

Nevada State Medical Association



Policy Compendium

2008-2009

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Nevada State Medical Association Policy Compendium (2008-2009)

The *NSMA 2008-2009 Policy Compendium* contains the current policies of the Nevada State Medical Association (NSMA) adopted by the House of Delegates and the Association's Constitution and Bylaws. The policy resolutions included in this volume reflect all NSMA House of Delegates actions through May 2008. It does not include memorial resolutions, resolutions regarding personnel or administrative matters, or resolutions revising the NSMA Bylaws.

The current policies of the American Medical Association can be accessed on-line by AMA members at: <http://www.ama-assn.org/ama/no-index/legislation-advocacy/8152.shtml>. This includes the I-08 Policy Finder and downloadable copies of many basic AMA policy documents.

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Abortion

1994-16 Right of Physicians to Include Pregnancy Termination As Part of Their Practice

That the NSMA again goes on record in support of the right of physicians to choose to include pregnancy termination as a part of their practice; and, That the NSMA condemns any illegal physical and mental harassment and intimidation directed at such physicians. (Reaffirmed 2000)

Accident Prevention

1994-22 Helmets for High School Rodeo Participants

That the NSMA recommends that all participants in high school rodeo rough stock events (bull riding, saddle bronco riding, and bareback riding) be required to wear a protective helmet and face mask in an effort to prevent head and facial injuries. (Reaffirmed 2000)

2001-18 Head Protection at Rental Facilities

That all establishments that rent bicycles, downhill skis, roller blades, snowboards and scooters offer protective head gear with the rental agreement. (Reaffirmed 2007)

2001-24 Head Protection

That the NSMA support the use of helmets for children under 18 when participating in bicycling, downhill skiing, skating, snowboarding, skateboarding, scooters, and rollerblading. (Reaffirmed 2007)

Accident Prevention: Motor Vehicles

1994-21 Safety For Passengers in the Back of Pickup Trucks

That the NSMA support legislation that would prohibit passengers from riding in the cargo bed of a pickup truck unless appropriately restrained in seats with belts. (Reaffirmed 2000 and 2006)

1998-33 Restraints in Back of Pick Up Trucks

That NSMA direct the Governmental Affairs Commission to actively include in its legislative package, legislation requiring seats and restraints for all individuals riding in the beds of pick up trucks on publicly maintained roadways. (Reaffirmed 2003)

1996-31 Helmets for Motorcycle Riders

That NSMA oppose any effort to repeal Nevada Revised Statutes pertaining to requiring helmet for any rider of a motorized bicycle, tricycle or quadricycle vehicle. (Reaffirmed 2002)

1996-33 Driving Proficiency Testing for Persons Over 70 Years of Age

That the NSMA encourages the Nevada State Legislature to enact a mandatory 4 year renewal for drivers license over the age of 70 including visual and driving proficiency examination. (Reaffirmed 2000 and 2006)

2000-23 DMV Criteria For The Aged/Disabled

That NSMA work with the Department of Motor Vehicles to develop clearly written criteria for disabilities that would prevent a patient from driving safely. (Reaffirmed 2006)

2008-21 Cell Phone Use in Motor Vehicles

That the NSMA actively support the introduction of legislation to ban the use of hand held cell

phones and personal digital assistants (PDAs) by operators of motor vehicles in the State of Nevada; and...That such a ban will include the prohibition of “text messaging” activities involving a cell phone or personal digital assistant (PDA) or any other hand held device that requires a driver to divert his/her attention from the operation of his motor vehicle while driving; and... That such legislation will enable law enforcement agencies to stop violators primarily for the offense (primary cause) and not just in conjunction with another violation.

Acquired Immunodeficiency Syndrome/HIV

1993-27 AIDS Education

That the State of Nevada school systems continue education of students in the prevention of HIV infection and Sexually Transmitted Diseases and encourage students to engage in high risk activities such as promiscuous sexual behavior, drug usage and contact with blood or bodily fluids. (Revised and Reaffirmed 2000 and Reaffirmed 2006)

2007-12 Preventing Perinatal Transmissions of HIV

That NSMA support routine prenatal HIV testing utilizing the opt-out approach; and ... That NSMA encourage all medical facilities and providers to offer rapid HIV testing, utilizing the opt-out approach, for all women who present for labor and delivery who do not have a documented prenatal HIV test.

Advance Directives and “End of Life Care”

2002-9 End-of-Life Care

That the NSMA encourage and assist the Nevada Center for Ethics and Health Policy and other interested agencies to investigate Oregon’s methods and develop programs in Nevada to improve the transfer of end-of-life documents with the patients of long-term care facilities to acute care hospitals. (Reaffirmed 2008)

2007-11 Standardized Advanced Directives

That the AMA be asked to develop a nationally recognized standardized advanced directive that may be applied in the absence of an existing advanced directive; and ... That the AMA delegates take this resolution to the AMA for consideration at their House of Delegates meeting this year.

Alcohol and Alcoholism

1991-12 Substance Abuse Awareness

That the NSMA pledges a high priority to developing and supporting drug and alcohol abuse education, prevention and treatment programs. (Revised and Reaffirmed 2000 and Reaffirmed 2006)

1996-34 Drunk Driving

That the NSMA support every effort to eliminate drunk driving including prosecuting every drunk driver. (Reaffirmed 2002 and 2008)

1997-26 Alcohol

That the NSMA endorses the AMA policy on alcohol; And... That the NSMA supports increased taxation of all liquor products and the banning of retail sales of alcohol from gasoline outlets. (Reaffirmed 2003)

2005-05 Eliminate Underage Alcohol Consumption

That NSMA actively opposes underage drinking by supporting the American Medical Association's policies and principles.

Alternative (Complementary) Medicine

2002-7 Chelation Therapy For Coronary Artery Disease

That the NSMA seek legislation through the Nevada State Legislature that bans medical treatment proven to have no medical benefit. (Reaffirmed 2008)

Americans With Disabilities Act

2001-19 Communication Barriers

That the NSMA through its AMA Delegates recommend that interpretive/translator services (as required by ADA and CMS) for their patients be provided and paid for by third party payors. (Revised and Adopted in 2007)

Antitrust and Collective Bargaining

1999-6 Antitrust Laws

That the NSMA will work with the American Medical Association and the County Medical Societies in Nevada to revise federal anti-trust law to allow physicians to collectively negotiate with managed care companies and other third party payors. (Revised and Adopted 2002; Reaffirmed 2005)

1999-7 Support Physician Unions

That the NSMA support the concept of physician's unions being able to collectively negotiate for their members. (Reaffirmed 2005)

Certificate of Need

1991-17 Support Repeal of Certificate of Need

That the NSMA support repeal of certification of need laws, but that it not be replaced by a more restrictive process. (Reaffirmed 2000)

Children and Youth (See also: "Public Health")

1992-11 Genetic and Medical History of the Adopted

That the NSMA assist the appropriate bodies to develop a medical and genetic history form which will become and remain protected information and part of the adopted individuals permanent record on their entry into the foster care/adoption system. That the NSMA seek legislation which clearly mandates all appropriate agencies to furnish to the adoptive parent, when possible, the appropriate medical and genetic family history furnished by birth parents with a mechanism to protect the confidentiality of all parties. (Reaffirmed 2000)

1993-25 Free Immunization

That the NSMA state as policy the belief that all third party payers should include adequate and reasonable coverage for routine pediatric immunizations as recommended by the American Academy of Pediatrics. (Revised and Reaffirmed 2000)

1996-29 Immunization

That the NSMA state as policy the belief that all third party payers should include adequate and reasonable coverage for routine pediatric immunizations as recommended by the American Academy of Pediatrics. (Reaffirmed 2002 and 2008)

1998-38 School-Based Clinics

That the NSMA supports voluntary school based health services on a parental consent, menu-driven basis.

