUB-033

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

PUB-035

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

Statewide

The Society:

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

Immunization Registry

The Society:

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

Child Immunization

The Society:

- Supports Wisconsin's immunization schedule for infants and preschoolers, including continuation of the universal infant Hepatitis B immunization program.
- Supports and promotes routine immunization for children as an entitlement for all children living in Wisconsin.
- Encourages physicians to promote the adolescent immunization schedule and understand its complexities.

- Will educate physicians that local health departments are prohibited from using state-supplied vaccines to immunize patients that have insurance coverage for vaccine services.

Adult Immunization

The Society:

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

The Physician's Role

The Society:

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

PUB-036

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

PUB-037

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

PUB-038

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

PUB-039

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

PUB-040

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

**Currently under five-year policy review.*

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

PUB-041

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

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

PUB-042

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

1. Target individuals, families and communities, specifically higher-risk populations, with appropriate primary and secondary prevention strategies and programs.
    a. Integrate and coordinate suicide prevention activities across multiple sectors and settings.
    b. Implement evidence-based communication efforts designed to prevent suicide by changing knowledge, attitudes and behaviors.
    c. Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.
    d. Promote responsible portrayals of mental illness and suicide in social media, the entertainment industry and online.
    e. Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.
2. Promote and use evidence-based clinical interventions and programs that can improve mental health, behavioral health and interpersonal relationships.
    a. Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.
    b. Provide training to community and clinical service providers on the prevention of suicide and related behaviors.
    c. Promote suicide prevention as a core component of health care services.
    d. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

3. Encourage continued surveillance, research and evaluation into suicide prevention efforts.
    a. Increase the timeliness and usefulness of national surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action.
    b. Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings. (HOD, 0416)

PUB-043

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

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

PUB-044

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

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

PUB-045

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

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

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treatment put forth by the Centers for Disease Control and Prevention (CDC) and the Infectious Diseases Society of America.

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

PUB-046

Comprehensive Organ Donation Strategy: The Wisconsin Medical Society supports:

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

SAT - SAFE TRANSPORTATION

SAT-006

Motorcycle Helmet Use: The Wisconsin Medical Society:

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

SAT-007

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

SAT-009

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

SAT-011

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

SAT-014

Seat Belts: The Wisconsin Medical Society supports legislation to implement primary enforcement of the safety belt law and the mandatory use of age-appropriate restraint devices in all seating positions in all motor vehicles in Wisconsin with allowances for medical exemptions.

The Society believes that there are no generally recognized categories of medical conditions that would warrant exemption from the requirement to use child or adult occupant safety restraints.

The Society cautions that a physician who states that a person is unable to wear a safety belt for medical or physical reasons might be held liable for injuries to that person that result from not wearing a safety belt. If a medical exemption is to be made, the Society recommends the following guidelines:

- A medical exemption should only be granted for a sound medical reason and never routinely.
- A request for medical exemption must be carefully reviewed and all possible encouragement given to the patient to adapt the restraint system to the patient's condition (i.e., adjusting the position and height of the car seat, and adjusting and positioning the safety belt) before making a decision.
- If a medical exemption is granted, a record should be kept by the physician of the medical reason given by the patient for the exemption, the documentation of the basis for which the medical exemption was granted, the date it was granted and the expiration date, if any.
- For temporary conditions, a medical exemption should be granted for periods of no more than six months, and renewed as necessary. For permanent conditions, a medical exemption should be granted for no more than four years and renewed as necessary. The Society also encourages the Office of Highway Traffic Safety to develop a public information program in the use of restraints. (HOD, 0410)*

SAT-015

Disclosure of Health Care Information About a Patient's Ability to Operate a Motor Vehicle: The Wisconsin Medical Society believes that no physician shall be liable for any civil damages for reporting in good faith to the Department of Transportation (DOT) a patient's name, date of birth, diagnosis and other information relevant to a physical or mental condition of the patient that in the physician's judgment impairs the patient's ability to exercise reasonable and ordinary control over a motor vehicle. The Society suggests that all physicians take a number of initial steps before reporting their patient to the DOT:

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

SAT-016

Driver's License Renewal: The Wisconsin Medical Society, recognizing that the safety of older drivers is a growing health concern, believes that because physicians play an essential role in helping patients slow their rate of functional decline, physicians should increase their awareness of the medical conditions, medications and functional deficits that may impair and individual's driving performance and supports:

- The Department of Transportation's emphasis on evaluating the functional ability of impaired and elder drivers.
- That drivers 75 years of age and older be encouraged to take special drivers' training courses.
- Driver's license renewal every two years after age 75 or at shorter intervals if recommended by a physician based upon medical assessment of the driver's functional impairments. (HOD, 0410)*

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SAT-017

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

- Physicians are urged to cooperate with law enforcement personnel when they request or direct that a blood specimen be obtained. Refusal to obey such direction from one known to be a law enforcement officer may be a criminal violation if the physician has no reasonable excuse to refuse (Wis. Stat, 946.40 - see Atty. Gen. Opinion 209, 1979).
- The physician must make an independent medical decision whether the obtaining of the blood specimen is safe under the circumstances and can be done under medically acceptable conditions. Drawing blood under medically unacceptable conditions may constitute a basis for claiming negligence in performance of the test. The roadside, the interior of a motor vehicle or a jail cell will not generally qualify as medically acceptable conditions.
- Wisconsin statutes do not address the reasonableness of obtaining blood from a person who requires restraint to make this possible. The United States Supreme Court (*Schmerber v. California)* ruled that blood could be withdrawn from a person who refused the test and resisted its performance so long as "inappropriate force" was not used.
- Law enforcement officers requesting the withdrawal of blood for alcohol testing should submit their request to a health care facility or professional in writing. It is recommended that the physician performing or ordering the blood withdrawal attempt to obtain written consent of the person to be tested, but the law enforcement officer's request to obtain the test should be honored whether or not the subject consents to the test.
- Police agencies that may desire blood specimens for such chemical testing are urged to make prior arrangements with physicians and/or hospitals so that procedures can be agreed on to minimize the potential for misunderstanding when the test is needed.
- Withdrawing blood for chemical blood testing should be required for all drivers involved in fatal motor vehicle (including boat, ATV and snowmobile) crashes. (HOD, 0411)*

SAT-018

Cell Phone Usage and Texting While Driving: The Wisconsin Medical Society shall work to ban all non-emergency use of cell phones when operating a motor vehicle by seeking legislation to: 1) prohibit the use of any type of cell phone (hands on or hands off or built in) by anyone while driving any vehicle, and 2) prohibit text messaging by anyone while driving any vehicle. (HOD, 0410)*

SAT-019

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

- All state laws applicable to the operation of on-road motor vehicles (automobiles, trucks, motor homes and the like) while the operator is under the influence of ethanol should apply to the operation of any personal (non-commercial) motorized vehicle, including motorcycles, all-terrain vehicles, scooters, mopeds, snowmobiles, boats, personal water craft (jet skis and the like), Segways and comparable products and any other motorized vehicles used for on-land or on-water transportation.
- The maximum allowable blood alcohol concentration for the legal operation of any such motorized vehicle should be 0.08gm/dl for personal (non-commercial) use; blood alcohol concentration limits for the commercial use of such vehicles can and should be set lower than 0.08gm/dl.
- The blood alcohol concentration for the legal operation of any such motorized vehicle by persons under 21 years of age should be nondetectable.
- All state laws applicable to the operation of any such motorized vehicles for on-land or on-water transportation that address safe use while under the influence of ethanol should apply equally to the use of any such motorized vehicles while under the influence of any detectable amount of controlled substances, except in

cases where such controlled substance use was otherwise permissible under Wisconsin law (e.g., prescribed by an authorized prescriber and taken as prescribed by the operator of the motor vehicle); restrictions on the commercial use of motorized vehicles while under the influence of any detectable amount of controlled substances may be more stringent than restrictions on the personal operation of such vehicles.

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

SAT-020

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

SCH - SCHOOL HEALTH

SCH-005

School-Based Clinics: The Wisconsin Medical Society supports the development of programs, including those located in schools, to provide comprehensive health care services where the health care needs of the population are not being met.

Efforts should be made to have the support of parents and communities, and school-based or school-linked clinics should be established with careful attention to proper staffing and physician supervision of services, appropriate hours of operation and effective follow-up care of patients.

"Comprehensive primary health care" refers to a package of services that is culturally and socially age-appropriate, family-centered, linked to community resources and that provides the full range of primary health care services, especially those that address the major causes of adolescent morbidity and death. These services include the assessment of:

- Nutritional status
- Fitness
- Oral health
- Sexuality
- Risk-taking behavior
- Perinatal status
- Alcohol, tobacco and other substance use
- Other issues related to growth and development

Services with a preventive and educational focus are basic to primary health care and are often provided by public health nurses, school nurses and nurse practitioners, as well as physicians. (HOD, 0416)

SCH-006

School Wellness Programs: The Wisconsin Medical Society encourages schools to embrace and fully implement policies that strive to create and foster healthier school environments. These policies should promote increased physical activity, healthier eating both during and after school, and educational methods that inspire and develop lifelong health habits. The Wisconsin Medical Society will actively provide information and resources to physicians and others on healthy school programs and initiatives. The Wisconsin Medical Society encourages the Department of Public Instruction to continue its educational and monitoring programs that ensure effective wellness policies and implementation of such policies within Wisconsin to enhance school food and nutrition programs. (HOD, 0414)

**Currently under five-year policy review.*

SCH-007

Childhood Anaphylactic Reactions: The Wisconsin Medical Society will:

1. Urge all schools, from preschool through 12th grade, to:
    a. Develop Medical Emergency Response Plans (MERP).
    b. Practice these plans in order to identify potential barriers and strategies for improvement.
    c. Ensure that school campuses have a direct communication link with an emergency medical system (EMS).
    d. Identify students at risk for life-threatening emergencies and ensure these children have an individual emergency care plan that is formulated with input by a physician.
    e. Designate roles and responsibilities among school staff for handling potential life-threatening emergencies, including administering medications, working with EMS and local emergency departments, and contacting families.
    f. Train school personnel in cardiopulmonary resuscitation.
    g. Adopt the School Guidelines for Managing Students with Food Allergies distributed by the Food Allergy and Anaphylaxis Network.
    h. Ensure that appropriate emergency equipment to deal with anaphylaxis and acute asthmatic reactions is available and that assigned staff are familiar with using this equipment.
2. Work to expand to all states laws permitting students to carry prescribed epinephrine or other medications prescribed by their physician for asthma or anaphylaxis.
3. Support increased research to better understand the causes, epidemiology and effective treatment of anaphylaxis.
4. Urge the Centers for Disease Control and Prevention to study the adequacy of school personnel and services to address asthma and anaphylactic emergencies.
5. Urge physicians to work with parents and schools to ensure that all their patients with a food allergy have an individualized emergency plan.
6. Work to allow all first responders to carry and administer epinephrine in suspected cases of anaphylaxis.
7. Promote a statewide program to train school personnel in the recognition and treatment of anaphylaxis and to supply epinephrine autoinjectors in school cafeterias. (HOD, 0416)

SCH-008

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

SMK - SMOKING AND TOBACCO

SMK-002

Smoking and Tobacco: The Wisconsin Medical Society, recognizing the evidence of adverse effects that tobacco use, addiction and smoking have on the health of Wisconsin residents, tobacco users and non-users alike, supports:

- Regulating tobacco products by the Food and Drug Administration under similar provisions and statutes as alcohol products.
- Promotion of smoke-free indoor environments, including all businesses, educational establishments, workplaces and all places where the public may gather.

- Disclosure of tobacco ingredients and placement of appropriate "injurious to health" messages on tobacco product packaging
- Banning tobacco advertising.
- Restricting sales of tobacco products to minors and increasing the enforcement of punitive measures of such sales.
- Assessing, as a component of every new-patient examination, all patients for risk of tobacco-related illness regardless of whether a patient currently uses, formerly used or never used tobacco products.
- Improving access to and availability of smoking cessation programs.
- The Wisconsin cigarette excise tax to reduce cigarette consumption and using the funds generated to support a statewide comprehensive tobacco control program. (HOD, 0415)

SMK-005

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

SPO-SPORTS

SPO-002

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

SPO-004

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

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

SPO-005

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

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

**Currently under five-year policy review.*

VIO - VIOLENCE

VIO-001

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

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

VIO-008

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

1. Privately identify and screen patients for domestic violence.
2. Respond appropriately to violence disclosures in accordance with Wisconsin law.
3. Appropriately address clinical effects of violence in their patients.
4. Refer patients to appropriate community and health care services.
5. Carefully and discretely document disclosures in the patient's medical record.

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

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

VIO-009

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

VIO-010

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

VIO-011

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

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

WOM - WOMEN AND REPRODUCTIVE HEALTH

WOM-001

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

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

WOM-002

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

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

**Currently under five-year policy review.*

WOM-003

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

WOM-004

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

WOM-005

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

Legal/Legislative Issues

ANT - ANTITRUST LAWS

ANT-001

Physician Antitrust Relief: The Wisconsin Medical Society continues to support and work toward physician antitrust relief at both the state and federal levels. (HOD, 0411)*

DHC - DATA (HEALTH CARE)

DHC-001

Confidentiality of Prescription Information: The Wisconsin Medical Society opposes release of patient-specific prescription information (i.e., name, address) to pharmaceutical companies and other commercial interests without patient consent. (HOD, 0414)

DHC-002

Health Care Data Collection by the State of Wisconsin: The Wisconsin Medical Society supports all groups working on data collection that utilize the following principles:

- Framing the questions that need to be asked about the health care system in Wisconsin.
- Defining the data sets that will answer those questions.
- Estimating the cost of furnishing, compiling and analyzing the data sets. (HOD, 0413)

DHC-004

Wisconsin Health Care Collaborative: The Wisconsin Medical Society (Society) endorses the efforts of the Wisconsin Collaborative for Health Care Quality (WCHCQ) and supports the collection and public reporting by medical groups in Wisconsin of data consistent with the Collaborative's measures. The Society will explore ways to support smaller medical groups in collecting a feasible subset of the data elements endorsed by the WCHCQ.

Characteristics of ideal performance measures should include the following:

- The measures must be evidence-based and broadly accepted within the medical community as valid and reliable indicators.
- The measures must have established standards for satisfactory performance assessment.
- There is the ability to collect the measures in a standardized and reliable way across multiple physicians and sites of care.
- The measure is applicable to a group of patients of sufficient size to provide a reliable estimate of physician performance in caring for patients with that condition.

- Factors include differences among patients prior to medical diagnosis and treatment (i.e. case-mix, severity of illness, comorbidity).
- Factors may also include sociodemographic characteristics that influence patient adherence to treatments.
- Data collection is open to all Wisconsin clinicians.
- Data measures include the full spectrum of care (i.e., preventive, acute, chronic, inpatient, outpatient).
- Data are verified by an independent third-party. (HOD, 0413)

DHC-005
Data Access – Federal Level: The Wisconsin Medical Society will advocate at the AMA level for a Unique Healthcare Patient Identifier Number to be available immediately. (HOD, 0410)*

DHC-006
Regional Health Information Exchanges: The Wisconsin Medical Society will work toward supporting the expansion of Regional Health Information Organizations (RHIO) to include a broader collection of health information and to allow physicians access to their patients collective RHIO record.

The Society supports the State Designated Entity (SDE) with the goal of creating a system capable of supporting a statewide health information exchange. (HOD, 0416)

DIS - DISCRIMINATION
DIS-002
Civil Unions: The Wisconsin Medical Society opposes efforts to bar any civil union other than heterosexual marriage because of the negative health care effects it may have on our gay and lesbian patients and their families and dependent children, such as

- Hospital visitation privileges
- Bereavement privileges
- Giving permission for procedures for minor children in those families
- Insurance coverage for dependent children in these families (HOD, 0411)*

DIS-005
Bullying: The Wisconsin Medical Society opposes bullying in all its forms, including bullying of lesbian, gay, bisexual, transgender, and questioning (LBGTQ) individuals, and supports legislation and policies that take responsible steps to prevent and take action against bullying.

The Wisconsin Medical Society encourages training programs for school administration, counselors, and students to become active leaders in promoting anti- bullying policies and positive school climates. (HOD, 0411)*

DIS-006
Support of the Legal Right of Civil Marriage Between Any Two Consenting Adults: The Wisconsin Medical Society recognizes that denying civil marriage based on sexual orientation is discriminatory and contributes to health care disparities affecting same-sex households. The Wisconsin Medical Society supports the legal recognition of civil marriage between any two consenting adults; and opposes laws that restrict the rights, benefits, privileges, and responsibilities granted to married couples based on one's gender and sexual orientation. (HOD, 0412)

**Currently under five-year policy review.*

DIS-007

Lesbian, Gay, Bisexual and Transgender (LGBT) Elder Health: The Wisconsin Medical Society recommends:

1. That health care providers working with geriatric populations (e.g., aging services, residential care facilities, and home care agencies) should receive training regarding the needs of lesbian, gay, bisexual, and transgender (LGBT) seniors, including:
   a. their concerns of being ostracized and abused by care providers and community members.
   b. health risks, health disparities, and prevalent diseases of LGBT seniors.
   c. how the lack of legal protections and access to social programs granted to heterosexuals causes hardship for LGBT seniors.
2. That Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs) consistently and explicitly inquire whether clients desire counseling about the services that are available or pertinent for LGBT seniors and, whenever applicable, counsel clients about accessing these resources. (HOD, 0412)

DPS - DATA (PHYSICIAN-SPECIFIC)

DPS-001

Data Collection Law: The Wisconsin Medical Society will study and act on all appropriate and reasonable means (legislative, legal and educational) to:

- Maintain the patient privacy and confidentiality protections written into the data collection law Wis. Stat. § 153.05 (2011-12), as a result of Society advocacy on behalf of patients and physicians.
- Eliminate the assessment on physicians to fund the out-patient data collection program.
- Support funding the program with general purpose revenue in lieu of health care professional assessments.
- Closely monitor the implementation of this law to ensure that there is appropriate physician involvement and physician input/comment in determining the usefulness of the information collected and how the information will be used.
- Ensure that the law be implemented in a manner that is not administratively burdensome or that does not result in increased costs to patients and physicians.
- Advocate for patients by developing a patient education pamphlet explaining the implementation of the Data Collection Law and its possible consequences. (HOD, 0414)

DPS-004

Release of Licensure Examination Scores: The Wisconsin Medical Society supports the development of model legislation that would provide for the confidentiality of the results of the medical licensing examination including numerical scores and subtest results. (HOD, 0411)*

DRU - DRUGS, REGULATION AND STANDARDIZATION

DRU-001

Guiding Principles on Prescription Drugs: The Wisconsin Medical Society supports the following policy on prescription drugs:

The Society supports appropriate legislative or regulatory programs that will ensure, to the greatest extent possible, the availability and affordability of prescription drugs for all Wisconsin patients. The following elements should be included in any legislation or regulation:

- The primary focus should be the best interest of patients.

- Allowance for the most efficacious and cost-effective treatment for patients, providing for reasonable formularies with a medically appropriate range of treatment options.
- Patients' needs and ability to pay must be taken into consideration.
- Dealing effectively with the recent sharp escalation in the cost of prescription drugs, which is disproportionately increasing relative to overall cost increases in the health care system.

The Society supports continuing physician education on clinically appropriate, cost-effective prescribing in order to enhance patient access to prescription drugs.

State-level solutions could include:

- State-funded programs to provide assistance to low income Wisconsin citizens to purchase prescription medications.
- Physician and patient education programs on the use of bio-equivalent generics.
- Purchasing pools for volume purchasers.
- Medicaid waivers.
- Pharmaceutical rebate and discount programs.

Federal-level solutions could include:

- Changing the reimportation laws for pharmaceuticals.
- Changing federal price and competition regulations.
- Restriction of direct-to-consumer marketing. (HOD, 0416)

DRU-002

Delays in Approving Medication for Patients: The Wisconsin Medical Society supports a policy requiring managed care organizations to provisionally approve at least a 14-day supply of non-formulary medications or, alternatively, have an individual available at all hours to review and approve requests for authorization of non-formulary prescriptions. (HOD, 0415)

DRU-003

Physician Leadership on National Drug Policy: The Wisconsin Medical Society supports that the United States drug policy places a greater emphasis on medical and public health approaches rather than on the criminal justice system and interdiction to reduce illegal drug use. (HOD, 0412)

DRU-010

Increased Standards For Pharmaceutical Approval: The Wisconsin Medical Society supports increased standards for FDA approval of new pharmaceuticals, requiring clinical trials that demonstrate the effectiveness and safety of these drugs in comparison to standard therapy, active controls and placebos. (HOD, 0411)

DRU-011

Direct-To-Consumer Advertising: The Wisconsin Medical Society supports the physician-patient relationship as the most appropriate venue for determining the use of prescription drugs and devices and supports efforts to control Direct to Consumer Advertising of prescription drugs and American Medical Association actions to strengthen federal efforts to more effectively regulate such advertising. (HOD, 0411)*

DRU-012

Controlled Substance Testing in Infants: The Wisconsin Medical Society supports allowing any hospital employee who provides health care, social worker or foster care worker to refer an infant to a physician for testing for controlled substances (if the referring party suspects that the infant has controlled substances in his or her system because of the

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mother's use of controlled substances while she was pregnant with the infant) without the consent of the parent or guardian to the test. (HOD, 0414)

DRU-013

Criteria for the Treatment of Psychoactive Substance Use Disorders: The Wisconsin Medical Society supports the use of the American Society of Addiction Medicine (ASAM) Criteria for utilization management decisions in the treatment of psychoactive substance-related disorders, as periodically updated by ASAM. (HOD, 0415)

DRU-014

Controlled Substances: The Wisconsin Medical Society supports the Wisconsin Prescription Drug Monitoring Program (PDMP), and supports the continued existence and funding of this database by the legislature and governor. The Society also supports efforts to network this prescription drug monitoring database with those of adjacent states. (HOD, 0414)

DRU-015

Direct-To-Consumer Advertising of Pharmaceutical Products: The Wisconsin Medical Society opposes direct-to-consumer advertising of prescription pharmaceuticals. The Wisconsin Medical Society support unbiased, independent and publicly funded education to consumers regarding disease states and available treatments. (HOD, 0416)

DRU-016

Authorization for Field Use of Naloxone to Reduce Overdose: The Wisconsin Medical Society (Society) supports development of enabling regulation and legislation, as necessary, to allow for evidence-based harm reduction strategies, along with physician and public education regarding these approaches, so that injectable naloxone or naloxone nasal spray may be readily available to persons who may be at risk of opioid overdose death, either in the context of authorized medical treatment of chronic pain or unauthorized use of heroin or prescription opioid analgesics by persons with substance use disorders. In order to meet this need, the Society supports reasonable and appropriate pricing of naloxone products such that cost does not create a barrier to use, and that access to naloxone is just and equitable. (HOD, 0416)

DRU-017

Pain Management: The Wisconsin Medical Society (Society) recognizes the important benefits of effective pain management and strongly encourages Wisconsin physicians to make pain assessment and management an integral part of the care of all patients. The Society:

- Supports legislation that removes barriers to effective pain control; in education programs that dispel the myths which account for the inadequate treatment of pain.
- Supports efforts to assure proper reimbursement for pain management; in working with the Medical Examining Board to ensure uniform standards of practice for responsible pain management.
- Opposes legal actions against physicians who prescribe opioids and other controlled substances to patients with terminal illness according to standard medical practice. Physicians who follow principles of practice for the use of opioids, and patients whom they treat, should not be encumbered by inappropriate scrutiny upon their practice.
- Believes that while opioids are often the drugs of choice for the management of severe acute pain and cancer pain, they may also play a role in the management of certain chronic non-cancer pain problems. (HOD, 0412)

DRU-018

Promote Clinical Research Into the Efficacy of Marijuana by Reclassification as a Schedule 2 Controlled Substance:

1. The Wisconsin Medical Society calls for further adequate and well-controlled studies of marijuana and related

cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease.

2. The Wisconsin Medical Society urges that marijuana's status as a federal schedule 1 controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.
3. The Wisconsin Medical Society urges the National Institutes of Health (NIH), the Drug Enforcement Administration (DEA), and the Food and Drug Administration (FDA) to develop a special schedule and implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research involving cannabis and its potential medical utility. This effort should include: a) disseminating specific information for researchers on the development of safeguards for cannabis clinical research protocols and the development of a model informed consent form for institutional review board evaluation; b) sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of cannabis for clinical research purposes; c) confirming that cannabis of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the DEA who are conducting bona fide clinical research studies that receive FDA approval, regardless of whether or not the NIH is the primary source of grant support.
4. The Wisconsin Medical Society believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions. (Derived from AMA Policy H-95.952). (HOD, 0412)

DRU-019

Principles for Proper Opioid Prescribing:
Safe Opioid Prescribing, Safe Home Medication Storage, and Safe Medication Disposal to Minimize Opioid Diversion and Overdose Deaths, While Assuring Proper Prescribing and Access to Care for Patients with Pain.

