

Vermont Medical Society
Principles, Policies and Resolutions 1965 - 2019

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Ethics and End of Life

AGING (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society reaffirms the concept that all physicians involved in the care of the elderly, whether primary care physicians or specialists, should be conversant with the social and economic needs of each of their patients and with the resources available in the community to address those needs; these physicians should assume responsibility for insuring that these resources are used appropriately in the provisions of good total patient care.

(Annual Report 1986, page 14)

ADOPTED POLICY:

The Vermont State Medical Society urges our Congressional Delegation to reevaluate the federal government's commitment to the health care needs of elders

and people with disabilities and to make that commitment necessary to meet the costs of their health care needs.

(Annual Report 1988, page 7)

CLINICIAN CONSCIENCE OBJECTION AND ETHICAL CARE OF PATIENTS

RESOLVED, that the VMS Policy on Physician Conscience be amended to read: The Vermont Medical Society recognizes that the provision of certain types of medical care or treatment can come in conflict with members' cultural values, ethics or religious beliefs. The Vermont Medical Society commits to protecting its members' (physicians, physician assistants, medical students) freedom to follow their own conscience in deciding whether to participate in providing care or treatment, consistent with the ethical norms of their professions, stated for physicians in AMA Code of Ethics Section 1.1.7, found in its entirety below, including fidelity to patients, respect for patient self-determination, non-discrimination and informing the patient about all relevant options for treatment, including options to which the physician morally objects, and information regarding how to access such services.

AMA Code of Medical Ethics Opinion 1.1.7

Physicians are expected to uphold the ethical norms of their profession, including fidelity to patients and respect for patient self-determination. Yet physicians are not defined solely by their profession. They are moral agents in their own right and, like their patients, are informed by and committed to diverse cultural, religious, and philosophical traditions and beliefs. For some physicians, their professional calling is imbued with their foundational beliefs as persons, and at times the expectation that physicians will put patients' needs and preferences first may be in tension with the need to sustain moral integrity and continuity across both personal and professional life. Preserving opportunity for physicians to act (or to refrain from acting) in accordance with the dictates of conscience in their professional practice is important for preserving the integrity of the medical profession as well as the integrity of the individual physician, on which patients and the public rely. Thus, physicians should have considerable latitude to practice in accord with well-considered, deeply held beliefs that are central to their self-identities. Physicians' freedom to act according to conscience is not unlimited, however. Physicians are expected to provide care in emergencies, honor patients' informed decisions to refuse life-sustaining treatment, and respect basic civil liberties and not discriminate against individuals in deciding whether to enter into a professional relationship with a new patient. In other circumstances, physicians may be able to act (or refrain from acting) in accordance with the dictates of their conscience without violating their professional obligations. Several factors impinge on the decision to act according to conscience. Physicians have stronger obligations to patients with whom they have a patient-physician relationship, especially one of long standing; when there is imminent risk of foreseeable harm to the patient or delay in access to treatment would significantly adversely affect the patient's physical or emotional well-being; and when the patient is not reasonably able to access needed treatment from another qualified physician. In following conscience, physicians should:

(a) Thoughtfully consider whether and how significantly an action (or declining to act) will undermine the physician's personal integrity, create emotional or moral distress for the

physician, or compromise the physician's ability to provide care for the individual and other patients.

(b) Before entering into a patient-physician relationship, make clear any specific interventions or services the physician cannot in good conscience provide because they are contrary to the physician's deeply held personal beliefs, focusing on interventions or services a patient might otherwise reasonably expect the practice to offer.

(c) Take care that their actions do not discriminate against or unduly burden individual patients or populations of patients and do not adversely affect patient or public trust.

(d) Be mindful of the burden their actions may place on fellow professionals.

(e) Uphold standards of informed consent and inform the patient about all relevant options for treatment, including options to which the physician morally objects.

(f) In general, physicians should refer a patient to another physician or institution to provide treatment the physician declines to offer. When a deeply held, well-considered personal belief leads a physician also to decline to refer, the physician should offer impartial guidance to patients about how to inform themselves regarding access to 65 desired services.

