

## REPORT OF THE REFERENCE COMMITTEE

ON

## LEGISLATION

### REPORT OF THE BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE

**RECOMMENDATION:** The Reference Committee recommends acceptance of the 2009 Report of the Board of Directors and Executive Committee as submitted.

**HOD ACTION:** The report was accepted as presented.

**RESOLUTION 09-01      Introduced by IMS Board of Directors**  
**ADDING RESIDENT AND STUDENT POSITIONS ON**  
**BOARD OF DIRECTORS**

**RESOLVED,** That the Iowa Medical Society increase the size of the Board of Directors by two (2) positions, one for a resident member and one for a medical student member, by amending the Articles of Incorporation and Bylaws as follows: (new language is *italicized and underlined* while deleted language has a ~~strike through~~)

### ARTICLES OF INCORPORATION

#### Article IV

#### **Component Societies**

**Section 2.** In the event the Bylaws shall provide some form of membership for residents *and fellows*, a separate component society shall be formed whose membership shall consist solely of such resident *and fellow* members.

#### Article VII

#### ***Board of Directors***

The Board of Directors shall have full authority and power of the House of Delegates in the interim between duly authorized meetings of the House of Delegates and may take any action or exercise any powers which the House of Delegates has the authority to take or exercise under these Articles, the Bylaws or applicable law, except with respect to certain acts or powers that are specifically reserved to the House of Delegates in the Bylaws. The Board of Directors shall have charge of the property, employees and financial affairs of the Society and shall perform such duties as are prescribed by law governing directors of corporations or as may be prescribed in these Articles or the Bylaws. The Board of Directors shall consist of ~~seventeen~~ nineteen (17<sup>9</sup>) members ("Directors"), composed of six (6) Directors elected by district ("District Directors"), six (6) Directors elected at-large ("At-Large Directors"), *one Resident Director and one Medical Student Director elected at-large*, the President, President-Elect, Immediate Past President, the

Speaker of the House of Delegates, and the AMA Delegation Designate. The qualifications, duties, terms of office and procedure for election of the Directors shall be as provided in the Bylaws.

## **BYLAWS**

### Chapter II

#### **Membership**

**Section 5.** RESIDENT PHYSICIAN MEMBERS. Resident ~~physician~~ membership in this Society shall consist of those ~~practitioners~~ *physicians* who have a valid Iowa “Resident *or* Physician License” ~~or a valid Iowa “Resident Osteopathic Physician and Surgeon License,”~~ *have been accepted into a residency or fellowship program in Iowa and are actively working toward completion*, who have been so certified by the executive office of this Society and who have been approved by the Board of Directors. ~~They shall have the right to vote and hold office.~~

**Section 6.** STUDENT MEMBERS. Student membership in this Society shall consist of those students in good standing at the College of Medicine at the University of Iowa who are candidates for a Doctor of Medicine degree, and those students in good standing at the Des Moines University College of Osteopathic Medicine and Surgery who are candidates for a Doctor of Osteopathy degree, who have been so certified by the executive office of this Society and who have been approved by the Board of Directors. ~~They shall have the right to vote but shall have no right to hold elective office in the Society.~~

**Section 9.** All members of the Society shall be privileged to attend all sessions of any House of Delegates meeting except as set forth in Chapter IV, Section 2. They may participate in all proceedings except as elsewhere prohibited in the Bylaws. Any active ~~or resident~~ member, or any life member elected to life membership on or before April 19, 1998, shall be eligible to hold any office within the ~~gift of the Society~~ *with the exception of the Resident Director and Medical Student Director offices*, providing such member is a citizen of the United States and has been a member of this Society in good standing for the two (2) years immediately preceding election. *Any resident member shall be eligible to hold only the office of Resident Director provided such member is a citizen of the United States and is a member of this Society in good standing. Any student member shall be eligible to hold only the office of Medical Student Director provided such member is a citizen of the United States and is a member of this Society in good standing.*

### Chapter III

#### **Component Societies**

**Section 7.** Nothing in Sections 1, 2 and 3 of Chapter III shall be construed as preventing the Society from chartering a *resident and fellow* component society ~~of residents~~ from the residency *and fellowship* programs in the state.

### Chapter IV

#### **House of Delegates**

**Section 6.** It shall elect the President-Elect, Speaker of the House of Delegates, Vice Speaker of the House of Delegates, At-Large Directors, *Resident Director, Medical Student Director*, AMA delegates and alternates and three members of the Nominating Committee in the manner provided in these Bylaws.

### Chapter VI

#### **Election of Officers**

**Section 2.** The House of Delegates shall elect the President-Elect, the Speaker of the House of Delegates, the Vice Speaker of the House of Delegates, the At-Large Directors, *the Resident Director, the Medical Student Director*, the Delegates to the American Medical Association and the Alternate Delegates to the American Medical Association in the manner specified in this Chapter VI of the Bylaws. The House of Delegates shall also elect three (3) members of the

Nominating Committee as specified in Section 4 of this Chapter VI.