Opioid analgesics are extremely effective medications for the management of acute pain, especially pain associated with injuries or surgery. They are also extremely effective for managing cancer pain and in palliative care situations. Their use for chronic non-cancer pain remains associated with clinical controversy and, at times, with adverse outcomes. Physicians should receive more education about the problems of prescription drug diversion, misuse, addiction and overdose deaths, and steps physicians can and should take in the course of their regular daily practice to mitigate the risks of opioid prescribing and minimize the incidence of prescription drug diversion, misuse, addiction and overdose deaths.

The Wisconsin Medical Society supports the following principles:

- Physicians[a] should include opioid analgesics as part of evidence-based treatment plans for patients, to reduce discomfort and to maximize functioning, when their use is medically necessary.
- Patients should have access to these medications when they are medically necessary so that they receive compassionate and comprehensive care when they have painful health conditions.
- Physicians should make decisions about prescribing opioids with understanding of current policies and clinical guidelines promulgated by the Wisconsin Medical Examining Board, and should be aware of and review other guidelines from the Centers for Disease Control and Prevention, Federation of State Medical Boards, Food and Drug Administration, national medical specialty societies and other entities addressing the issue of safe and responsible opioid prescribing. Neither medical practice acts nor the credentialing procedures of health plans, hospitals or clinics, should provide for limitations on or sanctions against physicians based solely on the dosages of opioid analgesics prescribed or the number of pain patients they see in their practices.

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- Physicians should be more aware of the various indications for opioid analgesics and therapeutic alternatives based on the type of pain a patient may present with, including non-opioid pharmacotherapies for neuropathic pain and for myofascial pain syndromes.
- Physicians should be more aware of both addiction and physical dependence (withdrawal) as among the potential adverse outcomes from the long-term prescribing of opioid analgesics. Any physician who initiates a care plan involving chronic opioid analgesic therapy should be knowledgeable and comfortable in methods for safe discontinuation of opioids in tolerant individuals and for opioid withdrawal management. Physicians should encourage nursing staff in hospitals and clinics where they practice to utilize standardized rating scales for assessing the severity of opioid withdrawal.
- Physicians should not be limited to prescribing only abuse-deterrent or abuse-resistant medications as they become clinically available, but rather should have flexibility in prescribing practices, increased opportunities for education on the potential benefits of abuse-deterrent or abuse-resistant medications, and increased education about the importance of clear communication with patients on the risks and safe use of such medications.
- Physicians should be more aware of the phenomena of prescription drug diversion, misuse and overdose deaths, and should be mindful of the potential for diversion of drug supplies that originate with a legitimate prescription written for appropriate indications. Physicians should receive education on the theory, practice and utility of office-based and Emergency Department Screening and Brief Intervention processes to identify potential cases of substance use disorder. Risk assessment prior to the initiation of opioid therapy should become a regular part of medical and surgical practice.
- Physicians should receive education on how physicians can make optimal use of the Wisconsin Prescription Drug Monitoring Program.
- Physicians who prescribe controlled substances should accept the responsibilities they have to educate the patient at the time of issuing a prescription about benefits, risks and alternatives, and about safe drug storage and disposal practices that should be adhered to by patients.
- Physicians should support initiatives to establish statewide standards and methods for the effective disposal of consumer medications in all care programs (including home health care hospice programs) and facilities (including nursing homes and residential hospice programs) and which comply with state and federal waste management laws.
- Physicians should become active in their communities, volunteering their time to become community problem-solvers regarding health topics relevant to their communities and the emerging epidemics of prescription drug abuse and opioid overdose deaths.
    a. Physicians should work with schools and school boards to optimize the health education students receive regarding substance use disorders and related conditions, including facts regarding the epidemiology of overdose deaths among youth in Wisconsin.
    b. Physicians should work with their communities to support the implementation of evidence-based substance abuse prevention programs and practices, such as those in the National Registry of Evidence-based Programs and Practices developed by the Substance Abuse and Mental Health Services Administration (http://www.nrepp.samhsa.gov/01_landing.aspx).
    c. Physicians should work with citizen coalitions in their communities regarding safe drug storage and disposal with respect to controlled substances such as opioid analgesics.

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[a]This Statement of Principles was prepared by the Wisconsin Medical Society for the benefit of the physician members of the Society and the patients those physicians serve. However, these Principles apply to all licensed independent practitioners with prescribing authority. While this Statement does not use the term "prescribers," in most cases where the term "physician" appears, the Principles could/should be generalized to reference all prescribers of opioid analgesics. (HOD, 0416)

DRU-020

Palliative Opioid Use: The Wisconsin Medical Society (Society) supports the United Nations' Commission on Narcotic Drugs' Principle of Balance (CND RESOLUTION 53/4) in ensuring the availability of prescription drugs for medical purposes while preventing abuse and diversion. The Society will work to educate physicians regarding safe and effective prescribing practices, especially for opioids and other drugs prone to misuse and abuse, and supports balanced policies and efforts to achieve this objective. The Society will also advocate for continued access to medications essential to pain management, including for cancer, palliative care and hospice patients. (HOD, 0414)

DRU-021

Prevention of Prescription Drug Misuse and Addiction by At-Risk Youth: The Wisconsin Medical Society encourages parents to consider placing under lock and key all supplies of narcotic analgesic, sedative and psycho-stimulant drugs that may be prescribed to a family member. (HOD, 0413)

DRU-022

E-Prescribing of Controlled Substances: The Wisconsin Medical Society supports the option for electronically prescribed controlled substances as aligned with federal and state regulations and expresses the importance of adopting such standards to allow for this to the relevant components of the e-prescribing chain. (HOD, 0415)

DRU- 0023

Implementation and Use of Effective Prescription Drug Monitoring Programs: The Wisconsin Medical Society:

- Recommends that Prescription Drug Monitoring Programs (PDMP) be user-friendly and designed such that data is available immediately after a prescription is filed, and is available immediately to clinicians or their designees with prescribing authority when they query the database and are considering prescribing a controlled substance.
- Recommends that individual PDMP databases be designed with the best available connectivity to electronic medical records, and with connectivity to other PDMP databases so that clinicians or their designees with prescribing authority can have access to PDMP controlled substances dispensing data across state boundaries or between prescribing agencies.
- Encourages clinicians or their designees with prescribing authority to use PDMP databases before prescribing prescription drugs, and to actively discuss the importance of medication safety with their patients.
- Considers PDMP data to be protected health information, and thus protected from release outside the health care system unless there is a HIPAA exception or specific authorization from the individual patient to release personal health information.
- Supports medical school and postgraduate training that incorporates curriculum topics focusing on pain medicine, addiction medicine and how best to utilize PDMP platforms for safe prescribing practices. (HOD, 0416)

DRU-024

Research and Access to Abuse-Deterrent and Abuse-Resistant Opioids: Prescription opioids can be abused by tampering, crushing, dissolving or chemically altering the medication and delivering the drug in ways other than the intended and recommended route of administration. The Wisconsin Medical Society:

- Acknowledges that scientifically rigorous research is needed to determine the long-term safety and efficacy of abuse-resistant and abuse-deterrent medications as compared to traditional opioid medications, and supports such research that takes into consideration the known routes of abuse for typical opioid medications and seeks to produce medications that reduce overall abuse.

**Currently under five-year policy review.*

- Acknowledges that increased prescribing of abuse-deterrent medications may lead some individuals to shift their drug use to other drugs or routes of administration, and supports increased research on how to ameliorate this unintended secondary effect.
- Supports reasonable and appropriate pricing of abuse-deterrent and abuse-resistant opioid formulations as they become available, so that cost does not create a barrier to their use, so that they are covered at the same level as non abuse-deterrent formulations, and so that access to such drugs is just and equitable. (HOD, 0416)

DRU-025

Safe Storage and Disposal of Prescription Drugs: The Wisconsin Medical Society:

- Supports initiatives designed to promote and facilitate safe and appropriate storage and disposal of prescription medications, including community, state or national drug "take-back" programs.
- Supports clear labeling on all medications as to the safe storage and disposal of such medicines, whether for expired medicines or for medicines that are no longer needed by the patient for whom they were prescribed.
- Encourages physicians and health care professionals who prescribe medications to discuss proper storage and disposal practices with their patients and patients' families, and to inform their patients about upcoming drug take-back days in Wisconsin.
- Encourages initiatives to establish statewide standards and methods for the effective disposal of consumer medications in all care programs (including home health care hospice programs) and facilities (including nursing homes and residential hospice programs) and that comply with state and federal waste management laws.
- Encourages citizen coalitions to become advocates for safe drug storage and disposal, particularly for drugs that are addictive or pose the risk of overdose, such as opioid analgesics.
- Supports medical school and postgraduate training that incorporates curriculum on the role of the prescriber in educating patients on safe medication storage and disposal. (HOD, 0416)

DRU-026

Good Samaritan Laws for Overdose Victims: The Wisconsin Medical Society Supports:

- Legislation that provides legal protection to a witness or victim of an overdose, who in good faith requests or administers emergency medical assistance in order to save the life of an alcohol or drug overdose victim.
- Initiatives that create avenues for drug treatment in lieu of an arrest, prosecution, and/or conviction for the drug overdose victim after an overdose occurs, or for the individual who requests medical assistance at the time of overdose.
- Efforts to increase awareness and educate the public and law enforcement officials about existing and future Good Samaritan legislation. (HOD, 0416)

GAM-GAMBLING

GAM-001

Internet Gambling: The Wisconsin Medical Society believes that Internet gambling should be prohibited in Wisconsin and supports Wisconsin legislation prohibiting it. (HOD, 0411)*

GAM-002

Oppose Expansion of Casino Gambling in Wisconsin: The Wisconsin Medical Society opposes the expansion of casino gaming in Wisconsin and supports a moratorium on additional casinos due to the dangers of gambling addiction and the cost to society. (HOD, 0416)

IMP-IMPAIRED PHYSICIANS

IMP-002

Reporting Impaired, Incompetent or Unethical Behavior: The Wisconsin Medical Society believes it is imperative that physicians continue their long history of assisting authorities by reporting impaired, incompetent and unethical behavior by a colleague. Physicians should make such reports to the appropriate entity or entities, which may be one or more of the following: Medical Examining Board, law enforcement authorities, hospital peer review committees, management staff of the facility or organization.

While such reporting is important, it is also important to keep in mind that allegations are very different from findings of fact.

Physicians should support:

- Observation of the principles of due process during disciplinary hearings or other procedures involving physician participants at all levels.
- Maintaining the confidentiality of the reporting physician, to the extent possible within the constraints of the law, by entities engaged in review of physician behavior.
- Laws that provide immunity to those who report impaired, incompetent or unethical conduct.

The medical profession should make known its commitment to protect the public from incompetent, impaired or unethical physicians by better communicating its efforts and initiatives at maintaining high ethical standards and quality assurance. (HOD, 0413)

IMP-003

State Medical Examining Board Funding and Functioning: The Wisconsin Medical Society supports current license fees to help fully fund and staff the State Medical Examining Board so it can effectively perform its duty to oversee physician practice and investigate complaints against physicians in a timely manner to protect the health of the people of Wisconsin. (HOD, 0415)

IMP-004

Physicians with Disruptive Behavior: This Opinion is limited to the conduct of individual physicians and does not refer to physicians acting as a collective, which is considered separately in AMA Opinion 9.025, "Collective Action and Patient Advocacy."

(1) Personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care constitutes disruptive behavior. (This includes but is not limited to conduct that interferes with one's ability to work with other members of the health care team.) However, criticism that is offered in good faith with the aim of improving patient care should not be construed as disruptive behavior.

(2) Each medical staff should develop and adopt bylaw provisions or policies for intervening in situations where a physician's behavior is identified as disruptive. The medical staff bylaw provisions or policies should contain procedural safeguards that protect due process. Physicians exhibiting disruptive behavior should be referred to a medical staff wellness-or equivalent-committee.

(3) In developing policies that address physicians with disruptive behavior, attention should be paid to the following elements:

**Currently under five-year policy review.*

(a) Clearly stating principal objectives in terms that ensure high standards of patient care and promote a professional practice and work environment.

(b) Describing the behavior or types of behavior that will prompt intervention.

(c) Providing a channel through which disruptive behavior can be reported and appropriately recorded. A single incident may not be sufficient for action, but each individual report may help identify a pattern that requires intervention.

(d) Establishing a process to review or verify reports of disruptive behavior.

(e) Establishing a process to notify a physician whose behavior is disruptive that a report has been made, and providing the physician with an opportunity to respond to the report.

(f) Including means of monitoring whether a physician's disruptive conduct improves after intervention.

(g) Providing for evaluative and corrective actions that are commensurate with the behavior, such as self correction and structured rehabilitation. Suspension of responsibilities or privileges should be a mechanism of final resort. Additionally, institutions should consider whether the reporting requirements of Opinion 9.031, "Reporting Impaired, Incompetent, or Unethical Colleagues," apply in particular cases.

(h) Identifying which individuals will be involved in the various stages of the process, from reviewing reports to notifying physicians and monitoring conduct after intervention.

(i) Providing clear guidelines for the protection of confidentiality.

(j) Ensuring that individuals who report physicians with disruptive behavior are duly protected. (I, II, VIII) (HOD, 0411)*

IMP-005

Physician Health Program Statement of Principles: The Wisconsin Medical Society believes that physician health is essential to quality of care, patient safety, and the health of the medical profession. The Society will work with other organizations to facilitate, through legislation and other means, the establishment of an independent, effective, nonpunitive and confidential physician health program. (HOD, 0413)

LIA-LIABILITY AND MALPRACTICE ISSUES

LIA-001

Reviewer's Responsibility: The Wisconsin Medical Society believes that whenever a patient's care or medication is reviewed and denial of payment for treatment or approval of a prescribed medication is made, the reviewer's name, title, final decision and rationale for the decision should be documented. The patient and the patient's physician should be notified in writing and the right to appeal the decision should be preserved. (HOD, 0412)

LIA-002

Medical Liability Insurance Coverage and Telemedicine: The Wisconsin Medical Society believes:

1. An out-of-state physician practicing telemedicine over state lines into Wisconsin should be required to carry primary medical liability insurance at the minimum state level mandated with a company licensed to do business in Wisconsin.
2. An out-of-state physician, whose principal place of practice is not Wisconsin, practicing telemedicine over states lines into Wisconsin, should also be required to carry coverage through the Injured Patients and Families Compensation Fund (IPFCF). The IPFCF should determine the appropriate assessment and exemptions.

3. The Medical Examining Board should seek proof of medical liability insurance coverage during the licensure application process for telemedicine practitioners. (HOD, 0412)

LIA-004

Wrongful Birth: The Wisconsin Medical Society supports legislation that would prohibit action or suits against a physician based on the claim that, but for the act or omission of the physician, a person would not have been born alive but would have been aborted. (HOD, 0411)*

LIA-007

Medical Liability in a Managed Care Environment: The Wisconsin Medical Society supports legislation to prohibit managed care entities from inserting language in their contracts with physicians that hold the managed care organization harmless if harm befalls a patient as a result of the acts or omissions of the managed care organization. (HOD, 0411)*

LIA-008

Access to Medical Malpractice Database: The Wisconsin Medical Society supports omitting specific provider identification from medical malpractice data on closed claims released to designated parties in the appropriate specialty society or regulatory body. (HOD, 0412)

LIA-013

Immunity From Medical Malpractice Actions for Charitable and Civic Work: The Wisconsin Medical Society supports development of legislation that would provide immunity from medical malpractice actions for all physicians who volunteer to help at charitable clinics and programs, and those who are involved in legitimate medical and public health work for state, county and local civic purposes. (HOD, 0415)

LIA-014

Changes in Effectiveness of Medical Mediation Panels: The Wisconsin Medical Society supports an effective mediation panel system. (HOD, 0414)

LIA-015

Legislative Priorities for Medical Liability Reform: The Wisconsin Medical Society recognizes the following priorities for medical liability reform:

- Alternative approaches to birth-related injuries.
- Broader financing mechanisms.
- Reduction of physicians' liability exposure.
- Changes to the claims handling process.
- Reform of the current tort system. (HOD, 0415)

LIA-019

Application of Liability Limits for State-Employed Physicians to all Physicians: The Wisconsin Medical Society supports applying the elements of the state system of liability coverage and statute of limitations presently in effect for state-employed physicians to all Wisconsin physicians. (HOD, 0412)

LIA-020

Settlement of Frivolous Suits: The Wisconsin Medical Society believes that medical liability insurance companies should:

- Not settle malpractice actions against physicians for reasons of fiscal expedience.

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- Aggressively pursue appropriate legal counteractions against those plaintiffs and/or their attorneys who commence, use or continue frivolous actions. (HOD, 0411)*

LIA-021

Expert Testimony in Medical Liability Actions: The Wisconsin Medical Society urges all physicians to make themselves available to review medical liability claims and, when appropriate, testify in liability actions. (HOD, 0411)*

LIA-022

Mediation of Medical Liability Claims: The Wisconsin Medical Society supports mandatory pre-trial mediation to reduce the number of frivolous medical liability lawsuits. (HOD, 0412)

LIA-025

Pap Smear Screening: The Wisconsin Medical Society supports the following guidelines for review of pap smears in the context of potential litigation:

The pap smear is the most effective cancer screening test in medical history and has been associated with a significant decrease in the death rate due to a prevalent cancer in the United States. If the pap smear is to continue as an effective cancer screening procedure, it must remain widely accessible and reasonably priced for all women, including those with low incomes and those at high risk.

It must be recognized that the pap smear is a screening test that involves subjective interpretation by screening cytologists of the 50,000-100,000 cells that are present on a typical pap smear. Even the best laboratories have an irreducible false negative rate. Although rescreening can reduce this rate, zero-error performance can never be attained as the result of many factors, but particularly due to both the subjectivity involved in making diagnostic determinations in many difficult cases and because of inherent imprecision in the process of specimen collection.

The finding of a false negative pap smear is not necessarily evidence of practice below the standard of care. Whether a false negative smear is the result of negligence must be judged not only on the basis of the individual result, but also in context of overall laboratory performance on pap smears.

The diagnosis, atypical cells of undetermined significance, represents a poorly defined entity with poor inter- and intra-observer reproducibility. Therefore, disputed case of atypical cells of undetermined significance are not likely to represent reasonable groups of allegations of practice below the standard of care.

Pap smear slides assessed for possible litigation should be reviewed without knowledge of clinical outcome. This review should simulate the normal screening situation as closely as possible. This may be accomplished as a screening process including the contested case as one of a number of pap smears representing a variety of disease states. Review with knowledge of subsequent development of carcinoma biases the objectivity of the review and does not reflect standard practice.

A court reviewing the qualifications proffered by physician-witnesses should consider or utilize these prerequisite criteria:

- The physician maintains a current and unrestricted license to practice medicine in his/her state of practice.
- The physician is certified by the appropriate ABMS specialty or subspecialty board.

The standard of care should be that of the reasonable and prudent practitioner. Courts should recognize that a false negative result is not sufficient proof of negligence. Rather, they should look to whether overall pap smear practices of the laboratory meet the standard of care.

Compensation of the physician-witness should reasonably reflect the time and effort expended by the witness in preparation, depositions and trial. Compensation of a physician-witness contingent on the outcome introduces the possibility of bias and should not be permitted. (HOD, 0410)*

LIA-028
Extension of Malpractice Exemption for Charity Care: The Wisconsin Medical Society supports providing malpractice immunity for all prearranged charity care, regardless of where the pro bono services are provided. (HOD, 0412)

LIA-029
Enactment of Reasonable Contingency Fee Limits in Malpractice Actions: The Wisconsin Medical Society supports reasonable limits on attorney fees in medical liability actions utilizing strict sliding fee scales, as already enacted in some other states, in order to ensure that injured patients receive the greatest amount possible of their medical liability settlements. Provisions within the sliding fee scales would not allow for either the court nor the client to pay the attorneys more than the scale directs. (HOD, 0412)

LIA-030
Legislative Priority of the Wisconsin Medical Society: The Wisconsin Medical Society affirms that medical liability reform should remain a legislative priority. (HOD, 0412)

LIA-031
Medically Accurate Informed Consent: The Wisconsin Medical Society opposes government-mandated language in informed consent documents and discussions. (HOD, 0414)

SCO-SCOPE OF PRACTICE
SCO-001
Scope of Practice: The Wisconsin Medical Society believes that health care professionals should work as partners in health care within the limitations of each profession's legal scope of practice. The Society also recognizes that the practice of medicine and other health care professions are dynamic disciplines. Enhancements in technology, advances in science, improvements in education and training and changes in health care delivery may necessitate changes in the scopes of practice for non-physician health care professions. In evaluating whether a change or expansion in a non-physician health care profession's scope of practice is necessary and appropriate, the Society will, at a minimum, evaluate answers to the following questions:

1. Are members of the profession appropriately educated, trained and experienced in the actions, treatments, responsibilities or procedures for which authority is sought to ensure that if the profession's scope is changed as proposed the care patients receive:
    a. Is competent and of high quality?
    b. Adheres to accepted or reasonable standards of patient safety?
2. Has a genuine patient-care need been identified sufficiently to justify the degree of changes requested to the profession's scope of practice?
3. Are corresponding changes to the profession's liability insurance requirements necessary to ensure that patients may be adequately compensated in situations of professional malpractice?
4. Will the changes proposed have a negative impact on the cost of or access to health care?
5. Are the proposed changes unambiguous so that
    a. Patients may easily understand the limits of the profession's legal authority and practice?

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b. Members of the profession may not expand the scope of professional practice without appropriate legislative action?

When these criteria are met, the Society will work to ensure that proposed changes to non-physician health care professional practice acts and regulations accomplish their stated intentions in consultation with medical subspecialties affected by these changes. (HOD, 0415)

SCO-002

Regulation of Telemedicine: The Wisconsin Medical Society supports the following principles governing the regulation of telemedicine:

1. In order to protect the quality of the health care provided to Wisconsin residents and to provide for adequate redress of negligence claims, the practice of telemedicine should be regulated by the state of Wisconsin. In order for a physician to practice telemedicine into Wisconsin, that physician should be required to first secure a full license to practice medicine and surgery in Wisconsin.
2. For the purposes of licensure to practice telemedicine in this state, and except as specified below, telemedicine shall be defined as follows.

   Telemedicine is the practice of medicine between a physician who is located outside of this state and a patient within this state. Telemedicine includes either the rendering of a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient, or the treatment of that patient by that physician. It does not matter by what means, electronic or otherwise, the physician communicates or obtains information about the patient or renders opinions or treatment.
3. For the purposes of licensure to practice medicine in Wisconsin, telemedicine does not include the following:
   a. A physician who engages in the practice of medicine across state lines in an emergency.
   b. Occasional consultation or demonstration by electronic or other means by licensed physicians of other jurisdictions with licensed physicians of this state unless there exists an ongoing, regular, or contractual arrangement for providing these consultations or opinions.
   c. The practice of medicine between a physician and patient that occurs via electronic means across state lines that is a minor component of an ongoing physician-patient relationship between that physician and that patient that routinely occurs in the state in which that physician is located.
   d. A physician in another state who, as an employee or agent of a corporation, provides occupational consultative services, excluding services provided within a physician/patient relationship, involving the employees of that corporation in this state.
   e. The acts of medical specialists located in other jurisdictions who provide episodic consultations to physicians located in this state who practice in the same specialty.

It is the Society's position that it is in the best interest of the patient that, in any telemedical physician-patient relationship, a physician licensed in Wisconsin should retain control and remain responsible for the provision of care for the patient. (HOD, 0414)

SCO-003

Licensing of Hyperbaric Chambers in Wisconsin: The Wisconsin Medical Society supports establishing licensing requirements and minimal regulations for the operation and maintenance of hyperbaric chambers within the state. (HOD, 0414)

SCO-005

Approach to Specific Clinical Situation: The Wisconsin Medical Society generally opposes any legislation that would either prescribe or proscribe a particular medical or surgical approach to any specific clinical situation. (HOD, 0411)*

SCO-007

Statutory Dependent Prescribing Authority for Physician Assistants: The Wisconsin Medical Society supports legislative initiatives that support statutory dependent prescribing authority for physician assistants, but opposes any effort of Physician Assistants to become independent. (HOD, 0414)

SCO-010

Scope of Practice for Physician Assistants and Nurse Practitioners: The report of the American Medical Association (AMA) Board of Trustees on physician assistants and nurse practitioners, as amended and adopted at the 1995 Annual Meeting of the AMA House of Delegates, was accepted as Wisconsin Medical Society policy. The report offered the following guidelines for the roles and responsibilities of physician assistants and nurse practitioners:

Model Guidelines for Physician/Nurse Practitioner Integrated Practice

The physician is responsible for the supervision of nurse practitioners and other advanced practice nurses in all settings. While the Wisconsin nurse practice act and administrative rules provide for "the execution of procedures and techniques in the treatment of the sick under the general or special supervision of a physician" (Wis. Stat. sec. 441.114.), advanced practice nurses and nurse practitioners who have qualified for and received a certificate to prescribe can prescribe on an independent basis. This may affect the physician's responsibility for the supervision of nurse practitioners in all practice settings.