(g) Continue to provide other ongoing care for the patient or formally terminate the patient-physician relationship in keeping with ethics guidance. AMA Principles of Medical Ethics, I, II, IV, VI, VIII, IX (Adopted November 2nd, 2019)

DEATH PENALTY

VMS RESOLUTION MORATORIUM ON THE DEATH PENALTY

RESOLVED, that the VMS urges the AMA to actively disseminate its Code of Medical Ethics regarding physician nonparticipation in legally authorized executions; and

RESOLVED, that the VMS urges the AMA to support a moratorium on the death penalty.
(As Adopted at VMS Annual Meeting, October 20, 2002)

DO NOT RESUSCITATE

ADOPTED POLICY:

The VMS supports developing a program which allows for the easy identification of those persons with terminal or chronic, debilitating illness who have requested cardiopulmonary resuscitation withheld in the event of a cardiac or pulmonary arrest.

This support is dependent upon legal indemnification of healthcare providers who honor such requests.

(Annual Report 1996, page 7)

DURABLE POWER OF ATTORNEY

ADOPTED POLICY:

The Vermont State Medical Society will participate in the development of state legislation to provide for medical durable power of attorney.

(Annual Report 1988, page 8)

END-OF-LIFE CARE

NOW THEREFORE BE IT RESOLVED, that the VMS revise and update its Policy of Physician Assisted Suicide to read:

VERMONT MEDICAL SOCIETY POLICY ON END-OF-LIFE CARE

The Vermont Medical Society supports access to high quality end-of-life care.

Our physicians actively endorse comprehensive palliative care, which includes: the use of state of the art pain and symptom control; the provision of secure and supportive environments through Hospice; and the freedom of the patient to choose or refuse all medical treatment.

Physicians and other health care practitioners must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life should continue to receive emotional support, good communication, comfort care and adequate pain control. Their autonomy should be respected.

Even when physicians use all the tools at hand to care for pain and suffering, a small number of patients still suffer. Each of these patients is unique; each one of the patients will challenge the caregiver's skills in the extreme; and each one's care should be highly individualized and decided in private amongst the patient, physician and family. The Vermont Medical Society recognizes that medical aid in dying, in the form of Vermont Act 39, is a legal option that could be made in the context of the physician-patient relationship. Recognizing that principled physicians disagree about the ethics of Act 39, the Vermont Medical Society is committed to protecting its members' freedom to decide whether to participate in medical aid in dying according to their own values and beliefs.

The Vermont Medical Society is actively engaged in promoting initiatives that assure all dying Vermonters receive good, comprehensive palliative care. These include ensuring that all members of the Society become educated in the goals and techniques of palliative care and that all members become adept at dealing with the dying patients' special needs.

This policy shall supersede any contradictory earlier policy.

(Adopted at the VMS Annual Meeting on November 4, 2017)

GIFTS & GRANTS TO PHYSICIANS (Multiple)

RESOLVED: Any gifts accepted by physicians individually should entail a benefit to patients and should not be of substantial value; accordingly, textbooks, and modest meals are appropriate if they serve a genuine educational function. Other gifts and cash payments should not be accepted¹;

Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians' time²;

Industry funding of technical training when new diagnostic or therapeutic devices and techniques are introduced is beneficial; however, once expertise in the use of previously new devices has developed within the professional community, continued industry involvement in educating practitioners is no longer warranted³;

Since the giving of a subsidy directly to a physician by a company's representative may create a relationship that could influence the use of the company's products, any subsidy should be directed to the conference's sponsor who in turn can use the money to reduce the conference's registration fee⁴;

It is appropriate for faculty at conferences or consultants who provide genuine services to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses.⁵;

That the Vermont Medical Society encourages physicians to disclose to patients any relationships with industry that create real or perceived conflicts of interest and to resolve these conflicts in the best interest of the patient;

That the Vermont Medical Society supports strengthening Vermont's law requiring pharmaceutical companies to disclose information about gifts and other payments associated with marketing pharmaceuticals by eliminating the "trade secrets" exemption.

(Adopted October 25, 2008)

ADOPTED POLICY:

The Vermont State Medical Society adopts the following guidelines for its members:

1. Any gift accepted by physicians should primarily entail a benefit to patients and should not be of substantial value.
2. Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (e.g., pens and notebooks). Acceptance of industry-sponsored gifts such as textbooks, modest meals and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted;
3. Subsidies from industry should not be accepted to pay for the costs of travel, lodging or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physician's time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as part of a conference or meeting. It is acceptable for faculty or consultants (who provide genuine services) to accept reasonable honoraria or compensation and to accept reimbursement for reasonable travel, lodging and meal expenses.

