

**WASHINGTON STATE MEDICAL ASSOCIATION
OFFICIAL ACTIONS OF THE 2004 HOUSE OF DELEGATES**

REFERENCE COMMITTEE A

EXECUTIVE COMMITTEE REPORTS

REPORT B – Volunteer Community Health Clinics (FILED)

REPORT G – Marijuana (FILED)

INFORMATIONAL REPORTS

#2 – Washington Poison Center (FILED)

#11 – Northwest Association for Biomedical Research (FILED)

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

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

RESOLUTIONS

RESOLUTION A-1 – Health and the Environment/Health Industry Generated Waste (ADOPTED AS AMENDED)

RESOLVED, that the WSMA recognizes that medical waste contributes to environmental degradation and risk to health; and BE IT FURTHER

RESOLVED, that the WSMA support and promote, when possible, the use of reusable, recyclable and/or biodegradable products.

RESOLUTION A-2 – Patient-Delivered Partner Therapy (PDPT) for Curable Sexually Transmitted Diseases (ADOPTED AS AMENDED)

RESOLVED, that the WSMA endorse the current Washington State Department of Health recommendations regarding patient-delivery partner therapy (PDPT): "the provider should inform the patient that it would be best to have all partners exposed during the previous 60 days come into a clinic for examination, testing and treatment. However, if treatment is not otherwise assured, the patient should be provided antibiotics for their partners;" and BE IT FURTHER

RESOLVED, that the WSMA encourage physicians in Washington state to offer the option of PDPT to appropriate patients when treating them for gonorrhea or chlamydial infection if treatment of their sex partners is not otherwise assured; and BE IT FURTHER

RESOLVED, that the WSMA encourage continued research on innovative strategies for sexually transmitted infection (STI) control, particularly in patients for whom PDPT is not currently a well-accepted strategy; and BE IT FURTHER

RESOLVED, that the WSMA explore legal protection and Medical Quality Assurance Commission support for practitioners who participate in PDPT; and BE IT FURTHER

RESOLVED, that the WSMA's AMA Delegation introduce a resolution to the AMA House of Delegates calling for the AMA to identify opportunities for increased use of PDPT, analyze existing and potential barriers to PDPT use, and encourage use of PDPT in all appropriate settings, and further that AMA establish and adopt model guidelines for PDPT implementation.

RESOLUTION A-3 – Phasing Out Polybrominated Diphenyl Ethers (PBDEs) – Toxic Flame Retardants – to Prevent Harmful Health Impacts (ADOPTED AS AMENDED)

RESOLVED, that the WSMA endorse Governor Locke's Executive Order to phase out and eliminate the use of polybrominated diphenyl ethers (PBDEs) in Washington State while maintaining existing fire safety standards; and BE IT FURTHER

RESOLVED, that the WSMA affirm its commitment to the promotion of breast milk as the 'healthiest choice' for babies while supporting this reduction of toxicants to human breast milk.

RESOLUTION A-4 – WSMA Review of Bioterrorism Relative Risk (ADOPTED AS AMENDED)

RESOLVED, that the WSMA support the newly-developed AMA one-day Basic Disaster Life Support and two-day Advanced Disaster Life Support education and certification program.

RESOLUTION A-5 – Screening for Chlamydia Trachomatis Infection (ADOPTED AS AMENDED)

RESOLVED, that the WSMA support the current Washington State Department of Health recommendations regarding chlamydia screening: "the provider should screen all sexually active women aged 25 years and younger at least annually and assure adequate treatment of all positives and their contacts;" and BE IT FURTHER

RESOLVED, the provider should offer screening to all pregnant women for chlamydia at the first prenatal visit; and BE IT FURTHER

RESOLVED, the provider should repeat a chlamydia screening test during the third trimester of pregnancy if the pregnant patient is under age 25, or has a new sex partner, or has more than one sex partner; and BE IT FURTHER

RESOLVED, that WSMA recommends that providers offer rescreening of all women with chlamydial infections 3-4 months after treatment, and whenever they next

present for care within the following 12 months regardless of whether the woman believes that her sex partners were treated.

