



# West Virginia State Medical Association

## *POLICY COMPENDIUM*

*West Virginia State Medical Association*

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Revised August 2018

## Forward

*This sixth edition of the West Virginia State Medical Association Policy Compendium presents the policy positions of the West Virginia State Medical Association (WVSMA) as of the close of business at the 2005 Annual Meeting of the House of Delegates.*

*As with the editions of the AMA Policy Compendium, this volume is arranged by major subject headings. Under each subject heading, the most recent policies of the West Virginia State Medical Association have assigned policy headings of WVSMA. This approach is used to identify the most current statement of the WVSMA policy on a given topic. At the end of each policy statement is a citation to the original report or resolution that established the policy position. In those rare instances in which there appear to be inconsistencies between two or more policies on the same topic, the most recent statement of policy should be deemed to supersede the contradictory earlier policy.*

*In using the Compendium, please keep in mind that it contains only permanent policies adopted by the **WVSMA** House of Delegates. It does not contain items that were referred, filed or not adopted; policy calling for a change in the **WVSMA** Constitution and Bylaws; temporary policy or directives (e.g., that a specific, immediate action be taken or legislative and regulatory statements or testimony; and appointments, awards, or commendations. Readers are encouraged to consult the AMA Compendium and as appropriate, the AMA Constitution and Bylaws; the current Opinions of the AMA Council on Ethical and Judicial Affairs; the AMA House of Delegates Proceedings; and the West Virginia State Medical Association Constitution and Bylaws.*

*None of the policies contained in the Compendium is intended to be construed or to serve as a standard of medical care. Standards of medical care are determined on basis of all of the facts and circumstances involved in an individual case and are subject to changes as scientific knowledge and technology advance and patterns of care evolve. The policies on scientific issues reflect the views of the scientific literature as of the date of adoption of the report by the House of Delegates.*

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5.00 Abortion (See also: Contraception, Pregnancy)

**001. WVSMA** adopts the following AMA policy: The issue of support or opposition to abortion is a matter for members of the **WVSMA** to decide individually, based on personal values or beliefs. The **WVSMA will** take no action, which may be construed as an attempt to alter or influence the personal views of individual physicians regarding abortion procedures. (WVSMA/A-92)

10.000 Accident Prevention (See also: Accident Prevention: Motor Vehicles; Firearms; Safety and Regulation: Sports and Physical Fitness)

**001. WVSMA** supports an educational program encouraging the use of safety helmets by riders of bicycles in the state of West Virginia. (**WVSMA/A-90**)

**001. WVSMA** promotes the American Academy of Pediatrics' program to distribute bicycle helmets at reduced rates through physicians' offices, and that distribution of this information be given to the component societies throughout the state. (**WVSMA/A-91**)

15.000 Accident Prevention: Motor Vehicles (See also: Accident Prevention)

05. **WVSMA** supports legislation to require appropriate vision testing for renewal of a driver's license. (WVSMA/A-94)

06. **WVSMA** creates legislation to set a minimum age for operating an all-terrain vehicle (ATV), to require an ATV operator's license, and licensure of the vehicle with identifiable numbers, and to mandate safety education and equipment for all ATV riders. (**WVSMA/A-97**)

07. **WVSMA** shall seek the enactment of a law to require persons at the time of their driver's license renewal to be tested for visual acuity in accord with state law governing the issuance of drivers' licenses. (**WVSMA/A-97**) (**WVSMA/A98**)

08. **WVSMA** thanks Governor Wise for introduction of HB 2121 "The ATV Safety Regulation Act," and; **WVSMA** advocates for stronger ATV regulation in accord with **WVSMA's** long standing position on this issue. (WVSMA/A03)

09. WVSMA opposes any change in WV law relaxing the requirements for helmet use. (WVSMA/A05)
- 20.000 Acquired Immunodeficiency Syndrome (See also: Blood, Public Health)
001. **WVSMA** contact the commissioner and encourage him to develop HIV testing exclusions (insurance physicals) as soon as possible. **(WVSMA/A-90)**
- 25.000 Aging (See also: Long Term Care; Medicare: Carrier Review; Medicare: PRO)
- 30.000 Alcohol and Alcoholism (See also: Accident Prevention: Motor Vehicles; Drug Abuse; Pregnancy)
001. **WVSMA** encourages the West Virginia State Legislature to follow the guidelines for alcohol and drunk driving laws set forth by the Surgeon General. (WVSMA/A-89)
- 35.000 Allied Health Professionals (See also: Health Manpower; Mental Health; Nursing)
- 40.000 Armed Forces (See also: Veterans - Medical Care; **War**)
- 45.000 Aviation Medicine
- 50.000 Blood (See also: Acquired Immunodeficiency Syndrome)
- 55.000 Cancer
- 60.000 Children and Youth (See also: Contraception; Health Education; Infant Health; Pregnancy; Sports and Physical Fitness)
- 65.000 Civil and Human Rights (See also: Minorities; Women)
- 70.000 Coding and Nomenclature (See also: Health Insurance; Health Insurance: Benefits and Coverage; Health Insurance: Claim Forms and Claims Processing; Medicare; Physician Payment; Physician Payment; Medicare; Physician Fees)
001. **WVSMA** supports the Definition of Surgery rule promulgated by the West Virginia Board of Medicine, the **WVSMA** call upon the WV Legislature to repeal the law that requires informed

consent and pre-testing counseling for HIV testing.  
(WVSMA/A-09)

- 75.000 Contraception (See also: Abortion; Pregnancy)
- 80.000 Crime (See also: Legal Medicine; Prisons; Violence and Abuse)
- 01.** WVSMA works with the Alliance to encourage local medical schools to provide information and training to medical students on all aspects of domestic violence. **(WVSMA/A-93)**
- 85.000 Death (See also: Ethics)
- 90.000 Disabled
- 95.000 Drug Abuse (See also: Alcohol and Alcoholism; Accident Prevention: Motor Vehicles; Pregnancy)
- 100.000 Drugs (See also: Drugs: Advertising; Drugs: Cost; Drugs: Labeling and Packaging; Drugs: Prescribing and Dispensing; Drugs: Substitution)
- 01.** **WVSMA** considers the development of a health and safety program to educate patients to bring all their medications to their physicians. **(WVSMA/A-99)**
- 02.** **WVSMA** recommends that gabapentin should be made a schedule IV medication. **(WVSMA/A-17)**
- 105.000 Drugs: Advertising (See also: Drugs; Drugs: Cost; Drugs: Labeling and Packaging; Drugs: Prescribing and Dispensing; Drugs: Substitution)
- 01.** **WVSMA** goes on record opposing (pharmaceutical companies now are using mass media to promote their prescription drugs and lay people are often requesting these drugs without the knowledge to verify these promotional claims) this practice and forward this message to the appropriate pharmaceutical companies. **(WVSMA/A-89)**
- 110.000 Drugs: Cost (See also: Drugs; Drugs: Advertising; Drugs: Labeling and Packaging; Drugs: Prescribing and Dispensing; Drugs: Substitution)



- 115.000 Drugs: Labeling and Packaging (See also: Drugs; Drugs: Advertising; Drugs: Cost; Drugs: Prescribing and Dispensing; Drugs: Substitution)
- 120.000 Drugs: Prescribing and Dispensing (See also: Drugs; Drugs: Advertising; Drugs: Cost; Drugs: Labeling and Packaging; Drugs: Substitution)
02. **WVSMA** supports legislation that would encourage the return of pharmacy services to West Virginia pharmacies and businesses. **(WVSMA/A03)**
  03. **WVSMA** opposes the emergency rule of the West Virginia Board of Pharmacy for prescriptions for scheduled drugs as unworkable and; that the **WVSMA** offer to work with the Board of Pharmacy to develop reasonable and effective rules to address the problem of counterfeit prescriptions. (WVSMA/A03)
  04. **WVSMA** strongly encourages the State of West Virginia to create one common formulary for all West Virginia payors (i.e., PEIA, Medicaid, etc.) which is posted on the web, kept up-to-date and in a format which can be downloaded to a PDA (personal digital assistant). **(WVSMA/A0r)**
  05. **WVSMA** supports legislation which prohibits the release of physician prescribing information to pharmaceutical companies for sales purposes. **(WVSMA/A05)**
  06. **WVSMA** expresses its strong support for the recommendations of the Pain & Policy Studies Group articulated in their comment letter to the DEA dated March 11, 2005. The recommendation document is supported in its entirety with emphasis on Recommendation Number 1." **(WVSMA/A05)**
  07. **WVSMA** supports the establishment of a nonprofit, public-private partnership to operate a prescription assistance program based on a central fill pharmacy with bulk replenishment, as recommended by the Pharmaceutical Cost Management Council. (WVSMA/05)
  08. **WVSMA** continue to work with pharmacy, law enforcement and other agencies and interests to develop and implement effective public health and safety strategies to reduce the pseudoephedrine diversion and illicit methamphetamine production problems; the **WVSMA** refers to the executive committee, based on the best

clinical evidence and issues relating to patient and public safety, to develop a position on the requirement that a physician prescription be required for obtaining pseudoephedrine containing products. (WVSMA/A-14)

09. **WVSMA** continue to work with law enforcement and other agencies and interests to develop and implement an effective public health approach - such as that adopted by the AMA in November 2013- which includes a provision for rescheduling for the purpose of research of marijuana/cannabis and because there is insufficient medical evidence and clinical data to support the efficacy of medical marijuana, the **WVSMA** opposes legislation to legalize the prescribing of marijuana/cannabis by physicians. **(WVSMA/A-14)**
10. **WVSMA** proposes that a prescription be required to obtain pseudoephedrine that is not deemed by the West Virginia Board of Pharmacy to be conversion resistant for the production of methamphetamine. **(WVSMA/A-15)**
11. **WVSMA** explore legislative and/or regulatory opportunities to change the frequency of the State of West Virginia mandated CME requirement, when feasible, regarding proper prescribing of opioids by physicians. **(WVSMA/A-16)**
12. **WVSMA** support the ability for Pharmacists to dispense and inoculate patients with HPV and Flu Vaccinations in the appropriate patients ages 11 to 18 years as determined by the Advisory Council on Immunization Practices (ACIP) recommendations set forth by the Centers for Disease Control (CDC), when presented with a prescription from a physician, and there are no contradictions to those patients receiving that vaccine. **(WVSMA/A-16)**
13. **WVSMA will** continue to support current immunization laws to protect patients from vaccine preventable diseases and would encourage the continued exploration of scientific evidence to potentially expand vaccines for the health benefit of all West Virginians. (WVSMA/A-17)