1999-20 Coverage for Children

That the NSMA assist the “Covering Kids and Families Coalition” and inform physicians of the availability of the “Nevada CheckUp” program. (Reaffirmed 2005)

1999-25 Foster Care

That the NSMA help form a coalition with others who are concerned with the well being of children (e.g., social workers, teachers, etc) to investigate how to facilitate the legal termination of biological parental rights in a timely fashion, when it is in the best interest of the child.

1999-27 Child Safety Education

That the NSMA support efforts to include education about important child care safety issues in public schools by the 8th grade. (Reaffirmed 2005)

2000-26 Childhood Immunizations

That (1) The NSMA will work with the Nevada Congressional Delegation and the Nevada State Legislature to provide both the resources and the programs necessary, using the recommendations of the Advisory Committee For Immunization Practices (ACIP) and in accordance with the provisions set forth in the “National Vaccine Injury Compensation Act”, to ensure that all Nevada children are immunized on schedule, thus representing progress in preventive medicine; (2) The NSMA endorses the recommendations on adolescent immunizations developed by the ACIP and approved by both the American Academy of Family Physicians and the American Academy of Pediatrics; (3) The NSMA will continue to support state legislation to require that students entering school be adequately immunized according to current national standards and would support legislation to require that students entering middle or junior high school be adequately immunized according to current national standards; and, (4) The NSMA will support voluntary and legislative requirements for coverage by public and private health insurance programs and plans of childhood immunizations using the recommendations of the ACIP and in accordance with the provision set forth in the “National Vaccine Injury Compensation Act”, to ensure that all Nevada children are immunized on schedule. (Reaffirmed 2006)

2007-16 Immunization Registries

That the NSMA encourage the state government to establish a web based immunization record that can be accessed by all physicians; and ... That this system will seamlessly interface with local registries; and ... That NSMA educate and encourage physicians on the importance of participating in immunization registries in their communities.

Civil and Human Rights

1997-6 Equal Opportunity

That the NSMA shall provide equal opportunity, rights, privileges and responsibilities to everyone regardless of race, religion, color, creed ethnic affiliation, national origin, sex or age. (Reaffirmed 2003)

Coding and Nomenclature

1998-18 CPT Evaluation and Management Codes

That the NSMA work with other physician organizations to define and confirm what constitutes appropriate documentation; and That the NSMA use all available means to ensure appropriate safeguards for physicians, so that documentation or disputed errors in the patient's record that do not meet Evaluation and Management Coding Guidelines, in and of themselves, do not constitute fraud and/or abuse, and That the NSMA use all available means to ensure that the burden of proof for fraud and/or abuse lie with the prosecution; and That any financial adjustments be fairly administered for undercoding as well as overcoding; and That disputes be addressed through arbitration with the prevailing party receiving reimbursements for expenses from the opposing party. (Revised and Reaffirmed 2004)

Drug (Substance) Abuse

1991-12 Substance Abuse Awareness

That the NSMA pledges a high priority to developing and supporting drug and alcohol abuse education, prevention and treatment programs. (Revised and Reaffirmed 2000)

1993-26 Clean Needles for Drug Users

That the State of Nevada explore a pilot program for a provision of exchanging used needles for sterile needles and additionally provide information concerning health issues to Nevadans who are chemically dependent. (Reaffirmed 2000)

Drugs (Prescription)

2005-07 Prescription Expiration Dates

The NSMA support action by the State Board of Pharmacy that extends prescription expiration dates beyond 12 months.

2007-20 AMA Opposition To NSMA Position Regarding Nevada Prescription Drug Law

That the NSMA delegates to the American Medical Association meet with the AMA leadership to express NSMA'S displeasure in the way our legislative efforts were undermined by the AMA; and ... That NSMA express our opposition to the Physician Data Restriction Program (PDRP) as it currently exists; and ... That NSMA encourage the AMA to simplify the opt out process and notify the physician who opts out that his/her request has been received and honored.

Electronic Health Care Records and Electronic Prescribing

2008-17 National Patient Database Electronic Medical Records

That NSMA supports alternative funding to allow physicians to embrace electronic medical record keeping; and...That NSMA opposes unfunded mandatory electronic medical record requirements.

Emergency Medical Services

1995-22 Team Sports Physician

That the NSMA recommend to the Nevada Legislature that the home football team be responsible for providing certified emergency medical personnel and ambulance at all football games. (Reaffirmed 2001)

2001-22 Dental Emergencies

That the NSMA open discussions with the Nevada State Dental Society to develop policies that insure appropriate emergency and post-operative dental care.

2005-15 Establish A Plan For Stroke Care Throughout Nevada

The NSMA supports the establishment of a comprehensive stroke treatment plan in all areas of the State.

2007-09 Dental Emergency Referrals

That the NSMA encourage the Nevada Dental Association and the University of Nevada School of Dental Medicine to develop a statewide treatment plan for dental emergencies.

2007-10 Emergency Referrals

That the NSMA encourage collaboration between physicians and health care facilities to provide appropriate and timely treatment of emergencies; and ... That NSMA encourage the Governor's office to establish a task force to study the ongoing medical crisis of emergency coverage in critical specialties; and ... That the NSMA request that the State Health Division develop a continually updated informational resource for physicians and the public that assesses the emergency capabilities of Nevada hospitals; and ... That the AMA delegates present this resolution at the AMA House of Delegates meeting.

Ethics

1994-14 Criminalization of Medical Judgment

That the NSMA take all reasonable and necessary steps to insure that results of medical decision making, exercised in good faith, does not become a violation of criminal law. (Reaffirmed 2000)

1996-7(a) Physician Participation in Executions

That the NSMA reaffirm its policy stating physicians should not actively participate in executing prisoners.

1998-6 Prohibition of Physicians Selling Medical Hardware and/or Vitamins

That the NSMA endorse the AMA Council on Ethical and Judicial Affairs (CEJA) report- "Guidelines for physicians regarding sale of non-health related goods". (Revised and Reaffirmed 2004)

2006-12 Code of Professional Ethics

That the NSMA adopts "The Principles Of Medical Ethics" (Adopted By The American Medical Association House Of Delegates June 17, 2001) for guidance to all NSMA member physicians and to Nevada Professional Licensing Boards and State agencies when determining whether an

action by a licensed physician raises questions as to whether that physician has met the standards of conduct which define the essentials of honorable behavior for the physician; and ... That the NSMA adopts “Code Of Professional Ethics” (“Contained In LCB FILE NO. R168-05, Drafted By Robert Barnet, MD, At The Request Of The Nevada State Board Of Medical Examiners”) as a supplementary reference to the AMA “The Principles Of Medical Ethics” and encourage the further refinement of voluntary guidance statements; and ... That the NSMA would provide testimony or statements regarding these policies and guidance documents to the Nevada State Board of Medical Examiners or other State agencies when they request it, and if they are seeking to determine if a licensed physician’s behavior is within adopted standards of conduct.

2008-03 NSMA To Renew Efforts to Maintain the Highest Ethical and Safety Standards Amongst Its Membership

That NSMA renew efforts to maintain the highest ethical and safety standards amongst our members and colleagues as outlined in the American Medical Association/American Osteopathic Association Codes of Ethics.

Health Care Costs

1994-11 Cost Control

That the NSMA supports continued search for methods in addition to managed care as means of controlling the cost while preserving the quality of care. (Reaffirmed 2000)

Health Care Quality

2008-04 Quality of Care

That NSMA work with State agencies to develop better quality of care information in this State; and...That NSMA take a leadership role in the transformation of health care in Nevada by adopting a proactive stance on quality improvement.