¹ AMA Council of Ethical and Judicial Affairs' Opinion 8.061, "Gifts to Physicians from Industry", Guideline (1)

² AMA Council of Ethical and Judicial Affairs' Opinion 8.061, "Gifts to Physicians from Industry", Guideline (5)

³ Report 1 of the AMA Council on Ethical and Judicial Affairs (A-08)

⁴ AMA Council of Ethical and Judicial Affairs' Opinion 8.061, "Gifts to Physicians from Industry", Guideline (4)

⁵ AMA Council of Ethical and Judicial Affairs' Opinion 8.061, "Gifts to Physicians from Industry", Guideline (5)

4. Gifts, hospitality or subsidies offered to physicians by industry ought not to be accepted if acceptance might influence the objectivity of clinical judgement. A useful criterion in determining acceptable activities and relationships is: Would you be willing to have these arrangements generally known?
5. No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physician's prescribing practices.
(Annual Report 1992)

RESOLVED:

The Vermont Medical Society reaffirms its policy that gifts, hospitality or subsidies offered to physicians by industry ought not to be accepted if acceptance might influence the objectivity of clinical judgement;

The Vermont Medical Society will advocate for aligning Vermont's Prescribed Products Gift Ban and Disclosure Law with the federal Open Payments Law's requirements, including an exception for reporting buffet meals, snacks, soft drinks or coffee generally available to all participants of a large-scale conference or similar large-scale event.

(Adopted November 5, 2016)

INSTITUTIONAL ETHICAL COMMITTEES

ADOPTED POLICY:

The Vermont State Medical Society encourages each medical community in the state to establish an Institutional Ethical Committee as a forum for study and discussion of bioethical issues, including appropriate decision-making procedures, and the Society will provide logistic support to the development and function of Institutional Ethics Committees.

(Annual Report 1987, page 11)

PRINCIPLES OF MEDICAL ETHICS

ADOPTED POLICY:

The Principles of Medical Ethics of the American Medical Association shall guide the members of the Vermont State Medical Society

QUALITY OF LIFE

ADOPTED PRINCIPLE:

The Vermont State Medical Society supports the opinions of the AMA Judicial Council of June 1981 as follows:

QUALITY OF LIFE: In the making of decisions for the treatment of seriously deformed newborns of persons who are severely deteriorated victims of injury, illness or advanced age, the primary consideration should be what is best for the individual patient and not the avoidance of burden to the family or to society. Quality of life is a factor to be considered in determining what is best for the individual. Life should be cherished despite disabilities and handicaps except when prolongation would be inhumane and unconscionable. Under these circumstances, withholding or removing life supporting means is ethical provided that the normal care given an individual who is ill is not discontinued. In desperate situations involving newborns, the advice and judgment of the physician should be readily available, but the decision whether to exert maximal efforts to sustain life should be the choice of the parents. The parents should be told the options, expected benefits, risks and limits of any proposed care; how the potential for human relationships is affected by the infant's condition; and relevant information and answers to their questions. The presumption is that the love which parents usually have for their children will be dominant in the decisions which they make in determining what is in the best interest of their children. It is to be expected that parents will act unselfishly, particularly where life itself is at stake.

Unless there is convincing evidence to the contrary, parental authority should be respected. (Annual Report 1985, Page 11)

WITHDRAWING FROM CARE

ADOPTED PRINCIPLE:

The Vermont State Medical Society supports the right of a physician, in any instance where he/she disagrees with the philosophy or decision of the family or other responsible party in making decisions regarding the management of the severely handicapped, to withdraw from the case after providing for continuing medical care by other physician(s). (Annual Report 1985, page 11)

WITHHOLDING AND WITHDRAWING TREATMENT

ADOPTED PRINCIPLE:

The Vermont Medical Society supports the opinion of the AMA Council on Ethical and Judicial Affairs (March 15, 1986) entitled "Withholding and Withdrawing Life Prolonging Medical Treatment," whose text is as follows:

"The social commitment of the physician is to sustain life and relieve suffering. Where the performance of one's duty conflicts with the other, the choice of

patient, or his family or legal representative, if the patient is incompetent to act in his own behalf, should prevail. In the absence of the patient's choice or an authorized proxy, the physician must act in the best interest of the patient.

For humane reasons, with informed consent, a physician may do what is medically necessary to alleviate severe pain, or cease or omit treatment to permit a terminally ill person whose death is imminent to die. However, he should not intentionally cause death. In deciding whether the administration of potentially life-prolonging medical treatment is in the best interest of the patient who is incompetent to act in his own behalf, the physician should determine what the possibility is for extending life under humane and comfortable conditions and what are the prior expressed wishes of the patient and attitudes of the family or those who have responsibility for the custody of the patient.