RESOLUTION A-6 – Assuring Provision of Partner Counseling and Referral Services for Persons Diagnosed with HIV (ADOPTED)

RESOLVED, that the Washington State Medical Association strongly recommends that the State Board of Health modify rules around Partner Counseling and Referral Services (PCRS) so that all providers are required to routinely refer to or otherwise work with public health officials to assure that this important PCRS service is provided to all newly-identified persons with HIV infection and those who may subsequently expose other partners.

RESOLUTION A-7 – Simplifying Washington State Rules for HIV Counseling and Testing (ADOPTED)

RESOLVED, that the Washington State Medical Association strongly recommends that the State Board of Health simplify the rules around HIV counseling and testing, including the elimination of the current requirement that patients document their consent for testing separately from the general consent for care, and the highly prescriptive requirements for screening patients for risk and counseling persons in need of HIV testing.

RESOLUTION A-8 - Early Detection and Reduction of Streptococcus Mutans (NOT ADOPTED)

REFERENCE COMMITTEE B

EXECUTIVE COMMITTEE REPORTS

REPORT D – Continuing Medical Education (FILED)

REPORT F – Patient Safety White Paper (REPORT FILED, RESOLVES ADOPTED)

RESOLVED, that the WSMA and other organizations should collaborate to help make the implementation of HB 6210 as broad and effective as possible. Every small medical practice in the state should be made aware of the opportunity to qualify for QIP status and be offered help in achieving that status. The WSMA and other professional organizations could provide the necessary forum to launch the new information-sharing programs allowed under HB 6210 and could disseminate best practices. In their publications and at their meetings, professional organizations could foster an environment that promotes a culture of safety. Numerous health care organizations are already taking steps; their efforts should be applauded and disseminated — to others in the health care field, to the public and to the legislature; and BE IT FURTHER

RESOLVED, that the WSMA should continue to lobby the legislature to pass House Bill 2786 (“An Act Related to Improving Health Care Professional and Health Care Facility Patient Safety Practices”), which would establish a patient safety account to help smaller organizations (hospitals and medical practices) with fewer staff and less money,

carry out safety projects. The safety account would be funded from contributions of up to 1% from malpractice settlements and awards plus an assessment on professional licensing fees and a per-bed charge from hospitals; and BE IT FURTHER

RESOLVED, that the WSMA should continue to support HR 663 and S 720, or their successors in the 109th Congress if election year politics prevent action this fall; and BE IT FURTHER

RESOLVED, that the WSMA should exert leadership by offering examples of innovative approaches and techniques to physician practices to help them enhance patient safety; and BE IT FURTHER

RESOLVED, that the WSMA, with other willing organizations, should continue to provide leadership for the patient safety movement in Washington state.

INFORMATIONAL REPORTS

#1 – Physicians Insurance A Mutual Company (FILED)

#3 – Qualis Health (FILED)

#4 – Medical Quality Assurance Commission (FILED)

#5 – Washington Physicians Health Program (FILED)

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

#7 – WSMA-Representation Services and WAMP (FILED)

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

RESOLUTIONS

RESOLUTION B-1 – Illegible Prescriptions (ADOPTED AS AMENDED)

RESOLVED that the WSMA House of Delegates go on record as: 1) strongly endorsing the JCAHO's progressive Patient Safety program; 2) strongly encouraging the WSMA's administrative leaders to meet with parallel leaders of the Washington State Hospital Association and make a jointly-prepared public pronouncement of their individual intentions to take steps to exceed the JCAHO's expectations.

RESOLUTION B-2 – Illegible Prescriptions – Again (REFERRED)

RESOLVED, that the WSMA House of Delegates reverse its prior opposition to the elimination of "scribbled prescriptions" and seek to have reintroduced for reconsideration at the upcoming 2005 Legislative session the original wording of H.B. 2078 for implementation as soon as possible – with continued "enforcement" until electronic order-writing is successfully introduced into each hospital, each clinic, each private medical office, etc and used 100% of the time all across the state of Washington.