2008-22 Safe Injection Techniques

That the NSMA appoint an ad hoc committee to work with HONORreform to develop an acceptable public relations campaign for the education of medical professionals and the public regarding safe injection techniques; and...That an acceptable campaign reflect the scientifically based practice of safe injection techniques consistent with the drug, vaccines, and medical equipment manufacturer’s guidelines and recommendations.

Health Care System Reform

1996-8 Health Savings Accounts

That the NSMA take appropriate action to inform physicians and patients of the need to implement medical savings accounts with federal health care reform legislation and that the NSMA take whatever steps necessary to expedite communication from physicians and patients to Congress in support of retaining medical savings accounts as an important part of health care reform. (Reaffirmed 2002 and Revised and Adopted 2008)

2003-10 Health Care Access

That the NSMA continue to work with the Nevada State Legislature to improve access to quality health care in Nevada.

Health Education

1991-10 CPR for Newborns

That NSMA encourage CPR training of new and expectant parents. (Reaffirmed 2000)

1992-17 Provision of Health Care and Parenting Classes for Adolescent Parents

That the NSMA seek to increase the number of adolescent parenting programs within school settings which provide health care for infants and mothers, and child development classes, in addition to current high school courses. That the NSMA support programs directed towards increasing high school graduation rates, improving parenting skills, and decreasing future social service dependence of teenage parents. (Reaffirmed 2000)

1995-25 CPR

That the NSMA supports legislation to require CPR training as part of the health education in schools. (Reaffirm 2001)

1995-28 Sex Education in Schools

That the NSMA supports sex education in sexual reproduction and sexual transmitted diseases beginning by at least the sixth grade in all K-12 schools. (Revised and Reaffirmed 2001)

1995-30 Mandatory Exercise K-12

That the NSMA recommend to the State Board of Education and to private schools that exercise, according to guidelines of the President's Council on Physical Fitness and Sports, but at least 30 minutes daily in all K-12 schools. (Revised and reaffirmed 2001)

Health Insurance

1998-20 Truth in Insurance Advertising

That the NSMA go on record as supporting clarity in advertisement of medical insurance and medical care; and That NSMA support legislation which restricts or otherwise eliminates misleading advertisement in healthcare. (Reaffirmed 2004)

2007-21 Proposed Acquisition of Sierra Health Services by UnitedHealth Group

That the NSMA monitor and participate in all regulatory or other venues that impact upon the proposed merger of Sierra Health Services and UnitedHealth Group and oppose any plan that limits the access, choice, or availability of medical care to the people of Nevada; and ... That the NSMA contact both state and federal elected officials to encourage them to actively oppose this merger.

Health Insurance: Benefits and Coverage

1992-13 Mandatory Health Insurance Coverage

That the NSMA recommends that the Nevada Legislature enact legislation which would require that: (1) All insurance companies which offer health insurance in Nevada offer to all Nevadans a basic package of health care benefits exclusive of mandated benefits. (2) That the price of premiums for this basic package be individual's documented lifestyle health risk factors assessment. (Reaffirmed 2000)

1993-13 Discrimination on the Basis of Pre-Existing Conditions

That the NSMA shall recommend to the Nevada Legislature that insurance companies doing business in the State of Nevada be required to make a basic health insurance package available to all Nevadans regardless of health risk. (Reaffirmed 2000)

2005-13 Insurance Coverage For Childhood Immunizations (See also: “Children and Youth” and “Public Health”)

That the NSMA’s delegation to the American Medical Association House of Delegates sponsor or co-sponsor resolutions to seek federal legislation requiring all health insurance plans to provide coverage for all immunizations.

2006-07 Support Health Coverage for Minors

That the NSMA support better utilization of all available resources, and seek additional resources, to assure health coverage for all minors; and ... That the NSMA AMA Delegates communicate NSMA’S support of the “2006 AMA Health Care Advocacy Agenda” to the AMA.

Health Insurance: Claim Forms and Claims Processing

1998-4 Physicians’ Computer Network

That NSMA encourage all health care providers to work together to identify appropriate standardized electronic medical record systems with appropriate safeguards that are capable of integrating with hospitals and physicians’ offices, thereby, facilitating physicians’ access to vital health data and improving the quality of patient care. (Reaffirmed 2004)

Health Insurance-Managed Care

1995-13 State Compensation for Medical Certification

That the NSMA supports legislation requiring the State of Nevada to provide adequate compensation and postage when medical information is required from a physician. (Reaffirmed 2001)

1995-17 Truth in Utilization

That the NSMA recommend to the Nevada Legislature to make it unlawful to withdraw or deny payment or withdraw authorization for previously authorized services provided in good faith. (Reaffirmed 2001)

1995-19 Due Process

That the NSMA opposes the practice of de-selection of physicians by MCOs and third party payor panels without due process including independent arbitration. (Reaffirmed 2001)

1995-20 Due Process and Rating Health Plans

That the NSMA seek legislative action to require a due process mechanism regarding grievance procedures for the medical profession and health care insurance enrollees unhappy with care and coverage decisions, and ensure quick, independent review of disputed claims. That legislation be created to provide the medical profession and consumer access to more comprehensive information about health plans including quality, performance, and satisfaction, and provide the medical profession and enrollees with opportunities to offer input in decisions affecting health care. (Reaffirmed 2001)

1995-21 MCO Failure to Provide Access and Failure to Reimburse

That the NSMA support legislation to ensure that physicians who provide emergency treatment, when an MCO physician is unavailable or fails to respond to the call in a timely manner, or if the MCO is not identified at the time of care, receive payment from the MCO regardless of the physician's lack of a contract with the MCO and that MCO regardless of the physician's lack of a contract with the MCO and that payment is in accordance with the established fee schedule for the MCO.

1996-10 Managed Care Reform

That the NSMA supports the full implementation of the Nevada Patient Protection Act and its expansion as necessary to assure full patient access to appropriate medical services as determined by the patient in consultation with the patient's physician. (Revised and Adopted 2002 and Reaffirmed 2008)

1996-12 Third Party Payer Report Card

That NSMA supports the Governor's Office of Consumer Health Assistance, which was created to be a statewide program for collecting and resolving problems and complaints of patients who are being denied access to appropriate medical care by third party payers. NSMA will support any enhancements needed to assure that this mission is accomplished. (Revised and Adopted 2002 and Reaffirmed 2008)

1996-13 "Hold Harmless" Clauses

That NSMA continue to support legislative efforts to ban hold harmless clauses by third party payers. (Reaffirmed 2002 and 2008)

1996-17 HMO Panel Eligibility for Non-Board Certified Physicians

That board certification eligibility, certificate of added qualifications, or recertification should not be used as the sole measure of quality of care, eligibility to contract with managed or receive hospital staff privileges. That NSMA ask the AMA to work with the national accrediting organization for MCOs to eliminate requirements for board certification as a condition for accreditation of the MCO. (Reaffirmed 2002 and 2008)

1996-18 Fair Hearing

That NSMA advance legislation consistent with the "Patient Protection Act" language pertaining to due process in the de-selection of physicians. (Reaffirmed 2002 and 2008)

1996-20 Capitation

That NSMA continue to assist physicians to adjust to a changing market by providing timely and appropriate products and services dealing with a variety of emerging capitated and non-capitated methods. (Reaffirmed 2002 and 2008)

1996-22 Third Party Payers Be Responsible Financially When Procedure Pre-Authorized

That the NSMA support legislation mandating third party payers be responsible for financial obligation for any procedure or service that they have authorized for a patient. (Reaffirmed 2002 and 2008)

1997-11 Universal Credentialing Form

That the NSMA introduce legislation that all insurers and hospitals accept one universal, comprehensive form for credentialing.