**Section 8.** The President-Elect shall be elected as such for a term of one (1) year, upon the expiration of which term the President-Elect shall assume office as President for a term of one (1) year, except that the President-Elect shall assume the office of President earlier if the then serving President is unable, for any reason, to serve his or her full term of service as President. In the event the President-Elect should assume office as President prior to the completion of the full term of service of the then serving President, the President-Elect shall complete the term of service of the then serving President and, in addition, shall serve his or her full term of service as President as originally contemplated. Upon the expiration of the term of office as President, the President shall succeed to the office of Immediate Past President. In the event the President is unable, for any reason, to assume the office of Immediate Past President, the outgoing Immediate Past President shall, with his or her consent, remain in the office of Immediate Past President for an additional term of service. The Speaker and the Vice Speaker shall be elected for terms of one (1) year each. A person is not eligible to serve more than six (6) consecutive terms as Speaker or more than six (6) consecutive terms as Vice Speaker. The At-Large Directors shall be elected for terms of three (3) years each, except as otherwise noted in Chapter VII, Section 2 of these Bylaws. A person is not eligible to serve more than two (2) consecutive terms as an At-Large Director. The Resident Director shall be elected for a term of one (1) year and may be elected to multiple terms. The Medical Student Director shall be elected for a term of one (1) year and may be elected to multiple terms. Delegates and alternate delegates to the American Medical Association shall be elected in such numbers and for such terms as the American Medical Association Bylaws may prescribe, with each delegate or alternate delegate to be elected for a term of two (2) years beginning January 1 following the House of Delegates meeting at which they were elected. A person is not eligible to serve more than five (5) consecutive terms as a delegate to the American Medical Association, except that the term limit shall not be applicable to any delegate who has been elected or appointed to any American Medical Association council or office. A person is not eligible to serve more than five (5) consecutive terms as an alternate delegate to the American Medical Association, except that the term limit shall not be applicable to any alternate delegate who has been elected or appointed to any American Medical Association council or office. This exemption from term limitation for delegates and alternate delegates elected or appointed to any AMA council or office shall terminate effective immediately at the completion of the AMA council or office position. The delegate or alternate delegate shall be allowed to serve out the remainder of the current two-year term of office. Terms served as delegate or alternate delegate, while as an AMA officer or council member, will be counted to determine eligibility to run for re-election. These specified officers shall be elected by the House of Delegates on the last day of the annual House of Delegates meeting. Eligibility to any office shall include citizenship in the United States of America and membership in good standing in this Society for two (2) years immediately preceding election. Additionally, eligibility for the offices of Delegate and Alternate Delegate to the American Medical Association shall require membership in good standing in the American Medical Association for two (2) years immediately preceding election.

## Chapter VII

### **Board of Directors**

**Section 2.** The Board of Directors shall be composed of ~~seventeen~~ nineteen (17~~9~~) members ("Directors"), consisting of the President, the President-Elect, the Immediate Past President, six

(6) Directors elected on a staggered basis by the House of Delegates ("At-Large Directors"), six (6) Directors elected on a staggered basis by the Districts ("District Directors"), one (1) Resident Director, one (1) Medical Student Director, the Speaker of the House of Delegates, and the AMA Delegation Designate. The At-Large Directors shall be divided into three (3) classes, with each class to consist of two (2) At-Large Directors. The District Directors shall also be divided into three (3) classes, with each class to consist of two (2) District Directors. At each annual meeting of the House of Delegates, the number of At-Large Directors equal to the number of At-Large Directors whose terms expire at the end of such meeting shall be elected to hold office for a term of three (3) years, and the number of District Directors equal to the number of District Directors whose terms expire at the end of such meeting shall be elected to hold office for a term of three (3) years.

**HOD Action:** Resolution 09-01 was adopted.

**RESOLUTION 09-02            Introduced by Woodbury Medical Society**  
**INCENTIVE PROGRAM FOR RECIPIENTS OF PUBLICLY**  
**FUNDED HEALTH CARE**

**RESOLVED:** That the IMS shall work with the Iowa Legislature to begin a project wherein recipients of publicly funded health care will have positive incentives to control their utilization of health care resources; this program shall have a financial reward system for the appropriate use of the health care system while maintaining a system to ensure reimbursement of physicians and hospitals for rendered care.

**HOD Action:** Resolution 09-02 as amended was referred to the IMS Committee on Legislation for further evaluation, input and evolution.