Even if death is not imminent but a patient's coma is beyond doubt irreversible, and there are adequate safeguards to confirm the accuracy of the diagnosis, and with the concurrence of those who have the responsibility for the care of the patient, it is not unethical to discontinue all means of life-prolonging medical treatment.

Life-prolonging medical treatment includes medication and artificially or technologically supplied respiration, nutrition or hydration. In treating a terminally ill or irreversibly comatose patient, the physicians should determine whether the benefits of treatment outweigh its burdens. At all times, the dignity of the patient should be maintained".

(Annual Report 1987, Page 9-11)

Fees & Reimbursement

CLINICAL LABORATORY IMPROVEMENT ACT

ADOPTED POLICY:

The Vermont State Medical Society will continue and intensify its efforts in association with the American Medical Association to seek appropriate and reasonable modifications in the proposed rules for implementation of the Clinical Laboratory Improvement Act of 1988.

The Vermont State Medical Society encourages its members to express to their elected members of Congress their concern about the effect of the proposed rules on access and cost of laboratory services.

(Annual Report 1991, page 6)

FEES (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society requests that the State of Vermont annually update its Medicaid reimbursement schedule for physicians as is for in the hospitals

(Annual Report 1985, page 13)

ADOPTED POLICY:

The Vermont State Medical Society will not submit a fee schedule or an experience schedule to Blue Cross/Blue Shield but will simply notify them that, as members of the VSMS, we will charge our usual and customary fees and that we will offer them the services of a Review Committee made up of members of the State Medical Society to assist them in adjudicating and abnormal charges. The Council of the VSMS may act as the review committee for such time as they feel the work is too much for them.

(Annual Report 1966 - Council Minutes - March 19, 1966, page 161)

ADOPTED PRINCIPLE:

The pay for medical examiners (\$25 was suggested) and the whole medical examiners system should be looked into and worked on before the next session of legislature

(Annual Report 1966 - Council Minutes - March 19, 1966, page 166)

ADOPTED POLICY:

The Vermont State Medical Society encourages its membership to participate in the Blue Shield “usual and customary” program.

(Annual Report 1970-Council Minutes-September 18, 1969, page 126)

ADOPTED POLICY:

The Vermont State Medical Society requests that the Commissioner of Social Welfare to meet at least annually before preparation of the Medicaid budget with a

representative or representatives of the Society to review and discuss reimbursement formulas and make appropriate changes
(Annual Report 1980, page 90)

ADOPTED POLICY:

The Vermont State Medical Society accepted the concept of adopting relative value schedules on October 2, 1959
(Annual Report 1971, Page 99)

ADOPTED POLICY:

The Vermont State Medical Society adopted the 1969 California Relative Value studies to be its relative value schedule
(Annual Report 1971, Page 99)

ADOPTED POLICY:

The Vermont State Medical Society supports the concept of the Resource Based Relative Value Scale developed at Harvard and encourages the United States Congress to recognize the findings of that study when voting on bills which address the reimbursements of physicians under Medicare.
(Annual Report 1990, Page 10)

ADOPTED POLICY:

The Vermont State Medical Society seeks government and other third party acceptance of solo practitioners' billing for services provided by another physician in cases of cross coverage, providing that (1) no duplicate bill is filled, (2) the patient and/or family is fully informed of the coverage arrangement, (3) the medical records and bills sent to patients and/or third party payors clearly state the covering physician's identity, and (4) the covering physician is of comparable and professional status.
(Annual Report 1991, Page 5)

ADOPTED POLICY:

The Vermont State Medical Society supports all efforts to obtain fiscal fairness for young physicians and will work to direct Congress to change the provisions of OBRA 1990 which limits reimbursement by virtue of the number of years in practice.
(Annual Report 1992)

FOSTER HOMES

ADOPTED POLICY:

The Vermont State Medical Society favors the provision of payments for the care of welfare patients in foster homes.
(Annual Report 1971, Page 98)

PHYSICIAN BARGAINING GROUP

ADOPTED POLICY:

The Vermont State Medical Society Supports the establishment of a physician bargaining group pursuant to Act 160, whose function would include, but not be limited to, negotiating with the Secretary of Administration on contracts relating to the purchasing pool (Title 18, Chapter 221, Section 9413), and for the purpose of negotiating with the Authority on the Unified Health Care Budget (Title 18, Chapter 221, Section 9406)

(Annual Report 1993, Page 10)

PHYSICIAN REIMBURSEMENT FOR TELEPHONE CARE

ADOPTED POLICY:

The VSMS Council develop policies and guidelines on the appropriate use of the telephone for diagnosis and treatment of patients.

