

SNOHOMISH COUNTY MEDICAL SOCIETY

BOARD OF TRUSTEES MEETING

SUMMARY | SEPTEMBER 13, 2022

Conference call via Zoom
6:00 pm -7:38 pm

WSMA HOD Resolutions Review

In attendance: Gerald Yorioka, MD, Mark Beatty, MD, Susan Reis, MD
SCMS Delegates: Gary Goldbaum, MD (absent: Troy Bender, PA-C)
Staff: Linda Krause

- I. Call to order at 6:02 pm by Gerald Yorioka, MD
- II. Review of WSMA HOD Resolutions B and C
 - a.) Trustees discussed the WSMA resolutions
 - b.) Governor Inslee ending the emergency proclamations related to health care – to be rescinded on October 27, 2022. Discussion on WSMA advocating for more direct input regarding state emergencies
 - c.) WA Secretary of Health, the first time it is a physician: Umair Shah, MD, MPH

III. Resolution B discussion/concerns

Green highlighted Snohomish County Trustees are FOR the resolution

Yellow highlighted resolutions need clarification/need more information on the resolution before SCMS can be FOR or AGAINST

*General comments

B-1 - Physician Non-Competes B

B-2 - WSMA Dues Increase B

B-3 - Reducing Risks from Multiple Prescribers in the Skilled Nursing, Assisted Living, and Adult Family Home Settings

B-4 - Soteria for Early Treatment of Acute Serious Mental Illness in Washington State B

Q: Is this a theoretical model?

Q: Funding concerns (2nd resolve)

*If this is a corporate model, SCMS is against this resolution

B-5 - Prohibit For-Profit Private Equity Investment Entity Purchase of WA Physician Practices

Q: Is this legal? If yes, SCMS will support this resolution

Q: What is the impact on care?

B-6 - Commitment to Limit Inhaler-Induced Climate Change

B-7 - Removing the Race Coefficient from the Calculation of Estimated Glomerular Filtration Rate

B-8 - Parents Deserve Comprehensive Postpartum Care

B-9 - Allocate Opioid Funds to Student Debt of Addiction Treatment Physicians

and Health Care Professionals

Q: How will this be enforced? Assure accountability? What is the significant part of the care?

B-10 - Addressing Physician Burnout Through the Elimination of Mandatory

Reporting by Physician Wellness Groups

Q: Need more information. WPHP (Washington Physicians Health Program) already exists

B-11 - Improving Access to Evidence-Based Harm Reduction Services

B-12 - Legislative Advocacy to Support Harm Reduction Services in the State of Washington

*No objections but would like more information on this resolution

B-13 - Racial Bias in Pulse Oximetry

B-14 - Washington State Opioid Prescribing Rules

*SCMS supports a workgroup

B-15 - Improving Refugee Primary Care Access and Interpreter Certification Testing

B-16 - Addressing Vaccine Misinformation

III. Resolution C discussion/concerns

C-1 - Improving Health Care Staff and Physician Workforce in Washington

C-2 - Increasing Access to Vasectomies

C-3 - Education and Support for Physicians Delivering End-of-Life Care

*WSMA has not supported this in the past. SCMS supports this resolution

C-4 - Support for Legislation that Improves Health via Implementation of a Statewide Guaranteed Basic Income (GBI) Program

*SCMS supports this but will likely not pass- a lot of opposition.

C-5 - Protecting Patient Access

C-6 - The Shortage of Mental Health Professionals and Ancillary Mental Health Workers

*Great idea, but costly

C-7 - Equitable Youth Physical Activity and Sport Opportunities

C-8 - Restricting Derogatory and Stigmatizing Language of ICD-10 Codes

*Needs to be addressed on a national level

C-9 - Support Eat, Sleep, Console as Treatment for Neonatal Abstinence Syndrome

C-10 - Advocating for the Informed Consent for Access to Transgender Health Care Model

Q: Sounds positive, but what does it do? Self-attestation? Needs clarification.

C-11 - Patient Access to Safe and Legal Information

* This is already in place-should not be an issue (?)

C-12 - Decreasing Exposure to Air Pollution Near Airports

*Near highways also. State air quality program is already in place

C-13 - Protecting Physicians Who Provide Reproductive Services

C-14 - Reducing Gun Harm by Requiring Gun Owners to Obtain and Maintain Liability Insurance

C-15 - Expanding Behavioral Health Urgent Care

C-16 - Recognizing Issues of Stigma and Equity Amidst the Monkeypox Epidemic

* "Monkey pox" is old language. CDC has already made changes. SCMS supports educating the general public.

IV: WSMA BYLAW CHANGES

- a.) SCMS supports all WSMA bylaw changes
 - 1.) Sunset from 10 years to 5 years
 - 2.) Increase delegates to the HOD, 1 representative per medical school
 - 3.) Allow medical students to be AMA alternate delegates

Meeting adjourned at 7:38pm

LMK

RESOLUTIONS

B-1 - Physician Non-Competes B

(Requires WSMA to convene a group with WSHA, health systems, large medical groups, and other interested stakeholders to raise awareness of the potential burden of noncompete agreements on the physician-patient relationship. Also requires WSMA to provide resources on best practices for physicians negotiating employment contracts and legal referrals.)