14. **WVSMA** encourage the AMA to explore the potential for all licensed EMR be able access prescription databases with a "one click" mechanism from within any patient record. **(WVSMA/A-17)**
15. **WVSMA** recommends that there should be a maximum supply of opioids for acute pain limited to 5 days for individuals under the age 18 and 7 days for individuals over 18. Physicians may prescribe opioids in excess of the day supply limits only if the patient condition clearly warrants such or if they provide a specific reason in the patient's medical record. **(WVSMA/A-17)**
16. **WVSMA** supports a maximum supply of 30 days on any prescription filled on any DEA controlled substance (Schedule II-IV) **(WVSMA/A-17)**
17. **WVSMA** recommends that prior to prescribing greater than a 72 hour supply of any controlled substance (Schedule II-IV) to any patient, physicians shall access the prescription drug monitoring program for any new controlled substance prescription and at least yearly for any reoccurring controlled substance prescription. **(WVSMA/A-17)**

125.000 Drugs: Substitution (See also: Drugs; Drugs: Advertising; Cost; Drugs: Labeling and Packaging; Drugs: Prescribing and Dispensing)

130.000 Emergency Medical Services

135.000 Environmental Health (See also: Public Health; Radiation and Radiology)

140.000 Ethics (See also the current Opinions of the AMA Council on Ethical and Judicial Affairs)

001. **WVSMA** reaffirms its members' commitment to ethical principles and specifically their commitment to the appropriate Council on Ethical and Judicial Affairs (CEJA) guidelines of the **AMA**. **(WVSMA/A04)**

145.000 Firearms: Safety and Regulation

- 150.000 Foods and Nutrition
001. WVSMA sponsors a Good Samaritan Law that will protect food donors against liability. (WVSMA/A-90)
- 155.000 Health Care Costs (See also: Drugs: Cost; Health Care Delivery; Health Care Reform; Managed Care)
01. WVSMA endorses the American Medical Association's Health Access America proposal and to disseminate this proposal to all members. (WVSMA/A-90)
02. WVSMA supports the concept that uninsured West Virginia residents be liable only for Medicare allowable charges for their health care. **(WVSMA/A-06)**
- 160.000 Health Care Delivery (See also: Health Care Reform,; Health Insurance; Health Maintenance Organizations; Preferred Provider Arrangements)
01. **WVSMA** identifies areas of shared interests with other groups and attempt to form coalitions with those groups to accomplish the goals of **WVSMA** including tort reform and health care legislation. **(WVSMA/A-90)**
02. **WVSMA** actively supports the legislative agenda of the Healthy WV Coalition. **(WVSMA/A-92)**
004. **WVSMA** encourages the Legislature to pass laws to create a more stable climate for businesses and the medical community. **(WVSMA/A-93)**
- 165.000 Health Care Reform (See also: Health Care Cost; Health Care Delivery; Health Insurance)
01. **WVSMA** intends to assume a leadership role in working with our state's business community and the insurance industry in order to promote the expansion of employer-based health coverage to as many of our citizens as possible. In doing so, the **WVSMA** adopts the following guiding principles and considerations as starting points:
- (a) We should advocate that if and when employers are mandated to provide coverage then eligible employees (and

their dependents) must participate and help in funding the system (This brings low risk individuals into the pool to help fund the high risks - the real concept of "insurance");

- (b) We should advocate a "basic level of coverage" that will be affordable by employers and will protect all of our citizens from intolerable loss from major illness or injury;
- (c) Premium sharing should be structured with recognition of the individual circumstances of the employers and the employees;
- (d) We should advocate a sliding scale of co-payments; deductibles, etc. based on income and/or other Appropriate considerations, so that consumers are encouraged to consider the value to them of services obtained, while at the same time ensuring that the burden of individuals in funding their share of out-of-pocket expenses is borne fairly;
- e) We should structure the coverage system so that, within reasonable limits, our citizens can arrange to have more or less than the "basic level of coverage," according to their individual needs and circumstances, their willingness to pay for more coverage, or the degree of individual responsibility for their own care they are able and/or willing to accept;
- (f) We should require that those who voluntarily adopt unhealthy lifestyles must pay for them by sharing more of their health care cost burden;
- (g) We should advocate tax deductions and/or credits to employers and individuals as required to help them bear the health care cost for which they must be responsible (e.g. tax-deductible "medical savings account")
- (h) We should insist that health insurance companies abandon predatory practices and conduct business in the light of day and within the public trust.
- (i) We should eschew the idea that state government could ever run health care as effectively and efficiently as the private sector, and look at PEIA and Worker's Comp, and the

Teachers' Retirement System if we need reminded or convinced of that fact. (WVSMA/A-92)

02. Physicians should be allowed more input in Health Care Reform in the State of West Virginia, and that **WVSMA** Develop a program to educate the citizens of WV on Health Care Reform. **(WVSMA/A-93)**
03. **WVSMA** proposes that there be a debate on the Future Financing of Healthcare Justification that has representative speakers from the **AMA**, Physicians from a National Health Program and Senator Rockefeller. It should not be limited to these people necessarily, but the debate should occur in a refereed and civil manner. **(WVSMA/A-06)**
04. **WVSMA** continue to advocate support for legislation that protects the sacred relationship between patients and their physicians in making healthcare decisions without interference; promote affordable health insurance coverage for all through a choice of plans that guarantees portability and eliminates denials for pre-existing conditions; and encourages greater personal responsibility for prevention and wellness on the part of all citizens. **(WVSMA/A-10)**
05. **WVSMA** express its belief and serious concern that the health system reform bills approved by the US House or US Senate awaiting final reconciliation before Congress in January, 2010, as designed are financially unsustainable because they expand Medicaid eligibility and "back-load" new spending with government levied new user fees and new taxes to cover expanded coverage and benefits. **(WVSMA/A-10)**
06. **WVSMA** oppose legislation that impose punitive provisions that target government calculated resource use outliers. **(WVSMA/A-10)**
07. **WVSMA** oppose legislation that grants authority to governmental bureaucracies to make significant future Medicare payment cuts through the new CMS Innovation Center and the new Independent Medicare Commission. (WVSMA/A-10)
08. **WVSMA** opposes restrictions that curtail physician-owned hospitals **(WVSMA/A-10)**

- 09. Any health care reform legislation is incomplete without substantive medical liability reform. **(WVSMA/A-10)**
- 10. The House of Delegates supports the efforts and authority of the **WVSMA's** Executive Committee and Council in expressing the position of the **WVSMA**, based upon our principles of reform on the health system reform actions being taken by Congress and the President. **(WVSMA/A-10)**

170.000 Health Education

- 01. **WVSMA** establishes a coalition with other professional and consumer groups concerned about child health care in West Virginia. **(WVSMA/A-90)**
- 02. **WVSMA** works with the WV State Board of Education to include in the curriculum appropriate information about the hazards of ultraviolet radiation; and that the **WVSMA** support legislation to make tanning parlors less dangerous through better education and enforcement. **(WVSMA/A-92)**

175.000 Health Frauds

- 01. West Virginia State Medical Association affirms **AMA's** policy 9.032 on Health Care Fraud and Abuse:
  - a) Physicians must renew their commitment to Section II of the **AMA's** Principles of Medical Ethics which states that "a physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character, competence, or who engage in fraud or deception."
  - b) Physicians should make no intentional misrepresentations to increase the level of payment they receive or to secure non-covered health benefits for their patients. **(WVSMA/A98)**

180.000 Health Insurance (See also: Health Care Delivery; Health Care Reform; Health Insurance: Benefits and Coverage; Health Insurance: Claim Forms and Claims Processing; Health Maintenance Organizations; Managed Care; Medical Review; Medicare; Physician Payment; Preferred Provider Arrangements)

185.000 Health Insurance: Benefits and Coverage (See also: Health Care Delivery; Health Care Reform; Health Insurance; Health Insurance: Claim Forms and Claim Processing; Health Maintenance Organizations; Managed Care; Medical Review; Medicare; Mental Health; Physician Payment; Preferred Provider Arrangements)

001. **WVSMA** supports the concept that uninsured West Virginia residents be liable only for Medicare allowable charges for their healthcare. (WVSMA/A-06)

190.000 Health Insurance: Claim Forms and Processing (See also: Health Insurance; Health Insurance: Benefits and Coverage; Health maintenance Organizations; Managed Care; Medical Review; Medicare; Carrier Review; Physician Payment; Preferred Provider Agreements)

003. The **WVSMA** through its Legislative Committee is directed to draft and to work for the passage of legislation to address the inequities in the insurance claims and reimbursement processes with specific reference to methods for identifying persons providing authorization from the insurer, and providing written confirmation to the physician of such authorization. (**WVSMA/A-99**)

195.000 Health Maintenance Organizations (See also: Health Care Delivery; Health Care Reform; Health Insurance: Health Insurance: Benefits and Coverage; Health Insurance: Claim Forms and Claims Processing; Managed Care; Preferred Provider Arrangements)

001. **WVSMA** petition the Insurance Commissioner to reconsider and to eliminate the exemption from municipal taxes for Health Maintenance Organizations. (WVSMA/A-97)

200.000 Health Manpower (See also: Allied Health Professions; Nurses and Nursing; Minorities)

205.000 Health Planning (See also: Health Care Delivery)

001. **WVSMA** and the West Virginia Medical Foundation provide support and education to physicians regarding advance care planning and end of life decision making; the **WVSMA** and West Virginia Medical Foundation support initiatives that increase public awareness of advance care planning and end of life decision making; the **WVSMA** encourage its component



societies to cultivate appropriate community partners to encourage advance care planning and end of life decision making; the **WVSMA** support the use of public funds that actively promotes advance care planning and end of life discussions  
**(WVSMA/A-11)**

- 210.000** Home Health Services (See also: Medicare)
- 215.000** Hospitals (See also: Emergency Medical Services; Health Planning; Hospitals: Accreditation Standards; Hospitals: Medical Staff; Hospitals: Medical Staff - Credentialing and Privileges; Hospitals: Medical Staff - Organization; Hospitals: Reimbursement)
001. **WVSMA** opposes the sales of tax-exempt medical facilities and Institutions to for-profit corporations unless all the assets of the non-profit institution or facility are placed in a trust dedicated to providing care for indigent patients. (WVSMA/A-97)
- 220.000** Hospitals: Accreditation Standards (See also: Hospitals; Hospitals: Medical Staff; Hospitals: Medical Staff - Credentialing and Privileges; Hospitals: Medical Staff - Organizations; Hospitals: Reimbursement)
- 225.000** Hospitals: Medical Staff (See Also: Hospitals; Accreditation Standards; Hospitals: Medical Staff - Credentialing and Privileges; Hospitals: Medical Staff - Organization; Hospitals: Reimbursement)
001. **WVSMA** works with the WV Hospital Association to make available an annual training session for elected hospital medical staff leaders. **(WVSMA A/05)**
- 230.000** Hospital: Medical Staff - Credentialing and Privileges (See also: Hospitals; Hospitals: Accreditation Standards; Hospitals: Medical Staff; Hospitals: medical Staff - Organization; Hospitals: Reimbursement)
- 235.000 Hospitals: Medical Staff - Organization (See also: Hospitals; Hospitals: Accreditation Standards; Hospitals: Medical Staff; Hospitals: Medical Staff- Credentialing and privileges; Hospitals: Reimbursement)
- 240.000 Hospitals: Reimbursement (See also: Hospitals; Hospitals: Accreditation Standards; Hospitals: Medical Staff; Hospitals: Medical Staff - Credentialing and Privileges; Hospitals: Medical Staff - Organization)