1997-19 Managed Care Fiduciary Disclosure

That the public has the right to inspect and review the financial records of managed care organizations. (Reaffirmed 2003)

1997-20 Managed Care Treatment Panels

That the NSMA supports proper peer review of decisions to deny medical care issued by payers for medical care. (Reaffirmed 2003)

1998-25 Out-of-State Managed Care Organizations

That the NSMA support Congressional action to require that those plans not regulated by the State of Nevada be held to the same standards as those which apply in the “Nevada Patient Protection Act”.

1998-26 De-selection Without Cause

That the NSMA seek legislation assuring that deselected doctors have an appeal process with a fair hearing and termination only for due cause. (Reaffirmed 2004)

1998-29 MCO Concise Descriptions (of Formularies)

That the NSMA supports legislation to require any organization offering prescription drugs to the public to provide full disclosure to include clear and concise descriptions of the presence of formularies restricting medications. (Reaffirmed 2004)

1999-12A Malpractice Suits Against Managed Care Organizations

That the NSMA work with the Nevada State Legislature to sponsor and develop legislation within the State of Nevada to permit a patient to sue his/her insurance company if that patient suffers injury caused by a denial or delay of covered care. (Reaffirmed 2005)

1999-12B Malpractice Suits Against Managed Care Organizations

That the NSMA urge the AMA to work toward eliminating managed care organization preferential immunity regarding patient injury liability as currently provided under ERISA federal law. (Reaffirmed 2005)

1999-17 Arbitrary Removal HMO

That the NSMA reaffirm that no insurance company can remove a physician from the care of a patient admitted to a local hospital unless it has a provider physician contact the treating physician and patient to discuss the case and to discuss transfer of care and that said provider physician must be the physician who will be assuming the care of that patient. (Reaffirmed 2005)

2001-14 Insurance False Advertising

That NSMA support measures at the State and national levels to require insurance plans be held accountable for accurate and timely provider lists. (Reaffirmed 2007)

2005-12 Insurance Company Fees

That the NSMA seek legislation that a penalty be paid to the physician for each claim that an insurance company pays less than the contracted rate.

2006-06 Health Insurance Open Access

That the NSMA encourage the State Insurance Commissioner and Legislature to investigate limitation of access to care because of exclusive provider contracts.

2007-05 Identity Theft

That the NSMA pursue legislation or regulation to stop insurance companies from demanding a physician's social security number, home address, and home phone number.

2007-06 Fining Physicians

That the NSMA encourage the Insurance Division to enforce current law regarding penalizing physicians for patient's decisions to go out of network for further care.

2007-17 Prevention of Economic Profiling

That the NSMA support legislation to prevent the use of economic profiling or credentialing.

Health Insurance Portability and Accountability Act (HIPAA)

2007-03 NSMA National Provider Identifier Number (NPI) Directory Proposal

That the NSMA encourage the county medical societies to develop an NPI directory for their members.

Hospitals and Health Care Facilities

2000-12 Hospital Selected Prosthetics

That the NSMA supports a policy of the use of implants, prostheses, or other medical devices with balanced considerations given to concepts of local economics and quality patient outcomes. (Reaffirmed 2006)

2000-13 Fixed Nurse/Patient Ratios

That the NSMA supports the adoption of policies, including legislation, that would assure an adequate supply of professional nursing services in Nevada through appropriate retention, recruitment and training initiatives. (Revised and Adopted 2006)

2008-13 Need for Ambulatory Surgery Centers in Nevada to be Accredited by National Accreditation Agencies

That NSMA recommend that all licensed Ambulatory Surgery Centers in Nevada obtain accreditation from designated national agencies.

2008-18 Creation of Electronic Database for Hospital Accepting Transferred Patients

That NSMA work with the Nevada Hospital Association to create a real time electronic database that would show availability of the various specialties in hospitals around the State.

Hospitals: Medical Staff

1991-21 Access to Peer Review Files Maintained by Hospitals

That a physician should be given “timely notice” and opportunity to rebut any entry in the medical staff physician’s personal “peer review” files. That any file maintained by a hospital on a physician should be opened to that physician for inspection during regular business hours upon his oral request. That hospital bylaws should be amended to incorporate the foregoing resolutions. (Reaffirmed 2000)

2000-8 Hospital ‘On Call’ Reimbursement

That the NSMA pursue legislation making insurance companies responsible for full compensation to physicians supplying emergency care to insured patients, if the physician is not a member of the insured’s panel. (Reaffirmed 2006)

Hospitals: Medical Staff-Credentialing and Privileges

1991-19 Financial Credentialing

That the NSMA stand against financial credentialing against physicians by hospitals. That the NSMA support legislation to prohibit hospitals from financial credentialing of physicians. (Reaffirmed 2000)

1992-8 Economic Credentialing

That the NSMA finds that economic data unrelated to quality of care or professional competency should not be used in determining hospital medical staff appointments, reappointments, or clinical privileges. That the NSMA restates its strong opposition to the practice of “economic credentialing” except in limited circumstances when specified in medical staff bylaws or, if applicable, in accordance with any statutory, regulatory or judicial requirement, but under no circumstances should economic criteria be the sole basis for granting or continuing staff membership privileges. That there must be a review by the hospital medical staff any proposed “exclusive contract” for physician services to assure that there is no adverse impact on the quality or availability of medical care. That the NSMA communicate its policy and concern on economic credentialing on a continuing bases to the Nevada Hospital Association, non-affiliated hospitals, and other appropriate organizations and work with interested groups to develop a process for hearing and resolving disputes involving “economic credentialing”. That the NSMA support legislation, if necessary, to prevent economic credentialing. That the AMA through the Council on Medical Education reform CME by simplification of the system; and provide leadership and assistance for the establishment of community educational programs for the widespread introduction of total quality improvement and for continuing improvement of health care services in the United States. That such community programs be encouraged and rewarded by recognition for CME credits for physicians participating in these programs. That the NSMA AMA delegation forward the resolution to the AMA House of Delegates for implementation. (Reaffirmed 2000)

1995-31 Physician Credentialing

That any insurance company or third party payor, etc ... accept as complete credentialing any physician’s unrestricted active staff status at a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) approved hospital as evidence of appropriate credentialing; none further being required. (Reaffirmed 2001)

1998-9 Elimination of the Restrictive Covenant in Contracts

That the NSMA encourage alternate mechanisms (such as financial separation agreements) to accomplish the goals of restrictive covenants in providing financial security while not restricting the ability of any physician to practice medicine in any geographic area. (Reaffirmed 2004)

Indigent Care

1998-24 Reasonable Reimbursement

That physicians be reimbursed for their services at reasonable rates, by County social services and the State of Nevada, for care rendered to patients qualifying for State and County medical assistance programs. (Reaffirmed 2004)

2002-14 Hospital Stipend

That legislation be enacted so that the treating physician(s) receive a proportionate amount of the stipend that hospitals receive from the County and/or State. (Reaffirmed 2008)

2005-09 Physician Reimbursement From County Indigent Funds

That the County be required to reimburse physicians for indigent care at the prevailing Medicaid reimbursement rate in those hospitals that receive money from the county indigent funds, and ... That the NSMA petition the legislature to implement said resolution.

2006-10 Physician Payment From County Indigent Funds

That the NSMA work with the County Medical Societies to eliminate the practice of not paying physicians for care of County funded indigent patients.