The VSMS urge the Vermont Health Care Authority, the Health Care Financing Administration and Congress to include telephone care under their list of covered services for reimbursement.

(Annual Report 1993, Page 13)

REIMBURSEMENT TO PHYSICIANS PROVIDING NON-FACE-TO-FACE CARE

RESOLVED, The Vermont Medical Society will urge the General Assembly, the Green Mountain Care Board and the Department of Vermont Health Access to adopt policies for all payers that are at least consistent with Medicare and provide for the reimbursement for non-face-to-face care; The Vermont Medical Society will work with the AMA and other physician organizations to urge the revision of current quality measures used by HEDIS and the National Committee for Quality Assurance to allow for the appropriate use of non-face-to-face visits as the standard of care. (Adopted October 27, 2012)

VERMONT MEDICAL SOCIETY
RESOLUTION

SUSTAINABLE GROWTH RATE PAYMENT FORMULA

RESOLVED, That the Vermont Medical Society work with other state and national organizations representing physicians to urge Congress to repeal the Sustainable Growth Rate formula for physician payments by the end of 2009;

That the Vermont Medical Society work with the AMA and other state and national organizations representing physicians to urge Congress to enact a long-term solution to replace the SGR with an updated system that reflects increases in physician practice costs, including support for physician efforts to invest in health information technology and quality measurement.

(Adopted on October 25, 2008)

UNFUNDED MANDATES

RESOLVED, VMS will advocate for reimbursement for physician and staff time spent on administrative activities such as prior authorization, maintaining electronic records, coordinating care time (including liaison time for primary care & specialty care), phone and online services, and other similar tasks;

VMS will work to ensure adoption of uniform statewide or national standards acceptable to the VMS, for quality data, formularies, prior authorization and claim payment;

VMS will advocate with public and private payers to ensure that current CPT code 99444 is available and reimbursed for physicians to use for e-visits; and to ensure that current CPT codes 99441, 99442 and 99443 are available and reimbursed for physicians to use for telephone services;

VMS will collaborate with AMA on national initiatives such as the National Insurer Report Card; the AMA Practice Management White Papers and will review best practice models from other states.

(Adopted November 6, 2010)

WORKERS' COMPENSATION

ADOPTED POLICY:

The Vermont State Medical Society urges each VSMS member to inform their representatives in the Vermont General Assembly of the problem and express their opposition to the fee schedule directly to Governor Howard Dean, M.D.

The VSMS directs its staff to work with representatives of the business and labor communities to develop an amended rule for consideration by Governor Howard Dean no later than November 1st, 1994.

In the absence of a satisfactory rule filed by November 1st, 1994, the VSMS directs its staff to terminate all efforts to correct the problem administratively and begin to take any legal and legislative action necessary.

(Annual Report 1995, Page 9)

Health Insurance Practices

CREDENTIALING AND DESELECTION

ADOPTED POLICY:

The Vermont Medical Society supports the adoption of legislation and the enforcement of regulations barring third party payers from automatically excluding providers from participating in panels on the sole basis of that provider having a restricted or conditioned license, without the provider having the opportunity to explain his situation and the plans taking relevant factors into consideration.

(Adopted at Annual Meeting, October 21, 2000)

HEALTH INSURANCE PRACTICES (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society will pursue with various insurance companies and federal agencies and state agencies the development of one form which could be used for all claims.

(Annual Report 1979, Page 100)

ADOPTED POLICY:

All forms and brochures submitted to the subscribers for medical care should be approved by a joint committee of the Vermont State Medical Society and N.H./V.T. Blue Cross/Blue Shield, Inc.
(Annual Report 1979, Page 104)

ADOPTED POLICY:

The Vermont State Medical Society encourages the health insurance industry to offer preferred health insurance premiums to non-cigarette smokers.
(Annual Report 1984, Page 12)

ADOPTED POLICY:

The Vermont State Medical Society encourages places of employment to give attention to the problem of alcohol abuse and urges all third party payors to provide reimbursement for alcohol rehabilitation programs as a part of all health insurance programs.
(Annual Report 1985, Page 12)

ADOPTED POLICY:

The Vermont State Medical Society will not submit a fee schedule for an experience schedule to Blue Cross/Blue Shield but will simply notify them that we, as members of the VSMS, will charge our usual and customary fees and that we will offer them the services of a Review Society to assist them in adjudicating any abnormal charges. The Council of the VSMS may act as this Review Committee until such time as they feel the work is too much for them.
(Annual Report 1966 – Council Meeting – March 19, 1966, page 161)

ADOPTED POLICY:

The Vermont State Medical Society approves the AMA Uniform Insurance Claim Form.
(Annual Report 1975 – Council Minutes – September 21, 1974, Page 157)

ADOPTED POLICY:

The Council of the Vermont State Medical Society requests a Blue Shield representative to be present at council meetings.
(Annual Report 1975 – Council Minutes – November 16, 1974, Page 168)

ADOPTED POLICY:

Which the Vermont Medical Society recognizes the need for mental health coverage, we oppose any legislative bill that mandates certain coverage.
(Annual Report 1982 – Council Minutes – March 22, 1981, Page 125)

ADOPTED POLICY:

The Vermont State Medical Society seeks government and other third party acceptance of solo practitioners' billing for services preformed by another physician in cases of cross coverage, providing that 1) no duplicate bill is formed, 2) the patient and/or family is fully informed of the coverage arrangement, 3) the medical records and bills sent to patients and/or third party

payors clearly state the covering physician's identity, and 4) the covering physician is of comparable professional status.

(Annual Report 1991, Page 5)

ADOPTED POLICY:

The Vermont State Medical Society supports the proposed Blue Cross/Blue Shield of Vermont by-law amendments and the BC/BS Conflict of Interest Policy which respects a board member's ability to self-recuse if the board member perceives a conflict.

PARITY FOR PSYCHIATRIC SERVICES

ADOPTED POLICY:

The Vermont State Medical Society supports the provision of insurance coverage for psychiatric services under all governmental and private insurance programs which are equivalent in scope and duration to those benefits provided for other illnesses.

The Vermont State Medical Society supports the expansion and improvement of clinically and ethically sound peer review of the quality, necessity, and appropriateness of psychiatric services, and calls upon all third party payors to work with and to utilize the resources of appropriate medical specialty groups within Vermont in implementing such review.

The Vermont State Medical Society will support legislation or regulation which assures equal public and private coverage of psychiatric services under the same terms and conditions of Act 160 as they apply to other health coverage,

(Annual Report 1993, Page 9)

STREAMLINING CREDENTIALING

RESOLVED, that the Vermont Medical Society will work with the Vermont Association of Hospitals and Health Systems, health plans, Medicaid and other interested parties to pursue methods of streamlining the credentialing process, including:

- Promulgating a uniform reappointment cycle for hospitals and health plans
- Urging health plans to recredential participating physicians and physician assistants no more frequently than every two years
- Encouraging hospitals and other health care facilities to seek out delegated credentialing agreements with payers
- Reducing the number of supplementary documents or forms that must be submitted in addition to the CAQH application form. (Adopted policy, October 27th, 2018)

Health Reform & Health Access

ACCESS TO HEALTH CARE

ADOPTED POLICY:

The Vermont State Medical Society's position is that any legislation designed to control Vermont hospital costs should protect high quality care and maintain adequate access to hospital care.

(Annual Report 1983-Council Minutes, March 19, 1983, page 137)

ACT 48

Resolved, the Vermont Medical Society will facilitate the publication of an annual progress report on the success of state government in achieving the Act 48 section 9371 principles.

The Vermont Medical Society will actively seek the involvement and support of other independent organizations in developing and disseminating the annual Act 48 principles progress report.

(Adopted October 29, 2011)

BLUEPRINT FOR HEALTH

RESOLVED:

The Vermont Medical Society (VMS) shall advocate for and support strategies to cover the financial and administrative costs of adopting the new office systems, decision support tools, and information systems associated with the implementation of the Blueprint. Be it further resolved that the VMS advocate for administrative uniformity by payers regarding treatment and management of the same condition and the payment by payers of a case management fee to physicians for services relating to coordinating and managing the care of patients with chronic conditions. Be it further resolved that the VMS continue its active involvement in the Vermont Blueprint for Health.