B-2 - WSMA Dues Increase B

(Increases WSMA's membership dues by 5%, effective for 2023 membership. WSMA full dues would increase from \$535 to \$560.)

B-3 - Reducing Risks from Multiple Prescribers in the Skilled Nursing, Assisted Living, and Adult Family Home Settings B

(Requires WSMA to support a requirement that a new consulting clinician in skilled nursing facility (SNF) settings discuss with a patient's primary care clinician or covering clinician within a few days after starting new medication or modifying medication. Also directs WSMA to discuss with WSHA having similar policies for coordinated care between consultants and primary care clinicians.)

B-4 - Soteria for Early Treatment of Acute Serious Mental Illness in Washington State B

(Requires WSMA to support transitioning away from the exclusive use of bio-medical model in the treatment of extreme mental states and toward a biopsychosocial model. Also requires WSMA to support funding for the creation of Soteria stabilizing homes aimed at early intervention for SMI.)

B-5 - Prohibit For-Profit Private Equity Investment Entity Purchase of WA Physician Practices B

(Requires WSMA to support the regulation of buying and selling medical practices by for-profit private equity firms and support funding for a study on the frequency and

impact of the purchase and sale of medical practices by for-profit private equity firms and resulting physician resignations.)

B-6 - Commitment to Limit Inhaler-Induced Climate Change B

(Requires WSMA to support legislation, bring forth a resolution to the AMA, advocate to the Pharmacy and Therapeutic Committee of the HCA, and create a one-hour educational event on the issue of hydrofluorocarbon inhalers and their effects on climate change, and dry-powder alternative inhalers.)

B-7 - Removing the Race Coefficient from the Calculation of Estimated Glomerular Filtration Rate B

(Requires WSMA to support and promote immediately removing the race-based variables from estimated glomerular filtration rate calculations in Washington state medical laboratories.)

B-8 - Parents Deserve Comprehensive Postpartum Care B

(Requires WSMA to support comprehensive, longitudinal, and individualized postpartum care for parents and families in the clinical setting.)

B-9 - Allocate Opioid Funds to Student Debt of Addiction Treatment Physicians and Health Care Professionals B

(Requires WSMA to advocate for Washington state to allocate payments from opioid distributors and manufacturers to assist physicians and health care professionals in loan repayment if addressing opioid use disorder is a significant part of their care. Also requires WSMA to ask the AMA to advocate for states to allocate payments to physicians and health care professionals to help repay loans if they address opioid use disorder as a significant part of their care.)

B-10 - Addressing Physician Burnout Through the Elimination of Mandatory Reporting by Physician Wellness Groups B

(Requires WSMA to advocate for new legislation recognizing entities that function as physician wellness programs and protecting the confidentiality of participants to act in the best interest of the physician to ensure physical, mental, and emotional wellbeing. Also requires WSMA to advocate for changes to WAC 246-16-235 to eliminate mandatory reporting by license holders.)

B-11 -Improving Access to Evidence-Based Harm Reduction Services B

(Requires WSMA to support needs-based syringe distribution models at syringe service programs and to contact local health boards and jurisdictions to advocate for switching to a needs-based distribution model.)

B-12 -Legislative Advocacy to Support Harm Reduction Services in the State of Washington B

(Requires WSMA to support the provision of safer smoking supplies and fentanyl test strips at harm reduction programs and syringe service programs in Washington state. Also requires WSMA to petition the legislature to remove legislation preventing the distribution of safer smoking supplies and the prosecution of such distribution. Finally, requires WSMA to reach out to local health boards to provide information about safer smoking supplies and fentanyl test strips at syringe service programs.)

B-13 -Racial Bias in Pulse Oximetry B

(Requires WSMA to support equitable research that enrolls diverse study populations. Also requires WSMA to bring a resolution to the AMA that directs the AMA to collaborate with relevant stakeholders to make recommendations to the US FDA that ensures pulse oximeters provide accurate and reliable readings for patients with diverse degrees of skin pigmentation.)

B-14 -Washington State Opioid Prescribing Rules B

(Requires WSMA to create a work group comprising appropriate state entities, including

the WMC, to review opioid prescribing requirements and available data to produce recommendations for state and federal policymakers that would improve patient access to appropriate pain management.)

B-15 -Improving Refugee Primary Care Access and Interpreter

Certification Testing B

(Requires WSMA to, among other things, advocate for expanding access to – and lower financial barriers to – interpreter certification testing in additional cities and support legislative action with the intention of creating virtual alternatives to in-person interpreter certification. Also requires WSMA to acknowledge the barriers to health care access faced by refugees and oppose racism in all facets and toward all peoples.)

B-16 -Addressing Vaccine Misinformation B

(Requires WSMA to oppose the spread and dissemination of medical misinformation by physicians and recognize that providing such misinformation regarding the COVID-19 vaccine and other vaccines contracts physicians' ethical and professional responsibilities.)