- 245.000 Infant Health (See also: Children and Youth; Pregnancy; Preventive Medicine; Public Health)
- 250.000 International Health (See also: Foods and Nutrition)
- 255.000 International Medical Graduates (See also: Medical Education; Medical Education - Graduates; Licensure and Discipline)
- 260.000 Laboratories (See also: Physician Payment: Medicare; Quality of Care)
- 265.000 Legal Medicine (See also: Crime; Prisons)
- 270.000 Legislation and Regulation
01. **WVSMA** expresses unequivocally its support for the repeal of the 2% physician provider tax. (WVSMA/A-97)
  02. WVSMA lobby the state to remove the provider tax. (WVSMA/A-97)
  03. That White Coat Day at the Legislature each year should be scheduled at times and frequencies as meet the goals of the West Virginia State Medical Association. (WVSMA/A04)
  04. **WVSMA** introduce and support legislation to reenact the professional liability insurance premium tax credit for all physicians. (**WVSMA A/05**)
  05. **WVSMA** strongly support the state's Sunrise Law, the **WVSMA** strongly advocate for the mandatory application of the Sunrise Law in each and every case in which a non-physician group or organization proposes legislation or rules to revise or expand their scope of practice. (**WVSMA/A-13**)
  06. **WVSMA** supports the mandatory school immunization program and continues to oppose any legislation that includes religious exemptions. (**WVSMA/A-15**)
  07. **WVSMA** opposes the imposition of **ABMS** specialty board certification **as a** practice and/or participation requirement. (**WVSMA/A-17**)

- 275.000 Licensure and Discipline (See also: International Medical Graduates; National Practitioner Data Bank)
01. **WVSMA** requests the state of West Virginia to combine the boards of Osteopathy and Medicine to provide a more consistent function and to promote the cooperation of these two disciplines. **(WVSMA/A-91) (Reaffirmed WVSMA A/05)**
  02. **WVSMA** Executive Committee appoints a committee to study the procedures, conduct, decisions, and actions of the Board of Medicine, to improve communications with the Board, and to report to, and make recommendations concerning the Board to the **WVSMA** on a regular basis. **(WVSMA/A-94)**
  03. **WVSMA** acknowledge that the requirements within the Maintenance of Certification process are costly and time intensive, and they result in significant disruptions to the availability of physicians for patient care and the **WVSMA** acknowledge that after initial specialty board certification, the **WVSMA** affirms the professionalism of the physician to pursue the best means and methods for maintenance and development of their knowledge and skills. The **WVSMA** reaffirms the value of continuing medical education, while opposing mandatory Maintenance of Certification as a requirement for licensure, hospital privileges, and reimbursement from third party payers. The **WVSMA** communicate our position regarding Maintenance of Certification to the **AMA**, specialty societies, universities, and physician and industry groups involved with independent continuing medical, clinical, and scientific education. **(WVSMA/A-15)**
- 280.000 Long Term Care (See also: Aging; Ethics; Medicare; Physician Payment: Medicare)
- 285.000** Managed Care (See also: Health Care Costs; Health Care Delivery; Health Care Reform; Health Insurance; Health Maintenance Organizations; Medical Review; Preferred Provider Arrangements)
01. No Physician be subject to termination "without cause," but only After an appeals process including notice, an appropriate probationary period, and failure of the physician to comply with corrective action. **(WVSMA/A-94)**

**02. WVSMA seeks the enactment of a Patient Protection Act (PPA). (WVSMA/A-96)**

290.000 Medicaid (See also: Health Care Reform; Medicare)

001. **WVSMA** seeks ways through appropriate vehicles to ensure the tax burden for Medicaid funding is shared by all citizens of West Virginia. **(WVSMA/A-92)**

295.000 Medical Education (See also: Medical Education: Continuing; Medical Education: Financing and Support; Medical Education: Graduate; Minorities)

300.000 Medical Education: Continuing (See also: Medical Education; Medical Education: Financing and Support; Medical Education: Graduate)

001. West Virginia State Medical Association investigates with other health-related organizations, the creation of an orientation program for physicians establishing new practices in West Virginia. **(WVSMA/A-99)**

305.000 Medical Education: Financing and Support (See also: Medical Education; Medical Education: Continuing; Medical Education: Graduate)

001. **WVSMA will** continue to monitor state and national trends regarding the funding and delivery of pharmaceutical company-sponsored CME, and keep the membership apprised. **(WVSMA/A-07)**

310.000 Medical Education: Graduate (See also: Medical Education; Medical Education: Continuing; Medical Education: Financing and Support)

01. **WVSMA** establishes a committee on Graduate Medical Education to School of Medicine, the West Virginia Osteopathic Medicine, and the West Virginia University School of Medicine, four medical student representative to be appointed by the WVSMA-representative appointed at the discretion of the **WVSMA** President to research, study, and review graduate medical education policies in the state of West Virginia. The Chair of the said committee shall be appointed by the **WVSMA** President.

The budget for said committee shall be recommended by the committee itself for approval by the finance committee of **WVSMA**.

The committee shall be charged with the following:

1. Research and/or study the current GME policies of **WVSMA**; and
2. Research and/or study the current GME policies of **AMA**; and
3. Research and/or study the current GME needs of West Virginia; and
4. Report to **WVSMA** on its findings at all Council meetings; and
5. Create and adopt policy that opposes medical school admission limitations or controls based on a perceived, though as yet unproven, physician surplus; and
6. Create and adopt policy that favors positive incentives and educational programs that encourage entrance to primary care fields; and
7. Create and adopt policy which firmly opposes arbitrary percentage mechanisms for reaching physician work force targets. (WVSMA/A-94)

315.000 Medical Records (See also: Medical Review; Medicare: Carrier Review)

320.000 Medical Review (See also: Managed Care; Medical Records; Medicare: **Carrier Review; Peer Review**)

01. **WVSMA** supports a unified reporting system of Utilization Review of all third party payors, and that the External Utilization Review Agencies be licensed in this state and hereby be held accountable for the negative decisions that adversely affect patient outcome. (**WVSMA/A-94**) (Re-enforced **WVSMA/A-95**)

325.000 Medical Societies (See also: **WVSMA**: Administration and Organization; **WVSMA**: Board of Trustees; **WVSMA**: Councils and Committees; **WVSMA**: House of Delegates; **WVSMA** House of Delegates - Sections; **WVSMA**: Membership and Dues; **WVSMA**: Officers - Nomination, Election and Tenure; **WVSMA**: Political Action)

01. WVSMA provides funds to send a representative from the **WVSMA** Medical Student Section to the **WVSMA** and the AMA annual meetings. (WVSMA/A-92)
  02. WVSMA continue efforts to coordinate the sharing of information and fostering communications between all physicians and Medical Specialty Societies. (WVSMA/A-10)
- 330.000 Medicare (See also: Health Care Reform; Hospitals: Reimbursement; Medicare: Carrier Review; Medicare: PRO; Physician Payment: Medicare)
- 335.000 Medicare: Carrier Review (See also: Managed Care; Medical Review; Medicare; Medicare: PRO)
- 340.000 Medicare: PRO (See also: Medical Review; Medicare; Medicare: Carrier Review)
- 345.000 Mental Health (See also: Health Insurance; Health Insurance: Benefits and Coverage; Medicare)
- 350.000 Minorities (See also: Civil and Human Rights; Medical Education)
- 355.000 National Practitioner Data Bank (See also: Licensure and Discipline; Quality of Care)
- 360.000 Nurses and Nursing (See also: Allied Health Professions; Health Manpower)
001. **WVSMA** supports organized nursing in West Virginia in an attempt to alleviate the shortage of bedside care given by expansion of these programs and that this resolution be communicated to the **AMA**. (**WVSMA/A-89**)
- 365.00 Occupational Health (See Also: Preventive medicine; Public Health)
01. **WVSMA** protests with OSHA regarding the severity of the current OSHA regulations. (WVSMA/A-92)
  02. WVSMA communicates to the Workers Compensation Commissioner that WVSMA will assist in making available physician expertise to develop programs to improve the

delivery of medical care with the goal of returning the injured worker to gainful employment.

- 370.000 Organ Donation and Transplantation (See also: Ethics)
- 375.000 Peer Review (See also: Managed Care; Medical Records; Medical Review; Medicare: Carrier Review)
- 380.000 Physician Fees (See also: Health Care Costs; Health Care Delivery; Health Care Reform; Physician Payment; Physician Payment; Medicare; Physician Payment: Medicare - Expenditures; Physician Payment: **Medicare- RBRVS**)
- 385.000 Physician Payment (See also: Health Care Costs; Health Care Delivery; Health Care Reform; Physician Fees; Physician Payment: Medicare; Physician Payment: Medicare - Expenditures; Physician Payment: Medicare - RBRVS)
- 390.000 Physician Payment: Medicare (See also: Health Care Costs; Health Care Delivery; Health Care Reform; Physician Fees; Physician Payment; Physician Payment: Medicare - Expenditures; Physician Payment: **Medicare - RBRVS**)
- 395.000 Physician Payment: Medicare - Expenditures (See also: Health Care Costs; Health Care Delivery; Health Care Reform; Physician Fees; Physician Payment; Physician Payment: Medicare; Physician Payment: **Medicare - RBRVS**)
- 400.000 Physician Payment: Medicare - RBRVS (See also: Health Care Costs; Health Care Delivery; Health Care Reform; Physician Fees; Physician Payment; Physician Payment: Medicare; Physician Payment: Medicare Expenditures)
- 405.000** Physicians (See also: Disabled; Licensing and Discipline; Medical Education; Medical Societies; Peer Review; Professional Liability; Women)
- 410.000** Practice Parameters (See also: Health Care Reform; Quality of Care)
- 415.000** Preferred Provider Arrangements (See also: Health Care Delivery; Health Insurance; Health Maintenance Organizations)