(Adopted on October 14, 2006)

ALL-PAYER ACO MODEL FOR VERMONT

RESOLVED, The Vermont Medical Society will urge State of Vermont not to enter into a Medicare waiver that would further reduce Vermont's already low predicted spending per Medicare enrollee and its already low predicted overall rate of growth compared to the New England region;

The Vermont Medical Society will urge State of Vermont not to enter into a Medicare waiver that would eliminate the incentive payments for professional services under MACRA's merit-based incentive system (MIPS) and its alternative payment models (APMS);

The Vermont Medical Society will urge the State of Vermont to guarantee that the State of Vermont will increase Medicaid reimbursement to at least the negotiated or applicable Medicare level;

The Vermont Medical Society will urge the State of Vermont to ensure physicians' freedom of choice, so that physicians deciding not to join an ACO would be able to elect to continue to operate under traditional Medicare, Medicaid and commercial insurer payment policies;

The Vermont Medical Society's willingness to support the State of Vermont's Medicare waiver with the Center for Medicare & Medicaid Innovation will be affected by the waiver's satisfactory inclusion of the aforesaid cited provisions.

(Adopted November 7, 2015)

ALTERNATIVE SYSTEMS OF DELIVERY

ADOPTED POLICY:

The Vermont State Medical Society encourages its members to explore alternative systems of delivery of medical care, such as health maintenance organizations, independent practice associations, primary care networks, etc., provided such systems:

- A) show a potential for controlling medical care costs;
- B) compete fairly with existing systems of medical care;
- C) are substantially controlled by physicians;
- D) maintain high quality medical care;
- E) maintain patients' freedom of choice of delivery systems; emphasize the physician's direct responsibility for care given.

(Annual Report 1984, page 9-10)

COMPLIANCE WITH ACT 48 TRIGGERS

RESOLVED, The Vermont Medical Society will analyze the Administration's proposal and assumptions for publicly-financing Green Mountain Care and it will develop findings regarding the relevant Act 48 conditions or triggers;

The Vermont Medical Society will actively seek the involvement and support of other independent organizations in developing and disseminating its finding, in order to shape the smart and effective reform of Vermont's health care system.

(Adopted October 25, 2014)

COST OF HEALTH CARE (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society urges its members, the UVM faculty, house staff and medical students to make themselves knowledgeable about the specifics of health care costs through such mechanisms as case-cost studies, posting of cost of ancillary services, etc.

(Annual Report 1984, page 9)

ADOPTED POLICY:

The Vermont State Medical Society will sponsor or support Continuing Medical Education activities aimed, in part or in full, at increasing physician awareness of cost of services.

The VSMS recommends that when new diagnostic or therapeutic modalities are presented on Continuing Medical Education programs, an estimate of their cost be included in the discussion.

(Annual Report 1984, page 9)

ADOPTED POLICY:

The Vermont State Medical Society continues to support the concept of broad-based coalitions including providers and payors as a means of helping to control health care cost as long as they have significant representation from Vermont physicians and other health care providers.

(Annual Report 1983-Council Minutes-May 21, 1983, page 142)

ADOPTED POLICY:

The Vermont State Medical Society recognizes the time has come to place some restraints on access to unproven or marginally effective treatments and procedures as well as treatments and procedures which are extremely expensive. The Society believes it would be better and more equitable to guarantee certain benefits, determined in a rational way, than to adopt the method of Expenditure Targets or Caps as is now being proposed in Congress as part of Medicare budget reconciliation process, and that these sentiments be transmitted in writing to the Bush Administration, Vermont's Congressional delegation, the Governor of Vermont and chairpersons of the appropriate committees of both Houses of the Vermont legislature.

(Annual Report 1990, page 8)

ADOPTED POLICY:

The Vermont State Medical Society adopts the following policy: all governmental health care cost-containment activities must simultaneously evaluate and report the total costs associated with their activities.

(Annual Report 1992)

EMERGENCY MEDICAL SERVICES

ADOPTED POLICY:

The Vermont State Medical Society endorses the concept and current goals of the Vermont Emergency Medical Services system and further pledges its support and encourages participation of its members to aid in developing and administering the necessary advanced medical support systems appropriate to providing emergency care to persons suffering sudden and unexpected illness or injury.

The Vermont State Medical Society supports the principle that a licensed physician be in charge of all advance life support attempts by EMS personnel.