**RESOLUTION 09-03            Introduced by Story County Medical Society and McFarland**  
**Clinic, P.C.**  
**REMOVE TERMINAL CONDITION LANGUAGE FROM**  
**IOWA CODE FOR DNR**

**RESOLVED:** That the Iowa Medical Society, in cooperation with the Iowa State Bar Association, seek to broaden the scope of Iowa Code section 144A.7A by removing limiting language recognizing DNRs only when the patient is in a terminal medical condition.

**RESOLVED:** That the IMS and Iowa State Bar Association offer substitute language to Iowa Code section 144A.7A to clarify Do-Not-Resuscitate (DNR) orders so that patients, individuals and physicians have the ability to request and institute DNR orders consistent with standards of medical care and principles of medical ethics.

**HOD Action:** Resolution 09-03 in its entirety was referred to the IMS Committee on Law and Ethics for further study and report to the IMS Board of Directors for decision.

**RESOLUTION 09-04            Introduced by Michael Kitchell, MD**  
**PAYING FOR QUALITY AND VALUE**

**RESOLVED:** That the Iowa Medical Society work with our GEM colleagues to support development of proposals and legislative efforts to reform the Medicare physician payment policies so that physician quality and value would be more effectively promoted and rewarded.

**HOD Action:** Amended Resolution 09-04 was adopted.

**RESOLUTION 09-05            Introduced by Cedar Valley Medical Specialists, P.C.**  
**VITAMIN D DEFICIENCY AND INSUFFICIENCY –**  
**IDENTIFICATION AND TREATMENT**

**RESOLVED:** That the Iowa Medical Society encourage testing for and treating the pandemic of Vitamin D deficiency and insufficiency in all Iowans by all health care providers.

**RESOLVED:** That the IMS will help organize and participate in a statewide educational initiative focused on children and adolescents, as well as adults, about Vitamin D needs and supplementation.

**HOD Action:** Resolution 09-05 in its entirety was referred to the IMS Committee on Public Health for further study with a report to the IMS Board of Directors for decision.

**RESOLUTION 09-06**

**Introduced by Cedar Valley Medical Specialists, P.C.  
OSTEOPOROSIS IDENTIFICATION, EVALUATION AND  
TREATMENT**

**RESOLVED:** That the Iowa Medical Society encourages all Iowa health care providers and facilities to utilize the “Own the Bone” program, developed by the American Orthopaedic Association, for identification, evaluation, and treatment of all fracture patients, or to develop and use their own personal program for identification, evaluation, and treatment of all fracture patients. Full implementation will result in the development of multi-specialty, and full ancillary services, Fracture Task Force at each facility. Full implementation will result in a decrease in repeat fractures and their attendant complications, thereby improving the health and quality of life for many Iowans.

**HOD Action:** Resolution 09-06 was referred to the IMS Committee on Public Health.

**RESOLUTION 09-07**

**Introduced by Michael Kitchell, MD  
THE RELATIVE VALUE OF ON-CALL WORK**

**RESOLVED:** That the AMA will ask the RUC to determine RVUs that would specifically give a value for each specialty’s **on-call work** related to the “burden,” i.e. an **RVU value per hour per population served** (e.g., neurosurgeon @ 1.0 RVU/hr/200,000 p-pts or .5 RVU/hr/100,000 p-pts.).

**HOD Action:** Resolution 09-07 was referred to the IMS Board of Directors.

**RESOLUTION 09-08**

**Introduced by Michael Kitchell, MD  
GEOGRAPHIC DEVALUATION OF E-PRESCRIBING  
PAYMENTS**

**RESOLVED:** That the Iowa Medical Society requests the American Medical Association to reaffirm the concept of equal pay for equal work and affirm the concept of equal pay for equal quality.

**HOD Action:** Resolution 09-08, first resolve, was adopted.

**RESOLVED:** That the Iowa Medical Society request the American Medical Association to lobby Congress and Centers for Medicare & Medicaid Services to prohibit geographic adjustments for e-prescribing and Physician Quality Reporting Initiative.

**HOD Action:** Amended Resolution 09-08, second resolve, was adopted.

**RESOLUTION 09-09**            **Introduced by Michael Kitchell, MD**  
**GEOGRAPHIC PRACTICE COST INDEX TECHNICAL**  
**COMPONENT FEES FOR IMAGING PROCEDURES**

**RESOLVED:** That the Iowa Medical Society requests the American Medical Association to lobby Congress to correct the inaccurate Geographic Practice Cost Index adjustment for the technical component of imaging studies.

**HOD Action:** Amended Resolution 09-09, first resolve, was adopted.

**RESOLVED:** That the Iowa Medical Society ask the American Medical Association to lobby Congress to bring about a 1.0 floor for all Geographic Practice Cost Index practice expense adjustments.

**HOD Action:** Resolution 09-09, second resolve, was adopted.