The physician is responsible for managing the health care of patients in all practice settings.

Independent prescribing authority for advanced practice nurses may affect the physician's responsibility for managing the health care of patients in all practice settings. Advanced practice nurses, including nurse practitioners, with independent prescribing authority are required to collaborate with at least one physician, but the administrative rules with regard to prescribing loosely define collaboration and the definition does not require physician supervision of the advanced practice nurse with prescribing authority.

Health care services delivered in an integrated practice must be within the scope of each practitioner's professional license, as defined by state law.

In an integrated practice with a nurse practitioner, the physician is responsible for supervising and coordinating care and, with the appropriate input of the nurse practitioner, ensuring the quality of health care provided to patients.

Independent prescribing authority for advanced practice nurses may affect the physician's responsibility for supervising and coordinating care. Advanced practice nurses, including nurse practitioners, with independent prescribing authority are required to collaborate with at least one physician, but the administrative rules with regard to prescribing loosely define collaboration and the definition does not require physician supervision of the advanced practice nurse with prescribing authority.

The extent of involvement by the nurse practitioner in initial assessment, and implementation of treatment will depend on the complexity and acuity of the patients' condition as determined by the supervising/collaborating physician.

The role of the nurse practitioner in the delivery of care in an integrated practice should be defined through mutually agreed upon written practice protocols, job descriptions, and written contracts.

These practice protocols should delineate the appropriate involvement of the two professionals in the care of patients, based on the complexity and acuity of the patients' condition.

At least one physician in the integrated practice must be immediately available at all times for supervision and consultation when needed by the nurse practitioner.

**Currently under five-year policy review.*

Patients are to be made clearly aware at all times whether they are being cared for by a physician or a nurse practitioner.

In an integrated practice, there should be a professional and courteous relationship between physician and nurse practitioner, with mutual acknowledgment of, and respect for each other's contributions to patient care.

Physicians and nurse practitioners should review and document, on a regular basis, the care of all patients with whom the nurse practitioner is involved. Physicians and nurse practitioners must work closely enough together to become fully conversant with each other's practice patterns.

Suggested Guidelines for Physician/Physician Assistant Practice

The physician is responsible for managing the health care of all patients in all settings.

Health care services delivered by physicians and physician assistants must be within the scope of each practitioner's authorized practice as defined by state law.

The physician is ultimately responsible for coordinating and managing the care of patients, and with the appropriate input of the physician assistant, ensuring the quality of health care provided to patients.

The physician is responsible for the supervision of the physician assistant in all settings.

The role of the physician assistant in the delivery of care should be defined through mutually agreed upon guidelines that are developed by the physician and the physician assistant and based on the physician's delegatory style.

The physician must be available for consultation with the physician assistant at all times either in person or through telecommunication systems or other means.

The extent of the involvement by the physician assistant in the assessment and implementation of treatment will depend on the complexity and acuity of the patient's condition and the training and experience and preparation of the physician assistant, as adjudged by the physician.

Patients should be made clearly aware at all times whether they are being cared for by a physician or a physician assistant.

The physician and physician assistant together should review all delegated patient services on a regular basis, as well as the mutually agreed upon guidelines for practice.

The physician is responsible for clarifying and familiarizing the physician assistant with his/her supervising methods and style of delegating patient care. (HOD, 0411)*

SCO-012

Mandating Insurance Coverage for Acupuncture Treatment: The Wisconsin Medical Society opposes mandating insurance coverage for the diagnosis and treatment of a condition by an acupuncturist. (HOD, 0412)

SCO-014

Laser Surgery: The Wisconsin Medical Society believes that laser surgery should be performed only by individuals licensed to practice medicine and surgery, or by those categories of practitioners currently licensed by the state to perform surgical services. (HOD, 0412)

SCO-015

Electrodiagnostic Medicine: The Wisconsin Medical Society affirms that performing needle electromyography is the practice of medicine, and work to discourage other non-physician health care professionals from expanding their scope of practice to include performing needle electromyography.

The Wisconsin Medical Society works to discourage physicians from interpreting needle electromyographic studies that they did not actually perform, through methods including CPT coding modifiers to create a distinction between needle EMGs performed by a physician and those performed by another provider, even if later interpreted by a physician, and discouraging reimbursement for needle electromyography that was not actually performed by a physician. (HOD, 0412)

SCO-016

Health Consultations for Direct-to-Consumer Genetic Tests: The Society supports legislation regulating Direct-to-Consumer genetic testing so that when such testing is conducted at the request of someone other than a physician, the laboratory report to the patient must state in bold type that the patient has the responsibility to contact a physician for test consultation and interpretation. (HOD, 0411)*

SCO-017

X-Ray technology: In response to 2009 Act 106, the Wisconsin Medical Society supports a physician-led collaborative effort (including family physicians, internists, orthopaedists, rheumatologists, hand surgeons, radiologists and other specialties that use X-ray technology) with representation from each of these fields to lead Wisconsin in the areas of radiographic patient safety, image quality, responsible cost controls, and access for our patients. (HOD, 0411)*

SCO-018

Radiologic Safety, Quality, Cost and Access: In response to 2009 Act 106, the Wisconsin Medical Society supports a physician-led collaborative effort (including family physicians, internists, orthopaedists, rheumatologists, hand surgeons, radiologists, anesthesiologists and other specialties that use X-ray technology) with representation from each of these fields to lead Wisconsin in the areas of radiographic patient safety, image quality, responsible cost controls, and access for our patients. (HOD, 0412)

TOR-TORT REFORM

TOR-001

Legislative Action in IPFCF Changes: The Wisconsin Medical Society supports the following positions in regard to the Injured Patients and Families Compensation Fund (IPFCF):

- Only named fund participants are responsible for the base insurance awards in IPFCF settlements of a case.
- Participation in the IPFCF should be mandatory, except for those exempted under state law as of 2012.
- Specialty-specific rate changes should be actuarially justified over a period of at least two consecutive years by the consulting actuary and by the IPFCF Board of Governors. (HOD, 0412)

TOR-005

Malpractice Reform: The Wisconsin Medical Society supports the following principles in regard to medical malpractice:

- A reasonable cap on non-economic damages.
- Educating the public of the added cost to health care imposed by medical malpractice costs.
- Maintain the concept of comparative negligence, but replace joint and several liability with a determination of the defendant's obligation to pay based on the proportion of damages his or her negligence is found to bear to the actual injury, not on ability to pay as a 'deep pocket' defendant.
- The elimination of punitive damages except in cases of intentional torts.
- The prohibition of double recovery in compensation for an injury.

**Currently under five-year policy review.*

- The court in which a civil tort action is conducted shall review and approve the amount of every contingency fee paid as being reasonable to the circumstances.
- Maintaining the IPFCF threshold at a reasonable level.
- Supporting loss prevention measures.
- Support the requirement that claimant attorneys must file certificates of merit.
- Support the establishment of uniform and reasonable statute of limitations.
- Support prohibiting indemnitors from settling claims without the consent of the insured. (HOD, 0414)

TOR-012

IPFCF: The Wisconsin Medical Society supports the idea that the Injured Patients and Families Compensation Fund, including any net worth of the Fund, is held in irrevocable trust for the sole benefit of patients and families who are proper claimants of the Fund and physicians and other health care professionals participating in the Fund.

Money collected for the Fund should not be used for any other purpose of the state. The Fund is established to curb the rising costs of health care by financing part of the liability incurred by physicians and other health care professionals as a result of medical malpractice claims and to ensure that proper claims are satisfied.

The Society opposes any action or legislation, that threatens to destabilize the medical malpractice climate in the State of Wisconsin, as that climate currently benefits our citizens' access to medical care. (HOD, 0411)*

Education Issues

EMC - EDUCATION (CONTINUING MEDICAL)

EMC-001

Education and Research as a Component of the Health Care System: The Wisconsin Medical Society recognizes that education and research are a critical component of our health care system and must be appropriately funded. As the health care system is reformed or changed, it is essential that provisions or mechanisms to provide adequate, stable financing of medical education and research be included. (HOD, 0412)

EMC-004

Procedures for Reconsideration and Appeal of Adverse Accreditation Decisions: It is the policy of the Wisconsin Medical Society that Continuing Medical Education (CME) adverse accreditation decisions must adhere to specific guidelines. (HOD, 0410)*

EMC-005

Joint Sponsor Policy Statement: The Wisconsin Medical Society supports the position that: The Council on Medical Education will give preference to requests for activity sponsorship with *AMA PRA Category 1 Credit*™ approval from Society councils and committees planning activities that coincide with the Society Annual Meeting or other major meetings. The Council on Medical Education and the Society may decline any other request for sponsorship for any reason deemed appropriate. The Council will encourage organizations seeking sponsorship to use other available accreditation mechanisms or attain independent accreditation status. The Council may at its discretion recommend sponsorship as the source of last resort and on a one-time only basis. If the Council does not approve sponsorship, the requestor may appeal this decision to the Society Board of Directors, which shall make the final determination of whether to approve the activity sponsorship. (HOD, 0413)

EMC-006

Support of Commercial Vendors: The Wisconsin Medical Society (Society) welcomes the support of continuing medical education by commercial vendors. Guidelines for this support are officially adopted from Accreditation Council for Continuing Medical Education's Standards for Commercial Support and are as follows:

- *Program Control:* In accordance with the guidelines, the overall planning and responsibility for the Continuing Medical Education activity is with the Council on Medical Education. This includes the selection of speakers, topics, meeting sites and other important decisions.
- *Recognition:* Financial support is acknowledged by an appropriate statement on all printed materials. The Council on Medical Education receives grants directly and pays the expenses and honoraria from the Society account. Publicity for the activity is controlled solely by the Society and its Council on Medical Education.

Grants are welcomed for the preparation and dissemination of brochures, announcements, and posters, which will be prepared by, and identified with the Society. Company representatives should not issue formal invitations for the activity to physicians unless expressly approved by the designated CME staff.

- *Representatives:* Company representatives may attend all meetings, with a name badge provided by the Society.
- *Exhibits:* Booths or other displays are allowed on a rental basis. Such displays must be set up in a separate exhibit area. (HOD, 0413)

EMC-007

Timely Publication of Clinical Studies: The Wisconsin Medical Society supports the position that important medical treatment studies should be disseminated in a scientific communication to the medical profession in a timely fashion. (HOD, 0412)

EMC-010

Examination for Maintenance of Medical License: The Wisconsin Medical Society opposes the imposition of any clinical skills examination for maintenance of medical license as other mechanisms exist to ensure physician's competence. (HOD, 0410)*

EMC-011

Prescription Safety Education: The Wisconsin Medical Society recommends that the Wisconsin Medical Examining Board should require appropriate continuing medical education on the safe and appropriate prescribing of controlled substances as a condition of initial and continuing licensure, and recommends that the federal government or its designated regulatory agencies allow states to develop their own education requirements through state regulatory licensing boards. (HOD, 0412)

EMC-012

Maintenance of Certification: The Wisconsin Medical Society opposes mandatory maintenance of certification as a condition of medical licensure. (HOD, 0414)

EME - EDUCATION (MEDICAL)

EME-001

Restrictive Covenants: The Wisconsin Medical Society will continue to monitor the use and enforceability of restrictive covenants, especially within the health care industry, and will provide information to members regarding restrictive covenants as necessary or requested. (HOD, 0415)

EME-003

Due Process for Housestaff: The Wisconsin Medical Society supports:

- The July 2003 Accreditation Council for Graduate Medical Education (ACGME) doctrine of "fair institutional policies and procedures for academic or other disciplinary actions taken against physicians in training."
- Adjudication of physicians-in-training complaints related to actions that could result in dismissal or could threaten career development.
- Incorporation of language into physician-in-training contracts that requires the program to provide an annual written contract no later than March 1 that provides a reasonable timeframe to initiate an appeal for non-renewed contracts. (HOD, 0412)

**Currently under five-year policy review.*

EME-005

Domestic Violence Training in Medical School: The Wisconsin Medical Society supports and encourages domestic violence prevention training during medical school and residency training. (HOD, 0411)*

EME-007

ACLS and BLS Training for Residents: The Wisconsin Medical Society:

- Encourages, as early as feasible in the first year of residency, the teaching of ACLS (Advanced Cardiac Life Support) and BLS (Basic Life Support) to maintain certification.
- Supports encouraging making ACLS and BLS an integral part of the residents' training.
- Strongly encourages Neonatal Resuscitation Program (NRP) and Pediatric Advanced Life Support (PALS) training as early as feasible for ob/gyn, family medicine, pediatricians, anesthesiologists, and emergency medical programs, as appropriate. (HOD, 0412)

EME-012

Role of Medical Schools in the Community: The Wisconsin Medical Society:

- Respectfully recommends that both medical schools be encouraged to work within Wisconsin to provide high-quality and appropriately distributed clinical services to underserved communities in the state, as part of reducing health care disparities in the most efficient manner possible while providing supervised experience to young physicians and medical students.
- Supports developing a set of principles that would guide the communication and interactions between the private medical community and the medical schools as they pursue their educational mission. These principles should be developed in consultation with the medical schools and the private medical community and should address the potential for conflict and ways to facilitate the resolution of conflicts that arise. (HOD, 0414)

EME-014

Medical Education Funding: The Wisconsin Medical Society strongly supports state funded Graduate Medical Education funding for residency training programs and sufficient yearly tuition assistance and capitation payments to Wisconsin medical students attending the Medical College of Wisconsin. (HOD, 0410)*

EME-015

Residency Cap: The Wisconsin Medical Society supports increasing the number of graduate medical education (residency and fellowship) positions to adequately address the developing physician workforce shortage and supports rescinding funding caps for graduate medical education imposed by the Balanced Budget Act of 1997. (HOD, 0414)

EME-017

Education of Medical Students and Residents/Fellows in Quality Improvement: The Wisconsin Medical Society respectfully encourages our state's medical schools and residency/fellowship programs to incorporate quality and performance improvement curricula, including principles of quality and performance improvement unique to Wisconsin, into their training. (HOD, 0410)*

EME-018

Diversity Competency Training: The Wisconsin Medical Society encourages the requirement of training that ensures competency in working with and caring for diverse populations, including communities that differ in race, ethnicity, culture, age, sex, gender, gender identity, sexual orientation, religious affiliation, socioeconomic status and disability. This required competency training would encompass the following:

- Providing definitions of the terms cultural competency, in race, ethnicity, culture, sex, gender, gender identity,

sexual orientation, disability, and provide tools to develop a critical understanding of one's own privileges and prejudices

- Identifying and understanding of the ways in which traditions and beliefs of diverse patient populations affect the nature of professional relationships and patient care
- Developing an understanding of the extent to which stereotypes can affect medical decision-making
- Identifying strategies for recognizing patterns of health care disparities as well as barriers to quality health care, and providing clinically relevant strategies to combat them
- Enhancing cross-cultural clinical skills, including history-taking, problem solving and promoting patient compliance. (HOD, 0411)*

EME-019

Supporting Two-Interval Grading Systems for Medical Education in Wisconsin: The Wisconsin Medical Society acknowledges the benefits of a two-interval grading system in medical colleges and universities in the state of Wisconsin for the first two years of instruction. The Wisconsin Medical Society asks the AMA to acknowledge the benefits of a two-interval grading system in medical colleges and universities in the United States for the first two years of instruction. (HOD, 0412)

EME-020

Decreasing the Financial Burden of Unsubsidized Federal Loans for Wisconsin Medical Students: The Wisconsin Medical Society supports federal legislation that reinstates Federal Direct Subsidized Loans for medical students and legislation that provides interest subsidies on federal loans for medical students with Wisconsin residency while attending medical school in the state of Wisconsin. (HOD, 0413)

EME-021

Introducing Small Group Practice Opportunities to Medical Students: The Wisconsin Medical Society will advocate for programs and seminars to involve medical students in externships with solo and small group community practices, and will support the development of evening seminars with medical students and doctors/practice managers where the small practice work style and business details can be discussed. (HOD, 0413)

EME-022

Computer Use by Medical Students: The Wisconsin Medical Society encourages the state's medical schools and residency training programs to teach future practicing physicians effective methods of utilizing electronic devices in the exam room and at the bedside, so that they enhance rather than impede the doctor-patient relationship, so as to have a positive impact on said relationship and health care for the patient. (HOD, 0414)

EME-023

Practical Use of Advance Directives in Medical Education: The Wisconsin Medical Society asks the American Medical Association (AMA) to recommend that all Liaison Committee on Medical Education (LCME)-, and Commission on Osteopathic College Accreditation (COCA)-accredited medical schools provide students the opportunity to complete an advance directive and learn to further address advance care planning in the course of their curricula.

The Society asks the AMA to encourage the LCME and COCA to include in their current accreditation standards opportunities for personal completion of advance directives by medical students and opportunities to further address advance care planning in the course of the medical school curricula.

The Society encourages development of a model educational module for the teaching of advance directives and advance care planning. (HOD, 0414)

**Currently under five-year policy review.*

EME-024

Medical Education Debt Relief: The Wisconsin Medical Society will support legislation and other efforts to reduce the burden of medical education debt. The Society recognizes that efforts to avert medical education debt before it accrues in order to lessen the impact of the level of debt on a trainee's choice of specialty are preferable to efforts aimed at reducing it afterwards. (HOD, 0414)

EMP - EDUCATION OF OTHER PROFESSIONALS

EMP-001

Education for Non-medical Leaders: The Wisconsin Medical Society supports programs that educate legislators, business leaders and others about the complexities and demands of medical practice. (HOD, 0415)

EMP-002

Improved Medical Education of County Coroners and Others: The Wisconsin Medical Society supports working with the legislature and the governor to ensure the quality of appropriate medical education of coroners, district attorneys, police and sheriffs' departments to improve understanding and cooperation with physicians in medical-legal problems. (HOD, 0415)

EMP-003

School Nurses: The Wisconsin Medical Society recognizes the importance of school nurses to provide a safe environment for our students and supports appropriate nurse-to-student ratios in all schools. (HOD, 0416)

RES - MEDICAL RESEARCH

RES-001

National Institute of Health Funding After Sequestration Cuts: The Wisconsin Medical Society supports an increase in National Institutes of Health (NIH) funding for biomedical research and the Agency for Healthcare Research and Quality (AHRQ) to counteract funding cuts. The Society will advocate with the Wisconsin Congressional delegation and the AMA to protect and support funding for NIH biomedical research and the AHRQ. (HOD, 0413)

Access and Financing Issues

BIL – BILLING

BIL-001

Disclosure of Facility Fees: The Wisconsin Medical Society supports state legislation that would require health care facilities, charging facility fees, to notify patients that facility charges may be incurred in addition to professional and ancillary charges. (HOD, 0411)*

BIL-002

Reinstatement of Consultation Codes: The Wisconsin Medical Society fervently requests the AMA to devote its advocacy focus and energy to the reversal of decisions to eliminate the use of service codes for consultation services. The Society will work with Wisconsin health plans and insurance firms, as well as with Wisconsin Medicaid, to assure that consultation services can be billed and paid for using consultation codes when claims are submitted; and to inform them of the Society's advocacy efforts to the AMA on such matters. (HOD, 0412)

BIL-003

Requirements for Prescriptions: The Wisconsin Medical Society, in order to protect patient confidentiality and to minimize administrative burdens on physicians, opposes requirements by pharmacies, prescription services and insurance plans to include such information as ICD-10-CM codes and diagnoses on prescriptions (from AMA policy H-120.973). (HOD, 0416)

BIL-004

Cash Payments: The Wisconsin Medical Society opposes any attempts by lawmakers to outlaw cash transactions between doctors and patients. (HOD, 2016)

EXC – EXTENDED CARE FACILITIES

EXC-001

Criminal Background Checks for Nursing Home Personnel: The Wisconsin Medical Society supports allowing businesses providing the services of an adult day care center, an adult family home, an assisted living facility, a community-based residential facility, a home health agency, a hospice, a nursing home or a treatment facility to request the Department of Justice to perform a criminal history search on any individual who may have access to patients or residents. The Society also supports the provision of criminal background checks to licensed day care centers for children. (HOD, 0411)*

EXC-004

Guardianship to Facilitate Admission of Patients to Extended Care Facilities: The Wisconsin Medical Society believes that admission to extended care facilities should be permitted if a competency evaluation has been completed and a guardianship petition is in progress but final legal action has not yet been completed. (HOD, 0411)*

EXC-006

Initiation and Implementation of Cardiopulmonary Resuscitation in Wisconsin Long Term Care Facilities: The Wisconsin Medical Society (Society) continues to endorse the document, "Practice Parameters: Regarding the Initiation and Implementation of Cardiopulmonary Resuscitation in Wisconsin Long Term Care Facilities." A copy of this document is on file at the Society. (HOD, 0410)*

HOM – HOME HEALTH

HOM-001

Funding for the Development of Home Visiting Programs: The Wisconsin Medical Society supports state funding to support communities in the development of sustainable home visiting programs. Legislation should include safeguards that programs be built on proven and effective models and encourage local communities to design their own locally effective programs within that framework. (HOD, 0412)

HOM-002

Reimbursement for Home Health Care Services: The Wisconsin Medical Society supports:

- Medicare being the primary insurer of the elderly and disabled, and so that Medicare supplement insurance policies are not expected to become costly Medicare substitutes.
- Rurther recognizing the efforts and responsibilities of physicians in home health care.
- Appropriate reimbursement for physicians' services be established, commensurate with their degree of responsibilities and liabilities. (HOD, 0416)

HOM-003

Home Health Care Services: The Wisconsin Medical Society:

1. Supports the concept of home care, which has been recognized and utilized as a viable mode of health care by organized medicine for decades.
2. Defines home health care as that component of a continuum of comprehensive health care whereby health services may be provided to individuals and families in their places of residence for the purpose of promoting, maintaining or restoring health, or of maximizing the level of independence, while minimizing the effects of disability and illness, including terminal illness.
3. Supports services appropriate to the needs of the individual patient and family that are planned, coordinated, and made available through the use of employed staff, contractual arrangement, or a combination of the two patterns.
4. Believes that agencies providing home health care should be licensed by the State of Wisconsin and offer a broad spectrum of health services from acute, intensive treatment and rehabilitative care to long term or maintenance level supportive care.
5. Supports making home health services available based upon patient care needs as determined by an objective patient assessment administered by a multi-disciplinary professional team or a single health professional in consultation with the patient's physician.
6. Believes that physicians should be provided with periodic reports of the type and frequency of home care services delivered as well as the patient's response to the care provided.

**Currently under five-year policy review.*

7. Recommends that physician/patient visits should occur as indicated by the patient's condition.
8. Recommends that home care services:
    a. are provided under the direction and plan of care (developed prior to discharge for those who are to return home from a hospital or nursing home) as outlined by the patient's physician.
    b. may include, but are not limited to, appropriate service components such as medical, dental, nursing, social work, home hospice, pharmacy, laboratory, physical therapy, occupational therapy, speech, therapy dietetics, homemaker-home health aide service, transportation, chore services, and provision of medical equipment and supplies.
    c. should be reviewed and must be approved by the patient's physician prior to a final recommendation by the agency to the patient and family.
9. Believes that a safe environment should exist for the patient in the home setting.
10. Believes that home health care providers should
    a. demonstrate evidence of ongoing quality assurance activity as shared with an agency medical advisory committee.
    b. be able to offer evidence of continuing education for all agency personnel.
    c. should express willingness to provide necessary care without charge in those instances where payment for services is not possible.
11. Believes that each home health care agency should have a medical director or medical consultant whose role may include:
    a. Responsibility for planning, coordination and implementation of agency medical related programs.
    b. Serving as a liaison between professional services staff and referring physicians and serving as consultant to agency management and staff.
    c. Responsibility for representing the home care agency in its relationship with other agencies, institutions, the medical profession and the public as may be required.
    d. Coordinating voluntary physician's input relating to medical policies and protocol.
    e. Coordinating and participating in utilization review, quality assurance and research programs.
    f. Serving as consultant to home care agency administration in the development and evaluation of agency health service programs.
    g. Representing the agency in its relationship with medical institutions and coordinating/supervising medical student, resident, and fellowship training programs.
    h. Informing the medical community of the agency's services and programs.
    i. Representing the agency before government and intermediary agencies, as appropriate, in matters pertaining to claim interpretation, regulations, and legislation.
12. Supports expansion of governmental and other third-party coverage for home care services so that efforts to decrease hospital utilization may be continued without reduction in the quality of care.
13. Believes that home care services can, and do, provide critical support which enables patients to receive cost-effective, quality health care at home despite major functional impairments.
14. Believes that failure to provide adequate home care services will result in a potential increase in the burden of illness suffered by the frail and disabled.
15. Believes that while home health care is an expanding and competitive service area and must maintain its fiscal integrity, a) the professional and ethical responsibility, at all levels of participation, is to place the welfare of the patient before personal gain; and b) all participants should be alert to and take an active stance against the misuse of patient trust, unnecessary or monetarily inflated services and/or unethical practices.