- 420.000 Pregnancy (See also: Infants; Children and Youth)
- 425.000 Preventive Medicine (See also: Acquired Immunodeficiency Syndrome; Accident Prevention; Accident Prevention: Motor Vehicles; Firearms: Safety and Regulation; Environmental Health; Public Health; Sports and Physical Fitness; Tobacco; Tobacco: Labeling and Warnings; Tobacco: Marketing and Promotion; Tobacco: Prohibitions on Sale and Use)
- 430.000 Prisons (See also: AIDS; Crime; Legal Medicine)
- 435.000** Professional Liability (See also: Health Care Reform; Licensure and Discipline; Quality of Care; Peer Review)
004. **WVSMA** through every means available, continue to seek endorsement and support of West Virginia's U.S. Senators and Representative for the Access to Health Care Through Tort Reform Acts that have been submitted in both the Senate and the House. **(WVSMA/A-91)**
07. **WVSMA** Support tort reform at the federal level. (WVSMA/A-93)
08. **WVSMA** support torte reform at the State and Federal levels. **(WVSMA/A-95)**
09. **WVSMA** amends Policy No. 435.000-005 by deleting the period and adding the following language: "and, seek enactment of legislation for protection of Individual Retirement Accounts **(IRA)** and all other federal and state approved retirement plans from professional liability judgement creditors. (WVSMA/A-96)
11. **WVSMA** works with the professional liability insurers to gather and publish data identifying physicians testifying as expert witnesses in medical malpractice lawsuits. **(WVSMA A/2001)**



14. **WVSMA** investigates countersuit insurance and report back its findings to Council and House of Delegates. (WVSMA/03)
15. That an applicant denied or surcharged for medical liability insurance coverage be told in meaningful terms why the decision was made, and be permitted a right of appeal before an impartial mediation board. (WVSMA/03)
16. **WVSMA** endorses a "Step-Down" liability insurance program for physicians at or near retirement that appropriately reflects level of care rendered and its subsequent tail cost; and advocate this position with the Physicians Mutual and other insurance companies who choose to sell professional medical liability insurance in West Virginia. (WVSMA/A04)

440.00

Public Health (See also: Acquired Immunodeficiency Syndrome; Accident Prevention; Accident Prevention: Motor Vehicles; Environmental Health; Firearms: Safety and Regulation; Sports and Physical Fitness; Tobacco; Tobacco: Labeling and Warnings; Tobacco: Marketing and Promotion; Tobacco: Prohibition on Sale and Use)

01. **WVSMA** supports the development of an educational campaign regarding the hazards of tanning parlors. **WVSMA** also support the enactment of state laws, which regulate tanning parlors. (WVSMA/A-90)
02. **WVSMA** strongly opposes the current VFC restrictions that prevent Prevnar vaccine from being most effectively and efficiently administered to all children by private physicians; and further urge appropriate state and federal public health officials, responsible for administration of the VFC program, to review their policies and requirements and rescind those that interfere with the ability of physicians to follow the most effective and efficient medical and public health practices (WVSMA/A-01)
03. **WVSMA** recommends the WV Department of Health not implement its revised childhood immunization form, and; **WVSMA** advise the WV Department of Health and all other interested organizations that these organizations work with physicians to develop appropriate systems for verification of immunizations and other mandatory reporting. (WVSMA/A03)

04. **WVSMA** request the Secretary of the West Virginia Department of Health and Human Resources to aggressively pursue efforts to develop policies and if necessary legislation, regulations and/or rules that would mandate that any agency within the state's public health system share any and all information with local health departments. **(WVSMA/A-11)**
05. **WVSMA will** endeavor to inform physicians and encourage evidence-based research regarding the public health effects of West Virginia energy production. **(WVSMA/A-11)**
06. **WVSMA** ask the American Medical Association to study, with the participation of the appropriate educational and certifying entities, innovative approaches that could be developed and/or implemented to promote interested physicians to obtain board eligibility in preventive medicine/public health to strengthen public health leadership, especially in rural communities. **(WVSMA/A-17)**

**445.00** Public Relations

01. The **WVSMA** Spokesperson shall be the President of the Association or his designee, and that this person, in expressing any public statement, clearly indicate whether his or her opinion represents the opinion of the Association or of that person individually. **(WVSMA/A-89)**
03. A communications network be maintained that permits the rapid dissemination of information throughout the Association. **(WVSMA/A-89) (WVSMA/A-06)**
005. **WVSMA** takes the lead in dealing with health-related issues and research ways to disseminate information to the public. **(WVSMA/A-90)**
007. **WVSMA** strongly encourages the use of the term "physician" and strongly discourages the use of the term "provider" when used to designate or address physicians. **(WVSMA/A-97)**

450.00 Quality of Care (See also: Health Care Delivery; Health Care Reform; Medical Review; Medicare: PRO; Medicare: Carrier Review; Peer Review; Practice Parameters)

01. **WVSMA** call upon the American Medical Association in their studies (and related actions) regarding the variation in the cost and quality of medical care within different communities include consideration of the unique organizational and community cultural, economic, geographical, legal, social, resource, and related factors that significantly contribute to the variation and the cost of medical care within such communities. **(WVSMA/A-10)**
02. **WVSMA** call upon the American Medical Association when considering enhanced centralized reimbursement incentives and performance improvement techniques directed at physicians designed to improve the quality and cost effectiveness of care delivery within an individual community, to also weigh the potential that such measures may significantly disrupt, increase the cost of, and/or compromise care. **(WVSMA/A-10)**
03. **WVSMA** call upon the American Medical Association in such studies and actions consider activities that may be required by the public within each individual community in order to improve significantly the quality and cost-effectiveness of medical care and avoid undesirable unintended consequences, as well as the incentives and activities that would motivate the public within each community to work with their physicians and others to promote such positive improvements. **(WVSMA/A-10)**
04. **WVMSA** support a Patient Centered Medical Home model in which a primary care physician (MD/DO) leads an interdisciplinary team of health care providers to ensure that all facets of a patient's health care needs, whether preventative, acute or chronic, are addressed in the most effective and efficient manner possible utilizing the best evidence, technology and resources available, the **WVSMA** assert that each patient should have an ongoing relationship with a personal physician (MD/OD) who should lead the medical home interdisciplinary team and assume accountability for each patient's care. **(WVSMA/A-13)**
05. **WVSMA** continue to support and encourage the evolution and implementation of medical information technology to improve patient care. **(WVSMA/A-16)**

- 455.000 Radiation and Radiology (See also: Environmental Health; Public Health)
- 460.000 Research (See also: Medical Education)
- 465.000 Rural Health (See also: Health Care Delivery; Health Care Reform Health Manpower; Hospitals: Reimbursement; Physician Payment; Physician Payment: Medicare - RBRVS)
- 470.00 Sports and Physical Fitness (See also: Preventive Medicine; Public Health)
01. **WVSMA** endorses the AMA policy regarding the hazards of boxing. **(WVSMA/A-90)**
- 475.000 Surgery (See also: Blood; Organ Donation and Transplantation; Physician Payment; Physician Payment: Medicare; Technology)
001. **WVSMA** supports the Definition of Surgery rule promulgated by the West Virginia Board of Medicine, and that the **WVSMA** opposes the expansion of the scope of practice of optometrists into surgical procedures, including the uses of injectable medications, and that the **WVSMA** opposes the Board of Optometry, composed of non-physicians and non-surgeons, promulgating rules that allow optometrists to perform surgery without meeting the strict minimum training requirements of the **ACGME. (WVSMA/A-09)**
- 480.000 Technology
001. **WVSMA** submits to the American Medical Association's House of Delegates a Resolution calling on all health information technology vendors to enhance and improve their technical support to physicians and their staff after the sale. **(WVSMA/A-07)**
- 485.000 Television
- 490.000 Tobacco (See also: Death; Preventive Medicine; Public Health; Tobacco; Labeling and Warning: Tobacco: Marketing and Promotion; Tobacco: Prohibitions on Sale and Use)

001. **WVSMA** asks the West Virginia Hospital Association to join them in an effort to designate every West Virginia Hospital as a

"smoke-free" area and that the **WVSMA** encourage all West Virginia physicians to do the same in their offices.  
(**WVSMA/A-89**)

**002. WVSMA** encourages its membership to initiate or join anti-tobacco coalitions in their community. (**WVSMA/A-94**)

**003. WVSMA** opposes legislative attempts by the Tobacco Industry to prohibit the authority of local government to adopt rules regulating tobacco use and purchase. (**WVSMA/A-95**)

**004. WVSMA** opposes the State's direct investment in the tobacco industry. (**WVSMA/A-07**)

**005. WVSMA** support the efforts to have all tobacco cessation pharmaceutical products be a covered benefit by all stat payers.  
(**WVSMA/A-10**)

**006. WVSMA** supports raising the legal tobacco age, including e-cigarette products, to 21 and the current federal initiatives to do so.

**495.000** Tobacco: Labeling and Warnings (See also: Death; Preventive Medicine; Public Health; Tobacco; Tobacco: Marketing and Promotion; Tobacco: Prohibitions on Sale and Use)

**500.000** Tobacco: Marketing and Promotion (See also: Death Preventive Medicine; Public Health; Tobacco; Tobacco: Labeling and Warnings; Tobacco: Prohibition on Sale and Use)

04. **WVSMA** calls upon candidates for public office in WV to refuse contributions from the tobacco industry and be it that the AMA Delegates from West Virginia present a resolution to the AMA calling upon candidates for public office to refuse contributions from the tobacco industry. (**WVSMA/A-00**)

**505.000** Tobacco: Prohibitions on Sale and Use (See also: Death; Preventive Medicine; Public Health; Tobacco; Tobacco: Labeling and Warnings; Tobacco: Marketing and Promotion)

01. **WVSMA** seeks the endorsement and support by West Virginia's U.S. senators and representatives for any appropriate proposed federal legislation banning cigarette vending machines and

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vernment buildings, state capitol, restaurants, etc.).  
**(WV SMA/A-91)** 24

- 02. **WVSMA** supports an AMA policy on Federal Tobacco taxes and an increase in WV Tobacco Tax to reduce the overall use of tobacco and its deleterious health effects. **(WVSMA/A-93)**
- 03. **WVSMA** supports legislation of the WV Tobacco Control Coalition that would require licensure of tobacco vendors, restrict youth access to cigarette vending machines, and other legislation that reduces availability of tobacco products to minors. **(WVSMA/A-95)**
- 04. **WVSMA** supports legislation that would reduce exposure to secondhand smoke at work sites and public places. **(WVSMA/A-95)**
- 05. **WVSMA** supports legislation banning all smoking in public places, and support legislation limiting the use of tobacco settlement funds to (1) education concerning the health dangers in using tobacco products, (2) smoking cessation programs (3) and treatment for tobacco-related illnesses and (4) research for tobacco related illnesses. **(WVSMA/A-99)**
- 06. **WVSMA** calls upon West Virginia physicians to not engage in the production or sale of tobacco products and that the AMA Delegates from West Virginia present a resolution to the AMA calling upon all physicians not to engage in the production or sale of tobacco products **(WVSMA/A-00)**
- 07. **WVSMA** actively supports the Governor's recommendation that the cigarette excise tax be increased, and; endorse an increase in the amount endorsed by the Coalition for a Tobacco Free WV. **WVSMA/A03)**