Licensure and Discipline

1993-5 Combined Medical Boards

That NSMA recommend that the Board of Medical Examiners and the Board of Osteopathic Medical Examiners develop a dialogue for establishing parity of licensing requirements between the two licensing bodies. (Reaffirmed 2000)

1994-5 Nevada State Board of Medical Examiners

That the NSMA Council explore avenues to recommend to the governor a list of qualified candidates for appointment to the Board of Medical Examiners as vacancies occur and that we work toward a broad representation by specialty and geographical area. (Reaffirmed 2000)

1999-4 Nevada State Board of Medical Examiners

That the NSMA develop a list of qualified physicians and laypersons, affirmed by the Executive Committee of NSMA, to be presented to the Governor for consideration for appointment to the Nevada State Board of Medical Examiners. (Reaffirmed 2005)

1995-2 Denial of Homeopathic License

That the NSMA sponsor legislation to prevent persons with revoked allopathic and osteopathic medical licenses from becoming eligible for licenses to practice homeopathy. (Reaffirmed 2001)

1995-3 Separation of Homeopathic and Traditional Medicine

That NSMA will support legislation, which maintains the separation of traditional medical care and homeopathic therapy. That NSMA will oppose legislation, which blurs or intermingles these very different health care practices. (Revised and Reaffirmed 2001)

1998-7 Redundant Medical Credentialing

That the NSMA support legislation compelling the recognition of licensure as an MD from the Nevada State Board of Medical Examiners and a DO from the Nevada State Board of Osteopathic Medical Examiners as proof of the existence of such documentation as is needed for an MD/DO license; and, That no additional credentialing may be required for a physician to practice medicine in Nevada. (Revised and Reaffirmed 2004)

1998-10 Against the Expansion of Homeopathic Practice

That NSMA opposes the attempts of the Board of Homeopathic Medical Examiners to expand the scope of practice to include intravenous therapy and prescription authority. (Reaffirmed 2004)

2001-15 Delineation of Cosmetic vs. Medical Procedures

That the NSMA work with the Nevada State Board of Medical Examiners, the Board of Cosmetology, the State Board of Osteopathic Medicine and the State Board of Health to develop State statutes and/or regulations to address the use of laser equipment, botox injections, collagen injections, and dermabrasion. (Reaffirmed 2007)

2003-03 Improve Public Access To Governmental Regulatory Body Meetings In Nevada

The NSMA supports legislation to amend the "Open Meeting Act" that would require the BME to: (1) allow public comment before they vote on an agenda item; (2) Require emailing agenda notices if requested; (3) Provide meeting agendas on their website; and, (4) Conduct public meetings accessible to both Northern and Southern Nevada.

2003-05 Nevada State Board of Medical Examiners Reporting

That NSMA encourage the BME to publish annually a reminder to Nevada physicians regarding process and requirements of reporting problematic physicians to the Board... and ...That NSMA encourage the BME to provide a physician contact to receive these concerns.

2004-03 NSBME Review of Legally Contested Hospital Medical Staff Disciplinary Action

The NSMA will work to achieve state legislation that mandates the Nevada State Board of Medical Examiners will automatically and thoroughly review the charges and resulting disciplinary action recommended by the hospital medical staff in any and all situations.

2004-05 Criminal Background Checks

That NSMA request that the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine perform criminal background checks on all physicians who are applying for licensure to practice medicine in the State of Nevada; and... That if the NSBME and the Nevada State Board of Osteopathic Medicine refuse, that NSMA will work with the Nevada State Legislature to mandate that the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine perform criminal background checks on all physicians who are applying for licensure to practice medicine in the State of Nevada.

2006-09 Immunity From Prosecution For The Nevada Health Professionals Assistance Foundation (NHPAF)

The NSMA endorse legislation to revise NRS 49.117 “Review Committee” Defined, and any other applicable peer review statutes, to include the Nevada Health Professional Assistance Foundation.

2008-11 Registration of Board Certified Surgical Technicians and Certified First Assistants

That the NSMA work with the Nevada State Assembly of the Association of Certified Surgical Technologists to create a Statewide registration of Board certified surgical technicians as well as certified first assistants.

Medical Error Reporting

2000-3 Protection From Litigation From Mandatory Error Reporting

That the NSMA support appropriate legislative initiative, which protects or exempts physicians and other health care providers from litigation risk resulting from government mandated error reporting. (Reaffirmed 2006)

Medicare

1995-18 MCO Medicare

That the NSMA opposes Federal legislation requiring that all individuals who participate in Medicare must sign an MCO agreement. (Reaffirmed 2001)

1998-19 Private Contracts Between a Physician and Medicare Recipient

That the NSMA through the American Medical Association and our elective Congressional officials work for the restitution of the right of physicians and Medicare recipients to enter into private contracts for medical services without penalty against the physician or the Medicare recipient. (Reaffirmed 2004)

2007-18 Medicare Managed Care

That NSMA develop and support a public relations campaign to educate patients and physicians on the differences between standard Medicare and Medicare Managed Care Plans; and ... That NSMA direct the AMA delegates to work with the AMA to maintain patient choice in the Medicare system.

2008-14 Opposition to Administration’s 15% Cut in Hospice Rates

That NSMA opposes the 15% cut in hospice rates in the Administration’s budget package and that NSMA contact the Nevada Congressional delegation and the AMA through its delegates to lobby in Congress against these cuts.

Mental Health and Psychiatric Care

2006-08 Promote The Development of Emergency Phase Active Psychiatric Treatment In Medical Hospitals

That NSMA Support A Work Group Under The Direction Of The Legislature Composed Of Relevant Providers, Including, But Not Limited To Representatives Of The Nevada Psychiatric Association And NSMA To Determine The Feasibility Of Contracting For, Privatizing, Or

Otherwise Financially Supplementing All Nevada Full Service Hospitals To Permit Active Psychiatric Treatment In All Necessary Patient Care Areas. Included On The Work Group Agenda Would Be The Design Of Efficient Clinical Procedures That Assure Active Humane Treatment, Rapid Stabilization And Triage, And An Analysis Of Pertinent Legislative, Regulatory And Financial Barriers That Inhibit The Integration Of Psychiatric Care In Full Service Facilities; and ... That the NSMA Encourage Legislation and Insurance Regulations To Provide Proper and Realistic Incentives That Will Financially Support The Development Of Psychiatric Emergency, Acute Inpatient Care, And Consultation-Liaison In All Full Service Nevada Medical And Surgical Hospitals.

2008-23 Mental Health Parity

That NSMA supports the Nevada Psychiatric Association on legislation to improve mental health parity.

Nurses and Nursing

1996-9 CNA Scope of Practice

That the NSMA objects to the expanded role or scope of duties of the Certified Nurse Assistant (CNA) into any area of medical service presently performed by a licensed professional except under direct physician supervision. (Reaffirmed 2002 and 2008)

1997-24 Regulation of Medical Practice of Advanced Practitioner of Nursing (APN)

That the supervision and discipline of Advanced Practitioners of Nursing (APNs) as relates to the practice of medicine shall be the responsibility of the Nevada State Board of Medical Examiners or the Nevada State Board of Osteopathy in a similar manner as for Physician's Assistants (PA). That the NSMA supports the Nevada State Board of Nursing in continuing to have jurisdiction of APNs as relates to nursing functions. (Reaffirmed 2003)

Pregnancy

1995-23 Unwanted Teen Pregnancy and STDs

That the NSMA recommends to the Nevada State Legislature the creation and funding of a task force comprised of at least the Nevada State Health Division and the State Board of Education to study the effectiveness of sex education in the school system. (Reaffirmed 2001)

1996-30 Post Partum Care

That the NSMA recommend to the Nevada Legislature that due to the unique characteristics of each mother and her infant the Legislature mandates that only the physician and not third party payers determine the proper length of stay for mothers and newborns. (Reaffirmed 2002 and 2008)