RESOLUTION B-3 – Limitation of Physician Work Hours (REFERRED)

RESOLVED, that the WSMA support resolutions in this state requesting 12-hour limitations in each 24-hour period for physicians to be involved in either call or actively working, and a 60-hour limitation per week for doctors to be employed in the practice of medicine, and included in these limitations is doctor call where he/she may be answering telephone questions direct from patients or from the hospital; and BE IT FURTHER

RESOLVED, that the WSMA develop a compliance regulatory agency in conjunction with the state to allow fines and discipline for infractions of the rules, to assure that physicians indeed are holding to strict compliance to the guidelines here stated; and BE IT FURTHER

RESOLVED, that dentists, alternative health care providers (including chiropractors, naturopaths, etc.), associated health care providers (including optometrists, denticians, physical therapists, nutritionists, etc.), psychologists, and any and all licensed health and human services providers fall under similar guidelines; and BE IT FURTHER

RESOLVED, that the WSMA request that similar mandatory guidelines be formed for those professions engaged in the practice of law and politics, being that their decisions intimately affect the lives of many other people in society, and thus society would expect them to be in a state of rest, relaxation and ease while generating, administrating, and judging the laws of our land; and BE IT FURTHER

RESOLVED, that the WSMA request that this be brought to the AMA so that national regulations similar to what we develop in this state may be passed.

RESOLUTION B-4 – Appeal for a Physician Bill of Rights (REFERRED)

RESOLVED, that the WSMA approve of a Physician Bill of Rights; and BE IT FURTHER

RESOLVED, that this Bill of Rights will read as follows:

- I. The United States Government and the various states and hospitals will preserve a physician's right to privacy to accusations of wrong-doing until which time such accusations have had a legitimate hearing and trial.
- II. The United States Government and the various states and hospitals will expunge a physician's files if no concrete proof of wrong-doing is found after investigations, hearings and trials are conducted.
- III. The United States Government and the various states and hospitals will not hold a physician responsible for injuries beyond common insurance actuarial determinations.
- IV. A physician will be guaranteed the right to fair and reasonable punishment, rather than treble fines and imprisonment for billing errors or documentation deficiencies, as well as the right to free, automatic – and complete – copies of any committee files generated by any hearing in this regard. Hospitals and other provider organizations will not maintain

bylaws that are unfair to the staff. Physicians will have the right to appeal any hospital decisions regarding his/her conduct or privileges to a panel of his/her peers.

- V. A physician will remain innocent until proven guilty of any offense. Accusations under the supposed intention of “quality assurance” will not be exceptions, and will not be exempt from legal discovery. The physician’s spouse, family and home will be held harmless in any action taken against a physician.
- VI. A physician will maintain the right to decline care for any reason.
- VII. A physician will reserve the right to offer individually negotiated bargains to patients without reprisal from insurers or the government.
- VIII. A physician will reserve the right to practice medicine without carrying liability insurance in any setting and for any patient, payer or hospital.
- IX. A physician will reserve the right to counter-sue any plaintiff making unsubstantiated, false or frivolous claims, and will reserve the right to sue attorneys who take action against physicians in cases that have no merit.
- X. Lawsuits that have been either dismissed by the courts or that the courts have ruled in favor of the physician not being guilty, will not be discoverable by either hospitals, insuring agencies, or by the state for purposes of either private or public profiling, and cannot be used against a physician to either exclude him from the practice of medicine or the adjustment of malpractice rates against him, and need not be reported for any reason, including for hospital privileges or for licensure in a state.

BE IT FURTHER

RESOLVED, that the WSMA recommend that the AMA also approve of like Physician Bill of Rights; and BE IT FURTHER

RESOLVED, that the WSMA will stand supportively by a physician when any of these several rights are violated; and BE IT FURTHER

RESOLVED, that the WSMA will encourage collective action among Washington state physicians should this Physician Bill of Rights not be ratified.

RESOLUTION B-5 – Bettering Addiction Treatment (ADOPTED AS AMENDED)

RESOLVED, that the WSMA encourage its members to take more active roles in providing drug addiction treatment to afflicted individuals and to work with the State Department of Health and the Medical Quality Assurance Commission as well as other state and federal agencies to further curtail the ever-increasing morbidity and mortality associated with the detrimental effects of the wide variety of addictive drugs (including alcohol) available to our citizens in 2004.