**510.000** Veterans - Medical Care (See also: Armed Forces; War)

**515.000** Violence and Abuse (See also: Children and Youth)

- 01. **WVSMA** participates in the **WVSMA** Auxiliary's campaign against family violence by recruiting physicians to join the National Coalition of Physicians Against Violence, and by helping to establish state and local medical society violence prevention committees, and the **WVSMA** support its Auxiliary by encouraging its component societies to develop programs to

educate the public about the family violence problem, to support the resource lists for patients who are family violence victims and that these actions be undertaken with the approval of and in cooperation with component medical societies. **(WVSMA/A-92)**

- 02. WVSMA** supports legislation that provides adequate funding for victims of domestic violence, provides stronger laws shielding victims of domestic violence, provides increased policy training regarding prevention of domestic violence, forbids domestic violence offenders and stalkers from owning guns and subjects domestic violence offenders to mandatory jail terms. **(WVSMA/A-94)**

520.000 War (See also: Armed Forces; Veterans: Medical Care)

**525.000** Women (See also: Cancer; Civil and Human Rights; Pregnancy)

530.000 **WVSMA:** Administration and Organization (See also: **WVSMA:** Board of Trustees; **WVSMA:** Councils and Committees; **WVSMA:** House of Delegates; **WVSMA:** House of Delegates - Sections; **WVSMA:** Membership and Dues; **WVSMA:** Officers - Nomination, Election and Tenure; **WVSMA:** Political Action)

- 03. WVSMA** will use a search committee whenever the position of Executive Director becomes vacant, who meets the qualifications as outlined in the current job description for the position. **(WVSMA/A-89) (WVSMA/A-06)**
05. Dispositions of resolutions submitted by component societies will be responded to with publication of the entire resolution report in the *West Virginia Medical Journal*; which report will include a summary of floor discussion of any substantive, proposed changes. **(WVSMA A/05)**
- 06. WVSMA** should assist in information sharing by encouraging input from the specialty medical societies on legislative and other health care policy issues of concern; and **WVSMA** will continue to share information with specialty medical societies to enhance organized medicines' influence in the legislative and the policy development process. **(WVSMA/A-08)**
07. **WVSMA** prominently and publicly recognize the leadership, accomplishments and dedicated service of Charles "Carl"



A. Hoffman, M.D., and the 40<sup>th</sup> Anniversary (2012) of his service as President of the American Medical Association.  
(WVSMA/A-13)

08. **WVSMA** actively promote the need to enhance and improve the coordination of patient information across governmental agencies to reduce or eliminate redundancy and duplication.  
(WVSMA/A-13)
09. **WVSMA** strongly supports the continued availability and long-term viability of the West Virginia Medical Professionals Health Program; and continues to rigorously support its Physician Health Committee as it pursues common goals of establishing sustainability of operation, including stable ongoing funding.  
(WVSMA/A-17)

**535.000** **WVSMA:** Board of Trustees (See also: Administration and Organization; **WVSMA:** Councils and Committees; **WVSMA:** House of Delegates; **WVSMA:** House of Delegates - Sections; **WVSMA:** Membership and Dues; **WVSMA:** Officers - Nomination, Election and Tenure; **WVSMA:** Political Action

001. **WVSMA** encourage the West Virginia Board of Medicine and the West Virginia Board of Registered Nurses to develop a process for better coordination between the two boards around the regulation and administration of the collaborative agreements.  
(WVSMA/A-09)

**540.000** **WVSMA:** Councils and Committees (See also: Administration and Organization; **WVSMA:** Board of Trustees; **WVSMA:** House of Delegates; **WVSMA:** House of Delegates - Sections; **WVSMA:** Membership and Dues; **WVSMA:** Officers - Nomination, Election and Tenure; **WVSMA:** Political Action)

01. The Auxiliary President be a voting member of the **WVSMA** Council, and that the Auxiliary Legislative Chairman be a voting member of the **WVSMA** Legislative Committee. (WVSMA/A-89)
02. The Legislative Committee shall present an informational session during the Mid-Winter Clinical Conference in order to apprise the membership of current and proposed legislative activity. (WVSMA/A-89)

03. The first part continues to be open for the discussion, and that the second part of the resolutions committee be open to observation and closed to discussion by non-member of the committee. (WVSMA/A-07)

**545.000** **WVSMA:** House of Delegates: (See also: **AMA:** Administration and Organization; **WVSMA:** Board of Trustees; **WVSMA:** Councils and Committees; **WVSMA:** House of Delegates - Sections; **WVSMA:** Membership and Dues; **WVSMA:** Officers - Nomination, Election and Tenure; **WVSMA:** Political Action)

01. **WVSMA** implement an effective and efficient method of distributing Resolutions to all Delegates and Alternate Delegates prior to the Annual Business Meeting. (WVSMA/ A-10)
02. **WVSMA** Executive Committee oversee a comprehensive evaluation of the governance structure options and take such action as necessary through an appropriate committee to present to the House of Delegates at its next meeting any recommendation(s) it considers warranted for consideration and possible adoption. (WVSMA/A-11)
03. **WVSMA** request our AMA to study the validity, reliability and application practicality of the proposed ACCME changes in its method for assessing compliance with criteria for "Accreditation with Commendation," with a report back to the AMA House of Delegates by 1-2016. (**WVSMA/A-16**)

**550.000** **WVSMA:** House of Delegates - Sections (See also: **AMA:** Administration and Organization; **WVSMA:** Board of Trustees; **WVSMA:** Councils and Committees; **WVSMA:** House of Delegates; **WVSMA:** Membership and Dues; **WVSMA:** Officers -Nomination, Election and Tenure; **WVSMA:** Political Action)

**555.000** **WVSMA:** Membership and Dues (See also: **WVSMA:** Administration and Organization; **WVSMA:** Board of Trustees; **WVSMA:** Councils and Committees; **WVSMA:** House of Delegates; **WVSMA:** House of Delegates - Sections; **WVSMA:** Officers - Nomination, Election and Tenure; **WVSMA:** Political Action)

01. **WVSMA** amend its Bylaws by adding the following section:

Chapter 1. Membership, Sec. 7.1 Physician Assistants Members shall be those persons who are licensed and employed as Physician Assistants in West Virginia and who are sponsored by an active physician member of the **WVSMA**. Physician Assistants members are not eligible to hold office but may have elected or appointed committee membership, at the discretion of the acting **WVSMA** President. (**WVSMA/A-16**)

02. **WVSMA** continue to explore opportunities to improve communication with its membership and the public, including the adoption and implementation of a membership application for electronic platforms. (**WVSMA/A-16**)

560.000 **WVSMA: Officers - Nomination, Election and Tenure** (See also: **WVSMA: Administration and Organization; WVSMA: Board of Trustees; WVSMA: Councils and Committees; WVSMA: House of Delegates; WVSMA: House of Delegates - Sections; WVSMA: Membership and Dues; WVSMA: Political Action**)

565.000 **WVSMA: Political Action** (See also: **WVSMA: Administration and Organization; WVSMA: Board of Trustees; WVSMA: Councils and Committees; WVSMA: House of Delegates; WVSMA: House of Delegates - Sections; WVSMA: Membership and Dues; WVSMA: Officers - Nomination, Election and Tenure**)

01. Component society presidents with the assistance of **WVSMA** staff, establish within their society, a communication network which can deliver this critical information (legislative process) to all of its membership within a 24-48 hour period of time, so that an effective, unified political voice can be heard from the medical community in the State of West Virginia. (**WVSMA/A-90**)
02. **WVSMA** leadership as identified above (Executive Committee, Council and the members of the House of Delegates) shall be urged to join WESPAC/AMPAC at any of the levels of membership (i.e. Campaigner \$100, Dollar A Day \$365, Extra Miler \$500 and Chairman's Club \$1,000). (**WVSMA/A-91**) (**WVSMA/A06**)

03. WVSMA Suggest ways to strengthen WESPAC. (WVSMA/A-93)

04. **WVSMA** encourage Congress to make no law that applies to the citizens of the United States that does not equally apply to any member of Congress. (WVSMA/A-14)

## Sunset Resolution 2 for 2006 (WVSMA/A/06)

15.000	Accident Prevention: Motor Vehicles	001,002
20.000	Acquired Immunodeficiency Syndrome ( <b>Aids</b> )	002
30.000	Alcohol and Alcoholism	002
120.000	Drugs: Prescribing and Dispensing	001
135.000	Environmental Health	001
190.000	Health Insurance: Claim Forms & Claims Processing	001,002
230.000	Hospitals: Medical Staff-Credentialing & Privileges	001
325.000	Medical Societies	002
340.000	Medicare: PRO	001,002
390.000	Physician Payment: Medicare	001
415.000	Preferred Provider Agreements	001
445.000	Public Relations	002,004, 006
490.000	Tobacco	002
500.000	Tobacco: Marketing and Promotion	001,002,003
530.000	Administrative and Organizations	001,002,004
545.000	House of Delegates	001
550.000	House of Delegates: Sections	001,002
<b>555.000</b>	<b>Membership and Dues</b>	<b>001,002</b>

15.000 Accident Prevention: Motor Vehicles (See also: Accident Prevention)

01. **WVSMA** maintains its position of supporting the passage of a Mandatory seat belt law and continue working to that end on a priority basis. (WVSMA/A-89)

02. WVSMA continues to support the passage of such a seat belt usage. (WVSMA/A-90)

20.000 Acquired Immunodeficiency Syndrome (See also: Blood, Public Health)

002. WVSMA Committee on AIDS be reactivated to study the current AIDS laws and regulations, and suggest revisions with the current medical and scientific knowledge. (WVSMA/A-92)

30.000 Alcohol and Alcoholism (See also: Accident Prevention: Motor Vehicles; Drug Abuse; Pregnancy)

002. **WVSMA** recommends that the blood alcohol legal limit for operating a motorized vehicle in West Virginia be lowered to 0.08% by act of the West Virginia Legislature, as an important step towards reducing the injuries and deaths caused by drivers who are impaired by alcohol and unable to operate any type of motor powered vehicle. **(WVSMA/04)**

120.0 Drugs: Prescribing and Dispensing (See also: Drugs; Drugs Advertising; Drugs: Cost: Drugs: Labeling and Packaging; Drugs: Substitution)

01. **WVSMA** requests the Secretary of Health and Human Services to appoint a physician as the director of the Rational Drug Therapy Program. **(WVSMA/A-97)**

135.000 Environmental Health (See also: Public Health; Radiation and Radiology)

001. **WVSMA** opposes the incinerator and disposal of toxic waste by the WTI plant in Ohio and that **WVSMA** support the efforts of the governor, attorney general and Legislature of the state of West Virginia in their efforts to prevent the start of operations of the WTI toxic waste incinerator. **(WVSMA/A-91)**