16. Supports efforts
    a. to educate the public about home health care, including types of services, efficacy and cost.
    b. to discourage over or under utilization.
    c. to inform the public (in clear, understandable language) of payment sources, including the benefits and coverage of insurance policies covering home health care.
17. Recommends that
    a. each patient receive an objective assessment from the physician and home care service of his/her needs, the treatment plan including an estimate of the period of treatment, the type of outcome to expect at the end of the treatment period, and the anticipated cost of services.
    b. if payment for services is denied by a third-party payer, patients should be notified of the denial on a timely basis, with reasons for the denial.
18. Believes that medical condition, health care needs, and patient preference, including ability to pay, should take precedence in decision-making regarding the home health care services received and reimbursed.
19. Supports the concept of an effective quality assessment and quality control program for home health care agencies in Wisconsin. (HOD, 0411)*

INS - INSURANCE: COVERAGE/REIMBURSEMENT/MANDATES

INS-004

Retrospective Denials: The Wisconsin Medical Society supports legislation that, except in cases of fraud:

- Limits the look back period after the claim is paid for supposed overpayments and payment errors made by insurers to physicians.
- Prohibits deduction of supposed overpayments or payment errors from current claims.
- Requires notification of the supposed overpayment or payment error in writing along with an explanation and documentation of the supposed overpayment or payment error. (HOD, 0413)

INS-005

Pay and Chase: The Wisconsin Medical Society supports requiring that primary insurers pay for medically necessary care in cases where workers compensation coverage is in dispute and primary health care insurance coverage is in effect until such time as the dispute is settled, so as to avoid delay in patient treatment. (HOD, 0412)

INS-006

Mandated Insurance Benefits: The Wisconsin Medical Society (Society) opposes generalized expansion of mandated benefits. The Society supports individual evaluation of mandated benefits based on pertinent criteria, including, but not limited to, the following:

- Is the benefit a medically accepted method of practice?
- Is the benefit a service that most consumers would assume should be covered by an insurance policy?
- Is the benefit cost effective over the long term?
- Is the benefit cost effective for society (e.g. immunization)?
- Is the benefit beneficial to the insured over the long term?
- Can the benefit better be offered as an option? (HOD, 0414)

**Currently under five-year policy review.*

INS-007

Coverage of a Minor Child's Congenital or Developmental Deformity: The Wisconsin Medical Society supports insurance coverage for treatment of a minor child's (through age 21) congenital or developmental deformity or disorder due to trauma, infection, tumor or disease. (HOD, 0414)

INS-008

Insurance Coverage for Diabetes Education and Supplies: The Wisconsin Medical Society supports insurance mandates for diabetes education and supplies, as a lack of insurance coverage would be harmful to the health of diabetics in Wisconsin. Coverage should emulate that of the Centers for Medicare and Medicaid Services, which reflects evidence-based medicine. (HOD, 0414)

INS-009

Timely Payment of Health Service Claims: The Wisconsin Medical Society supports legislation to address problems in obtaining payment from third-party payers for health services rendered. (HOD, 0411)*

INS-010

Coverage for Contraceptive Drugs: The Wisconsin Medical Society supports a mandate that requires insurers, HMOs and employee health benefit plans that offer prescription drug benefits to provide coverage for prescription contraceptive drugs and devices approved by the FDA and provide coverage for outpatient contraceptive services (consultation, exams, procedures and medical services, including natural family planning) if the plan covers other related outpatient services. (HOD, 0413)

INS-012

Access to Health Care Services: The Wisconsin Medical Society supports continuing exploration of opportunities to provide more coverage for workers without adequate health insurance coverage in Wisconsin. (HOD, 0411)*

INS-014

Insurance Coverage for Preventive Pediatric Health Care: The Wisconsin Medical Society (Society) believes that preventive health care helps ensure a healthier population and can reduce future health care costs. To this end, the Society supports requiring all health insurance policies to provide coverage of preventive pediatric health care services, from birth through age 19, for a dependent child of the insured if the policy or plan covers a dependent. (HOD, 0412)

INS-017

Portability of Insurance Coverage: The Wisconsin Medical Society encourages and will assist the American Medical Association in working with representatives from the federal government and the insurance industry to develop policies ensuring the portability of health insurance. (HOD, 0411)*

INS-018

Fair Tax Treatment for All Health Insurance Purchasers: The Wisconsin Medical Society continues to support tax equity for all who purchase health insurance through legislation at both the state and federal levels. (HOD, 0411)*

INS-020

Health Insurance Policy Information: The Wisconsin Medical Society supports

- Defining several levels of health insurance coverage in order that the consumer could be certain that the policy could be inclusive enough for his/her needs and would allow cost comparisons of similar policies.
- Ensuring that health insurance policies explicitly and specifically list exclusions from coverage in order that these omissions are apparent and comparable. (HOD, 0411)*

INS-021

Use of Genetic Tests by Insurers: The Wisconsin Medical Society endorses legislation that:

- Broadens the definition of a genetic test by deleting the criterion that such a test use DNA, and by providing that a genetic test may be a physical examination or examination of family history, so long as the purpose of the physical examination or family history is to determine whether an individual (including an unborn child) has a genetic disease or disorder, or is predisposed to a genetic disease or disorder.
- Supports efforts to prevent insurance companies from using genetic tests to deny or limit coverage. (HOD, 0411)*

INS-022

Timely Reimbursement: The Wisconsin Medical Society seeks legislation to allow physicians a minimum of 90 days to submit a claim to an insurance company. (HOD, 0411)*

INS-023

Understandable Third-Party Payer Printed Materials for Enrollees: The Wisconsin Medical Society endorses and promotes a legal requirement that each third-party payer provide a brief summary of its benefits, exclusions and limitations on access to physicians and enrollee

financial obligations in language that is understandable by those at a 6th grade reading level. (HOD, 0411)*

INS-024

Professional Physician Components: The Wisconsin Medical Society supports the existence of a professional component for every medical, surgical, radiological and pathology code listed in the American Medical Association's CPT manual. (HOD, 0411)*

INS-025

CPT Coding (modifiers for non-physicians) Unique Identifiers for Non-physician Health Care Professionals: The Wisconsin Medical Society supports non-physician professionals to be identified separately. (HOD, 0411)*

INS-027

Medicaid Service Denials: The Wisconsin Medical Society believes that Medicaid service denials should be based on scientific information and subject to due process. (HOD, 0411)*

INS-028

National Cancer Institute Clinical Trials: The Wisconsin Medical Society recommends that the Centers for Medicare and Medicaid Services (CMS) and other third-party payers not deny coverage and reimbursement for the costs of medical care to patients entered in qualifying clinical trials of therapeutic regimes at any phase. Covered costs should include routine health care costs and those usually covered (hospital care and physician and other health care services), as well as the costs of all FDA-approved agents utilized in the trial, regardless of whether the use is for an on-label or off-label indication. Qualifying clinical trials must satisfy all of the following inclusion criteria:

- Treatment is provided with a therapeutic intent (intent refers to an intention to improve patient outcome, relative to survival or quality of life).
- Treatment is being provided pursuant to a clinical trial that has been approved by the appropriate institute of the National Institutes of Health (NIH) as identified in the guidelines for NIH grants.
- The proposed therapy has been reviewed and approved by a qualified institutional review board.
- The facility and personnel providing the treatment are capable of doing so by virtue of their experience and training.

**Currently under five-year policy review.*

- There is not noninvestigational therapy that is clearly superior to the protocol treatment.
- The available clinical or preclinical data provide a reasonable expectation that the protocol treatment will be at least as efficacious as noninvestigational therapy.
- That CMS and other third-party payers cover costs associated with clinical trials for patients with malignancy or premalignant conditions as conducted by NIH-approved National Cancer Institute. (HOD, 0416)

INS-029

Physician Reimbursement: The Wisconsin Medical Society reaffirms its position that physician reimbursement for the same service not vary based on specialty or geographic location. (HOD, 0411)*

INS-031

Physician Payment: The Wisconsin Medical Society:

- Recognizes the continuing problem of insurance companies failing to pay physicians' charges as submitted.
- Supports efforts to educate patients concerning their financial obligation for their care.
- Supports efforts to work with insurance companies and the Office of the Commissioner of Insurance on the issue of reimbursement for physicians, especially in rural areas. (HOD, 0412)

INS-032

Reimbursement for Telemedicine: The Wisconsin Medical Society supports reimbursement for telemedical consultations, as identified in the current CPT codes for these services. (HOD, 0412)

INS-033

Unilaterally Imposed Monetary Penalties and Hold Harmless Clauses: The Wisconsin Medical Society opposes attempts by third-party payers of health care services to unilaterally impose monetary penalties and hold harmless provisions on health care professionals who may not comply with various requirements of the third-party payer where no written contract exists between that professional and payer. (HOD, 0412)

INS-034

Insurance Coverage for FDA Investigational and Compassionate Use Drugs: The Wisconsin Medical Society supports insurance coverage for FDA "treatment investigational new drugs" and "compassionate use" medications to the extent that an insurance policy provides any drug benefit. (HOD, 0414)

INS-035

Infertility: The Wisconsin Medical Society supports:

- Insurance coverage of complete fertility diagnosis and therapy in Wisconsin.
- Requiring insurers to provide a clear definition of benefits covered and that distinctions between experimental and non-experimental treatments for infertility and other medical conditions be made on the basis of recognized medical standards developed by bodies such as the American Medical Association. (HOD, 0413)

INS-036

Changes to the NAIC Uniform Accident and Sickness Policy Provision Law: The Wisconsin Medical Society encourages the Wisconsin Legislature to continue to take action to prohibit insurers from considering as "non-covered benefits" medically necessary medical/surgical services offered to individuals who have incurred injury or illness as a result of participating in a criminal act or being intoxicated or under the influence of any non-prescribed drugs. (HOD, 0414)

INS-037

Catastrophic Insurance: The Wisconsin Medical Society recognizes the need for catastrophic insurance and supports proposals that are self-financing, based on an individual's ability to pay and not wasteful of medical services. (HOD, 0412)

INS-039

Power Wheelchairs and Scooters: The Wisconsin Medical Society supports power wheelchair and scooter insurance coverage not only for individuals who are bed- or chair-bound and cannot operate a manual wheelchair and can safely operate the controls of a power wheelchair, but also for individuals who are chronically, intermittently bed- or chair-bound, where some limb strength might be preserved yet other factors such as pain, fatigue or dyspnea on exertion limit functional ambulation, or where ambulation is so limited that activities of daily living within the house, or normal domestic, vocational and social activities around the house and outside of the house would be compromised (as determined by an appropriate specialist). (HOD, 0416)

INS-040

Legislative Action to Prevent Implementation of Antiquated Provisions of the "Uniform Policy Provision Law": The Wisconsin Medical Society opposes health insurers from selling policies in Wisconsin that include contract language that would deny insurance payments for the treatment of injuries sustained as a consequence of the insured person being intoxicated due to alcohol or under the influence of controlled substances.

The Society supports use of blood, breath and/or urine alcohol tests in the emergency department setting only to assist in appropriate medical diagnosis, especially in cases in which an individual has incurred an injury. (HOD, 0416)

INS-041

Mastectomies and Breast Reconstruction: The Wisconsin Medical Society supports that breast reconstruction incident to a mastectomy should be available regardless of timing relationship to the onset of deformity or absence of their breast, and that the procedure should be covered by Medicare and all other third parties for reimbursement. (HOD, 0416)

INS-042

Mental Health Parity: The Wisconsin Medical Society, acknowledging the tremendous burden that mental illness places on society

- Fully supports the adequate provision of mental health care services, including psychiatric, addiction care provided by specialists and primary care by physicians and the concept that all services be reimbursed as any other medically necessary medical or surgical service.
- Opposes AODA carve-outs or limiting coverage based upon specific mental health diagnoses.
- Encourages physicians to work to reduce the stigma of mental illness by dispelling myths and providing accurate knowledge to ensure a more informed public. (HOD, 0412)

INS-043

Catastrophic Pool Insurance: The Wisconsin Medical Society endorses the creation of a pool for insurance of catastrophic care expenses in which all businesses would purchase coverage for their employees; and that such a program would include, where necessary, phase-in or exemptions for small and start-up businesses. (HOD, 0413)

INS-044

Insurance Purchasing Pools: The Wisconsin Medical Society strongly maintains that any health insurance plans based on defined contributions, reduced benefit, or medical savings accounts must be coupled with programs that promote and reward appropriate utilization of preventive care, early intervention and appropriate chronic disease management.

**Currently under five-year policy review.*

The Society supports efforts to reduce the number of Wisconsin residents without health insurance coverage, and make insurance coverage more secure and its premiums more stable through expanding opportunities for risk pooling.

The Society is committed to health care reform through pluralistic market solutions for improving quality, controlling costs, and expanding access to the right care, at the right time, in the right place. (HOD, 0413)

INS-045

"Play or Pay": The Wisconsin Medical Society (Society) recognizes the high rate at which Wisconsin employers provide insurance coverage for their employees, and the Society intends to build further on this positive record.

The Society remains flexible on the ultimate form and timing of play-or-pay and contends that any program be carefully designed in collaboration with partners.

The Society maintains that a play-or-pay system, as well as a standard insurance benefit package, may only be reasonably considered after other necessary system reforms are in place, including insurance market reforms and increased opportunities for participation in purchasing pools.

The Society believes that any program should ultimately include appropriate cost controls, premium subsidies and, where necessary, phase-in and exemptions for small and start-up businesses. (HOD, 0413)

INS-046

Aligning Incentives: The Wisconsin Medical Society endorses the concept that payers align incentives to recognize higher performance as defined by factors such as:

- Scientifically based clinical process and outcome measures.
- Community-based "best practices."
- Patient satisfaction.

The Society endorses any and all reasonable means to facilitate investments in information technology by payers, purchasers and government, as well as physicians and non-physician clinicians, in order to provide continually updated guidelines to clinicians at the point of patient care, and in order to develop means of collecting data and measuring and reporting outcomes of care. (HOD, 0413)

INS-047

Insurance Payments for GME: The Wisconsin Medical Society supports legislation requiring that all third-party payers of health care financially support Graduate Medical Education in Wisconsin. (HOD, 0411)*

INS-048

Administrative Or Other Fees Charged To Physicians By PPO Or Repricer Network Corporations: The Wisconsin Medical Society opposes the assessment of any administrative or other fees charged to physicians by insurance companies, PPOs or repricers for their participation in the network unless the fee meets the following requirements:

- The fee directly benefits the physician in a well-defined manner.
- The fee is voluntary and is not required for the physician's inclusion in the provider network. (HOD, 0412)

INS-049

Improving The Formulary Deviation Request Process For Everyone: The Wisconsin Medical Society supports requiring that all health insurance companies doing business in Wisconsin provide:

- An easy to navigate, up to date online formulary for approved prescriptions and deviations.
- That Formulary Deviation Request forms and a list of formulary alternatives be both available online and faxed to the physician's office within 24 hours of a denial.
- That the forms faxed to the physician's office by the insurance company contain all of the patient information,

insurance identification numbers, claim number and other relevant patient information that the insurance company needs so that the physicians and their staff can easily determine the alternative medication and dosage. (HOD, 0412)

INS-050

Importance of Fair, Reasonable and Transparent Charges: The Wisconsin Medical Society believes in the importance of fair, reasonable, and transparent health care pricing including making fee schedules available to the public. (HOD, 0412)

INS-051

Exclusion of Complications from Uncovered Medical Procedures from Health Insurance Policies: The Wisconsin Medical Society believes it is unethical for health insurance policies to exclude coverage of medically necessary treatment of complications resulting from procedures which are themselves an "uncovered benefit." (HOD, 0415)

INS-052

Medical Loss Ratio: The Wisconsin Medical Society supports working with the OCI (Officer of Commissioner of Insurance) to establish a uniform definition of Medical Loss Ratio and methodology for determining how to calculate it based on the average medical loss ratio in a health insurance issuer's book of business. (HOD, 0416)

INS-053

Principles for a Health Insurance Exchange The Wisconsin Medical Society (Society) supports the following principles related to private and public health insurance exchanges:

Private and Public Exchanges

Health Literacy

- Plans should have minimum number of providers who are available to meet the needs of patients with limited English proficiency, diverse cultural and ethnic backgrounds, physical and mental disabilities, and children and adults with complex medical conditions.
- Exchange sites should operate at a health literacy level that is appropriate and low enough so that they can be understood by those with lower health literacy levels.

Transparency

- The Wisconsin exchange, a federally facilitated exchange, and/or private exchanges should be user-friendly for consumers, employers, providers and insurers. They should present choices and product information in a clear, efficient and accurate manner.
- Exchanges should maintain the highest levels of website security and privacy to protect patient health care information.
- Consumers should have clear information regarding the design of their plan's provider network, including provider networks and formularies that are tiered, information about cost-sharing responsibilities associated with each tier, and appeals processes.
- Provider directories must be accurate, up-to-date and easily accessible. Insurers should have to share provider networks with the Office of Commissioner of Insurance and make them available to both members and the general public. Updates to online directories should be made in a timely fashion. Regulators should monitor the accuracy of provider directories on an ongoing basis and especially at open enrollment.

**Currently under five-year policy review.*

Affordability of Insurance Products and Premium Assistance

- Exchanges should offer multiple levels of actuarial value, such as catastrophic, bronze, silver, gold and platinum coverage.
- Tax credits and cost-sharing subsidies shall be available to help low-income people purchase health insurance, whether the exchange is state-based, a state-federal partnership or a federal exchange, on the public exchange.
- Exchanges should create more accessible ways for members to pay for their insurance including by in-person and with cash.

Exchange Contracting

- Insurers should clearly communicate with physicians and providers if they are in-network or out-of-network for plans offered by the insurer, how many providers are in the network and what services they will be contracted to provide, and what the criteria is for tier designation or for inclusion in a (non-exclusive) narrow network.
- In order to maintain patients' continuity of care and to ensure that physicians are compensated for the services they have rendered to patients insured by a health plan, insurers should be required to notify physicians of patients' grace period status in real time.

Public Exchanges Only

Public Exchange Design and Enrollment

- The Society prefers a state-based health insurance marketplace exchange, but if the State is unable to set up its own exchange in a way that meets the needs of its residents, the Society supports a federal or state/federal partnership exchange.
- The State of Wisconsin, exchange entity and federal government should properly invest funds for enrollment strategies to increase public exchange enrollment.

Governance and Administration of Public Exchanges

- A public state-based exchange in Wisconsin should be governed by a quasi-public entity or authority that is accountable to but also independent of state government. Such a structure should incorporate the expertise of Wisconsin's health care community, provide transparency and accountability to citizens, and maintain freedom from undue political influence. Meetings of the governing entity should be open to the public.
- The governing entity of the public exchange should recognize its potential as a portal to health information, and use it to promote value, wellness and population health for the State of Wisconsin.
- At least one practicing physician should serve on the board of the exchange governing entity.
- The public exchange should help administer and coordinate health care subsidies and mandates, and communicate with other government programs to determine eligibility. It should ensure insurance portability and continuity of coverage amid consumers' changing incomes, Medicaid and other program eligibility, and significant life events.

Influence of Public Exchange on Insurance Market

- The governing entity of the public exchange must proactively work to avoid adverse selection, by 1) using its negotiating power to influence the coverage offered by plans participating in the exchange; 2) managing the number of plans allowed to participate on the exchange; 3) requiring that insurance products sold outside the exchange meet the same minimum standards as those sold on the exchange; and 4) using careful risk adjustment mechanisms.

- The governing entity of the public exchange should promote robust competition and encourage innovation among insurers and products while assuring a commitment to value and coordinated care. The Commissioner of Insurance should have the power to limit unjustified rate increases for products offered on the public exchange. (HOD, 0416)

INS-054

Standardizing State Medicaid and Health Insurance Plans' Reimbursement Forms and Process: The Wisconsin Medical Society will work to encourage the Department of Health Services to implement a swipe card system, or similar process, for Medical Assistance Program patients, and encourage Health Insurance Plans to make available a swipe card system, or similar process, which has all of the patient's health insurance eligibility, reimbursement rate and expected patient co-insurance payment information included in an accurate, up-to-date, and transferable format. (HOD, 0412)

INS-055

Improving Uninsured Access to Care: The Wisconsin Medical Society supports initiatives to improve access to care for the uninsured.

The Wisconsin Medical Society also supports innovative ideas for providing incentives to encourage charity care. (HOD, 0411)*

INS-056

High Deductible, High Coinsurance Policies: The Wisconsin Medical Society encourages the study of how the high deductible, high maximum out-of-pocket insurance policies affects health care costs in the immediate and distant future so that we may learn whether this actually increases total cost of care over time. The Society asks the American Medical Association to study this on a national level to determine how high deductible, high maximum out-of-pocket expense insurance policies affect the total cost of care over time. (HOD, 0415)

INS-057

Transgender Inclusive Health Insurance: The Wisconsin Medical Society opposes transgender exclusionary health insurance policies as such policies constituting discrimination and supports legislation mandating transgender inclusive health insurance plans that provide coverage for medically appropriate care for patients with gender dysphoria. (HOD, 0415)

INS-058

Network Adequacy and Transparency: The Wisconsin Medical Society supports the following statements regarding insurance networks.

- Narrow networks should not be designed solely on the basis of cost or constructed in such way that places needed specialty care services, providers or medications in the highest tiers, which can cause consumers to suffer a large financial burden and may delay the purchase of needed drugs and care.
- Insurers must be unequivocally transparent in provider selection standards. Consumers, providers and regulators should be made aware of the basic methods that were used to create the network, which may be centered on lower-cost providers.
- The state government, federal government or regulating exchange entity should have the ability to ensure that:
    a. Provider networks include a full range of primary, specialty and subspecialty providers for children and adults.
    b. Health plans have an adequate number of primary care physicians (PCPs) who are willing to accept new patients.

**Currently under five-year policy review.*

c. Health plans have an adequate number of PCPs and specialists with admitting privileges at network hospitals.

d. Insurers should have or should make arrangements for coverage of out-of-network care at in-network costs for members when in-network provider access is insufficient.

- Quantitative measurements should be used to evaluate network adequacy that allow state regulators to adapt specific thresholds that are reasonable for Wisconsin. Among the quantitative measures that should be included are:
  a. Maximum travel time and distance, with appropriate adjustments for geographic differences and for the regionalization of specialty care to ensure access to all covered services.
  b. Appointment wait times.
  c. Willingness to admit new patients.
  d. Provider hours and availability.
  e. Availability of technological, diagnostic and ancillary services.
- When out-of-network care is received because there is no provider in-network capable of providing a covered service, cost-sharing and other plan requirements for the consumer should be the same as if the provider was contracted and in-network. In addition, the insurer must take immediate steps to remedy the gaps in the network. If the insurer has arranged for access to that specialized care outside the geographic region, the regulator should still consider approval of the network.
- Network adequacy standards should apply to the lowest cost-sharing tier of any tiered network. The use of tiered provider networks and formularies must be regulated to ensure that consumers of all ages have access to all covered services, including specialty services, without additional cost sharing or administrative burdens.
- Tiered networks must not be designed solely on the basis of cost and must not impede the provision of timely and high quality care. (HOD, 0416)

MAN - MANAGED CARE

MAN-002

Gag Clauses: The Wisconsin Medical Society supports the following American Medical Association policies on gag clauses:

- Supports legislation to ban gag clauses from physician contracts.
- Opposes third-party payers from censuring physicians for discussing any issue with patients or other health care professionals that may have a bearing on patient health, including the consequences of payment decisions by the third-party payer.
- Supports legislation that prevents third-party payers from including in their contract with physicians a prohibition from discussing any issue with patients that may have a bearing on the patient's health.
- Opposes physician "termination without cause" provisions in physician managed care contracts that do. (HOD, 0412)

MAN-005

Managed Care Formularies: The Wisconsin Medical Society believes that:

1. Physicians who participate in managed care plans should maintain awareness of plan decisions about drug selection by staying informed about pharmacy and therapeutics (P&T) committee actions and by ongoing personal review of formulary composition. P&T committee members should include independent physician representatives. Mechanisms should be established for ongoing peer review of formulary policy. Physicians

who perceive inappropriate influence on formulary development from pharmaceutical industry consolidation should notify the proper regulatory authorities.