Professional Liability Issues

1994-12 Tort Reform

That the NSMA, as a high priority, strongly support legislation to: (1) Continue to support and strengthen the Medical Legal Screening Panel. (2) Limit non-economic damages to \$250,000. (3) Adopt a sliding scale contingency fee schedule for legal services. (4) Notify juries if a plaintiff has already received payment for economic losses from other sources. (5) Allow for periodic payment of future damages. (6) Accept adherence to NSMA approved guidelines as an

absolute defense against medical liability. (Reaffirmed 2000)

1998-12 Out of State Lawsuits

That the NSMA support the concept that when Nevada physicians take care of a patient within the state of Nevada that the physicians not be required to defend themselves in an out of state court when the alleged malpractice occurred within the state of Nevada; and That the NSMA delegation take this resolution to the AMA House of Delegates meeting. (Reaffirmed 2004)

1998-13 Joint and Several Liability

That the NSMA introduce legislation to eliminate joint and several liability such that any party to a lawsuit shall only be responsible for the damage or percent of damage he/she actually causes and not for the whole settlement. (Reaffirmed 2004)

1998-14 ERISA

That the NSMA recommend legislation to seek the repeal of ERISA laws regarding medical liability as they apply to all insurance companies including managed care companies doing business in Nevada; and That the NSMA join the coalition with the other eighteen participating states attempting to change these laws. (Reaffirmed 2004)

1998-23 Indigent Liability Cap

That the NSMA support legislation providing the same liability cap protection for all physicians, whether private or hospital based, for acts of alleged malpractice for treatment of indigent patients. (Reaffirmed 2004)

1998-30 Department of Motor Vehicles License Renewal

That the Department of Motor Vehicles modify the renewal process in a manner such that medical information given in good faith would not subject a physician to legal liability. (Reaffirmed 2004)

1999-8 Cap on Non-Economic Damages

That the NSMA recommend to the Nevada State Legislature that all physicians involved in the care of all patients at UMC and other public facilities be covered by the same umbrella of (non) economic damages cap; and ...That the NSMA study the need for consistent umbrella coverage of non-economic damages at other facilities in the State of Nevada. (Reaffirmed 2004 and 2005)

2003-06 Medical-Dental Screening Panel

That NSMA continue to work for the reinstatement of an improved medical-dental screening panel.

2003-14 Expert Testimony

That NSMA work with attorneys, physicians and the Legislature to establish quality standards for expert medical testimony.

2004-07 Re-Establishment of an Improved Medical Dental Screening Panel

The NSMA propose a bill draft request to amend Nevada law to provide for a medical dental screening panel as proposed in AB 300 at the 2003 Legislative Session.

2004-08 Open Administrative Hearings by the NSBME

The NSMA propose a bill draft request to amend Nevada law to provide that administrative hearings of the Nevada State Board of Medical Examiners be open to the public unless the defendant requests in writing that the hearing be closed; and... That administrative hearings of the NSBME involving defendants from Clark, Nye or Lincoln Counties be held in Las Vegas, Nevada.

2004-09 Elimination of Proficiency Regulations

The NSMA propose a bill draft request amending Nevada’s Medical Practice Act, NRS 630, to assure that any Nevada State Board of Medical Examiners’ proficiency regulations are consistent with future proposed uniform state law, endorsed by the American Medical Association, addressing re-licensure on a rational basis evaluating competency and/or proficiency.

2004-10 Public Comment Before Agency Voting

That the NSMA initiate a bill draft request amending Nevada’s Open Meeting Act as follows: Chapter 241 of NRS is hereby amended by adding thereto a new section to read as follows:

- 1. Except as otherwise provided in subsection 3, a licensing board may not take action by vote on an item on the agenda of a meeting on which action may otherwise be taken until public comment on the item has been allowed. Such public comment may be allowed immediately preceding action on the specific item, during a single period preceding action on any item on the agenda, or any combination thereof.*
- 2. Each licensing board shall adopt a rule of procedure regarding the public comment required pursuant to subsection 1.*
- 3. The provisions of this section do not apply to a contested case, as that term is defined in NRS 233B.032.*

2004-10 Medical Liability Reform Statutes (In the Event of the Failure of Question 3)

That NSMA propose bill draft requests to amend Nevada Revised Statutes to provide for a \$250,000 firm cap on non-economic damages in medical malpractice actions, provide for the admissibility by the defendant of collateral sources of payments to the plaintiff in medical malpractice actions, and provide for contingency fee limitations of plaintiff attorney fees in medical malpractice actions.

2004-12 Modify Nevada’s Good Samaritan Laws

That NSMA propose a bill draft request to amend NRS 41.505(5) to unambiguously provide that gratuitous medical and dental services provided by an appropriately state licensed volunteer of a nonprofit organization or governmental entity shall not be liable for civil damages for professional care or assistance rendered except as provided in NRS 41.505(5); and ...That the bill draft request provide for the same protections for licensed attorneys providing gratuitous legal services for individuals of a nonprofit entity organized to provide and coordinate pro bono legal services.

2005-08 I’m Sorry Law

The NSMA support legislation that makes a statement or action of apology, sympathy or benevolence not an admission of liability for any purpose in a civil action suit.

2006-04 Reinstatement of the Medical Dental Screening Panel (MDSP)

That The Medical Dental Screening Panel Be Reinstated.

2006-05 Health Courts

That the NSMA endorse the need for comprehensive litigation reform and support the concept of health courts as an alternative to the current system, and one that is worthy of further research and demonstration projects.

Public Health (See also: Accident Prevention; Accident Prevention: Motor Vehicles; Acquired Immunodeficiency Syndrome/HIV; Children and Youth; Tobacco; and Violence and Abuse)

1989-14 Public Education on Hazards of UVA Exposure

That the NSMA undertake an educational campaign regarding the health hazards of UVA over exposure in Nevada. (Revised and Reaffirmed 2000)

1993-19 Nevada Health Promotion Month

That the NSMA support legislation to promote a Nevada health promotion month for statewide education and preventive health services to minimize the adverse impact of lifestyle factors on health. (Reaffirmed 2000)

1996-26 Public Health

That the NSMA will emphasize public health education at every opportunity to counter unhealthy behaviors, in order to improve the health status of Nevadans. (Reaffirmed 2002 and 2008)

1997-27 Regulation of Body Piercing

That the NSMA support legislation that the person performing body piercing is liable for the damage and complications of the person they pierce. That the NSMA support legislation that a minor must be accompanied by the parent/guardian who will sign the informed consent before piercing can be done. (Reaffirmed 2003)

1997-28 Water Fluoridation

That the NSMA and its component medical societies support legislative efforts to promote community water fluoridation at optimal levels to decrease the incidence of dental caries. (Reaffirmed 2003)

2000-21 Antibiotic Resistant Bacteria

That the NSMA request the American Medical Association to petition the National Institute for Health, the Food and Drug Administration and other appropriate agencies asking them to investigate the consequences to humans of antibiotic administration to animals intended for human consumption. (Reaffirmed 2006)

2003-12 School Vending Machines

That NSMA recommends to school boards throughout the State, as well as individual public and private schools, that nutritious foods be added to school vending machines and school menus...

and... Our AMA Delegates take this proposal to the AMA for adoption nationwide.