C-1 -Improving Health Care Staff and Physician Workforce in Washington C

(Requires WSMA to engage on measures to increase the health care workforce, including a number of training opportunities for physicians, PAs, nurses, MAs, and behavioral health professionals. Also requires WSMA to support the creation and/or maintenance of existing post-graduate sites as well as retention of said trainees in Washington.)

C-2 -Increasing Access to Vasectomies C

(Requires WSMA to work with local/state policymakers to ensure that Medicaid programs do not exclude vasectomy and sterilization services.)

C-3 - Education and Support for Physicians Delivering End-of-Life Care C

(Modifies current WSMA policy on Withdrawal of Life Support and Quality of Life.)

C-4 - Support for Legislation that Improves Health via Implementation
of a Statewide Guaranteed Basic Income (GBI) Program C

(Requires WSMA to support legislation that implements a statewide Guaranteed Basic Income program. Also requires WSMA to create a one-hour educational event on the benefits of a Guaranteed Basic Income program.)

C-5 - Protecting Patient Access C

(Requires WSMA to reaffirm its support of a patient's right to an abortion. Also requires WSMA to advocate for legal protections for health care professionals providing abortions in Washington state. Further requires WSMA to work with legislators and state agencies to ensure law enforcement does not cooperate with authorities from other states attempting to prosecute patients traveling from other states to receive abortion services in Washington state.)

C-6 - The Shortage of Mental Health Professionals and Ancillary
Mental Health Workers C

(Requires WSMA to support improved reimbursement for behavioral, mental health, and substance abuse treatment and directly reimbursed treatment support services.)

C-7 - Equitable Youth Physical Activity and Sport Opportunities C

(Requires WSMA to support the formation of a task force or work group charged with identifying community led strategies to mitigate racial and socioeconomic barriers to youth sport participation across Washington state. Also requires WSMA to support legislative changes that would protect and expand equitable school-based opportunities for physical activity.)

C-8 - Restricting Derogatory and Stigmatizing Language of ICD-10 Codes C

(Requires WSMA to propose a resolution to the AMA to advocate for developing and implementing destigmatizing terminology in the International Classification of Diseases. Also requires WSMA to advocate government-funded and commercial insurers to remove policies requiring the use of stigmatizing diagnosis codes.)

C-9 - Support Eat, Sleep, Console as Treatment for Neonatal Abstinence Syndrome C

(Requires WSMA to advocate for and support efforts to universally adopt the Eat, Sleep, Console approach for neonatal abstinence syndrome treatment and management during the initial postpartum/neonatal inpatient care.)

C-10 - Advocating for the Informed Consent for Access to Transgender

Health Care Model C

(Requires WSMA to advocate and encourage the adoption of the Informed Consent for Access to Transgender Health Care model for the provision of gender-affirming care. Also requires WSMA to propose a resolution to the AMA advocating for the adoption of the model for state-funded, federally-funded, and commercial insurance carriers in determining coverage for gender-affirming health care services.)

C-11 - Patient Access to Safe and Legal Information C

(Requires WSMA to recognize the importance of patient access to all information the physician or health care professional feels necessary for patient care. Also requires WSMA to advocate for legislation and other measures that would help protect physicians and health care professionals from punitive actions when providing safe, legal, and/or evidence-based information to their patients.)

C-12 - Decreasing Exposure to Air Pollution Near Airports C

(Requires WSMA to support the establishment of a state Air Quality Improvement Program whereby recipients of the program receive services and supplies, including

HEPA filters where deemed appropriate, to improve control of respiratory conditions, reduce the prevalence of environmental triggers for respiratory conditions, and reduce emergency room visits and hospitalizations for respiratory conditions.)

C-13 - Protecting Physicians Who Provide Reproductive Services C

(Requires WSMA to work with local and state policymakers to oppose the ability of antiabortion states to legally pursue cases against Washington clinics or physicians if a person from their state seeks an abortion in Washington.)

C-14 - Reducing Gun Harm by Requiring Gun Owners to Obtain and Maintain Liability Insurance C

(Requires WSMA to support legislation requiring a Washington state resident who owns a firearm to obtain and continuously maintain a gun liability insurance policy from an insurer specifically covering losses or damages resulting from any negligent or accident use of the firearm.)

C-15 - Expanding Behavioral Health Urgent Care C

(Requires WSMA to work with local and state policymakers to ensure additional funding is made available to expand behavioral health urgent care efforts throughout Washington that have been proven successful by Providence Behavioral Health Urgent Care.)

C-16 - Recognizing Issues of Stigma and Equity Amidst the Monkeypox Epidemic C

(Directs WSMA to oppose the use of racist, homophobic, stigmatizing, and discriminatory language in reference to communities affected by monkeypox and other diseases and support efforts to combat such language with public education. Also requires WSMA to support public health policy that centers solutions around health equity to better reach those that are marginalized and vulnerable