2. Physicians should be particularly vigilant to ensure that formulary decisions adequately reflect the needs of individual patients and that individual needs are not unfairly sacrificed by decisions based on the needs of the average patient. Physicians are ethically required to advocate for additions to the formulary when they think patients would benefit materially and for exceptions to the formulary on a case-by-case basis when justified by the health care needs of particular patients. Mechanisms to appeal formulary exclusions should be established. Other cost-containment mechanisms, including prescription caps and prior authorization, should not unduly burden physicians or patients in accessing optimal drug therapy.
3. Limits should be placed on the extent to which managed care plans use incentives or pressures to lower prescription drug costs. Financial incentives are permissible when they promote cost-effectiveness, not when they require withholding medically necessary care. Physicians must not be made to feel that they jeopardize their compensation or participation in a managed care plan if they prescribe drugs that are necessary for their patients but that may also be costly. There should be limits on the magnitude of financial incentives, incentives should be calculated according to the practices of a sizable group of physicians rather than on an individual basis, and incentives based on quality of care rather than cost of care should be used. Physician penalties for non-compliance with a managed care formulary in the form of deductions from withholds or direct charges are inappropriate and unduly coercive. Prescriptions should not be changed without physicians having a chance to discuss the change with the patient.
4. Managed care plans should develop and implement educational programs on cost-effective prescribing practices. Such initiatives are preferable to financial incentives or pressures by HMOs or hospitals, which can be ethically problematic.
5. Patients must fully understand the methods used by their managed care plans to limit prescription drug costs. During enrollment, the plan must disclose the existence of formularies, the provisions for cases in which the physician prescribes a drug that is not included in the formulary and the incentives or other mechanisms used to encourage physicians to consider costs when prescribing drugs. In addition, plans should disclose any relationships with pharmaceutical benefit management companies or pharmaceutical companies that could influence the composition of the formulary. If physicians exhaust all avenues to secure a formulary exception for a significantly advantageous drug, they are still obligated to disclose the option of the more beneficial, more costly drug to the patient, so that the patient can decide whether to pay out-of-pocket.
6. Research should be conducted to assess the impact of formulary constraints and other approaches to containing prescription drug costs on patient welfare.
7. The Society urges pharmacists to contact the prescribing physician if a prescription written by the physician violates the managed care drug formulary under which the patient is covered, so that the physician has an opportunity to prescribe an alternative drug, which may be on the formulary.
8. When pharmacists, insurance companies, or pharmaceutical benefit management companies communicate directly with physicians or patients regarding prescriptions, the reason for the intervention should be clearly identified as being either educational or economic in nature.
9. The Society urges health plans including managed care organizations to provide physicians and patients with their medication formularies through multiple media, including Internet posting.
10. In the case where Internet posting of the formulary is not available and the formulary is changed, coverage should be maintained until a new formulary is distributed.

For physicians who do not have electronic access, hard copies must be available. (Derived from AMA Policy H-285.965). (HOD, 0412)

**Currently under five-year policy review.*

MAN-007

Use of the Term "Gatekeeper": The Wisconsin Medical Society encourages the American Medical Association and all other components of organized medicine to minimize the use of the term "gatekeeper" when making any reference to primary care physicians or to their role. (HOD, 0412)

MAN-008

Medicaid Managed Care: The Wisconsin Medical Society supports requiring offering multiple plans to patients being required to enroll in the Medicaid Managed Care. (HOD, 0412)

MAN-010

Disclosure to Physicians: The Wisconsin Medical Society supports legislation requiring all managed care organizations in Wisconsin to make available to physicians, prior to contract signing:

- Physician payment information that allows potential contracting physicians to know their expected level of reimbursement.
- Information on how quality of medical care is determined and monitored by that managed care organization.
- A complete description of the appeals process for disputes in medical care.
- A complete description of the appeals process for disputes on reimbursement.
- Disclosure of the criteria used by the managed care organization for selection and termination of physicians in their network. (HOD, 0412)

MAN-012

Willing Provider Provisions and Laws: The Wisconsin Medical Society:

- Acknowledges that health care plans or networks may develop and use criteria to determine the number, geographic distribution and specialties of physicians needed.
- Will advocate strongly that managed care organizations and third-party payers be required to disclose to physicians applying to the plan the selection criteria used to select, retain or exclude a physician from a managed care plan, including the criteria used to determine the number, geographic distribution and specialties of physicians needed.
- Will advocate strongly that those health care plans or networks that use criteria to determine the number, geographic distribution and specialties of physicians needed be required to report to the public, on a regular basis, the impact that the use of such criteria has on the quality, access, cost and choice of health care services provided to patients enrolled in such plans or networks.
- Will advocate in those cases in which economic issues may be used for consideration of sanction or dismissal, the physician participating in the plan should have the right to receive profile information and education, in a due process manner, before action of any kind is taken.
- Opposes any federal effort to preempt state "any [willing] [provider]" law.
- Will continue to support the American Medical Association's (AMA) "Legislative Specifications for Federal Regulation of Managed Care Plans." (This policy was adopted by the AMA at the 1994 annual meeting.)
- Believes that if a Managed Care Organization (MCO) terminates a contract mid-year of the plan with a provider that beneficiaries of that plan should be allowed to continue to see their provider for the rest of the year at in-network costs to the beneficiary or the beneficiary should be allowed to disenroll from the plan and enroll in another plan without restrictions and/or additional costs.
- Believes that if MCOs terminate a contract they must give written notice no less than two months prior to contract termination. (HOD, 0416)

MAN-014

Disclosure of Incentives and Restrictions on Care in Managed Health Systems: The Wisconsin Medical Society supports full disclosure of incentives and restrictions on care and recognizes that there may be conflicts between health care payment mechanisms and the provision of medical services. The Society believes that restrictions and limitations to care in all health plans should be disclosed clearly and completely in the patient/plan contract and in promotional materials.

Examples of disclosure include but are not limited to:

- The role of a primary care physician should be explained fully, along with any specialty referral requirements stating a primary care professional must approve the services in advance.
- If there are restrictions on which physicians may be seen, these should be explained.
- The procedures should be complete and understandable.
- Restrictions for obtaining emergency services should be explained at the time of signing the contract. (HOD, 0414)

MAN-015

Physician Input into HMO Systems: The Wisconsin Medical Society supports physician input into new health care delivery systems. (HOD, 0412)

MRC - MEDICARE AND MEDICAID

MRC-003

Medicare Hospice Benefits: The Wisconsin Medical Society supports elimination of the six month prognosis under the Medicare Hospice benefit and supports identification of alternative criterion, meanwhile expanding the current prognosis requirement from six to 12 months. (HOD, 0412)

MRC-004

Centers for Medicare and Medicaid Services (CMS): The Wisconsin Medical Society supports working with the American Medical Association as well as state and local officials to assure that any CMS initiatives regarding fraud and abuse, E & M guidelines, or cost-containment measures are appropriate. (HOD, 0412)

MRC-005

Coverage of Pharmaceuticals: The Wisconsin Medical Society believes that all insurance, including Medicare and Medicaid, should provide coverage of pharmaceuticals for outpatient treatment where overall savings would be achieved versus prolonged inpatient care. The Society believes that providing outpatient pharmaceutical coverage may help minimize societal costs and help alleviate an unnecessarily large financial burden on individual patients. (HOD, 0413)

MRC-007

Residential Care for Addiction Services for Medicaid: The Wisconsin Medical Society supports Medicaid coverage for residential care for addiction services. (HOD, 0412)

MRC-011

Medicare Reform: The Wisconsin Medical Society believes the Medicare program should offer health insurance options including, but not limited to, traditional Medicare and choice of managed care plan. (HOD, 0414)

MRC-017

Physician Payments for House Calls: The Wisconsin Medical Society supports fiscal policies to encourage physician house calls and provide better patient care to house bound patients. (HOD, 0412)

**Currently under five-year policy review.*

MRC-019

Equitable Medicare Reimbursement for All Physicians: The Wisconsin Medical Society opposes discriminatory Medicare payment practices and supports equitable Medicare payment practices for all physicians. (HOD, 0415)

MRC-020

Medicaid Payment: The Wisconsin Medical Society supports a fair Medicaid payment in order to increase access for all patients in Wisconsin, particularly in rural and inner city areas. (HOD, 0413)

MRC-024

Impact of Medicare Payment on Access to Care: The Wisconsin Medical Society should provide evidenced supported warnings to the public of probable decreased access to care if Medicare continues to decrease reimbursement to physicians. (HOD, 0414)

MRC-025

Medicare Reimbursement for Physician Visits and Case Management Services in Nursing Homes/Home Health: The Wisconsin Medical Society supports:

- Improving Medicare reimbursement to physicians for primary care services, specifically nursing home and home care medical services.
- Instituting appropriate and adequate Medicare reimbursement to physicians for case management services. (HOD, 0412)

MRC-027

Free Market Health Care System for Medicare: The Wisconsin Medical Society supports the study and implementation of free market approaches to health care for Medicare patients and placing the Medicare program on a sound financial footing. (HOD, 0414)

MRC-028

Medicaid Reimbursement to Ensure Access: The Wisconsin Medical Society reaffirms its policy of support for increasing Medicaid reimbursement for all physicians' services to levels that will be adequate to cover costs and that will reduce the severe financial penalties physicians now face in caring for Medicaid patients. (HOD, 0412)

MRC-029

Medicare Reimbursement for Laboratory Tests: The Wisconsin Medical Society supports equitable reimbursement for laboratory tests including reimbursement differentials as needed to assure availability and accessibility of laboratory services. (HOD, 0412)

MRC-030

Medicare Coverage: The Wisconsin Medical Society encourages the Centers for Medicare and Medicaid Services to provide coverage for evidence-based screening, testing and specific diagnostic studies under Medicare insurance so that patients may be properly diagnosed and treated for the diseases to which they are subject as age advances. (HOD, 0415)

MRC-031

Autopsy Reimbursable as a Practice of Medicine: The Wisconsin Medical Society supports returning the autopsy to its rightful place as a Part B reimbursable physician service. (HOD, 0412)

MRC-032

Medicare Reimbursement Equity: The Wisconsin Medical Society supports the correction of inequities in physician reimbursement under the present Medicare system through federal legislative and/or regulatory changes. (HOD, 0412)

MRC-033

Geographic Differentials: The Wisconsin Medical Society opposes geographical criteria for reimbursement to health care professionals. (HOD, 0414)

MRC-035

Proposed Medicaid Program Amendments: The Wisconsin Medical Society opposes proposed amendments to the Medicaid program that would

- Place the burden of proof on health care professionals in administrative hearings concerning recovery actions or payment adjustments.
- Implement a certification fee (proposal calls for a fee of $10 per biennium) to fund health care professional relations activities. (HOD, 0412)

MRC-037

Medicare Diagnostic Categories Payment Schedule: The Wisconsin Medical Society supports the idea that the Medicare 75%/25% rule be discontinued and admission to inpatient rehab facilities be based on the functional needs of the patients and their ability to improve in a reasonable amount of time. (HOD, 0416)

MRC-039

Taxpayer's Protection Amendment (TPA): The Wisconsin Medical Society supports the position that the Medicaid program maintain its role as a safety net for the state's most vulnerable populations, and opposes any legislation, constitutional amendment or administrative rule that negatively impacts that safety net. The Wisconsin Medical Society also supports the sustained funding of government programs that protect public health and opposes any legislation, constitutional amendment or administrative rule that negatively impacts such programs. (HOD, 0412)

MRC-040

Erectile Dysfunction Treatment: The Wisconsin Medical Society supports erectile dysfunction treatment incident to prostate cancer treatment, and that this treatment should be covered by Medicare and all other third parties for reimbursement. (HOD, 0414)

MRC-042

Health Care Provider Taxes: The Wisconsin Medical Society will oppose all taxes levied specifically on physicians and non-physician clinicians. (HOD, 0411)*

MRC-043

Statement of Principles for Allocating Medical Assistance Program Resources: A goal of the Wisconsin Medical Society should be to provide Wisconsin legislators and other policy makers its members' informed opinion on how best to allocate resources for health care.

Therefore, the Wisconsin Medical Society (Society) supports and will work to implement policies regarding the Wisconsin Medical Assistance (MA) program that allocates limited resources to benefit the greatest number of people with the best health care possible.

- The goal of health policy and health programs should be to optimize the health status of Wisconsin's residents, and not focus solely on health services or health insurance.
- Policy regarding MA should be developed through a public process with structured public input.
- Commit to meet budget constraints by modifying benefits rather than removing people from coverage or reducing payments to levels below the cost of care.
- Available resources should be used to fund clinically effective treatments of conditions important to Wisconsinites.

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- Explicit health service priorities should be developed to guide resource allocation decisions.
- An evidence-based prioritization process should have integrity and should be protected from changes driven by appropriations decisions by the Legislature.

A greater emphasis should be placed on preventive services and chronic disease management by the Wisconsin Medical Assistance (MA) Program, reflecting the fact that providing health care before a condition progresses and complications develop can prevent avoidable morbidity and mortality.

The Society promotes enhanced Wellness Care as well as improved Illness Care as a means to optimizing the health and wellbeing of Wisconsin's residents. Attention must also be paid to enhancing and improving End of Life Care. The Society recognizes that management of MA program resources will require that attention also be paid to processes and programs providing Long-Term Care.

The rank order of categories of clinical services that need to be prioritized, from highest to lowest, should be as follows:

Category 1: Maternity and newborn care

Category 2: Primary and secondary prevention including reproductive health services (but not including infertility services)

Category 3: Chronic disease management (e.g. diabetes management)

Category 4: Nonterminal conditions[a] where the focus of treatment is on disease modification or cure

Category 5: Terminal conditions[a] where the focus of treatment is on disease modification

Category 6: Palliative care

The Wisconsin Medical Society encourages the State Legislature and the Department of Health Services to sort and rank items within these categories based on the following considerations (in no particular order):

- Impact on suffering – To what degree does the condition result in pain and suffering? The suffering of family members (e.g., dealing with a loved one with Alzheimer's disease or to care for a person with a life-long disability) should also be considered.
- Secondary effects – To what degree individuals other than the person with the illness will be affected. Examples include public health concerns due the spread of untreated tuberculosis or public safety concerns resulting from untreated severe mental illness.
- Impact on Health Life Years – To what degree the condition impacts the health and functioning of the individual if left untreated, considering the median age of onset (i.e., does the condition affect mainly children, for whom the functional impacts on the ability to meet life's demands could potentially be experienced over a person's entire lifespan?)
- Vulnerability of population affected – To what degree the condition affects vulnerable populations, such as children, those of certain racial/ethnic descent or those afflicted by certain stigmatized illnesses such as HIV or alcohol and drug dependence.
- Tertiary prevention – To what degree early treatment prevents complications of disease encompassed in Categories 4 and 5 above.
- Effectiveness – To what degree the treatment achieves its intended purpose.

(HOD, 0412)

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[a] "Terminal Condition" means an incurable condition caused by injury or illness that reasonable medical judgment finds would cause death imminently, so that the application of life-sustaining procedures serves only to postpone the moment of death.

MRC-044

Actions to Support Physicians Rights to Independently Contract with Medicare and Other Insured Patients: The Wisconsin State Medical Society promotes the adoption of legislation on the federal and state levels allowing physicians to balance bill Medicare and private insurance patients for their services. (HOD, 0412)

MRC-045

Shared Stewardship of Health Care Costs: The Wisconsin Medical Society supports and asks our AMA to work to promote the concept of shared stewardship of health care costs by promoting transparency of prices, true costs, Medicare reimbursements, Medicaid payments for services, drugs, procedures and treatments available at the time of service so there could be Shared Responsibility for the decisions at the patient physician visit. The Society supports and asks our AMA to work to develop new CPT codes to reimburse the physician for the time spent in Shared Stewardship visits; and supports and asks our AMA to promote Tort Protection for decisions made in a Shared Responsibility/Shared Stewardship patient physician relationship. (HOD, 0412)

MRC-046

Medicaid Expansion: The Wisconsin Medical Society supports either the full Medicaid expansion up to 138 percent of the federal poverty level or the hybrid Medicaid expansion allowed for under the Affordable Care Act and ensuing regulation. (HOD, 0416)

MRC-047

Safeguarding Access to Wisconsin's Emergency Departments Through Adequate Reimbursement for the Care of Medicaid Patients: The Wisconsin Medical Society supports increasing Medicaid reimbursement for EMTALA-related services, at least to Medicare levels, through lobbying efforts at the Wisconsin Department of Health Services and the Wisconsin Legislature. (HOD, 0416)

MRC-048

Medicare Access and Chip Reauthorization Act: The Wisconsin Medical Society supports working with other bodies of organized medicine to educate physicians on Medicare Access and Chip Reauthorization Act (MACRA), and to ensure that documentation requirements imposed by MACRA can be met efficiently and that they support and improve patient outcomes. (HOD, 0416)

UNS - UNDERSERVED AREAS

UNS-001

Urban Health: The Wisconsin Medical Society supports the following recommendations to reduce disparities and improve urban health in Wisconsin.

1. **Reimbursement and Financing**
    a. Improving physician reimbursement and payment incentives for serving Medicaid patients.
    b. Continuous improvement in workflow, system design and electronic health records for optimal efficiency.
    c. Extension either at the state or federal level the Affordable Care Act's Medicaid Primary Care services fee adjustment, which brought primary care services reimbursement into parity with Medicare payment for two years as it was shown to have increased access for Medicaid patients.
2. **Patient Access**
    a. Extension of medical care services to the state's urban and rural underserved areas by working closely with local, state and federal organizations committed to improving access to health care in Wisconsin.

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b. Increased patient access to culturally and geographically appropriate physicians.
c. Advocates for cultural competency education and ongoing training for physicians and other medical professionals.
d. Improving health literacy specific to those who live in urban settings to improve patients' access to health care.
e. Encouraging communities to develop programs and/or free clinics to provide health care for the underserved, uninsured and underinsured.
f. Improving primary care via expansions of Federally Qualified Health Centers and Patient-Centered Medical Homes.
g. Universal access to necessary health care, including access for the underinsured and uninsured.
h. Increased access to patient translation services and health literacy efforts, including the availability of patient advocate services.
i. Improving continuity of care for patients' access to necessary specialists, hospitals, pharmaceutical medicine and imaging services.
j. Patient access to public and/or contracted non-emergency transportation services that are reliable, timely and efficient.
k. Programs that reduce health disparities.
l. Community and public health efforts that address socioeconomic health determinants as a strategy to enhance the care in underserved areas and to eliminate health disparities.

3. **Health Disparities**
   a. Increasing the availability and effectiveness of evidence- and community-based programs and policies that improve urban health.
   b. Recognizing collaboration among stakeholders and organizations as an important step to improving urban health.
   c. Collaborating with other community entities, agencies and public health departments to improve patients' access to health care and to reduce disparities.
4. **Workforce**
   a. Increasing the amount of minority health professionals available, specifically increasing the number of medical students and physicians working in the state that represent underserved populations.
   b. Training sites for medical students and residents in urban settings and promotion of rotations through varying urban settings.
   c. Medical school programs, like TRIUMPH, that provide rotations in urban settings for medical students who are committed to providing health care to urban populations and reducing health disparities.
   d. State and/or federal physician assistance loan programs that repay educational loans for physicians practicing in health care shortage areas like, but not limited to, the National Health Services Corps and the Health Professionals Loan Assistance Program.
   e. Incentives to encourage physicians to work in the inner city. (HOD, 0416)

UNS-002

Accessible Health Care and Health Reform Plans: The Wisconsin Medical Society should advocate for the extension of medical care services to the state's urban and rural underserved areas by working closely with those organizations committed to developing proposals to correct the problems of accessibility to medical care in Wisconsin. (HOD, 0412)

UNS-003

Physician Loan Assistance Program: The Wisconsin Medical Society supports the current Physician Assistance Loan Program that repays educational loans for physicians practicing in health care shortage areas. (HOD, 0416)

UNS-006

Minority Health Disparities: The Wisconsin Medical Society will offer active collaboration in the mission of the Cream City Medical Society to eliminate minority health disparities. (HOD, 0415)

UNS-007

Workforce Development Recommendations: Ensuring a sufficient physician workforce in Wisconsin will require a comprehensive, multifaceted approach. The following recommendations offer guidance to achieving that goal:

1. Work with stakeholders to reduce the burden of financial debt on medical students: The Society should work with partners to minimize the impact of medical student loan debt and financial debt on medical students, residents and physicians' decisions regarding their practice of medicine choices and opportunities.
2. Support medical programs that place students in urban, rural and other underserved areas, such as WARM and TRIUMPH: These valuable programs increase the likelihood that graduates will serve in medically underserved areas and in specialties that face shortages. Admission of in-state students in WARM, and involvement in local communities as part of both programs increase the likelihood of retention.
3. Support expansion of medical student training capacity: The expansion of MCW to establish two new community-based campuses in Wisconsin to house condensed medical programs is likely to foster a strong relationship between underserved local communities and prospective physicians, thereby increasing the chances of retention.
4. Sustain short-term financial incentives while exploring better longer-term financial incentive alternatives: Short-term financial incentives are unlikely to solve longer-term workforce shortages. These incentives should not be removed, but there are better alternatives for use of financial resources than increasing these incentives.
5. Carefully evaluate the need for more strategic use of GME funding: While more GME funding is needed if the number of medical graduates seeking residencies in Wisconsin increases, residencies in certain specialties have been under filled for years. Therefore, more attention is needed to evaluate GME funding as the changes are made in the medical education and health care sector of Wisconsin.
6. Work with and bring together stakeholders to organize a new physician reentry program: As the largest association of physicians in the state, the Society should invite various stakeholders to help design a program that ensures trained, clinically inactive physicians are properly assessed and assisted to fulfill requirements for a safe and successful reentry.
7. Work to reestablish a statewide physician health program: Because the medical profession can adversely affect the physical and emotional well-being of physicians, the Wisconsin Medical Society should work to reorganize and reestablish a physician health program to make sure that valuable health care resources such as physicians are not lost. Such a program will demonstrate the Society's commitment to helping physicians and ensuring patient safety. This program need not be re-established within the Wisconsin Medical Society, but the Society must take the lead in ensuring that physicians experiencing substance misuse, mental illness, or similar difficulty have a non-punitive place to receive the care, treatment and help they need.
8. Support the concept of team-based care: The Society should support the concept of team-based care and work to ensure that all professions are practicing to the optimal potential of their licenses.

**Currently under five-year policy review.*

9. Maintain and expand the role of the Wisconsin Medical Society Foundation is supporting physician workforce development issues: The Foundation should continue to provide loans and scholarships to medical students, especially to those who demonstrate a commitment towards serving Wisconsin. It should maintain efforts to engage medical students with its physician members to work on community-based projects. The Foundation should strengthen its efforts to connect medical students with physician mentors. While students should be able to explore various opportunities, the Foundation should ensure that the mentors guide and encourage students to stay and practice in Wisconsin.
10. Explore the feasibility of creating an additional loan forgiveness program or building upon the current programs: Instituting greater Government or Foundation loan forgiveness for Wisconsin residents in out-of-state residencies for primary care who return to the state to practice for at least 5 years would improve recruitment and retention.
11. Act as a catalyst to connect medical students, residencies, and employers: The Wisconsin Medical Society should try to connect medical students, residency program directors and mentors, and health systems that employ physicians to facilitate the spreading of information on medical practice opportunities in the state and encourage prospective promising physicians to stay.
12. Form partnerships with business communities to promote Wisconsin: The Wisconsin Medical Society should partner with business communities to brand Wisconsin as an ideal place to live and work, to attract not only health care professionals but also other potential labor market participants. This would boost the overall economy and benefit the health care sector as well.
13. Analyze and if necessary improve the system to survey medical students and physicians: The Wisconsin Medical Society should identify gaps in the current data and work with the two medical schools and health care systems to implement surveys and to ensure higher response rates. Collecting information about students and the health care workforce is essential to understand the effectiveness of various policy alternatives and make necessary changes as issues are identified.
14. Study and evaluate ways to reduce the financial burden on the practice of medicine: The Society should seek ways to address the financial disincentives in the practice of medicine, and investigate the impact of economic credentialing.
15. Track Medical School Students and Residents: Work to maintain relationships with medical school students and graduates and examine where they ultimately practice with goal of keeping them in-state and bringing more back to Wisconsin. (HOD, 0413)

UNS-008

American Indians and Tribal Health: The Wisconsin Medical Society supports improving the health of American Indians by promoting comprehensive and culturally appropriate clinical and community health care. The Society:

- Advocates for sufficient funding to the Indian Health Service, particularly for contract health services.
- Supports the Wisconsin-tailored initiatives of benefits counselors, joint contracting and provider negotiations, and tribal clinician network expansion.
- Supports the efforts of the Bemidji Area Indian Health Service, the Wisconsin Tribal Health Programs and the Native American Center for Health Professions at the University of Wisconsin School of Medicine and Public Health to improve the health status of Indian people through consultation, support and advocacy.
- Encourages the continued, appropriate use of the Resource and Patient Management System to research ways to improve Indian health.
- Recognizes the specific religious and cultural beliefs of the various Wisconsin Tribes and American Indians, and the importance of those beliefs to quality health care. (HOD, 0415).