2004-13 NSMA and Bioterrorism and Disaster Preparedness

That NSMA:

- *Will participate in the state process to assure that available federal funds awarded are used to enable Nevada to: (1) Enhance its public health infrastructure, including disease surveillance and reporting activities, to assure that Nevada can respond appropriately to any bio-terror incident or disaster situation; (2) Train physicians and other medical personnel for the early recognition and treatment of diseases caused by the release of biological agents; (3) Implement mechanisms for timely and efficient dissemination of information to the medical community and the public at large; and (4) Acquire the necessary equipment to respond to such an attack.*
- *Will identify the training and educational needs of Nevada physicians regarding bio-terrorism and related threats and will develop or assist in the availability of needed educational opportunities.*
- *Will assist Nevada public health authorities in identifying roles for physician volunteers to assist in the response to bio-terror or other mass exposure and accident situations and will support the implementation of programs like the Medical Reserve Corps.*
- *Will join in working with: the state public health authorities (Nevada State Division Of Health, Washoe County Health District, and Clark County Health District), other appropriate State agencies; the American Medical Association, local, and medical specialty societies; and, others as appropriate to: (1) ensure adequate resources, supplies, and training to enhance the medical and public health response to terrorism and other disasters; (2) develop a comprehensive strategy to assure surge capacity to address mass casualty care; and (3) implement communications strategies to inform health care professionals and the public about a terrorist attack or other major disaster, including local information on available medical and mental health services. (Reaffirmed 2006)*

2005-04 National Vaccine Policy (See also “Children and Youth”)

That the Nevada delegation to the American Medical Association House of Delegates introduce a resolution seeking a national policy regulating the manufacture and distribution of influenza and other required or recommended public immunization vaccines.

2007-13 Prevention of Childhood Lead Poisoning (See also: “Children and Youth”)

That the NSMA supports the routine screening of children for elevated lead levels prior to school entry; and ... That the NSMA supports mandatory reporting of all elevated blood lead levels to local public health authorities; and ... That the NSMA supports efforts to educate health professionals and the public regarding the importance of screening for blood lead levels, the risks of elevated blood lead levels, and the methods for eliminating sources of lead exposure.

2007-14 Medical Reserve Corps

NSMA supports ongoing development of the Medical Reserve Corps, and will educate the members regarding the importance of participation and registration.

2008-09A Sugary Drinks and Unhealthy Snacks in Schools and Child/Adolescent

Obesity (See also: “Children and Youth”)

That the NSMA pursue legislation requiring schools to sell only drinks that are composed of no less than 50% fruit juice or vegetable juice, have no added sweetener, contain milk with reduced fat content, or drinking water with no added sweetener as recommended by the American Heart Association, the American Cancer Society and the American Academy of Family Physicians; and... That the NSMA pursue legislation regulating snacks sold in schools. These snacks, as recommended by the American Heart Association, the American Cancer Society, and the American Academy of Family Physicians shall not contain more than 35% of calories derived from fat (excluding nuts, nut butter, seeds, and cheese), no more than 10% of calories from saturated fat, no more than 35% of total weight be composed of sugar (excluding fruits and vegetables), and not exceed 250 calories per individual food item; and... That these restrictions do not apply to the USDA meal program.

2008-24 Provider Reimbursement for Vaccines (See also: “Children and Youth”)

That NSMA supports legislation to guarantee provider reimbursement for vaccines in accordance with their costs.

Public Health-Radiation and Nuclear Waste

1995-6 Nuclear Waste Storage

That the NSMA strongly oppose any shipment of high-level nuclear waste material to the State of Nevada until it can be scientifically demonstrated that it will not be hazardous to the health and public safety of the citizenry of Nevada. (Reaffirmed 2001)

2000-24 Potassium Iodide

The NSMA support the stockpiling of potassium iodide as is recommended by the Nuclear Regulatory Commission to make available potassium iodide to protect Nevadans from thyroid radiation contamination and prevent the development of thyroid cancer in case of a nuclear accident. (Reaffirmed 2006)

2002-12 Federal Funding of Medical Facilities

That the NSMA Council be directed to work with the Nevada Congressional delegation to explore federal; funding of medical facilities to manage emergencies resulting from the storage and transportation of radioactive materials in Nevada. (Reaffirmed 2008)

State Department of Health

1990-12 Reorganization of Nevada State Government

That the NSMA work with the Governor and the State Legislature to reorganize and consolidate Nevada health programs, including the State Health Division, the State Division of Mental Health and Mental Retardation, the State Division of Health Care Financing and Policy, and the various environmental health programs, into a Nevada Department of Health. (Revised and Reaffirmed 2000)

Suicide

(Physician Assisted Suicide Policies are discussed in “Ethics”.)

1989-13 Teenage and Senior Suicide

That the NSMA support all elements in the development of programs to reduce the high rate of

teenage and senior adult suicide in Nevada. (Revised and Reaffirmed 2000)

Taxes

2000-30 Tax on Services

That NSMA express opposition to the proposed tax on services and make this opposition part of our legislative strategy; and ...That NSMA work to defeat any attempt to tax physician services. (Reaffirmed 2006)

Tobacco

(All Nevada State Medical Association and American Medical Association policies are listed in the NSMA Comprehensive Tobacco Strategy for Nevada.)

2000-16 Tobacco (Tribal Smoke Shops)

That NSMA oppose federal funding of construction or operation of tribal smoke shops; and ...That NSMA encourage tribal smoke shops to prohibit tobacco sales to minors; and ...That NSMA refer this issue to the American Medical Association for study. (Reaffirmed 2006)

2000-17 Revised NSMA Tobacco Policy

That the NSMA adopts the following basic tobacco policy statement for inclusion in the NSMA Policy Compendium and for use in developing NSMA legislative priorities.

NSMA Tobacco Policy

(1) NSMA's Basic Tobacco Policy and Strategy

That the NSMA shall develop, adopt and review at least every two years the "NSMA Comprehensive Tobacco Strategy For Nevada"; and, that the NSMA supports every reasonable effort to reduce the use of tobacco, including in the following order of priorities: (1) Seeking increased taxation on all tobacco products (including the equivalent of at least an additional \$1 dollar per package of cigarettes) and increased license fees for the sale of tobacco products; (2) Removing the preemption of local authorities from adopting tobacco policies which are more restrictive than those adopted by the State Legislature; (3) Seeking legislation to ban all tobacco advertising in all media in Nevada; (4) Supporting increased enforcement of anti-tobacco laws; (5) Seeking legislation to increase penalties for tobacco law violations (including penalties for illegal possession of tobacco products by youths equivalent to current statutes regarding alcohol); (6) Seeking legislation or regulation with more restrictive licensing requirements for tobacco retailers; (7) Seeking enforceable legislation to eliminate vending machine sales of tobacco; (8) Supporting increased public education concerning the consequences that the decision to smoke is harmful to one's health; (9) Increased public and school education concerning the methods of tobacco companies to recruit and addict new smokers; (10) Developing and encouraging a physician continuing education program aimed at incorporating this information into physician practices; and, (11) Banning the sale of individual cigarettes including individually packaged cigarettes.

(2) Increase Tobacco Related Taxes and Fees

That NSMA supports public policies which make tobacco products less attractive to all potential users, particularly youth, and since there is scientific support for increasing tobacco product pricing to discourage youth purchases of tobacco products, NSMA supports increasing Nevada tobacco related taxes to include increased fees for tobacco retailers, the

equivalent of a one dollar per cigarette pack excise tax on each pack of cigarettes and significant tax increases on cigars, pipe tobacco and smokeless tobacco product products; and, that NSMA supports the dedication of these State revenues to a comprehensive Nevada tobacco cessation and reduction strategy.