190.000 Health Insurance: Claim Forms and Processing (See also: Health Insurance; Health Insurance: Benefits and Coverage; Health maintenance Organizations; Managed Care; Medical Review; Medicare; Carrier Review; Physician Payment; Preferred Provider Agreements)

01. **WVSMA** supports legislation requiring all third-party payors doing business in the state of West Virginia to use the standard HCFA 1500 insurance form and standard ICD-9-CM and CPT

02. **WVSMA** works for the passage of legislation mandating that all clean claims submitted to third-party payors for payment be paid within 30 days of submission or be subject to an interest charge. **(WVSMA/A-99)**

230.000 Hospital: Medical Staff - Credentialing and Privileges (See also: Hospitals; Hospitals: Accreditation Standards; Hospitals: Medical Staff; Hospitals: Medical Staff - Organization; Hospitals: Reimbursement)

001. The **WVSMA** supports a unified reporting system of Utilization Management, Quality Assurance, & Credentialing. **(WVSMA/A-96)**

325.000 Medical Societies (See also: **WVSMA**: Administration and Organization; **WVSMA**: Board of Trustees; **WVSMA**: Councils and Committees; **WVSMA**: House of Delegates; **WVSMA** House of Delegates - Sections; **WVSMA**: Membership and Dues; **WVSMA**: Officers - Nomination, Election and Tenure; **WVSMA**: Political Action)

02. **WVSMA** delegation to the AMA foregoes the \$50./day meal appropriation for each member and use these funds to offer an appreciation dinner for the student section delegates while at the Annual AMA Meeting **WVSMA/A-98)**

340.000 Medicare: PRO (See also: Medical Review; Medicare; Medicare: Carrier Review)

01. **WVSMA** requests the West Virginia Medical Institute to provide a program to define the scope of activity of PRO decisions in West Virginia, and that WVMI make an effort to improve the quality of physician review activity that it offers, and that WVMI consider a plan of rotation for all physicians to serve as reviewers. **(WVSMA/A-89)**

02. **WVSMA** requests the PRO to work together and formulate a report regarding the following functions:
1. That the reviewers be properly credentialed;
  2. That physicians are reviewed by a physician in their specialty;
  3. That the criteria used to review charts are periodically updated;
  4. That the physician reviewer should have to identify himself to the practitioner whose case is in point.

**WVSMA** works with the PRO to obtain the Medicare carrier screens used in the review process and that PRO provide examples of adverse effects on patients and identify where these events are avoidable and that **WVSMA** encourage physician participation in the PRO. **(WVSMA/A-91)**

390.000 Physician Payment: Medicare (See also: Health Care Costs; Health Care Delivery; Health Care Reform; Physician Fees; Physician Payment; Physician Payment: Medicare - Expenditures; Physician Payment: **Medicare - RBRVS)**

01. **WVSMA** establishes the elimination of payment differentials for new physicians as a top ranked legislative priority for 1991 and beyond, if necessary, with the commitment of appropriate staff resources and key contacts and that the **WVSMA** persistently encourage its congressional delegation to co-sponsor HB-1898 and its companion Senate Bill when introduced. (WVSMA/A-91)

415.000 Preferred Provider Arrangements (See also: Health Care Delivery; Health Insurance; Health Maintenance Organizations)

01. **WVSMA** endorses AMA Resolution 141 calling for the AMA to:
1. take appropriate steps to prohibit the expenditure of federal funds for the development and implementation of the Medicare preferred provider organization type demonstration project for cataract surgery to be conducted by HCFA;
  2. oppose any similar demonstration projects taking place in any community, regardless of the type of medical/surgical services involved;
  3. forward to appropriate members of Congress its objections to the Medicare cataract surgery demonstration projects. (WVSMA/A-91)

445.000 Public Relations

02. **WVSMA** Council investigates the costs and benefits of establishing a community relations department within the Association. (WVSMA/A-89)
03. A communications network be maintained that permits the rapid dissemination of information throughout the Association. (WVSMA/A-89) (WVSMA/A-06)
04. **WVSMA** make use of the **AMA's** model programs to help establish the mini-internship's role in developing better understanding of physicians and their practices. (WVSMA/A-89)
006. **WVSMA** develops a yearly white paper concerning the state of medicine and medical care in time for ideas to be disseminated throughout the community prior to the



legislative session. This white paper should include data on quality care, accessibility of care, patient satisfaction regarding that care, tort reform, and reasons for tort reform. **(WVSMA/A-90)**

490.000 Tobacco (See also: Death; Preventive Medicine; Public Health; Tobacco; Labeling and Warning: Tobacco: Marketing and Promotion; Tobacco: Prohibitions on Sale and Use)

002. **WVSMA** submits to the AMA House of Delegates at the Interim-94 Meeting a resolution that the AMA determine whether candidates for federal office accept gifts or contributions from the tobacco industry and publicize their findings to their members and the public. **(WVSMA/A-94)**

500.000 Tobacco: Marketing and Promotion (See also: Death Preventive Medicine; Public Health; Tobacco; Tobacco: Labeling and Warnings; Tobacco: Prohibition on Sale and Use)

01. In accordance with the AMA's Resolution, No. 97, the WVSMA take actions to counteract the tactic of The Phillip Morris Company to promote the use of tobacco products with the Bill of Rights. **(WVSMA/A-91)**

02. **WVSMA** submits a resolution at the 1993 American Medical Association Interim Meeting that the AMA publicly condemn members of the United States Congress who accepts gifts or contributions of any kind from the tobacco industry, and identify those members who continue to receive such gifts and contributions and that the AMA call upon the United States Congress to support the legislation of the AMA Coalition on Tobacco Control. **(WVSMA/A-93)**

03. **WVSMA** publicly condemns Governor Gaston Caperton, members of the Legislature and other elected officials who accept gifts or contributions of any kind from the tobacco industry and identify those who continue to accept such gifts or contributions; and that the **WVSMA** call upon Governor Gaston Caperton and all members of the West Virginia Legislature to support legislation offered by the West Virginia Tobacco Control Coalition and the Healthy West Virginia Coalition. **(WVSMA/A-93)**

530.000 **WVSMA:** Administration and Organization (See also: **WVSMA:** Board of Trustees; **WVSMA:** Councils and Committees; **WVSMA:** House of Delegates; **WVSMA:** House of Delegates - Sections; **WVSMA:** Membership and Dues; **WVSMA:** Officers - Nomination, Election and Tenure; **WVSMA:** Political Action)

01. **WVSMA** shall conduct a statewide survey through the component societies to determine if:

1. The annual summer meeting should be business only-over a shorter duration of time, or
2. The annual summer meeting should move around the state to various locations, or
3. The annual summer meeting should remain like it is.
4. **WVSMA** calls upon the AMA to immediately notify each member of a states delegation whose membership allocation in the AMA House of Delegates is in jeopardy of being reduced, and that the AMA notify the field agent for the state whose delegation is or maybe affected; and further that the AMA send to the states medical association office the "**AMA** Membership and Delegate Allocation Report" on a quarterly basis. (WVSMA/00)

The results of the survey be published in the West Virginia Medical Journal. (WVSMA/A-89)

02. A listing of **WVSMA** reports be published in WESGRAM and, upon request, a copy of any report will be distributed to any member, at cost, subject to any applicable copyright restrictions. **WVSMA/A-89)**

04. **WVSMA** investigates moving the Founders Monument from Rivesville, WV, to a more appropriate location. **(WVSMA/A-99)**

545.000 **WVSMA:** House of Delegates: (See also: **AMA:** Administration and Organization; **WVSMA:** Board of Trustees; **WVSMA:** Councils and Committees; **WVSMA:** House of Delegates - Sections; **WVSMA:** Membership and Dues; **WVSMA:** Officers - Nomination, Election and Tenure; **WVSMA:** Political Action)

01. The House of Delegates at its Annual Meeting of August 22, 1992, circulate for signature the attached petition which authorizes the president of the **WVSMA** to convene a special meeting of the House of Delegates, at such time, date and place as shall be set by the president to inform the House of the HCPC final report, and that the requirements set forth in Chapter II, Section 2, of the **WVSMA** Bylaws be satisfied by this petition upon receipt of the signatures of twenty (20) delegates or fifty (50) members, representative of fifty percent (50%) of the component societies but not limited to funding and personal considerations and that the **WVSMA** formulate an appropriate response including. (**WVSMA/A-92**)

**550.000** **WVSMA: House of Delegates - Sections (See also: AMA: Administration and Organization; WVSMA: Board of Trustees; WVSMA: Councils and Committees; WVSMA: House of Delegates; WVSMA: Membership and Dues; WVSMA: Officers - Nomination, Election and Tenure; WVSMA: Political Action)**

01. The Constitution be amended to grant **WVSMA** Young Physicians Section, **WVSMA** Resident Section, and **WVSMA** Medical Student Section, each one (1) Councilor and one (1) Alternate Councilor position. (**WVSMA/A-97**)
02. The Medical Association Resident Section, the Medical Association Medical Student Section and the Medical Association Young Physician's Section shall each have one (1) councilor and one (1) alternate councilor. Each councilor shall be elected at the Annual Meeting of the Medical Association to serve for two (2) years. Each section shall also submit the name of an alternate to act as its representative in the absence of its councilors. (**WVSMA/A98**)

**555.000** **WVSMA: Membership and Dues (See also: WVSMA: Administration and Organization; WVSMA: Board of Trustees; WVSMA: Councils and Committees; WVSMA: House of Delegates; WVSMA: House of Delegates - Sections; WVSMA: Officers - Nomination, Election and Tenure; WVSMA: Political Action)**

01. An ad hoc committee be appointed to study and evaluate the concept of a unified membership and submit a report to Council by the 1990 Annual Meeting. (**WVSMA/A-89**)

02. **WVSMA** study the feasibility of providing a financial audit and dues billing service to the component societies and to consider the feasibility of requiring all employees and those officers responsible for fiduciary matters to be bonded.  
**(WVSMA/A-89)**

## Sunset Resolution 5 for 2007 (WVSMA/A/07)

15.000 Accident Prevention: Motor Vehicles (See also: Accident Prevention)

- 03.** **WVSMA** seeks the endorsement and support by West Virginia's U.S. senators and representative for any appropriate proposed federal legislation banning the transportation of children in back of trucks and introduce and support **AMA's** proposed model state legislation prohibiting the transportation of children in the back of trucks. **(WVSMA/A-91)**
- 04.** **WVSMA** seeks the enactment of a law by the WV Legislature to prevent transportation of passengers in the back of open trucks without appropriate restraints. **(WVSMA/A-92)**