UNS-009

Increasing Medicare Funding for Rural Hospitals: The Wisconsin Medical Society:

- Supports the continued analysis of Medicare effects on rural hospitals being conducted by the Rural Policy Research Institute.
- Will advocate with the Wisconsin delegation to Congress to promote the financial viability of rural hospitals. (HOD, 0413)

UNS-010

Rural Health: The Wisconsin Medical Society supports improving the delivery, financing and access of medical care to rural Wisconsin. The Society supports:

1. **Increasing the rural physician workforce by:**
    a. Increasing the number of qualified rural applicants and admissions to the Medical College of Wisconsin(MCW) and the University of Wisconsin School of Medicine and Public Health.
    b. Encouraging a rural medicine rotation, including family medicine, internal medicine, pediatrics, obstetrics-gynecology, psychiatry and general surgery for all medical students.
    c. Supporting the development of a rural primary care curriculum and experiences for medical students.
    d. Maintaining or increasing training sites for medical students in rural settings, and promotion of varying rural settings, such as the Wisconsin Academy for Rural Medicine (WARM) and the MCW regional campus programs in Green Bay and Wausau.
    e. Supporting Area Health Education Centers.
    f. Maintaining an adequate level of state funding for family practice residency programs.
    g. Supporting the National Health Service Corps and similar programs to ensure a steady supply of health care professionals for rural health professional shortage areas.
    h. Support of physician placement services, the physician recruiters association, and other entities that work to fill needed physicians in rural and underserved areas.
    i. Engaging in activities aimed at seeking modifications in state and federal legislation to create a more positive environment for practice.
    j. Improving the public image of the rural primary care physician by publicizing the quality of health care provided in rural areas.
    k. Encouraging physicians to become active in the community and encouraging communities to get to know their physicians.
    l. Funding of and development of rural health support systems to assist physicians in isolated areas.
    m. Supporting programs that provide short-term replacement for National Health Service Corps, Indian Health Services, and other isolated areas for physicians seeking time off for continuing education or vacations.
    n. Supporting continuous improvement in workflow, system design and electronic health records for optimal efficiency.
2. **Improving rural access by:**
    a. Publicizing Health Professional Shortage Areas and educating physicians of the benefits of practicing in a Federally Qualified Health Center.

**Currently under five-year policy review.*

b. Supporting state and/or federal physician assistance loan programs that repay educational loans for physicians practicing in health care shortage areas like but not limited to the National Health Services Corps and Health Professionals Loan Assistance Program.

c. Encouraging communities to develop programs to provide health care for the underserved, uninsured and underinsured.

d. Supporting collaboration among stakeholders and organizations as important step to improving rural health.

3. Improving rural health literacy by:

a. Supporting patient access to culturally and geographically appropriate physicians.

b. Supporting incentives to encourage medical students and physicians from rural areas to practice in rural areas.

4. Changes in payment differentials by:

a. Supporting public information dissemination to alert policymakers and the public to the problems experienced by rural health care providers and their patients.

b. Supporting in a collaborative manner more equitable and realistic reimbursement level for rural health care providers to alleviate the problems of payment inequities.

c. Supporting a political strategy designed to educate the Wisconsin Congressional Delegation to the problems of Medicare reimbursement inequities.

d. Improving physician reimbursement and payment incentives for caring for Medicaid patients.

e. Supporting funding for critical access hospitals and certified rural health clinics.

5. Health care delivery as a rural development strategy by:

a. Supporting the Wisconsin Health and Educational Facilities Authority and other options to strengthen capital financing assistance for economically distressed health care facilities in underserved areas.

b. Supporting legislation to provide state funding of planning grants for pilot projects in chronically underserved rural areas for the purpose of creating cooperative service programs and rural health care provider networks that would offer comprehensive primary care services.

c. Supporting community and public health efforts that address social determinants of health as a strategy to enhance the care in rural areas and eliminate disparities. (HOD, 0416)

Ethical/Judicial Issues

ABO - ABORTION

ABO-004

Abortion as a Medical Procedure and Providing Abortion-Related Information: The Wisconsin Medical Society: (1) supports enactment of appropriate legislation that would acknowledge the right of a physician to perform and to practice this medical procedure as he/she might any other medical procedure or to refuse to perform an abortion according to the dictates of his/her training, experience and conscience; (2) supports the development of guidelines that ensure that abortions be performed only under proper medical circumstances with adequate provision for safeguarding the health of the patient; and (3) although abortion is a contentious issue, it is a legal medical procedure and physicians should be expected to advise their patients of all available options. (HOD, 0414)

ALT - ALTERNATIVE MEDICINE

ALT-001

Medical Marijuana:

1. The Wisconsin Medical Society recommends that adequate and well-controlled studies of smoked marijuana be conducted in patients who have serious conditions for which pre-clinical, anecdotal or controlled evidence suggests possible efficacy including AIDS wasting syndrome, severe acute or delayed emesis induced by chemotherapy, multiple sclerosis, spinal cord injury, dystonia and neuropathic pain, and that marijuana be retained in Schedule I of the Controlled Substances Act pending the outcome of such studies. Smoked marijuana should not be used for therapeutic reasons without scientific data regarding its safety and efficacy for specific indications.
2. The Society urges the National Institutes of Health (NIH) to implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research into the medical utility of marijuana. This effort should include:
   a. Disseminating specific information for researchers on the development of safeguards for marijuana clinical research protocols and the development of a model of informed consent on marijuana for institutional review board evaluation.
   b. Sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of marijuana for clinical research purposes.
   c. Confirming that marijuana of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the Drug Enforcement Agency who are conducting bona fide clinical research studies that receive Food and Drug Administration approval, regardless of whether or not the NIH is the primary source of grant support.

3. The Society believes that the NIH should use its resources and influence to support the development of a smoke-free inhaled delivery system for marijuana or delta-9-tetrahydrocannabinol (THC) to reduce the health hazards associated with the combustion and inhalation of marijuana.
4. The Society does not support reinstitution of the Single Patient Investigational New Drug program for smoked marijuana at this time, because the program would likely be unable to meet the needs of individual patients in a timely fashion due to procurement difficulties associated with regulatory oversight and because this approach will not provide the scientific data needed to guide the public debate on the utility of medical marijuana.
5. The Society believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions. (HOD, 0411)*

ALT-003

Non-conventional Medical Care: Authoritative medical practice standards and guidelines are to be respected and followed. Illness is often complex because of variability in and interaction among cultural, psychological, biologic and pathologic variables. High quality medical practice needs flexibility to customize diagnosis and treatment actions to meet the needs of individual patients.

The Wisconsin Medical Society supports legal, ethical and professional practice standards that grant physicians that degree of flexibility that allows for, and indeed promotes the customizing of care for individuals aiming for optimal outcomes grounded in patient preference and scientific evidence.

The Society also supports vigorous local peer review of practice, and to that end advocates for the following principles:

- Any element of medical care must first be based upon accepted standards of safety.
- Any element of medical care must be based at least upon minimally acceptable evidence of effectiveness.
- Any element of medical care must be based upon prevailing standards of informed consent and refusal.

Any judicial process regarding the appropriateness of any item of medical care, whether based on legal, ethical, or professional standards, must incorporate expert opinion from all relevant perspectives. (HOD, 0412)

ALT-004

Dietary Supplements: The Wisconsin Medical Society (Society) supports efforts to educate physicians on:

- The facts regarding the mislabeling, contamination and adulteration of supplements.
- The evidence or lack thereof for the safety and efficacy of most supplements.
- How to access the few current reliable sources of information about supplements.

The Society supports efforts to give the Food and Drug Administration powers and funding to effectively oversee the manufacturing, marketing and sale of dietary supplements. (HOD, 0414)

ETH - ETHICS

ETH-001

Declaration of Professional Responsibility: Medicine's Social Contract with Humanity: The Wisconsin Medical Society adopts the American Medical Association's *Declaration of Professional Responsibility: Medicine's Social Contract with Humanity* (07/25/05). The *Declaration* affirms the ideals that, throughout history, have motivated individuals to enter the profession of medicine and the conduct that has given life to those ideals and earned society's trust in the healing profession. (HOD, 0414)

Currently under five-year policy review.

ETH-002

Sales of Goods from Physicians' Offices: The Wisconsin Medical Society adopts current American Medical Association policy E8-063, E-8.062 *Sale of Health-Related Products from Physicians' Offices*. (HOD, 0416)

ETH-003

Physicians Providing Insurers with Misleading Information: The Wisconsin Medical Society opposes physicians providing health insurers with misleading information, even if the physician's intentions are to support the patient. The Society will advocate for policies and laws that enable physicians to provide the care that is medically necessary for their patients, and when there is a conflict, the Society will act as a resource for physicians who need information on how to aggressively and ethically advocate for their patients. (HOD, 0414)

ETH-004

The Relationship of the Profession to the Health Product Industry: The Wisconsin Medical Society believes physicians shall accept no gifts, such as personal items, office supplies, food, travel and time costs, or payment for participation in online CME, from any provider of products that they prescribe to their patients.

The Society affirms the following examples of professional ethical behavior.

- The direct provision of drug samples to patients should be limited and, when possible, should be replaced by a system of vouchers for evidence-based drug choices.
- Physicians serving on formulary committees who have any kind of commercial relationship with a health product company shall disclose any such relationship and recuse themselves from the formulary process, as necessary to avoid bias.
- The Accredited Council for Continuing Medical Education's Standards for Commercial Support, as adopted by the Wisconsin Medical Society, will be complied with by all accredited Wisconsin CME providers.
- Physicians should not allow their names to be listed as authors for articles written by health product company employees, a practice called "ghostwriting."
- Since ethical collaboration between the profession and the health product industry is essential for the continued development of health products, high-integrity consulting and research relationships shall be strongly encouraged. However, to avoid such relationships being tantamount to a gift, such relationships shall be based in contracts for specific "deliverables" in return for just compensation. (HOD, 0416)

The following language is suggested for a sign to be placed in practice facilities:

TO OUR PATIENTS

To uphold the highest standards of our Profession,
To ensure our advice is based solely on what's best for you, and
To enable your highest level of trust in our advice,
We follow the recommendations of the Wisconsin Medical Society,
And accept no gifts from any provider of a product
that we prescribe or recommend to you.

ETH-007

Ethics of Clinical Management Guidelines: Clinical management guidelines (CMG) are clinical guidelines created to aid the physician in the diagnosis and treatment of patients' health conditions. The Wisconsin Medical Society believes that CMGs should be based on clinical research that includes but is not limited to clinical trials and medical outcomes. Development of CMGs should be a cooperative effort of physicians (as represented by the AMA, state and local medical associations and appropriate specialty groups) as well as third-party payers and concerned government agencies. A formal entity/organization should take responsibility for developing, comparing and evaluating CMGs. Information gathered by the group should be readily accessible to practitioners and to the public and input should be encouraged. With respect to professional liability, the use of CMGs must be carefully tested and monitored by physicians for both hazards and benefits. CMGs should:

- Be in the best interest of the patient.
- Reflect the unique character of the providers and the patients they serve.
- Reflect physician's autonomy and their right to depart or deviate from CMGs with the stipulation that physicians document supporting reasons behind their treatment choices.
- Not be static, but instead reflect real medical practice over time and include improvement based on scientific clinical research.
- Reflect societal concerns and the need for appropriate allocation of resources.
- Not be used against physicians who document scientific reasons for departing from the guidelines. (HOD, 0411)*

ETH-009

Patient-Physician Covenant: The Wisconsin Medical Society endorses the Patient-Physician Covenant:

PATIENT-PHYSICIAN COVENANT

Medicine is, at its center, a moral enterprise grounded in a covenant of trust. This covenant obliges physicians to be competent and to use their competence in the patient's best interest. Physicians, therefore, are both intellectually and morally obliged to act as advocates for the sick wherever their welfare is threatened and for their health at all times.

Today, this covenant of trust is significantly threatened. From within, there is growing legitimization of the physician's materialistic self-interest; from without, for-profit forces press the physician into the role of commercial agent to enhance the profitability of health care organizations. Such distortions of the physician's responsibility degrade the physician-patient relationship that is the central element and structure of clinical care.

To capitulate to these alterations of the trust relationship is to significantly alter the physician's role as healer, caregiver, helper and advocate for the sick and for the health of all. By its tradition and very nature, medicine is a special kind of human activity—one that cannot be pursued effectively without the virtues of humility, honesty, intellectual integrity, compassion and effacement of excessive self-interest. These traits mark physicians as members of a moral community dedicated to something other than its own self-interest.

Our first obligation must be to serve the good of those persons who seek our help and trust us to provide it. Physicians, as physicians, are not and must never be commercial entrepreneurs, gate closers or agents of fiscal policy that run counter to our trust. Any defection from the primacy of the patient's well being places the patient at risk by treatment that may compromise quality of or access to medical care. We believe the medical profession must reaffirm the primacy of its obligation to the patient through national, state and local professional societies; our academic, research and hospital organization, and especially through personal behavior. As advocates for the

**Currently under five-year policy review.*

promotion of health and support of the sick, we are called upon to discuss, defend and promulgate medical care by every ethical means available. Only by caring and advocating for the patient can the integrity of our profession be affirmed. Thus we honor our covenant of trust with patients. (HOD, 0412)

ETH-014

Death Penalty: An individual's opinion on capital punishment is the personal, moral decision of that individual. The Wisconsin Medical Society opposes any legislation or policy that requires a physician to assist in, witness or attend an execution. (HOD, 0412)

ETH-015

Surrogate Decision Making: The Wisconsin Medical Society supports legislation implementing the following concepts for health care decision making by family members in certain situations in an effort to keep this difficult decision within the health care setting and made by the family or close friends whenever possible, and to decrease the necessity for court intervention when a decision of continuing life-sustaining treatment is required for a patient.

1. A surrogate decision maker shall make health care decisions including whether to forgo life-sustaining treatment on behalf of an incapacitated patient in consultation with the attending physician. The patient must have incapacity, defined as the inability to receive and evaluate information effectively or to communicate decisions to such an extent that the patient lacks the capacity to manage his or her health care decisions.
2. Where possible, wishes expressed in a power of attorney for health care, or other advance directive should be honored if a patient is incapacitated. When no health care agent or guardian is authorized and available, the health care provider must make reasonable inquiry as to the availability of possible surrogate decision-makers. The surrogate decision-maker is then authorized to make health care decisions, including whether to forgo life-sustaining treatment, on behalf of the patient without court order or judicial involvement. The following is the priority list of the individuals who can act as the surrogate decision maker:
    a. The patient's spouse, domestic partner or life partner
    b. Any adult son or daughter of the patient
    c. Either parent of the patient
    d. Any adult brother or sister of the patient
    e. Any grandparent
    f. Any adult grandchild of the patient
    g. A close friend of the patient.
3. A surrogate decision-maker shall make decisions for the patient conforming as closely as possible to what the patient would have done or intended under the circumstances, taking into account the patient's personal philosophical, religious and moral beliefs, ethical values, sickness, medical procedures, and suffering. The patient's best interests, weighing the burdens and benefits of initiating or continuing life-sustaining treatment, should be considered. If a health care provider believes that the decision made by the surrogate is not in the patient's best interest, the provider may ask for a review by an ethics committee.
4. If the ethics committee agrees with the surrogate, the health care provider shall follow through on the health care decision or transfer the care of the patient to another health care provider. If the ethics committee agrees with the provider, the surrogate can seek judicial review or file for guardianship under the law, but must do so within two weeks or the provider may follow the recommendations of the ethics committee.

The intentions of this Act are not to impair any existing rights or responsibilities that a health care provider, patient, or patient's family have in regard to withholding or withdrawing life-sustaining treatment. (HOD, 0414)

ETH-017

Treatment of a Child Through Prayer: The Wisconsin Medical Society opposes legislation that would deny the state the ability to prosecute persons who rely on treatment of a child through prayer alone for criminal negligence or criminal recklessness. (HOD, 0411)*

ETH-022

Child Support Initiative Relating to Denial of Licenses and Credentials by the Department of Regulation and Licensing: The Wisconsin Medical Society opposes legislation that would deny license or credential to anyone not signing a statement attesting that he/she either has not been ordered by a court to pay support, or has been ordered to pay support and is either current on that support, is party to a pending court action related to the obligation, or is in arrears in excess of 60 days but is in compliance with an approved repayment plan. (HOD, 0416)

ETH-023

Comity Amongst States Regarding Advanced Directives: The Wisconsin Medical Society supports the concept of comity for advance directive documents (i.e. the living will and power of attorney for health care) to ensure that a document that is lawful in the state of origin be considered lawful in every other state. (HOD, 0416)

ETH-024

Physician Sensitivity to Patients' Religious and Cultural Beliefs in Medical Practice: The Wisconsin Medical Society believes that physicians should maintain respect for their patients' beliefs. Therefore, the Society:

- Encourages clinicians to consider the religious and cultural orientation and beliefs of the patients, in interacting with and providing treatment.
- Encourages that interactions with patients be handled with recognition of the patient's vulnerability to the attitudes of the physician and respect for the patient's autonomy.
- Supports the position that medical recommendations that concern a patient's beliefs should be made in a context of empathic respect for the value and meaning of those beliefs.

The Society also believes that physicians should not impose their own religious, anti-religious or ideological systems of beliefs on their patients, nor substitute such beliefs or ritual for accepted diagnostic concepts or therapeutic practice. (HOD, 0415)

ETH-025

Commercialized Medical Screening: The Wisconsin Medical Society believes that it is inappropriate for physicians to be involved in promoting commercialized screening procedures to the public, unless supported by evidence-based guidelines supporting such screenings. The Society will encourage that individuals discuss with a physician appropriate health screening. (HOD, 0414)

ETH-026

Medical Neglect and Child Abuse (Baby Doe): The Wisconsin Medical Society opposes any change to the Wisconsin Child Abuse Law that would include the federal definition of "withholding medically indicated treatment," which is defined as:

> The failure to respond to the infant's life-threatening conditions by providing treatment (including appropriate nutrition, hydration and medication), which in the treating physician's or physicians' reasonable medical judgment will be most likely to be effective in ameliorating or correcting all such conditions, except that the term does not include the failure to provide treatment (other than appropriate nutrition, hydration or medication) to an infant when, in the treating physician's or physicians' reasonable medical judgment:

**Currently under five-year policy review.*

a. The infant is chronically and irreversibly comatose;
b. The provision of such treatment would:
   - Merely prolong dying;
   - Not be effective in ameliorating or correcting all of the infant's life-threatening conditions; or
   - Otherwise be futile in terms of the survival of the infant; or
c. The provision of such treatment would be virtually futile in terms of survival of the infant and the treatment itself under such circumstances would be inhumane.

(The Child Abuse Prevention and Treatment Act, Sec. 111. Definitions, June 25, 2003). (HOD, 0415)

ETH-028

Legitimate Medical Orders or Valid Prescriptions: The Wisconsin Medical Society believes that non-physician clinicians/pharmacists not be able to ignore legitimate medical orders or valid prescriptions written by physicians. Non-physician clinicians/pharmacists who find this morally objectionable must provide patients with information on where these orders or prescriptions can be filled. (HOD, 0416)

ETH-029

Process for Resolving Disputes About Treatment Decisions: The Wisconsin Medical Society supports the following provisions in regard to disputes about treatment decisions:

1. If an attending physician and his patient are in disagreement about the use of a particular test or treatment, the physician should take the initiative to resolve this matter through the use of patient education and discussions, involving any family, medical, social service or chaplainry personnel needed to resolve the issue.
2. If the issue cannot be resolved, then an ethics committee consult should be called. The consult may be called by anyone on the treatment team or by the patient or family. The attending physician may attend the meeting to give information but will not be a voting member of the committee. All life sustaining treatments (ventilators, IV fluids, antibiotics, etc.) would be continued throughout the process defined below.
3. The patient shall be informed of the committee review process not less than 48 hours before the meeting, unless the time period is waived by mutual agreement. The patient and anyone he chooses may attend the meeting and he/they will receive a written explanation of the decision reached during the review process.
4. The written explanation will be included in the medical record.
5. Often, the ethics committee will bring the parties together and resolve the issues that were in disagreement. If, however, the doctor or the patient does not agree with the ethics committee opinion, then the following will occur:
   a. The physician shall make a reasonable effort to transfer the patient to a physician who is willing to comply with the patient's wishes. If the patient is in a health care facility, the facility personnel shall assist the physician in arranging the patient's transfer to one of the following:
      i. another physician.
      ii. an alternative care setting within that facility.
      iii. another facility.
6. If the patient is requesting life-sustaining treatment that the attending physician and the review process have decided is inappropriate, the patient shall be given available life-sustaining treatment pending transfer. The patient is responsible for any costs incurred in transferring to another facility.
   a. The physician and the health care facility are not obligated to provide life-sustaining treatment after the 10th calendar day after the written decision of the ethics committee is provided to the patient. (Exception to this: See #8.) All palliative and supportive care would continue to be provided to the patient and family.

7. Life-sustaining treatment under this section may not be entered in the record as medically unnecessary until the time period has elapsed.
8. At the request of the patient, the appropriate district or county court may extend the time period only if the court finds, by a preponderance of the evidence, that such an extension will help locate another physician or health care facility willing to accept the patient in transfer. (HOD, 0411)*

ETH-030

Criminalization of Medicine: The Wisconsin Medical Society believes that negligent conduct by health care professionals during the performance of their duties should not be prosecuted as a crime, but rather should be addressed as appropriate by the institution, by a professional disciplinary body or by the civil justice system. (HOD, 0413)

ETH-031

Stem Cell Advances: The Wisconsin Medical Society supports further research and use of induced pluripotent stem (iPS) cells. (HOD, 0414)

ETH-033

Medical Personnel Involvement in Torture: The Wisconsin Medical Society unequivocally condemns the involvement of medical personnel in monitoring and/or participating in torture of any one, at any time, under any circumstances. (HOD, 0416)

ETH-034

End of Life Choices by Patients: The Wisconsin Medical Society believes that:

1. The principle of patient autonomy requires that physicians must respect the decision to forgo life-sustaining treatment of a patient who possesses decision-making capacity. Life sustaining treatment is any medical treatment that serves to prolong life without reversing the underlying medical condition. Life-sustaining treatment includes, but is not limited to, mechanical ventilation, renal dialysis, chemotherapy, antibiotics, and artificial nutrition and hydration.
2. There is no ethical distinction between withdrawing and withholding life-sustaining treatment.
3. Physicians have an obligation to relieve pain and suffering and to promote the dignity and autonomy of dying patients in their care. This includes providing effective palliative treatment even though it may foreseeably hasten death. More research must be pursued, examining the degree to which palliative care reduces the requests for euthanasia or assisted suicide.
4. Physicians must not perform euthanasia or participate in assisted suicide. A more careful examination of the issue is necessary. Support, comfort, respect for patient autonomy, good communication and adequate pain control may decrease dramatically the public demand for euthanasia and assisted suicide. In certain carefully defined circumstances, it would be humane to recognize that death is certain and suffering is great. However, the societal risks of involving physicians in medical interventions to cause patients' deaths is too great to condone euthanasia or physician-assisted suicide at this time.
5. The Wisconsin Medical Society supports continued research into and education concerning pain management. (HOD, 0416)

ETH-035

Advance Care Planning and End-of-Life Choices by Patients: The Wisconsin Medical Society supports the education of physicians in the development and implementation, in conjunction with patients and families, of well-informed advance care planning and end-of-life care choices by patients. (HOD, 0412)

**Currently under five-year policy review.*

ETH-036

Statewide Effort to Improve Advance Care Planning: Advance care planning is an important part of every patient's health care and despite the existence of advance directives, there is a continuing need for improved advance care planning in Wisconsin.

The Wisconsin Medical Society will work to initiate a statewide effort to improve advance care planning through education, community outreach, and pilot programs among physicians and the public. (HOD, 0412)

ETH-037

Withdrawal/Withholding of Treatment: The Wisconsin Medical Society believes that:

- The withholding or withdrawal of life-sustaining treatment is the decision of the patient or his/her immediate family or his/her lawful representative acting in the patient's best interest, if the patient does not have decision-making capacity.
- The advice and judgment of the physician or physicians involved should be readily available to the patient or his/her lawful representative or decision-maker, if the patient does not have decision-making capacity in all such situations.
- No physician, other licensed health care professional or hospital should be civilly or criminally liable for taking any action pursuant to these guidelines, nor should there be any criminal or civil penalties of any sort imposed for conduct pursuant to these guidelines.
- Except as stated above, all matters not in the public domain relating to a patient's illness are the private right of the patient and are protected from public scrutiny by the privacy and confidentiality of the doctor-patient relationship.
- It is unethical to deny a medical service solely on the basis of cost containment, if such services are deemed good medical practice. (HOD, 0412)

ETH-038

Decision-Making for High-Risk Newborns: The Wisconsin Medical Society recognizes the extremely difficult circumstances under which decisions must be made regarding care for newborns at the edge of viability. In such circumstances there is a difficult dilemma: intensive treatment of all severely ill infants may result in prolongation of dying accompanied by significant discomfort for the infant or in survival with unacceptable quality of life; on the other hand, non-intensive treatment may result in increased mortality and morbidity. Either approach risks undesired and unpredictable results. The Society therefore supports the following principles:

- Treatment decisions must be guided primarily by the best interest of the child.
- Direct and open communication between the health care team and the parents of the child with regard to the medical status, prognosis, and treatment options is essential; parents must be included as active participants in the decision process. When a poor prognosis is anticipated, discussion between parents and physicians should, if possible, begin before the birth of a child.
- Physicians should present prognostic information in a frank and balanced way, without coercion, and with sensitivity to parents' complex concerns and desires. Ongoing evaluation of the condition and prognosis of the high-risk infant is essential, and second opinions may often prove beneficial.
- Physicians and parents should consider the benefits and burdens of continuing treatment and prolonging life.
- The decision to initiate or continue intensive care should be based only on the judgment that the infant will benefit from the intensive care. It is inappropriate for life-prolonging treatment to be continued when the condition is incompatible with life or when the treatment is judged to be harmful, of no benefit, or futile.
- In all cases, comfort care should be continued even when intensive care is not being provided.