RESOLUTION B-6 – Encouraging Patient Safety Innovation in the Ambulatory Care Setting (ADOPTED AS AMENDED)

RESOLVED, that the WSMA establish a program for the recognition and sharing of innovative ambulatory care patient safety initiatives; and BE IT FURTHER

RESOLVED, that the WSMA take a similar resolution forward to the AMA House of Delegates.

RESOLUTION B-7 – Expert Witness Standards (ADOPTED AS AMENDED with no audible dissention)

RESOLVED, that the Washington State Medical Association (WSMA) develop policies to what constitutes appropriate expert testimony with a report back to the 2005 House of Delegates meeting; and BE IT FURTHER

RESOLVED, that the WSMA simultaneously develop a proposed procedure to exclude from continued WSMA membership any physician member whose expert testimony has been deemed inappropriate by WSMA.

REFERENCE COMMITTEE C

EXECUTIVE COMMITTEE REPORTS

REPORT A – Campaign to Reform the Tort Law System (FILED)

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

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

REPORT E – WAMPAC (REPORT FILED, RESOLVE ADOPTED)

RESOLVED, that WAMPAC continue to support candidates who support the agenda of the WSMA.

INFORMATIONAL REPORTS

#9 – Administrative Simplification (FILED)

#10 – Premera For-profit Conversion (FILED)

RESOLUTIONS

RESOLUTION C-1 – HPQA Provider Lookup Website (ADOPTED AS AMENDED)

RESOLVED, that the WSMA House of Delegates supports legislation, rulemaking, or administrative action that would result in a revision of HPQA (Health Professional Quality Assurance) internal procedures such that HPQA ensures an affected physician will always receive disciplinary documentation personally before such information is posted to the Provider Lookup website or released to the press and other media.

RESOLUTION C-2 – Quality Control Issues/Economic Influences on Physician Decision-Making (NOT ADOPTED)

RESOLUTION C-3 – Medicare Age Reduction (ADOPTED AS AMENDED)

RESOLVED, that the WSMA’s Interspecialty Council address the policies of the Medicare program as it relates to eligibility, benefits, and payments to physicians and other non-physician providers.

RESOLUTION C-4 – Hospital Bill: Discount for Cash (NOT ADOPTED)

RESOLUTION C-5 – Proposal for a Fat Tax (aka Contra Pinguitudo or Contra Obesitas) (NOT ADOPTED)

RESOLUTION C-6 – Endorsement for Initiative 297 (ADOPTED)

RESOLVED, that the WSMA endorse the “Yes on I-297” campaign.

RESOLUTION C-7 – Evidence-Based Care (NOT ADOPTED)

RESOLUTION C-8 – Health Care for Children 2004 (ADOPTED AS AMENDED)

RESOLVED, that the WSMA advocate for legislation that will provide health care benefits, including well-child, developmental and oral health care for all children to be provided at appropriate reimbursement rates.

RESOLUTION C-9 – Governmental Group Purchase of Drugs (ADOPTED)

RESOLVED, that the WSMA’s House of Delegates go on record as endorsing the collaborative efforts already undertaken by many branches of state government to lower their respective pharmaceutical costs by collaborative purchasing arrangements while still permitting their respective consumers to be managed by our state’s physicians with the optimum of pharmaceutical support.

RESOLUTION C-10 – Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003 (ADOPTED AS AMENDED)

RESOLVED that the WSMA go on record as identifying the following concerns within the Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003:

1. true costs are uncertain;
2. has no mechanism for containing the cost of prescription drugs and abdicates the ability of the Federal Governmental to negotiate with pharmaceutical companies; and
3. gives HMOs an advantageous position in the Medicare market; and BE IT FURTHER

RESOLVED, that if the MMA is reworked by CMS or Congress, that the WSMA emphasize these concerns to our representatives within the Federal Government.

RESOLUTION C-11 – Achieving Universal Health Coverage in Washington State (ADOPTED AS AMENDED)

RESOLVED, that the WSMA urge the Governor and/or state legislature to appoint a blue-ribbon commission to develop recommendations for achieving universal health coverage and access for citizens of Washington, and that the commission include representatives of the legislature, the executive branch, federal health program officials, providers, employers, labor, the health insurance industry, consumers, and the uninsured.