160.000 Health Care Delivery (See also: Health Care Reform; Health Insurance; Health Maintenance Organizations; Preferred Provider Arrangements)

- 003.** **WVSMA's** Committee on Medical Education makes recommendations on ways and means that would stimulate graduating residents of the West Virginia medical school system to establish their medical practices and remain in the state and report such recommendations to the Executive Committee no later than January 1, 1992, and that a method be established for tracking WV citizens in out-of-state medical school residency programs and that a method be established for recruiting these physicians. (WVSMA/A-91)

435.00 Professional Liability (See also: Health Care Reform; Licensure and Discipline; Quality of Care; Peer Review)

- 01.** The Legislature enacts legislation requiring the Board of Risk and Insurance Management to provide similar medical liability coverage to all physicians who provide medical services of any nature to Medicaid patients. **(WVSMA/A-89)**
- 02.** **WVSMA** petitions the Legislature for legislation to provide liability coverage to qualified retired physicians who are willing to donate their time to care for the indigent and that the Legislature give them the privilege to provide care on a special retired license. (WVSMA/A-89)

03. A petition be developed (society desires to seek a referendum on the issue of collateral source) with enough public signatures obtained through an organized effort by the **WVSMA** via physicians' offices and the patients they treat, to obtain a state constitutional amendment on which the citizens of West Virginia can vote. **(WVSMA/A-90)**
05. **WVSMA** continues to seek the support and enactment of legislation and a constitutional amendment in West Virginia for protection of "homestead" in such cases. **(WVSMA/A-91)**
06. **WVSMA** requests the Insurance Commissioner of the state of West Virginia release to the **WVSMA** the rating reports, financial statements and supporting documents of the insurance companies offering malpractice coverage in this state, and his analysis of these reports to enable the **WVSMA** to advise its members on the purchase of their coverage. **(WVSMA/A-91)**
10. **WVSMA** investigates tail coverages and report their findings to the Council. **(WVSMA/A-99)**
12. **WVSMA** should urge **BRIM** to offer liability coverage at a Reduced premium for part-time physicians, when such coverage is not otherwise available. **(WVSMA A/2002)**
13. **WVSMA** investigates countersuit insurance and report back its findings to Council and House of Delegates. **(WVSMA/0)**

Policy#	Title	Recommended Action and Rationale
15.000	<p><b>Accident Prevention: Motor Vehicles (See also: Accident Prevention)</b></p> <p><b>01.</b> WVSMA maintains its position of supporting the passage of a Mandatory seat belt law and continue working to that end on a priority basis. (WVSMA/A-89) <b>(WVSMA/A-06)</b></p> <p><b>02.</b> WVSMA continues to support the passage of such a seat belt usage. (WVSMA/A-90) <b>(WVSMA/A-06)</b></p>	<p>Rescinded A2006 <b><u>Law Passed</u></b></p> <p><b><u>Law Passed</u></b></p>
15.000	<p><b>Accident Prevention: Motor Vehicles (See also: Accident Prevention)</b></p> <p><b>03.</b> WVSMA seeks the endorsement and support by West Virginia's U.S. senators and representative for any appropriate proposed federal legislation banning the transportation of children in back of trucks and introduce and support AMA's proposed model state legislation prohibiting the transportation of children in the back of trucks. (WVSMA/A-91) <b>(WVSMA/A/07)</b></p> <p><b>04.</b> WVSMA seeks the enactment of a law by the WV Legislature to prevent transportation of passengers in the back of open trucks without appropriate restraints. (WVSMA/A-92) <b>(WVSMA/A/07)</b></p>	<p>Recinded A2007 <b><u>Outdated</u></b></p> <p>Recinded A2007 <b><u>Law Passed, in part</u></b></p>
20.000	<p><b>Acquired Immunodeficiency Syndrome (See also: Blood, Public Health)</b></p> <p><b>002.</b> WVSMA Committee on AIDS be reactivated to study the current AIDS laws and regulations, and suggest revisions with the current medical and scientific knowledge. (WVSMA/A-92) <b>(WVSMA/A-06)</b></p>	<p>Rescinded A2006 <b><u>Action Completed</u></b></p>
30.000	<p><b>Alcohol and Alcoholism (See also: Accident Prevention: Motor Vehicles; Drug Abuse; Pregnancy)</b></p> <p><b>002.</b> WVSMA recommends that the blood alcohol legal limit for operating a motorized vehicle in West Virginia be lowered to 0.08% by act of the West Virginia Legislature, as an important step towards reducing the injuries and deaths caused by drivers who are impaired by alcohol and unable to operate any type of motor powered vehicle. (WVSMA/04) <b>(WVSMA/A-06)</b></p>	<p>Rescinded A2006 <b><u>Law Passed</u></b></p>
120.000	<p><b>Drugs: Prescribing and Dispensing (See also: Drugs; Drugs Advertising: Drugs: Cost: Drugs: Labeling and Packaging; Drugs: Substitution)</b></p> <p><b>001.</b> WVSMA requests the Secretary of Health and Human Services to appoint a physician as the director of the Rational Drug Therapy Program. (WVSMA/A-97) <b>(WVSMA/A-06)</b></p>	<p>Rescinded A2006 <b><u>Outdated</u></b></p>
135.000	<p><b>Environmental Health (See also: Public Health; Radiation and Radiology)</b></p> <p><b>01.</b> WVSMA opposes the incinerator and disposal of toxic waste by the WTI plant in Ohio and that WVSMA support the efforts of the governor, attorney general and Legislature of the state of West Virginia in their efforts to prevent the start of operations of the WTI toxic waste incinerator. (WVSMA/A-91) <b>(WVSMA/A-06)</b></p>	<p>Rescinded A2006 <b><u>Outdated</u></b></p>

160.00	<p><b>Health Care Delivery (See also: Health Care Reform; Health Insurance; Health Maintenance Organizations; Preferred Provider Arrangements)</b></p> <p><b>03.</b> WVSMA's Committee on Medical Education makes recommendations on ways and means that would stimulate graduating residents of the West Virginia medical school system to establish their medical practices and remain in the state and report such recommendations to the Executive Committee no later than January 1, 1992 and that a method be established for tracking WV citizens in out-of-state medical school residency programs and that a method be established for recruiting these physicians. (WVSMA/A- 91) (WVSMA/A/07)</p>	<p>Rescinded A2007</p> <p><b><u>Outdated</u></b></p>
190.000	<p><b>Health Insurance: Claim Forms and Processing (See also: Health Insurance; Health Insurance: Benefits and Coverage; Health maintenance Organizations; Managed Care; Medical Review; Medicare; Carrier Review; Physician Payment; Preferred Provider Agreements)</b></p> <p><b>01.</b> WVSMA supports legislation requiring all third-party payors doing business in the state of West Virginia to use the standard HCFA 1500 insurance form and standard ICD-9-CM and CPT. (WVSMA/A-06)</p> <p><b>02.</b> WVSMA works for the passage of legislation mandating that all clean claims submitted to third-party payors for payment be paid within 30 days of submission or be subject to an interest charge. (WVSMA/A-99) (WVSMA/A-06)</p>	<p>Rescinded A2006</p> <p><b><u>Law Passed</u></b></p> <p><b><u>Law Passed</u></b></p>
230.000	<p><b>Hospital: Medical Staff - Credentialing and Privileges (See also: Hospitals; Hospitals: Accreditation Standards; Hospitals: Medical Staff; Hospitals: Medical Staff - Organization; Hospitals: Reimbursement)</b></p> <p><b>01.</b> The WVSMA supports a unified reporting system of Utilization Management, Quality Assurance, and Credentialing. (WVSMA/A-96) (WVSMA/A-06)</p>	<p>Rescinded A2006</p> <p><b><u>Outdated</u></b></p>
325.000	<p><b>Medical Societies (See also: WVSMA: Administration and Organization; WVSMA: Board of Trustees; WVSMA: Councils and Committees; WVSMA: House of Delegates; WVSMA House of Delegates - Sections; WVSMA: Membership and Dues; WVSMA: Officers - Nomination, Election and Tenure; WVSMA: Political Action)</b></p> <p><b>02.</b> WVSMA delegation to the AMA foregoes the \$50./day meal appropriation for each member and use these funds to offer an appreciation dinner for the student section delegates while at the Annual AMA Meeting. (WVSMA/A-98) (WVSMA/A-06)</p>	<p>Rescinded A2006</p> <p><b><u>Action Completed</u></b></p>



340.000	<p><b>Medicare: PRO (See also: Medical Review; Medicare; Medicare: Carrier Review)</b></p> <p><b>01.</b> WVSMA requests the West Virginia Medical Institute to provide a program to define the scope of activity of PRO decisions in West Virginia, and that WVMI make an effort to improve the quality of physician review activity that it offers, and that WVMI consider a plan of rotation for all physicians to serve as reviewers. (WVSMA/A-89) <b>(WVSMA/A-06)</b></p> <p><b>02.</b> WVSMA requests the PRO to work together and formulate a report regarding the following functions:</p> <ul style="list-style-type: none"> <li>• That the reviewers be properly credentialed;</li> <li>• That physicians are reviewed by a physician in their specialty;</li> <li>• That the criteria used to review charts are periodically updated;</li> <li>• That the physician reviewer should have to identify himself to the practitioner whose case is in point.</li> </ul> <p>WVSMA works with the PRO to obtain the Medicare carrier screens used in the review process and that PRO provide examples of adverse effects on patients and identify where these events are avoidable and that WVSMA encourage physician participation in the PRO. (WVSMA/A-91) <b>(WVSMA/A-06)</b></p>	<p>Rescinded A2006</p> <p><b><u>Outdated</u></b></p> <p><b><u>Outdated</u></b></p>
390.000	<p><b>Physician Payment: Medicare (See also: Health Care Costs; Health Care Delivery; Health Care Reform; Physician Fees; Physician Payment; Physician Payment: Medicare - Expenditures; Physician Payment: Medicare - RBRVS)</b></p> <p><b>001.</b> WVSMA establishes the elimination of payment differentials for new physicians as a top ranked legislative priority for 1991 and beyond, if necessary, with the commitment of appropriate staff resources and key contacts and that the WVSMA persistently encourage its congressional delegation to co-sponsor HB-1898 and its companion Senate Bill when introduced. (WVSMA/A-91) <b>(WVSMA/A-06)</b></p>	<p>Rescinded A2006</p> <p><b><u>Action Completed</u></b></p>
415.000	<p><b>Preferred Provider Arrangements (See also: Health Care Delivery; Health Insurance; Health Maintenance Organizations)</b></p> <p>001. WVSMA endorses AMA Resolution 141 calling for the AMA to:</p> <ol style="list-style-type: none"> <li>1. take appropriate steps to prohibit the expenditure of federal funds for the development and implementation of the Medicare preferred provider organization type demonstration project for cataract surgery to be conducted by HCFA;</li> <li>2. oppose any similar demonstration projects taking place in any community, regardless of the type of medical/surgical services involve</li> <li>3. forward to appropriate members of Congress its objections to the Medicare cataract surgery demonstration projects. (WVSMA/A-91) <b>(WVSMA/A-06)</b></li> </ol>	<p>Rescinded A2006</p> <p><b><u>Outdated</u></b></p>