(3) Smoking In Public Places

That the NSMA support legislation: to prohibit tobacco use in all public areas and all public buildings; to ban smoking within 50 feet of every entrance of all health care facilities; to ban all smoking in the work place; to ban on smoking in any enclosed space open to the public; and, to eliminate cigarette vending machines,

(4) Tobacco Lobbying

That the NSMA will encourage campaign finance reform legislation requiring the public disclosure of all monies donated to campaigns directly, or to caucuses or to parties, from the tobacco industry; and, encourage the wide dissemination of this information through the Nevada Tobacco Prevention Coalition or other coalitions of anti-tobacco organizations.

(5) Tobacco Settlement

That the NSMA Commission on Public Health shall develop and revise as appropriate a policy recommending how health funds from the national tobacco settlement be spent, that this plan shall be included in the “NSMA Comprehensive Tobacco Strategy For Nevada”.

(6) Smokeless Tobacco

That, since the growing use of smokeless tobacco products presents an unnecessary public health risk to Nevadans, particularly Nevada youth, NSMA encourages the Nevada State Division of Health and Department of Education to conduct a significant public education campaign on the dangers of smokeless tobacco; and, that NSMA shall support legislation prohibiting the use of smokeless tobacco in: facilities and areas in which youths are permitted access; State workplaces; and, by participants in any organized athletic programs.

(7) Federal Support of The Tobacco Industry

That the NSMA supports the elimination of any federal funds to support the tobacco industry in an effort to achieve the Surgeon General’s goal of creating a “smoke-free” society; and, That the NSMA facilitate the public disclosure of the voting record of our elected officials in support of the tobacco industry. (Reaffirmed 2006)

Tobacco: Prohibitions on Sale and Use

*(All American Medical Association Policies are listed in the **NSMA Comprehensive Tobacco Strategy for Nevada**. The document may be accessed at: <http://www.nsmadocs.org/policies.asp>)*

1998-34 Ban Smoking in Enclosed Public Places

NSMA supports a ban on smoking in any enclosed space open to the public. (Reaffirmed 2004)

2001-16 Prohibition of Tobacco Use in Grocery Stores and Restaurants

That the NSMA supports legislation prohibiting tobacco use in restaurants not serving alcohol, in restaurants geared towards children, and in grocery stores. (Reaffirmed 2007)

Violence and Abuse (See also: Public Health)

1997-25 Media Violence

That the NSMA endorses the AMA policy on media violence. (Reaffirmed 2003)

2002-8 Electronic Game Violence

The NSMA support legislation to prevent the sale and rental of games rated “M” (mature, for ages 17 and older) and “AO” (adults only) to persons under the age of 17. (Revised and Adopted 2008)

Veteran’s Administration

2000-6 Veterans Health Care in Nevada

That the NSMA favors a policy by the Veterans Administration and other appropriate agencies asking for a policy change allowing all eligible veterans residing in Nevada to have the option of receiving all of their health care closer to home. (Revised and Adopted 2006)

NSMA: Administration and Organization

1995-7 NSMA Nicholas J. Horn Award

That an annual award be presented to a non-physician who has made significant contributions to the health of Nevadans. That a fund be established through voluntary contributions to endow this annual award. (Reaffirmed 2001)

1996-4 NSMA Maintain Comprehensive Communications Capacity With Membership

That NSMA will continue its efforts to develop a resource base and use multiple vehicles to communicate to its members through the use of phone numbers, fax numbers, and E-Mail addresses. (Revised and Readopted 2002 and Reaffirmed 2008)

1997-2 Policy Compendium

That the NSMA shall maintain and update yearly, a policy compendium modeled after the AMA Policy Compendium organized by subject. (Revised and Readopted 2003)

1999-3 Expiration of House of Delegates Policy Resolutions

That the NSMA House of Delegates adopts as a permanent rule the following: NSMA House of Delegates resolutions, which are not reaffirmed by action of the House within five years of adoption expire as NSMA policy. All affected resolutions will be reviewed by the NSMA Council, which will present the House with a report regarding those resolutions, which should be considered for deletion. The remainder will be considered reaffirmed. (Reaffirmed 2005)

2000-32 AMA Membership for Medical Graduates

That the NSMA support the policy of the American Medical Association (AMA) that graduating medical students receive free AMA membership during their post-graduate residency training. (Revised and Adopted 2006)

2001-4B BME Communications

That the NSMA waive the annual meeting registration fee for State of Nevada Board of Medical Examiners physicians, in order to encourage their attendance. (Reaffirmed 2007)

2003-02 Dues Reduction

That physicians joining for the first time be given a 50% dues decrease for the first year and this resolution be referred to the Internal Affairs Commission for consideration of participation

incentives for additional discounts.

2003-07 NSMA Membership

The NSMA develop new mechanisms to convince all active medical practitioners licensed in the State of Nevada of the need for their membership and financial support of the activities of the Nevada State Medical Association and its County Societies from which they benefit.

2003-08 Schedule Annual Meeting in Las Vegas

The NSMA shall meet in 2006 in the Las Vegas area.

2005-02 Media Training

That NSMA provide yearly media training classes for its officers and spokespersons, and... That the County Medical Societies be encouraged to do the same.

2006-03 NSMA To Pay The Expenses for Medical Students

That The NSMA Council May Choose Up To Two Interested Medical Students, Who Are Members Of Their County Medical Societies and Apply For NSMA Expense Paid Attendance To The NSMA Annual Meeting; and ... That The NSMA Council May Choose Up To Two Interested Medical Students, Who Are Members Of Their County Medical Societies and Apply For NSMA Expense Paid Attendance To Attend the AMA Annual Meeting in Chicago.

2007-07 County and State Medical Association Group Membership Participation Drive and Certificates

That NSMA encourage the county medical societies to work with contact members from various medical groups to maximize membership.

2008-02 NSMA To Provide Financial Assistance to Help Defray NSMAA Leadership Travel Expenses

That the NSMA Transfer \$20,000.00 from the Reserve Account to a new interest bearing account from which the interest income will be used to help defray the legitimate costs incurred by the Nevada State Medical Association Alliance Leadership on a yearly basis. The principal sum would always remain under the control of the NSMA Executive Committee; and... That this being a new and untried use of NSMA funding, the resolution should be reviewed in two years.

2008-08A NSMA Annual Meeting Location

That the NSMA abolish any prior mandates or resolutions that restrict or limit the site selection for annual meetings.

NSMA: Council, Commissions and Task Forces

2003-11 Non English Resources

That NSMA work to identify and promote resources that can help health care providers in Nevada communicate with Non-English speaking patients.

NSMA: Political Action

1993-9 Physicians Voting Registration

That the NSMA work with component medical societies in identifying the physician's voting

district, as well as the physicians legislative representatives, to achieve an ongoing dialogue on the issues, how they affect the physicians, and where their representatives stand on these issues. (Reaffirmed 2000)

1996-3 Legislative Activity By Physicians

That Physicians have a duty and are hereby encouraged to participate in the political process by becoming informed; voting; supporting candidates with time, money, and word of mouth; by educating legislators on issues and by becoming candidates themselves. That the NSMA especially encourage and support physicians and spouses to run for office at some point. (Reaffirmed 2002)

2000-31 National Doctor's Day

That "National Doctor's Day" (March 30) in Nevada be dedicated to highlighting and encouraging voluntary services to the community by Nevada physicians. (Reaffirmed 2006)

2001-3 Key Contact For Legislators

That State and Federal legislators from Nevada have an NSMA member(s) assigned to them as a "key contact" in order to facilitate communication. (Reaffirmed 2007)

2005-03 Truthfulness In Ballot Initiatives

The NSMA support legislation that would require that the title or name of an initiative fully and accurately reflect the intent of the initiative.

2007-08 Common Legislative Goals Partnership For Specialty Physician Groups With The Nevada State Medical Association

That the NSMA continue to work with physician specialty association groups in the state to reach common legislative goals.