The Society expresses its grave concerns with the Court's opinion in *Montalvo v. Borkovec, MD, 2002*, that "in the absence of persistent vegetative state, the right of a parent to withhold life-sustaining medical treatment does not exist," and supports remedies to the decision in line with the principles above.

The Society also encourages all physicians to utilize current evidence-based statistics as they relate to prognoses for high-risk newborns, and supports the efforts of the American Academy of Pediatrics, Neonatal Research Network and others to disseminate prognostic information to physicians. (HOD, 0414)

ETH-039

Advance Directive Registry for Wisconsin: The Wisconsin Medical Society encourages the establishment and maintenance of a no-charge, confidential and secure method for the storage and retrieval of advance directive documents by authorized agents, including the option of a statewide registry. The Society encourages public outreach and education regarding advance directives, advance care planning and the importance of practical and effective storage and retrieval. (HOD, 0414)

ETH-040

Blood Donation Deferral Criteria: The Wisconsin Medical Society supports the use of rational, scientifically based blood and tissue donation deferral periods that are fairly and consistently applied to donors according to their level of risk and opposes the current lifetime deferral on blood and tissue donations from men who have sex with men. (HOD, 0415)

ETH-041

Medical Care for the Wards of the State: The Wisconsin Medical Society strongly disagrees with the Wisconsin Supreme Court's holding in *Edna M.F.* that, for patients who lack decision-making capacity, if a patient is not in a persistent vegetative state, it is not in the best interests of the patient to withdraw life-sustaining treatment, and instead believes that there are circumstances in which decreasing, withdrawing or withholding life-sustaining treatment for a patient who is suffering from a terminal condition can be in the best interests of the patient based on factors specific to that patient. Patients who lack capacity to make health care decisions may still be capable of manifesting assent or protest to a specific treatment option, and such expressions should be given great weight by physicians and a patient's legal representative in determining what is in the best interests of the patient, and may, in certain situations, be sufficient to supersede the decision of the patient's legal representative.

The Society believes physicians should not be subject to civil or criminal liability for acting in the best interests of a terminally ill patient as determined in collaboration with the patient's legal representative, even when doing so results in the decreasing, withholding or withdrawing of life-sustaining treatment.

The Society will advocate for changes to Wisconsin law in accordance with this policy; however, nothing in this policy supersedes a physician's duties under current law. (HOD, 0416)

ETH-042

Relation of Laws to Ethics Policy: Ethical values and legal principles typically are closely related, but ethical obligations often exceed legal duties. Adherence to ethical values does not ensure legal compliance, and adherence to the law may not be sufficient to ensure ethical conduct.

The Society recognizes that physicians' adherence to the law is essential to maintaining public trust in the medical profession. As such, physicians must respect and abide by applicable law, even if they disagree with it. Physicians should seek to change laws that they believe are contrary to the best interests of the practice of medicine or their patients, but must continue to abide by the law until such time as it is changed. Nothing in the policies of the Society should be interpreted as a suggestion or command that any individual violate any law or legal requirement as it then exists. (HOD, 0416)

Currently under five-year policy review.

Practice, Organization and Interprofessional Issues

HMS-HOSPITAL MEDICAL STAFF

HMS-004

Application Form for Use in Determining Hospital Medical Staff Memberships: The Wisconsin Medical Society supports the concept of a universal credentialing form in order to ease the process of hospital privileging for physicians and hospital staff. (HOD, 0413)

HMS-005

Hospital Medical Staffs: The Wisconsin Medical Society reaffirms support for the autonomy of the structure and governance of the independent medical staffs of hospitals including the ability of the independent medical staff to elect its own officers.

The Society supports codifying state law to mandate the hospital medical staff bylaws be viewed as contracts that must include a physician's due process and hearing rights.

Further, the Society supports the efforts of all Wisconsin hospital medical staff members to advocate for the highest quality of medical care for the patients they serve. (HOD, 0416)

HSR-HEALTH SYSTEM REFORM

HSR-002

Medical Savings Accounts: The Wisconsin Medical Society continues to support tax-advantaged health care spending accounts in support for a pluralistic system of health care financing designed to preserve consumer choice. The Society continues to support tax-advantaged status for proposals designed to promote segregated savings accounts to be used for health care costs. (HOD, 0414)

HSR-003

Fee for Service Plans in Health System Reform: The Wisconsin Medical Society will support health system reform plans that:

1. Provide universal access free from rationing, and to include reasonable basic benefits, patient education, and significant patient responsibility for their own health care choices and behavior.
2. Include a true fee-for-service option, including balance billing.
3. Allow physicians and patients choice of plans and physicians.

4. Alleviate regulatory hassles and preserve high quality care.
5. Provide meaningful antitrust relief, including the ability for state and county medical associations to form partnerships of physicians for the purpose of being "accountable health plans."
6. Provide true tort reform.
7. Provide significant insurance market reforms.
8. Recognize the physician's responsibility and authority in medical decision-making and treatment in conjunction with the patient. (HOD, 0412)

HSR-005

Universal Coverage: The Wisconsin Medical Society recognizes the essential principle of universal coverage in health system reform. This needs to be achieved through any or all of the following: employer participation, individual participation, government participation, the use of tax credits, the use of medical savings accounts and the use of catastrophic insurance. (HOD, 0415)

HSR-008

Discrimination in the Delivery of Health Care: The Wisconsin Medical Society opposes any arbitrary, inequitable or discriminatory application of plan benefits or medical care under any state or national health care plan and, further, specifically opposes discriminatory allocation of medical care on the basis of class, means, gender, sexual orientation, gender identity, sex, race, ethnicity, religious beliefs, or disabilities. (HOD, 0411)*

HSR-009

All-Payer Health Care Fraud: The Wisconsin Medical Society:

1. Supports efforts to clearly define health care fraud, and establish an intergovernmental commission to investigate the nature, magnitude and costs involved in health care fraud.
2. Supports enactment of laws that ensure the equal application of due process rights to physicians in health care fraud prosecution cases. (HOD, 0412)

HSR-012

Essential Elements and Guiding Principles for Health System Reform: The Wisconsin Medical Society endorses and reaffirms four essential goals in reforming the health care system:

1. Attain universal health insurance coverage.
2. Provide high quality health care.
3. Control health care costs.
4. Be responsive to physician well-being and sustainability in the workforce. (HOD, 0416)

HSR-013

Monopolies for Health Care Coverage: The Wisconsin Medical Society opposes efforts to grant a single insurer a monopoly for health care insurance. (HOD, 0412)

HSR-014

Primary Care Inclusion in Access Plan: The Wisconsin Medical Society believes in protecting and enhancing primary care and the continuity of care, and also in measures to assure an adequate supply of well-trained primary care physicians. (HOD, 0412)

**Currently under five-year policy review.*

HSR-016

Protecting the Right of Group Practices to Refer to Facilities in Which They Have an Investment Interest: The Wisconsin Medical Society believes in protecting

- The ability of physicians in groups to refer patients for other services provided within the group (in any legislation proposed to regulate physician investment in and referral to health care facilities and services).
- The ability of group practices to work jointly with other entities to provide services cost-effectively, provided that the individual referring physician is not directly compensated for making the referral. (HOD, 0412)

HSR-017

Physician Involvement in Health Care Access Advocacy: The Wisconsin Medical Society encourages, in line with the AMA Declaration of Professional Responsibility and the ethical principles of beneficence and justice, physicians to advocate for legislation that aims to secure health care access for all in Wisconsin. The Wisconsin Medical Society will research and implement new approaches to increase physician participation in health care access policy-making in Wisconsin. (HOD, 0414)

INR-INTER-PROFESSIONAL RELATIONS

INR-003

Physician Involvement in National and State Drug Policy: The Wisconsin Medical Society encourages physicians to partner with lawyers and judges in their communities to work collaboratively in their communities to promote a more rational, public-health-focused approach to substance use and addiction. (HOD, 0413)

MEB-MEDICAL EXAMINING BOARD

MEB-001

Dissemination of Information to the Public: The Wisconsin Medical Society supports the concept of providing the public with information on a physician's education, practice and disciplinary history. (HOD, 0414)

MEB-002

Disciplinary Priorities for the Department of Safety and Professional Services: The Wisconsin Medical Society opposes identifying physicians who may warrant evaluation and investigation even though they are not the subject of a complaint filed with the Medical Examining Board unless such an identification is evidence-based and focuses on attributes that have been shown to impact patient outcomes. (HOD, 0414)

MEB-005

Physician License Renewals and Student Loans: The Wisconsin Medical Society supports the Department of Regulation and Licensing's ability to deny an application to renew a health care credential if the applicant is in default without cause on a student loan made, insured or guaranteed by a federal or state governmental entity. (HOD, 0411)*

MEB-006

Centralized Credentials Verification Organizations: The Wisconsin Medical Society encourages the use of certified credentials verification organizations (CVOs) by hospitals, managed care organizations and other health care facilities in Wisconsin. (HOD, 0411)*

MEB-008

Issuance of Administrative Warnings by the Medical Examining Board: The Wisconsin Medical Society supports the issuance of Administrative Warnings by the disciplinary boards under the jurisdiction of the Department of Regula-

tion and Licensing (including the Medical Examining Board) as a disciplinary measure when the board determines that there is substantial evidence of misconduct by the holder of the credential but determines that a disciplinary proceeding should not be commenced. An administrative warning may not be used as evidence that a credential holder is guilty of misconduct, but if a subsequent allegation of misconduct is made, the matter relating to the issuance of the administrative warning may be reopened or the administrative warning may be used in a subsequent disciplinary proceeding as evidence that the credential holder had actual knowledge that certain practices were contrary to law. (HOD, 0411)*

MEB-010

Adequate Funding for the Wisconsin Medical Examining Board: The Wisconsin Medical Society:

- Supports adequate funding for the Medical Examining Board to fulfill its responsibility.
- Offers its assistance for consultation purposes whenever questions of incompetence arise and asks that specialty societies in Wisconsin be consulted in a like manner. (HOD, 0411)*

MEB-012

Medical Examining Board: The Wisconsin Medical Society strongly supports the mission and activities of the Medical Examining Board (MEB) of Wisconsin's Department of Regulation and Licensing.

The Society recommends:

- That there should be an adequate number of support staff assigned to carry out the duties of the MEB.
- That all licensure fees collected by the MEB should be used exclusively to fund staff to carry out the functions of the MEB, and that staff be assigned exclusively to the MEB. (HOD, 0416)

MEB-013

Maintenance of Licensure: The Wisconsin Medical Society opposes the public reporting of individual physician performance data for maintenance of licensure and maintenance of certification; and advocates that the Wisconsin Medical Examining Board should accept that physicians enrolled and who meet requirements of Maintenance of Certification or Osteopathic Continuous Certification will also simultaneously meet the requirements of Maintenance of Licensure. The Society advocates that reciprocity in maintenance of licensure between states should be championed; and advocates that flexibility must be incorporated into the maintenance of licensure and maintenance of certification process in order to accommodate all the roles and professional responsibilities (clinical care, research, administration, education, etc.) that physicians have; and advocates that maintenance of licensure and maintenance of certification must be about improvement, rather than being punitive; and works to be included and involved in discussions about changes in maintenance of licensure and maintenance of certification requirements so that the Society can help the process in an optimal manner. (HOD, 0412)

MEB-014

Medical Licensure Requirements: The Wisconsin Medical Society will advocate for Wisconsin to maintain its current state licensure requirement of one year of post graduate residency training for medical school graduates who are enrolled and in good standing in an ACGME-accredited or American Osteopathic Association Board of Specialists-accredited residency program. (HOD, 0414)

**Currently under five-year policy review.*

MEM-MEMBERSHIP, AMERICAN MEDICAL ASSOCIATION AND WISCONSIN MEDICAL SOCIETY

MEM-001

American Medical Association (AMA) Membership Outreach Program: The Wisconsin Medical Society supports outreach programs that involve personal contact by members of the Society House of Delegates for the purposes of retaining and recruiting AMA members. (HOD, 0411)*

MEM-002

Encouragement of House of Delegates Members to Join the American Medical Association (AMA): The Wisconsin Medical Society encourages all members who serve in the Society House of Delegates, who are not members of the AMA, to join the AMA. (HOD, 0411)*

MEM-003

Cost Containment at American Medical Association (AMA) Functions: The Wisconsin Medical Society encourages the AMA to continue to emphasize cost containment at all AMA functions. (HOD, 0411)*

MEM-004

Full Support for Wisconsin Medical Society AMA Delegation: The Wisconsin Medical Society AMA delegation, including the medical students, residents and young physicians section delegates, will be more proactive in establishing future budgets that include allocations for meetings, elections, and other expenses and forwarding them to the Finance Committee during the annual budget process with the intent to reasonably fund the number of delegates and alternate delegates as designated by the AMA, and based on our membership numbers, to attend the annual, interim and other meetings of the AMA, including the meetings of the AMA medical student, resident and fellow, and young physicians sections. (HOD, 0415)

MEM-005

Wisconsin Medical Society AMA Delegation: The Wisconsin Delegation to the AMA will provide annual summaries including actions on Wisconsin resolutions as well as the more significant national AMA issues to the Wisconsin Medical Society members. (HOD, 0414)

MEM-006

Support and Respect for Members: The Wisconsin Medical Society (Society) will advance the privileges of all members with an interest in participating in official business of the Society, regardless of age, race, ethnicity, national origin, creed or religion, class, sex or gender, gender identity or expression, sexual orientation, physical ability or disability, or cultural background. The Society encourages the civil, respectful and appropriate behavior of all people during all official Society events in order to keep the focus of meetings on the Society business at hand. The Society respects the attendance at official Society events of members who are parents or caregivers and respects the choice of members to engage in breastfeeding during official Society events, given the known health benefits of breastfeeding. (HOD, 0414)

MEM-007

Civility in Debate Amongst Physicians: The Wisconsin Medical Society supports high standards of civility and respect among physicians amidst differing political beliefs, conscience and ethics. Debate and expression of disagreement are essential to the improvement of medicine, and physicians should communicate any differences in a civil and professional manner. (HOD, 0414)

MER-MEDICAL RECORDS

MER-001

Electronic Signatures: The Wisconsin Medical Society supports maintaining an active interest in the development of laws and regulations related to the area of electronic medical records and electronic signatures for medical purposes. (HOD, 0414)

MER-003

Unauthorized Review of Patients' Medical Records: The Wisconsin Medical Society believes in the prevention of unauthorized review of patients' medical records without the written consent of the individual patient. This will not prohibit institutions from reviewing their own records for the purposes of quality assurance, quality improvement or research, nor the review and research for medical record research where appropriate by an institutional review board. (HOD, 0415)

MER-005

Requiring a Parent to Provide Medical and Family History: The Wisconsin Medical Society supports requiring a court to order a parent who is not granted legal custody of a child to provide to the court medical and family history about the parent providing the information, as well as a report of any medical examination that the parent has had within the past year. The parent providing the information must also provide medical and family history about his/her parents and siblings, and about any siblings of the child unless the parent or other person with legal custody of the child also has legal custody of the sibling. In the event joint legal custody is provided, each parent must provide the medical and family history to the court. Upon request of the custodial parent or other person with legal custody of the child, the court must release the medical information to a physician designated by the custodial parent or other person with legal custody. The physician then may release to the custodial parent or other person with legal custody any of the information that is relevant to the child's medical condition. (HOD, 0412)

MER-006

Discovery of Medical Records: The Wisconsin Medical Society supports giving physicians in medical liability lawsuits the right to inspect and copy any film, image, scan, slide, specimen or other record or report concerning the physical or mental condition of the person claiming damages, including records from before and after the incident giving rise to the present claim. Any record relating to the physical or mental condition of the party claiming damages is presumed subject to discovery, with the party claiming damages having the burden of rebutting the presumption. (HOD, 0412)

MER-009

Confidentiality: The Wisconsin Medical Society (Society) supports the following statement with regard to confidentiality:

- The following formulation is intended as an ethical guide regarding the obligation on the part of individuals working in health care occupations to respect the confidentiality of medical information gathered in the course of their work.
- It is assumed that where necessary and appropriate, various aspects of this statement are congruent with existing state and federal law. But it is also assumed that ethical obligations may in some instances be independent of laws and legal formulations. It is necessary that such ethical statements be cast in commonly understandable language, and not only in the complex constructions used in law.
- The professional obligation to hold health and illness disclosures in confidential trust is ancient. Hippocrates said: "And whatsoever I shall see or hear in the course of my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets."

**Currently under five-year policy review.*

In cognizance of the preceding considerations, the Society endorses the following viewpoint and procedures:

- Physicians are bound to respect the confidentiality of medical information regarding individual patients with limited exceptions such as threats of violence to others or self, evidence of child abuse, etc. Physicians are also bound to monitor and encourage similar regard for non-disclosure of medical information on the part of other health-care workers and overall health-care systems.
- Extraordinary measures to preserve secrecy of medical data are not expected or required. Medical records shall not be considered "top secret" in the manner of national security information, but continuing scrutiny of the health system records is expected of physicians along with reasonable remedial actions when potential breaches in confidentiality are apparent to the practitioner.
- Physicians and health care systems are not considered responsible for self-disclosure of ordinarily confidential information on the part of the patient, nor shall the physician or care system be considered responsible for disclosures made by fellow-patients coincidentally aware of medical information regarding another patient.
- Sharing of confidential medical information with duly appointed guardians or parents of minor children shall be considered ethically proper with certain exceptions provided in law, such as the diagnosis and treatment of sexually transmitted diseases or alcohol and other drug abuse.
- Physicians and other health-system workers should offer patients an explanation of the boundaries of the exchange of confidential medical information among physicians and other health-system workers within a particular hospital, clinic, or health-care system upon request. Such exchange within a system should be limited to legitimate participants with functional needs to know confidential medical data. Patients should also know that all participants in their health care are aware of the expectation of confidentiality.
- The direct sharing of individual medical data with other physicians or health care workers within the same hospital or system is limited to "need-to-know" situations such as those in relation to consultation requests or team approaches to care of a particular patient. Incidental acquisition of medical information such as a patient's trip to surgery, observation of x-ray procedures, laboratory results, or even knowledge of a hospital admission obliges all hospital or health care workers to non-disclosure without the patient's permission. Physicians in particular are expected to refrain from unauthorized examination of medical records on the basis of mere curiosity about a particular or former patient's condition.
- The qualifications of treatment reviewers, for whatever reasons a review of medical care might be conducted, shall not be withheld from the patient whose care is reviewed upon the patient's request. This shall apply even in situations where the identity of the patient is kept anonymous to the reviewer.
- Health care organizations are expected to periodically conduct educational sessions for all employees, even those with remote or infrequent opportunity for contact with confidential patient data, to inform and remind them of the need and expectation of confidential regard even for incidentally acquired patient information. Employees should be made aware of potential penalties including possible discharge from employment.
- Patients are entitled to release medical information to any parties they might designate including themselves, given a reasonable interval of time for duplication and mailing. With the patient's knowledge, the physician shall determine which information to release in a given instance, based on evidence relevant to the purpose at hand.
- The preceding guidelines are assumed to apply to all data storage, retrieval, and transfer systems, particularly including computerized data systems.

This statement addresses medical ethics and is not intended to constitute legal advice. Where this statement appears to conflict with state or federal law, physicians may wish to consult qualified legal counsel to determine the best course of action. (HOD, 0412)

MER-011

Transfer of Medical Records: The Wisconsin Medical Society reaffirms its policy of strongly supporting the transfer of records including x-rays, when patients change providers of medical care. (HOD, 0412)

MER-012

Regional Information Sharing of Medical Records: The Wisconsin Medical Society supports the development of the Milwaukee Regional Informatics System through the WHA/MCMS Community Collaboration with the Wisconsin Hospital Association and WHIE.

The Wisconsin Medical Society supports the development of medical homes and plans of care for at-risk populations that benefit the patient, are consistent across competing health system platforms, have means of being updated, have means of being challenged by patients, reviewed by ethics committees, coordinated with health care providers, managed care organizations, governmental payors, advocacy groups and experts in specialty providers (psychiatry, emergency medicine, pain management, etc).

The Wisconsin Medical Society supports the research and methodology by which such care plans can be shown to improve patient outcomes and save valuable and scarce health care resources.

The Wisconsin Medical Society supports the collaboration between emerging methods of health information sharing into a common method such that multiple disparate means are reduced to effective sources of useful information. (Example: rare diseases protocols for pediatrics may be merged in a common web based access point with plans of care for mental health patients who are homeless and being managed by case managers, or dialysis patients, or patients with pain clinic contracts.) (HOD, 0413)

MER-013

Electronic Health Records: The Wisconsin Medical Society advocates that patients be allowed to opt out from having their records placed on Health Information Exchanges, regardless of how well-intentioned; and support patient-centered health information technology such as smart cards, which provide clinical benefits of HIT without compromising confidentiality. The Wisconsin Medical Society supports the elimination of the Physician Fee Assessment, as defined in chapter 153 of Wisconsin Statutes. (HOD, 0412)

MER-014

Principles of Electronic Health Record Design, Implementation and Policy: The Wisconsin Medical Society supports the following Electronic Health Record (EHR) principles regarding its design, implementation and policy.

Patient-centered design

1. The use of an EHR should add value for the patient.
2. The primary function of an EHR is clinical care.

Health care professionals

3. The use of an EHR should improve, or at a minimum not reduce, the well-being of health care workers.
4. The use of an EHR should align the work with the training of the worker.
5. The EHR is a shared information platform for individual and population health.

Efficiency

6. The use of an EHR should minimize waste.
7. Electronic workflows should align with clinical work.
8. Various methods of communication, including nonelectronic forms, will be necessary for optimal patient care.

**Currently under five-year policy review.*

Regulation and payment

9. Sufficient resources should be available for the new work associated with the advanced use of an EHR.
10. Policies around EHR use should reflect the strength of the evidence base supporting them.
11. Regulatory balance between often competing values (i.e., clinical quality vs. security or efficiency vs. performance measurement) should be sought. (HOD, 0415)

NUR-NURSES AND NURSING

NUR-002

Student Loan Forgiveness for Nurses: The Wisconsin Medical Society supports state funding for the establishment of a student loan forgiveness program for nurses who continue to practice in Wisconsin. (HOD, 0413)

NUR-003

The Nursing Shortage in Wisconsin: It is the policy of the Wisconsin Medical Society to work together with the Wisconsin Nurses Association (WNA) to address the nursing shortage in Wisconsin. (HOD, 0414)

OPH-OPHTHALMOLOGY AND OPTOMETRY

OPH-002

Expansion of the Scope of Optometry: The Wisconsin Medical Society opposes legislation that would enable the unwarranted expansion of the scope of practice of optometry. (HOD, 0411)*

ORG-ORGANIZATION

ORG-002

Nominating Committee Composition and Deliberations: The Wisconsin Medical Society requires that the members of the Nominating Committee be provided a list of persons that have held the open position over the previous 10 years along with their District or Specialty section designation such that the Nominating Committee can consider the representation of all parts of the state over time for that position in its deliberations. The Society suggests that the Wisconsin Medical Society Board establish an open process for information sharing about the candidates on the Society's members-only website and that the Nominating Committee develop criteria that ensures a fair, standardized and transparent process for all candidates. (HOD, 0415)

ORG-003

Public Disclosure of Affiliations: The Wisconsin Medical Society requires that the officers, directors, and nominees for elected office of the Society disclose on an annual basis all significant affiliations. Disclosure will be modeled on the requirements of the ACCME and consistent with state and federal law.

The definition of significant affiliations includes all financial or leadership relationships that may be reasonably anticipated to have a material effect on issues considered, policies developed, or activities undertaken by the Society.

Financial relationships include compensation, contracts, honoraria, stock ownership representing more than 10 percent of any one corporation's holdings or other remuneration or consideration.

Leadership relationships include service as an officer, director or trustee of an organization.

Disclosure will include all current relationships and all relationships during the preceding five years. As appropriate, the officer, director or candidate should report significant affiliations of immediate family members. Immediate family members are defined as a spouse, parent or child.