RESOLUTION C-12 – Supporting a Pluralistic Health Care System Without Price Fixing (ADOPTED)

RESOLVED, that the WSMA reaffirm Judicial Council opinion 6.02 which states that “The WSMA strongly believes that competition between and among physicians and other health care practitioners on the basis of competitive factors such as quality of services, skill, experience, miscellaneous conveniences offered to patients, credit terms, fees charged, etc..., is not only ethical but is encouraged;” and BE IT FURTHER

RESOLVED, that the WSMA adopt AMA policy H-165.913 which states that we (1) encourage the growth and development of the physician/patient contract; (2) favor a pluralistic health care delivery system which includes fee-for-service medicine, and will lobby for the elimination of any restrictions and physician penalties for provision of fee-for-service medicine by a physician to a consenting patient; including patients covered under Medicare; and (3) defend fee-for-service payment as a reasonable, cost-effective way of reimbursing for medical services when the fee is paid by the recipient of the service with insurance reimbursement to the patient; and BE IT FURTHER

RESOLVED, that the WSMA adopt AMA policy H-385.989 that states that we (1) support a pluralistic approach to third-party payment methodology under fee-for-service, and do not support a preference for "usual and customary or reasonable" or any

other specific payment methodology; (2) affirm the following four principles: (a) Physicians have the right to establish their fees at a level which they believe fairly reflects the costs of providing a service and the value of their professional judgment. (b) Physicians should continue to volunteer fee information to patients, to discuss fees in advance of service where feasible, to expand the practice of accepting any third-party allowances as payment in full in cases of financial hardship, and to communicate voluntarily to their patients their willingness to make appropriate arrangements in cases of financial need. (c) Physicians should have the right to choose the basic mechanism of payment for their services, and specifically to choose whether or not to participate in a particular insurance plan or method of payment, and to accept or decline a third party allowance as payment in full for a service. (d) All methods of physician payment should incorporate mechanisms to foster increased cost-awareness by both providers and recipients of service; and (3) support modification of current legal restrictions, so as to allow meaningful involvement by physician groups in: (a) negotiations on behalf of those physicians who do not choose to accept third party allowances as full payment, so that the amount of such allowances can be more equitably determined; (b) establishing additional limits on the amount or the rate of increase in charge-related payment levels when appropriate.

RESOLUTION C-13 – Improving Access to Care (NOT ADOPTED)

RESOLUTION C-14 – Improving Access to Care for Children (ADOPTED AS AMENDED)

RESOLVED, that the WSMA work with County Medical Societies, where appropriate, in bringing together governmental, non-profit, and other interested organizations to improve access to care for the uninsured and the underinsured.

RESOLUTION C-15 – Three Strikes Management (REFERRED)

RESOLVED, that the WSMA ask the AMA to study the benefits and costs of a national closed claims database modeled after the American Society of Anesthesiologists (ASA) Closed Claims Database; and BE IT FURTHER

RESOLVED, that the WSMA ask the AMA to study the benefits and costs of a database of all medical malpractice lawsuits to quantify risk by class of procedures and patients; and BE IT FURTHER

RESOLVED, that the WSMA seek legislation that would codify a definition of “frivolous medical malpractice lawsuit”, which may include a requirement of a certificate of merit by the Washington Medical Quality Assurance Commission (MQAC); and BE IT FURTHER

RESOLVED, that the WSMA seek legislation that would add a chapter to Title 7 Revised Code of Washington (RCW) regarding substantive and procedural aspects of civil actions for damages as a result of injuries occurring from frivolous medical malpractice lawsuits; and BE IT FURTHER

RESOLVED, that the WSMA seek legislation that would revise RCW 2.48.220 such that attorneys who file three or more frivolous suits would be subject to mandatory disbarment (three strikes for lawyers); and BE IT FURTHER

RESOLVED, that the WSMA seek legislation, if necessary, that would ensure that the definition of medical malpractice in RCW 7.70.040 maintains the element of state specific reasonably prudent care; and BE IT FURTHER

RESOLVED, that the WSMA seek legislation that would permit contractual arbitration for malpractice claims for physicians who electively perform high risk procedures or treat high risk patients; and mandate arbitration for emergency procedures as defined by the Emergency Medical Treatment and Labor Act (EMTALA).