<p><b>435.000</b></p>	<p><b>Professional Liability (See also: Health Care Reform; licensure and Discipline; Quality of Care; Peer Review)</b></p> <p><b>01.</b> The Legislature enacts legislation requiring the Board of Risk and Insurance Management to provide similar medical liability coverage to all physicians who provide medical services of any nature to Medicaid patients. (WVSMA/A-89)</p> <p><b>02.</b> WVSMA petitions the Legislature for legislation to provide liability coverage to qualified retired physicians who are willing to donate their time to care for the indigent and that the Legislature give them the privilege to provide care on a special retired license. (WVSMA/A-89)</p> <p><b>03.</b> A petition be developed (society desires to seek a referendum on the issue of collateral source) with enough public signatures obtained through an organized effort by the WVSMA via physicians' offices and the patients they treat, to obtain a state constitutional amendment on which the citizens of West Virginia can vote. <b>(WVSMA/A-90)</b></p> <p><b>05.</b> WVSMA continue to seek the support and enactment of legislation and a constitutional amendment in West Virginia for protection of "homestead" in such cases. <b>(WVSMA/A-91)</b></p> <p><b>06.</b> WVSMA requests the Insurance Commissioner of the state of West Virginia release to the WVSMA the rating reports, financial statements and supporting documents of the insurance companies offering malpractice coverage in this state, and his analysis of these reports to enable the WVSMA to advise its members on the purchase of their coverage. <b>(WVSMA/A-91)</b></p> <p><b>10.</b> WVSMA investigates tail coverages and report their finding the Council. <b>(WVSMA/A-99)</b></p> <p><b>12.</b> WVSMA should urge BRIM to offer liability coverage at a reduced premium for part-time physicians, when such coverage is not otherwise available. <b>(WVSMA A/2002)</b></p> <p><b>13.</b> WVSMA investigates countersuit insurance and report back its findings to Council and House of Delegates. <b>(WVSMA/03)</b></p>	<p>Rescinded A2007 <b><u>Outdated</u></b></p> <p><b><u>Law passed</u></b></p> <p><b><u>Law passed</u></b></p> <p><b><u>Outdated</u></b></p> <p><b><u>Action completed</u></b></p> <p><b><u>Action completed</u></b> <b><u>Obsolete</u></b></p> <p><b><u>Action completed</u></b></p>
<p><b>445.000</b></p>	<p><b>Public Relations</b></p> <p><b>002.</b> WVSMA Council investigates the costs and benefits of establishing a community relations department within the Association. (WVSMA/A-89) <b>(WVSMA/A-06)</b></p> <p>004. WVSMA make use of the AMA's model programs to help establish the mini-internship's role in developing better understanding of physicians and their practices. (WVSMA/A-89)</p> <p>006. WVSMA develops a yearly white paper concerning the state of medicine and medical care in time for ideas to be disseminated throughout the community prior to the legislative session. This white paper should include data on quality care, accessibility of care, patient satisfaction regarding that care, tort reform, and reasons for tort reform. (WVSMA/A-90) <b>(WVSMA/A-06)</b></p>	<p>Rescinded A2006 <b><u>Action Completed</u></b></p> <p><b><u>Action Completed</u></b></p> <p><b><u>Action Completed</u></b></p>

490.000	<p><b>Tobacco (See also: Death; Preventive Medicine; Public Health; Tobacco; Labeling and Warning: Tobacco: Marketing and Promotion; Tobacco: Prohibitions on Sale and Use)</b></p> <p><b>002.</b> WVSMA submits to the AMA House of Delegates at the Interim-94 Meeting a resolution that the AMA determine whether candidates for federal office accept gifts or contributions from the tobacco industry and publicize their findings to their members and the public. (WVSMA/A-94) <b>(WVSMA/A-06)</b></p>	<p>Rescinded A2006</p> <p><b><u>Action Completed</u></b></p>
500.000	<p><b>Tobacco: Marketing and Promotion (See also: Death Preventive Medicine; Public Health; Tobacco; Tobacco: Labeling and Warnings; Tobacco: Prohibition on Sale and Use)</b></p> <p><b>01.</b> In accordance with the AMA's Resolution, No. 97, the WVSMA take actions to counteract the tactic of The Phillip Morris Company to promote the use of tobacco products with the Bill of Rights. (WVSMA/A-91) <b>(WVSMA/A-06)</b></p> <p><b>02.</b> WVSMA submits a resolution at the 1993 American Medical Association Interim Meeting that the AMA publicly condemn members of the United States Congress who accepts gifts or contributions of any kind from the tobacco industry, and identify those members who continue to receive such gifts and contributions and that the AMA call upon the United States Congress to support the legislation of the AMA Coalition on Tobacco Control. (WVSMA/A-93) <b>(WVSMA/A-06)</b></p> <p><b>03.</b> WVSMA publicly condemns Governor Gaston Caperton, members of the Legislature and other elected officials who accept gifts or contributions of any kind from the tobacco industry and identify those who continue to accept such gifts or contributions; and that the WVSMA call upon Governor Gaston Caperton and all members of the West Virginia Legislature to support legislation offered by the West Virginia Tobacco Control Coalition and the Healthy West Virginia Coalition. (WVSMA/A-93) <b>(WVSMA/A-06)</b></p>	<p>Rescinded A2006</p> <p><b><u>Action Completed</u></b></p> <p><b><u>Action Completed</u></b></p> <p><b><u>Outdated</u></b></p>

530.000	<p><b>WVSMA: Administration and Organization (See also: WVSMA: Board of Trustees; WVSMA: Councils and Committees; WVSMA: House of Delegates; WVSMA: House of Delegates - Sections; WVSMA: Membership and Dues; WVSMA: Officers - Nomination, Election and Tenure; WVSMA: Political Action)</b></p> <p><b>001.</b> WVSMA shall conduct a statewide survey through the component societies to determine if:</p> <ol style="list-style-type: none"> <li>1. The annual summer meeting should be business only-over a shorter duration of time, or</li> <li>2. The annual summer meeting should move around the state to various locations, or</li> <li>3. The annual summer meeting should remain like it is.</li> </ol> <p><b>4.</b> WVSMA calls upon the AMA to immediately notify each member of a states delegation whose membership allocation in the AMA House of Delegates is in jeopardy of being reduced, and that the AMA notify the field agent for the state whose delegation is or maybe affected; and further that the AMA send to the states medical association office the "AMA Membership and Delegate Allocation Report" on a quarterly basis. (WVSMA/00) The results of the survey be published in the West Virginia Medical Journal. (WVSMA/A-89) <b>(WVSMA/A-06)</b></p> <p><b>002.</b> A listing of WVSMA reports be published in WESGRAM and, upon request, a copy of any report will be distributed to any member, at cost, subject to any applicable copyright restrictions. WVSMA/A-89)</p> <p><b>004.</b> WVSMA investigates moving the Founders Monument from Rivesville, WV, o a more appropriate location. (WVSMA/A-99) <b>(WVSMA/A-06)</b></p>	<p>Rescinded A2006</p> <p><b><u>Action Completed</u></b></p> <p><b><u>Action Completed</u></b></p> <p><b><u>Action Completed</u></b></p>
545.000	<p><b>WVSMA: House of Delegates: (See also: AMA: Administration and Organization; WVSMA: Board of Trustees; WVSMA: Councils and Committees; WVSMA: House of Delegates - Sections; WVSMA: Membership and Dues; WVSMA: Officers - Nomination, Election and Tenure; WVSMA: Political Action)</b></p> <p><b>001.</b> The House of Delegates at its Annual Meeting of August 22, 1992, circulate for signature the attached petition which authorizes the president of the WVSMA to convene a special meeting of the House of Delegates, at such time, date and place as shall be set by the president to inform the House of the HCPC final report, and that the requirements set forth in Chapter II, Section 2, of the WVSMA Bylaws be satisfied by this petition upon receipt of the signatures of twenty (20) delegates or fifty (50) members, representative of fifty percent (50%) of the component • societies but not limited to funding and personal considerations and that the WVSMA formulate an appropriate response includinQ. (WVSMA/A-92) <b>(WVSMA/A-06)</b></p>	<p>Rescinded A2006</p> <p><b><u>Outdated</u></b></p>

Policy	Title	Recommended Action & Rationale
550.000	<p><b>WVSMA: House of Delegates - Sections (See also: AMA: Administration and Organization; WVSMA: Board of Trustees: WVSMA: Councils and Committees; WVSMA: House of Delegates; WVSMA: Membership and Dues; WVSMA: Officers - Nomination, Election and Tenure; WVSMA: Political Action)</b></p> <p><b>01.</b> The Constitution be amended to grant WVSMA Young Physicians Section, WVSMA Resident Section, and WVSMA Medical Student Section, each one (1) Councilor and one (1) Alternate Councilor position. (WVSMA/A-97) <b>(WVSMA/A-06)</b></p> <p><b>02.</b> The Medical Association Resident Section, the Medical Association Medical Student Section and the Medical Association Young Physician's Section shall each have one (1) councilor and one (1) alternate councilor. Each councilor shall be elected at the Annual Meeting of the Medical Association to serve for two (2) years. Each section shall also submit the name of an alternate to act as its representative in the absence of its councilors. (WVSMA/A98) <b>(WVSMA/A-06)</b></p>	<p>Rescinded A 2006</p> <p><b><u>Action Completed</u></b></p> <p><b><u>Action Completed</u></b></p>
555.000	<p><b>WVSMA: Membership and Dues (See also: WVSMA: Administration and Organization; WVSMA: Board of Trustees: WVSMA: Councils and Committees; WVSMA: House of Delegates; WVSMA: House of Delegates - Sections; WVSMA: Officers - Nomination, Election and Tenure; WVSMA: Political Action)</b></p> <p><b>01.</b> An ad hoc committee be appointed to study and evaluate the concept of a unified membership and submit a report to Council by the 1990 Annual Meeting. (WVSMA/A-89) <b>(WVSMA/A-06)</b></p> <p><b>02.</b> WVSMA study the feasibility of providing a financial audit and dues billing service to the component societies and to consider the feasibility of requiring all employees and those officers responsible for fiduciary matters to be bonded. (WVSMA/A-89) <b>(WVSMA/A-06)</b></p>	<p>Rescinded A2006</p> <p><b><u>Action Completed</u></b></p> <p><b><u>Outdated</u></b></p>

Revised June 29, 2007