The Wisconsin Medical Society requests that the above disclosures be published on the members-only section of the Society website prior to elections. (HOD, 0415)

ORG-004

Physician Contribution to WISMedPAC and/or WISMedDIRECT: The Wisconsin Medical Society will establish a strong expectation that every member will make an annual contribution to WISMedPAC and/or WISMedDIRECT. The Society requests that the members be reminded and informed regularly of the value of contributing in Society publications. The Society also requests that the Society Board of Directors take leadership by first creating an expectation that every Society Board member make an annual contribution to WISMedPAC and/or WISMedDIRECT. (HOD, 0415)

ORG-006

Transparency: The Wisconsin Medical Society supports that agendas of the Society committees, councils and its Board of Directors be available on the members only section of the Society website in advance of and following each meeting to allow members better knowledge of meetings. (HOD, 0415)

ORG-007

Prohibiting Society Political Endorsements: The Wisconsin Medical Society's role is to provide information regarding the political process. No one acting in his or her official capacity with the Society shall endorse any candidate for public office. Society members are encouraged to participate in the political process through WISMedPAC, WISMedDIRECT and their own individual efforts. (HOD, 0411)*

ORG-008

Tax-Exempt Status: The Wisconsin Medical Society believes that the tax exempt status afforded various organizations be limited to what was originally intended and also provides that if tax exempt organizations expand and diversify into businesses that are not normally tax exempt, that they be subject to the same taxation, regulation and rules that govern other competitive businesses. (HOD, 0414)

OUT-OUTREACH (MEDICAL)

OUT-002

Helping Parents of Lesbian, Gay, Bisexual and Transgender Children: The Wisconsin Medical Society should encourage physicians to inform the public of local or a national organizations such as PFLAG (Parents, Family and Friends of Lesbians and Gays) which have proven very helpful in helping families come through these stressful times and which have been very helpful in educating the public. (HOD, 0411)*

OUT-003

Volunteer Medical Services: The Wisconsin Medical Society supports volunteer medical service to areas of extreme poverty, unusual catastrophes or any place of acute medical needs, and encourages members to lend their support to worthwhile projects. (HOD, 0415)

**Currently under five-year policy review.*

PHA-PHARMACY

PHA-005

Prescription Drug Assistance for Seniors: The Wisconsin Medical Society believes that any legislative proposals to provide financial assistance to senior citizens for the purchase of prescription drugs should include:

1. Ensuring that providers receive payment sufficient to recover their costs for both acquiring and dispensing medications and immunizations in order that patients are assured access to pharmacy providers and covered prescription medications.
2. Provision of incentives by state programs to pharmacy providers for assisting physicians and providing services that improve health care quality such as medication reconciliation, patient education, and medication adherence. (HOD, 0412)

PHA-009

Antidepressant Pharmacological Use: The Wisconsin Medical Society does not consider antidepressants to be "chemical restraints." (HOD, 0412)

PHA-012

Therapeutic Substitution by Pharmacists: The Wisconsin Medical Society opposes any and all efforts that may be initiated to advance the concept of allowing pharmacists to substitute one medication for another with a similar therapeutic use and/or initiate medication prescriptions without the physician's consent in each specific case, including any hospital formulary. (HOD, 0412)

PHA-013

Prescription Management – Changing the Renewal Length to Improve Practice Efficiency and Quality of Care: The Wisconsin Medical Society will work with the State Board of Pharmacy and the state legislature to extend the validity of state non-controlled substance prescription renewal length to 13 months. (HOD, 0413)

PHA-014

Counterfeit Pharmaceuticals From International Sources: The Wisconsin Medical Society expresses to Wisconsin's members of Congress the strong recommendation for increased funding for the Food and Drug Administration to allow it to meet its mission. The Society requests that the *Wisconsin Medical Journal* inform physicians about the prevalence and implications of counterfeit pharmaceuticals and that physicians be informed that when they experience an unexpected or suboptimal response to treatment, that they be encouraged to ask their patients to show them their medications and report where they purchased them, so they might be able to counsel their patients regarding the risks of purchasing lower cost pharmaceuticals that could be counterfeit and therefore unsafe or ineffective. (HOD, 0414)

PHE-PHYSICIAN EXTENDERS

PHE-002

Whistleblower Protections: The Wisconsin Medical Society supports providing all employees, in the health care arena, with whistleblower protection in their place of work. (HOD, 0415)

PHE-004

Medical Supervision of Allied Health Care Professionals: The Wisconsin Medical Society will vigorously monitor any efforts by allied health care professionals to seek legislation or administrative rule change that would allow a practice independent of physician supervision, especially in the area of independent drug prescription authority. Organized medicine's intentions in this matter is to ensure that high quality medical care be delivered and that the safety and well being of the patient always be paramount. (HOD, 0411)*

PHE-006

Nurse Midwife Education Program: The Wisconsin Medical Society supports a certified nurse midwife educational program in Wisconsin. (HOD, 0410)*

PHY-PHYSICIANS

PHY-001

Physician Participation in Community: The Wisconsin Medical Society encourages all physicians and members of the Wisconsin Medical Society Alliance to become more actively involved in their communities and will publicly recognize physicians and Alliance members who have made a positive impact in their local communities. (HOD, 0411)*

PHY-002

Inter-specialty Cooperation: The Wisconsin Medical Society affirms, commends and endorses the actions of the Wisconsin Academy of Family Physicians and the Wisconsin Society of Obstetrics and Gynecology/Wisconsin Section of the American College of Obstetricians and Gynecologists to improve relationships between the two specialties and encourages similar efforts on the part of other specialties. The Society also supports the following policy statement developed by the two organizations:

> The Wisconsin Academy of Family Physicians and the Wisconsin Section of the American College of Obstetricians and Gynecologists agree that close collaboration between family physicians and obstetricians/gynecologists is necessary and desirable both to meet the health care needs of women and to make our professional activities more rewarding.
>
> The Wisconsin Academy of Family Physicians supports the role of primary care provider for those obstetricians/gynecologists who have appropriate interests and skills in generalist health care.
>
> The Wisconsin Section of the American College of Obstetricians and Gynecologists supports the provision of women's health care services, including maternity care, by family physicians that have appropriate skills and interests.
>
> To this end, both groups call upon their members to collaborate enthusiastically in areas of patient care, medical education, and legislative action. (HOD, 0411)*

PHY-003

Use of the Word "Provider": The Wisconsin Medical Society believes in the use of the word "physician" when referring to physicians (MDs, DOs) and encourages the use of the term " non-physician clinician" when referring to all other health care professionals in official Society literature such as journals, brochures, interviews, lectures, etc.; and will encourage other state medical specialty societies (academies), medical schools, hospitals, insurance companies, and health systems within the state to adopt this practice. (HOD, 0411)*

PHY-007

Use of the MD Title: The Wisconsin Medical Society:

- Defends the use of the MD title by physicians who graduated with an MBBS and are licensed to practice medicine in Wisconsin.
- Believes in clarifying Wisconsin statute so that International Medical Graduates licensed to practice as medical doctors can use the title MD. (HOD, 0411)*

**Currently under five-year policy review.*

PHY-008

Medicine is Art and Science, not a Public Utility: The Wisconsin Medical Society reaffirms its unshakable belief in the medical profession being both an art and a science and will take necessary steps to educate individuals who view the healing arts as a public utility. (HOD, 0411)*

PHY-010

Advocacy During Clinical Encounters: The Wisconsin Medical Society supports the following principles related to physicians, patients and advocacy:

1. It is laudable for physicians to run for political office, to lobby for political positions, parties or candidates, and in every other way to exercise the full scope of their political rights as citizens. These rights may be exercised individually or through organizations such as professional societies and political action committees.
2. Physicians have a responsibility to keep themselves well-informed as to current political questions regarding needed and proposed changes to laws concerning access to health care, quality of health care services, scope of medical research and promotion of public health.
3. Communications by telephone or other modalities with patients and their families about political matters must be conducted with the utmost sensitivity to patients' vulnerability and desire for privacy. Conversations about political matters are not appropriate at times when patients or families are emotionally pressured by immediate medical problems. Physicians are best able to judge both the intrusiveness of the discussion and the patient's level of comfort. In general, when conversation with the patient or family concerning social, civic or recreational matters is acceptable, discussion of items of political import may be appropriate.
4. Physicians should not allow their differences with patients or their families about political matters to interfere with their delivery of high quality, professional care. (HOD, 0415)

PHY-011

Medical Examiner Qualifications: The Wisconsin Medical Society believes that a Medical Examiner should be a physician—preferably a pathologist with special expertise in the investigation of medico-legal-forensic cases. (HOD, 0411)*

PHY-012

Medicine and Culture: The Wisconsin Medical Society encourages physicians to undertake reasonable efforts to provide culturally and linguistically appropriate services as needed in their practices. (HOD, 0412)

PHY-013

Economic Credentialing: The Wisconsin Medical Society (1) adopts the following definition of economic credentialing: economic credentialing is defined as the use of economic criteria unrelated to quality of care or professional competency in determining an individual's qualifications for initial or continuing hospital medical staff membership or privileges; (2) strongly opposes the practice of economic credentialing; (3) believes that physicians should continue to work with their hospital boards and administrators to develop appropriate educational uses of physician hospital utilization and related financial data and that any such data collected be reviewed by professional peers and shared with the individual physicians from whom it was collected; (4) believes that physicians should attempt to assure provision in their hospital medical staff bylaws of an appropriate role for the medical staff in decisions to grant or maintain exclusive contracts or to close medical staff departments; and (5) will communicate its policy and concerns on economic credentialing on a continuing basis to the Wisconsin Hospital Association. (HOD, 0410)*

PHY-014

Government Interference in the Patient-Physician Relationship: The Wisconsin Medical Society opposes any government regulation or legislative action on the content of the individual clinical encounter between a patient and physician without a compelling and evidence-based benefit to the patient, a substantial public health justification, or both. The Society will educate lawmakers and industry experts on the following principles endorsed by the American College of Physicians, which should be considered when creating new health care policy that may impact the patient-physician relationship or what occurs during the patient-physician encounter:

- Is the content and information or care consistent with the best available medical evidence on clinical effectiveness and appropriateness and professional standards of care?
- Is the proposed law or regulation necessary to achieve public health objectives that directly affect the health of the individual patient, as well as population health, as supported by scientific evidence, and if so, are there no other reasonable ways to achieve the same objectives?
- Could the presumed basis for a governmental role be better addressed through advisory clinical guidelines developed by professional societies?
- Does the content and information or care allow for flexibility based on individual patient circumstances and on the most appropriate time, setting and means of delivering such information or care?
- Is the proposed law or regulation required to achieve a public policy goal – such as protecting public health or encouraging access to needed medical care – without preventing physicians from addressing the health care needs of individual patients during specific clinical encounters based on the patient's own circumstances, and with minimal interference to patient-physician relationships?
- Does the content and information to be provided facilitate shared decision-making between patients and their physicians, based on the best medical evidence, the physician's knowledge and clinical judgment, and patient values (beliefs and preferences), or would it undermine shared decision-making by specifying content that is forced upon patients and physicians without regard to the best medical evidence, the physician's clinical judgment and the patient's wishes?
- Is there a process for appeal to accommodate individual patients' circumstances? (HOD, 0413)

PHY-015

Truth in Advertising: The Wisconsin Medical Society (Society) supports legislation that clarifies physician and healthcare practitioner qualifications and does not support the use of the term "doctor" without qualification. Specifically, a doctorate of nursing practice should be identified as a doctorate of nursing practice and not just as doctor. Practitioners of podiatry should be identified as doctor of podiatry, podiatric surgeon, or doctor of podiatric medicine. Practitioners of dentistry should be identified as dentist, doctor of dental surgery, or doctor of dental medicine. Practitioners of optometry should be identified as optometrist or doctor of optometry. The Society supports the identification of the physician supervising procedures and care by non-physician health care providers including bedside care and in all advertisements. (HOD, 0415)

PRP-PRACTICE PARAMETERS

PRP-005

Outcomes Research in Wisconsin: The Wisconsin Medical Society (Society) supports the development of a medical quality research foundation or research committee within the current Society Foundation for the purpose of developing, funding and implementing medical quality outcomes research in Wisconsin. (HOD, 0411)*

**Currently under five-year policy review.*

REP-REVIEW (PEER)

REP-001

Metastar: The Wisconsin Medical Society should disseminate information on the structure and workings of Metastar including:

- The Metastar review process and how it affects physicians.
- The selection process for the Metastar Board.
- Information regarding Metastar election including names of candidates, qualifications and any Society recommendations. (HOD, 0416)

REP-002

Peer Review Code of Conduct: The Wisconsin Medical Society approved the following code of conduct for all organizations undertaking peer review activities affecting Wisconsin physicians:

- Peer review activities shall be carried out in a professional manner, maintained through all levels of review and communication, by both the reviewing organization and its physicians as well as the attending physician involved.
- Peer review activity at all levels shall be based on a thorough review of the complete medical record. Denials shall be made not on failure to meet screening criteria but rather on professional review of the case as a whole. Rubber-stamping of prior review decisions without a thorough review of the medical record is to be condemned.
- Specialty-specific review by practicing physicians shall be the goal at all levels of review beyond the initial screening. All physicians involved in providing peer review services shall be understanding of the methodology of appropriate case review.
- Final decisions regarding recommendations for sanction activity shall be made only after a thorough review of each individual case by a physician reviewer in the same specialty as the attending physician and only following a full opportunity for the attending physician to present and discuss the total case situation with the reviewing physicians.
- Peer review decisions shall be made based only upon that information which was available to the attending physician at the time in question. Analyzing patient care based solely on outcome and other subsequent case information is not appropriate.
- The attending physician's decisions must be judged on generally accepted standards of care and that the medical care provided was necessary, reasonable, and appropriate given the available resources and the individual patient case situation in question.
- Peer review activity shall be completed expediently in each case, with similar time response constraints placed on the reviewing organizations themselves as are imposed on the attending physician.
- All communication from the peer review organization to the attending physician shall be worded to be appropriately reflective of the seriousness of the proposed patient care infraction and appropriately reflect the appeals process available to the attending physician.
- All peer review organizations shall develop internal quality assurance mechanisms at all levels of review to minimize the amount of inappropriate re-view which practicing physicians are subjected to. The Wisconsin Medical Society condemns overzealous review and any quota systems of review denials and supports appropriate review without quota or economic incentives to deny claims.
- Patient confidentiality shall be maintained at all levels of review.

In cases of reviewer uncertainty, the benefit of the doubt in case management shall be given to the attending physician. Only the attending physician was at the scene, under the stress of the situation, and responsible for the total care of the patient. (HOD, 0411)*

REP-004

Release of Commission on Mediation and Peer Review Records to the Department of Regulation and Licensing: The Wisconsin Medical Society recommends that peer review records not be released to the Division of Enforcement of the Department of Regulation and Licensing. (HOD, 0411)*

REQ-REVIEW (QUALITY ASSURANCE AND UTILIZATION)

REQ-001

Protection of Quality of Care for Psychiatric Patients: The Wisconsin Medical Society supports high quality services for psychiatric patients and believes that physicians who collaborate with psychologists must recognize the physician's responsibility for overseeing the medical and psychiatric needs of their hospitalized patients. (HOD, 0411)*

REQ-004

Third-party Medical Review: The Wisconsin Medical Society (Society) reaffirms its policy of continuing to seek uniform procedural standards and requirements for all organizations utilizing medical review to approve or deny health insurance benefits for medical care. The Society believes these organizations should be required to:

- Register with the state of Wisconsin.
- Make review criteria available to health care professionals and patients.
- Obtain licensure for all medical care reviewers along with requiring adequate education and training in the areas that they are reviewing.
- Clearly delineate the appeals process available to both patients and health care professionals.
- Fully disclose any financial incentives that the reviewers might have based on denying a target amount of services or health care professionals.
- Prior to any adverse determination regarding medial necessity or appropriateness of care, provide the physician with an opportunity to discuss the plan of treatment with a physician reviewer in the same specialty, during normal working hours.
- Assure patient confidentiality and present authorization to the physician for release of patient information to the review organization. (HOD, 0410)*

REQ-005

Performance Measures: The Wisconsin Medical Society supports the Physician Consortium for Performance Improvement convened and operating under the auspices of the American Medical Association, and the performance measures that it has developed and encourage all those involved in developing and distributing performance measures to coordinate their efforts and assure that their measures are:

1. Feasible
2. Relevant
3. Valid
4. Patient-centered
5. Tested before distribution (HOD, 0411)*

REQ-006

Support for Performance Measures Developed By The Physician Consortium For Performance Improvement: The Wisconsin Medical Society supports that any allocation of resources toward physician performance measures be consistent with the guidelines of performance measures adopted by the American Medical Association. (HOD, 0411)*

**Currently under five-year policy review.*

REQ-007

Patient-Centered Medical Home: The Wisconsin Medical Society supports the Joint Principles of the Patient-Centered Medical Home developed by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians and the American Osteopathic Association as guidelines for Wisconsin and all states to improve the health of its citizens.

The Society encourages Wisconsin to implement and fund pilot programs to demonstrate the quality, safety, value, payment mechanisms and effectiveness of the patient-centered medical home.

The Society supports the Joint Principles of the Patient-Centered Medical Home and encourages national payors to implement and fund pilot programs to demonstrate the quality, safety, value, payment mechanisms and effectiveness of the patient-centered medical home.

Principles (2/07)

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 health care system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (e.g., family, public and private community-based services). Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

Quality and safety are hallmarks of the medical home:

- 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.
- Evidence-based medicine and clinical decision support tools guide decision making.
- Physicians in the practice accept accountability for continuous quality improvement through voluntary engagement in performance measurement and improvement.
- Patients actively participate in decision-making and feedback is sought to ensure patients' expectations are being met.
- Information technology is utilized appropriately to support optimal patient care, performance measurement, patient education and enhanced communication.
- Practices go through a voluntary recognition process by an appropriate non-governmental entity to demonstrate that they have the capabilities to provide patient-centered services consistent with the medical home model.
- Patients and families participate in quality improvement activities at the practice level.

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. The payment structure should be based on the following framework:

- It should reflect the value of physician and non-physician staff patient-centered care management work that falls outside of the face-to-face visit.
- It should pay for services associated with coordination of care both within a given practice and between consultants, ancillary providers and community resources.
- It should support adoption and use of health information technology for quality improvement.
- It should support provision of enhanced communication access such as secure e-mail and telephone consultation.
- It should recognize the value of physician work associated with remote monitoring of clinical data using technology.
- It should allow for separate fee-for-service payments for face-to-face visits. (Payments for care management services that fall outside of the face-to-face visit, as described above, should not result in a reduction in the payments for face-to-face visits).
- It should recognize case mix differences in the patient population being treated within the practice.
- It should allow physicians to share in savings from reduced hospitalizations associated with physician-guided care management in the office setting.
- It should allow for additional payments for achieving measurable and continuous quality improvements. (HOD, 0415)

REQ-008

Comparative Effectiveness Research: The Wisconsin Medical Society believes that Physicians must play an active part in the governing Comparative Effectiveness Research entity to ensure that the effect does not disrupt the trust between a physician and her/his patient. The Wisconsin Medical Society supports using Comparative Effectiveness Research as a tool for determining what is the best evidentiary value-based approach based on quality over cost. The Wisconsin Medical Society supports policy makers using Comparative Effectiveness Research as long as the benefits from such use are not diverted to non-health care funds, and that decisions on coverage are not based solely on cost. (HOD, 0416)

REQ-009

Comparative Effectiveness Research: The Society adopts current AMA policy H-460.9 09-Comparative Effectiveness Research

PRINCIPLES FOR CREATING A CENTRALIZED COMPARATIVE EFFECTIVENESS RESEARCH ENTITY:

A. Value. Value can be thought of as the best balance between benefits and costs, and better value as improved clinical outcomes, quality and/or patient satisfaction per dollar spent. Improving value in the U.S. health care system will require both clinical and cost information. Quality comparative clinical effectiveness research (CER) will improve health care value by enhancing physician clinical judgment and fostering the delivery of patient-centered care.

B. Independence. A federally sponsored CER entity should be an objective, independent authority that produces valid, scientifically rigorous research.

C. Stable Funding. The entity should have secure and sufficient funding in order to maintain the necessary infrastructure and resources to produce quality CER. Funding source(s) must safeguard the independence of a federally sponsored CER entity.

D. Rigorous Scientifically Sound Methodology. CER should be conducted using rigorous scientific methods to ensure that conclusions from such research are evidence-based and valid for the population studied. The primary responsibility for the conduct of CER and selection of CER methodologies must rest with physicians and researchers.

**Currently under five-year policy review.*

E. Transparent Process. The processes for setting research priorities, establishing accepted methodologies, selecting researchers or research organizations, and disseminating findings must be transparent and provide physicians and researchers a central and significant role.

F. Significant Patient and Physician Oversight Role. The oversight body of the CER entity must provide patients; physicians (MD, DO), including clinical practice physicians; and independent scientific researchers with substantial representation and a central decision-making role(s). Both physicians and patients are uniquely motivated to provide/receive quality care while maximizing value.

G. Conflicts of Interest Disclosed and Minimized. All conflicts of interest must be disclosed and safeguards developed to minimize actual, potential and perceived conflicts of interest to ensure that stakeholders with such conflicts of interest do not undermine the integrity and legitimacy of the research findings and conclusions.

H. Scope of Research. CER should include long-term and short-term assessments of diagnostic and treatment modalities for a given disease or condition in a defined population of patients. Diagnostic and treatment modalities should include drugs, biologics, imaging and laboratory tests, medical devices, health services, or combinations. It should not be limited to new treatments. In addition, the findings should be re-evaluated periodically, as needed, based on the development of new alternatives and the emergence of new safety or efficacy data. The priority areas of CER should be on high volume, high cost diagnosis, treatment and health services for which there is significant variation in practice. Research priorities and methodology should factor in any systematic variations in disease prevalence or response across groups by race, ethnicity, gender, age, geography and economic status.

I. Dissemination of Research. The CER entity must work with health care professionals and health care professional organizations to effectively disseminate the results in a timely manner by significantly expanding dissemination capacity and intensifying efforts to communicate to physicians utilizing a variety of strategies and methods. All research findings must be readily and easily accessible to physicians as well as the public without limits imposed by the federally supported CER entity. The highest priority should be placed on targeting health care professionals and their organizations to ensure rapid dissemination to those who develop diagnostic and treatment plans.

J. Coverage and Payment. The CER entity must not have a role in making or recommending coverage or payment decisions for payers.

K. Patient Variation and Physician Discretion. Physician discretion in the treatment of individual patients remains central to the practice of medicine. CER evidence cannot adequately address the wide array of patients with their unique clinical characteristics, comorbidities and certain genetic characteristics. In addition, patient autonomy and choice may play a significant role in both CER findings and diagnostic/treatment planning in the clinical setting. As a result, sufficient information should be made available on the limitations and exceptions of CER studies so that physicians who are making individualized treatment plans will be able to differentiate patients to whom the study findings apply from those for whom the study is not representative. (HOD, 0416)

REQ-010

Costs of Assessing Clinical Competence: The Wisconsin Medical Society asks our AMA to support the concept that any method used to determine clinical competence be supported by evidence of effectiveness in determining clinical competence; and asks our AMA to work in the federation of medicine to promote that all specialties only use tests of clinical competence that have been proven effective or set up pilot projects to test for effectiveness. The Wisconsin Medical Society will work with our Medical Licensing Board and asks our AMA to work to have all state licensing boards agree to only use methods to test clinical competence that have been proven effective; and asks our AMA to observe methods used by specialties to determine clinical competence to be sure they are truly testing clinical competence and not tools being used in turf battles; and for our AMA to keep our legislators informed on the effect these Mainte-

nance of Certification (MOC) and Maintenance of Licensure (MOL) efforts might have on the medical workforce by aggravating the shortages of physicians in critical specialties through making it more difficult and expensive to continue to practice medicine. (HOD, 0412)

TEC- TECHNOLOGY ADVANCEMENTS

TEC-001

Information Technology Standardization and Costs: The Wisconsin Medical Society supports concepts of information technology (IT) standards for interchangeability of data from different IT systems. (HOD, 0410)*

TEC-002

Health Information Technology: The Wisconsin Medical Society supports the adoption of meaningful use health information technology that will provide information where it is needed, when it is needed, to support care, and encourages physicians to work toward the following goals, at a pace appropriate to their practices:

- The adoption and implementation of electronic health records (EHRs).
- The adoption of e-prescribing, ideally integrated with the EHR.
- The adoption of systems providing clinical decision support.
- The choice of systems that comply with emerging national standards.
- The choice of systems from vendors that have achieved appropriate certification.
- The collection and use of clinical data for quality improvement.
- The reporting of data on clinical quality measures to public warehouses.
- The development of systems that allow the electronic sharing of information between different EHRs. (HOD, 0411)*

TEC-003

A National Toolbox on Access to and Distribution of Physician Services: The Wisconsin Medical Society will direct its representatives to the American Medical Association to request the creation of a national repository of innovations and experiments, both successful and unsuccessful, in improving access to and distribution of physician services to government-insured patients (National Access Toolbox). (HOD, 0412)

TEC-004

Advocacy for Medicare/Medicaid Coverage of Multi-use Technology: The Wisconsin Medical Society supports promoting the medical applications of consumer technologies through new strategies for reimbursing the functionality software for multi-use platforms, which will increase consumer choices in medical equipment and cost-savings while allowing for seamless integration of healthcare technology into daily living. (HOD, 0412)

TEC-005

ICD-10: The Wisconsin Medical Society will petition the AMA to work toward the goal of having insurance companies and governmental entities pay physicians for the extra cost of increasingly complex and mandatory changes in coding. (HOD, 0414)

**Currently under five-year policy review.*