REFERENCE COMMITTEE D

BOARD OF TRUSTEES REPORTS

REPORT A – Auditor’s Report (FILED)

REPORT B – Secretary-Treasurer’s Report (FILED with commendation)

REPORT C – WSMA Business Plan & Status of 2003 Reports and Resolutions
(FILED with commendation)

REPORT D – AMA Delegation (FILED with commendation)

REPORT E – Nominations, 2004-2005 WSMA Officers and Trustees (FILED)

See Page 15 for 2004-2005 Officers and Trustees elected.

REPORT F – Membership Report (FILED)

REPORT G – WSMA Organizational Priorities (REPORT FILED, RESOLVES ADOPTED)

RESOLVED, that in 2005 the WSMA focus its resources on the following organizational priorities:

Core:

1. Enact meaningful tort reform as a means to promote the capacity of the delivery system to meet the public’s need for access to care, and to foster an environment that promotes patient safety and error reduction.
 - Affirmative legislative action on I-330 or an agreeable alternate, and/or voter approval of I-330 or an agreeable alternate in November 2005.
 - Focus public awareness of the impact of the tort system on access to care and medical practices.
 - Have 100% of the active members contribute to the I-330 Campaign Fund if the initiative goes to the November 2005 ballot.

- Enactment of a constitutional amendment allowing a cap on non-economic damages if necessary.
 - Support passage of a federal tort reform bill.
 - Evaluate and promote, if feasible, other types of long-term tort law reform beyond those represented in I-330, including the establishment of a medical court system.
2. Improve the quality of medicine in Washington state; promote patient safety and error reduction efforts.
- Promote programs and relationships with other organizations and the purchasing community to support this priority.
 - Use the WSM-ERF as a vehicle to bring physicians and purchasers together to identify common measurements of safety and quality and to promote or conduct programs to support the priority.
3. Promote medical practice economic viability and simplification of administrative requirements.
- Seek better funding of Medicare physician payments.
 - Seek better funding of Medicaid physician payments.
 - Achieve tangible reductions in administrative complexity and operating expenses for medical practices.
 - Push the public discussion of health care “reform” away from nonproductive reiterations of long-held assumptions and positions. Reiterate the WSMA’s position of supporting a marketplace-based approach to reform of the financing system while challenging both ends of the political spectrum to look at new concepts. Promote greater access to affordable insurance.
 - Promote a medical care-financing environment that supports new medical practice options.
 - Promote the use of appropriate technology in physicians’ practices.

Support:

4. Build the strength and viability of the WSMA as a primary resource to physicians.
- Realize a net membership gain as of December 31, 2005.
 - Expand and increase the “brand awareness” of the WSMA programs and services.

- Strengthen the Interspecialty Council and County Medical Societies Council to promote effectiveness and foster two-way communications.
- Maintain a demographically representative governance structure.
- Maintain a fiscally sound association.

BYLAWS COMMITTEE REPORTS

REPORT A – 2004 Bylaws Amendment (ADOPTED)

The current edition of The Standard Code of Parliamentary Procedure governs this Association in all parliamentary situations that are not provided for in the law or in its charter, bylaws, or adopted rules.

RESOLUTIONS

RESOLUTION D-1 – Board of Trustees Ad Hoc Proxy (NOT ADOPTED)

RESOLUTION D-2 – Radiation Exposure (ADOPTED)

RESOLVED, that the WSMA direct its AMA delegation to submit the following resolution: That the AMA work with its Public Health, Radiology and Radiation Oncology specialty societies and all other interested parties to study the issue of radiation exposure by the American public and develop a plan, if appropriate, to allow the ongoing monitoring and quantification of radiation exposure sustained by individual patients in medical settings.

RESOLUTION D-3 – Expansion of FDA’s Mission and Authority (ADOPTED AS AMENDED)

RESOLVED, that the WSMA House of Delegates urge its AMA delegation to introduce a resolution to the AMA’s House of Delegates endorsing efforts to expand the Food and Drug Administration’s (FDA’s) mission and authority to include the full spectrum of “alternative and complementary medicines” plus a still wider range of “food additives and dietary supplements”, and then urging the AMA to lobby the Congress – and its fellow national health organizations – as actively as it can for the introduction of appropriate implementing legislation into the Congress as soon as is feasible.

RESOLUTION D-4 – Federal Financing of Poison Center Network (ADOPTED AS AMENDED)

RESOLVED, that the WSMA House of Delegates instruct its AMA Delegation to urge the AMA to review the Institute of Medicine’s (IOM’s) report on its recommendations for the future of the nation’s network of Poison Centers and then undertake appropriate lobbying efforts to assure that the IOM’s recommendations are implemented as quickly as possible.

RESOLUTION D-5 – Waiver of Membership Fees for Physicians-In-Training (REFERRED)

RESOLVED, that the WSMA waive membership fees for physicians-in-training, including residents and fellows, who are eligible for WSMA membership.

RESOLUTION D-6 – AMA Membership (ADOPTED)

RESOLVED, that all WSMA members be strongly encouraged to become members of the AMA so that the voice of Washington State physicians can continue to be articulated to the fullest extent on the national level.

RESOLUTION D-7 – You Matter – Project Healthy Community (REFERRED)

RESOLVED, that the WSMA provide at least a one-hour forum at both the May Leadership Development Conference and the fall Annual Meeting where WSMA physicians can share their progress pertaining to physician-led community-based health projects.

RESOLUTION D-8 – Single Day Fee for CME Programs (REFERRED)

RESOLVED, that the WSMA establish a reduced “single day fee” for those non-member physicians who desire to attend CME programs at the WSMA annual meeting and who will be attending for one day or less of the annual meeting program.

2004-2005 OFFICERS/TRUSTEES ELECTED

President	Kenneth H. Z. Isaacs	Walla Walla
President-Elect	Peter J. Dunbar	King
1 st Vice President	W. Hugh Maloney	King
2 nd Vice President	Deborah J. Harper	Spokane
Sec-Treasurer	Brian P. Wicks*	Kitsap
Asst. Sec-Treas	Cynthia A. Markus	Snohomish
AMA Delegate	Richard F. Ambur	Kitsap
AMA Delegate	Steven C. Arendt*	King
AMA Delegate	Julie A. Komarow*	King
AMA Delegate	John H. Vassall	King
AMA Delegate	Richard W. Whitten*	King
AMA Alternate	Peter M. McGough	King
AMA Alternate	Luke T. Megna*	Benton-Franklin
AMA Alternate	Rodney L. Trytko*	Spokane
Speaker of House	John H. Vassall	King
Vice Speaker	Steven C. Arendt	King
Trustee	Paul A. Abson	Snohomish
Trustee	F. James Beckner	Skagit-Island
Trustee	Larry D. Jecha	Benton-Franklin
Trustee	R. Dean Martz	Spokane
Trustee	Ronald R. Morris	Pierce
Trustee	Douglas R. Myers	Clark
Trustee	Don R. Russell	Pierce
Trustee	Scott A. Schaaf	Snohomish
Trustee	Kim M. Thorburn	Spokane
Trustee	Sean P. Tushla	Clark
Trustee	Rayburn S. Lewis	King
Trustee	Jay R. Parikh	King
Trustee	Terence M. Quigley	King
Trustee	Cole Q. Hemmerling*	Grant-Adams
Trustee	L. Elizabeth Peterson	Spokane
Trustee	Eric J. Jauhiainen*	Walla Walla
Trustee	Arthur L. Ruckman	Chelan-Douglas
Trustee	Leonard B. Alenick*	Pierce
Trustee	Gary S. Kaplan*	King
Trustee	Mary Kay O'Neill	King
Trustee	Nicholas Rajacich	Pierce
Trustee (Resident)	Mara Lang	King
Trustee (Student)	Eric Rich	King

*Holdover; position open for election in 2005.