(Annual Report 1982)

ENSURING A HEALTH PROFESSIONAL ON THE GREEN MOUNTAIN CARE BOARD

RESOLVED, that the Vermont Medical Society will urge the Governor of Vermont to ensure that at least one Green Mountain Care Board seat be occupied with a physician or other health care professional (registered nurse, nurse practitioner, or physician assistant);
That the Vermont Medical Society will advocate for changing the authorizing statute to require that at least one seat of the Board be filled by a currently-or recently- practicing physician or health care professional (registered nurse, nurse practitioner, or physician assistant).
(As adopted at the VMS Annual Meeting on November 4, 2017)

ELECTRONIC HEALTH RECORDS AND THE MEDICAL RECORD

RESOLVED, The Vermont Medical Society will encourage Vermont's Congressional delegation to support the efforts of the Health Story Project to ensure that health information exchange standards go beyond a narrow, common data set to encompass the common types of clinical records;
The Vermont Medical Society will work to ensure that Electronic Health Records and other communication applications respect the clinical voice and emphasize the medical record as a critical element in providing high quality care to patients.
(Adopted October 19, 2013)

ELECTRONIC HEALTH RECORDS AND THE PATIENT-PHYSICIAN RELATIONSHIP

RESOLVED, that the Vermont Medical Society create an EHR work group which will be tasked with researching the experience of Vermont physicians with respect to the impact of EHRs on their practices and report their findings to the VMS Council, including recommendations for changes in the design and education in the practical use of EHRs in order to increase their usefulness and reduce or eliminate any harm they do to the physician-patient relationship.
(Adopted October 27, 2012)

ELECTRONIC MEDICAL RECORD IMPLEMENTATION

RESOLVED:

The Vermont Medical Society (VMS) advocate for initiatives to use electronic medical records. Be it further resolved that the VMS continue its active involvement in efforts to define and promote standards that will facilitate the efficacy and interoperability of health information technology systems. Be it further resolved that it be the policy of the VMS that public and private insurers should not require the use of electronic medical records until national uniform standards for interoperability are established and adequate financial resources are made available to assist physician practices in obtaining and maintaining new technologies. (Adopted on October 14, 2006)

HEALTH RESOURCE ALLOCATION PLAN

RESOLVED, The VMS urges the Green Mountain Care Board to partner with physicians and other health professionals to develop a statewide health resource allocation plan that uses the medical needs of all Vermonters as the underlying construct rather than a community market-based approach and the plan should weigh heavily issues of equity and patient centeredness; The VMS urges the Board to prioritize the current and future needs of the workforce by ensuring an adequate primary care and mental health/substance abuse workforce that is readily available to all Vermonters, as well as regionalized specialty medical and surgical workforce that is reasonably available and a tertiary and quaternary workforce that is emergently available to all the state's residents.

(Adopted October 25, 2014)

HEALTH CARE DELIVERY SYSTEM MODELS (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society endorses and supports the elements of the American Medical Association's Health Access America program but encourages further development of the proposal to provide a more rigorous definition of what is appropriate care when resources are limited.

(Annual Report 1991, Page 9)

ADOPTED POLICY:

The Vermont State Medical Society will inform the American Medical Association and the Oregon Medical Association and the Vermont Congressional delegation of its support of the studies in Oregon.

(Annual Report 1991, Page 11)

HEALTH CARE INFORMATION TECHNOLOGY

RESOLVED:

The decision to purchase and use electronic health record technology should be voluntary and not mandatory. Be it further resolved that the insurers and payers who will benefit from the use of electronic health record systems shall provide adequate funding to assist physician practices in adopting and implementing electronic health record systems. Be it further resolved that the Vermont Medical Society urges the Vermont General Assembly to provide resources to Vermont Information Technology Leaders, Inc., so that it may assist physicians with the technical support and clinical transformation necessary for implementation of electronic health records. (Adopted on October 20, 2007)

HIGH DEDUCTIBLE HEALTH PLANS

RESOLVED, that VMS research and advocate for approaches to address health insurance products with high patient deductibles and out of pocket costs such as increasing the number of services exempt from patient cost sharing, as well as continuing to advocate for methods of slowing the overall growth in health care costs; and be it further

RESOLVED, that the VMS advocate for methods of taking physicians out of the middle of health care billing and collection practices. (Adopted November 2nd, 2019)

HOME HEALTHCARE (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society strongly endorses the development and support of Home Health Agencies. A liaison shall be established between the state organization of Home Health Agencies and the Vermont State Medical Society.

(Annual Report 1971 – Council Minutes – September 12, 1970, Page 123)

ADOPTED POLICY:

The Vermont State Medical Society should formulate and help to implement, through the County Medical Societies, a program to encourage physicians to utilize home health services with local control as they deem advisable in their communities. (Annual Report 1969, Page 91)

IMPROVEMENT OF VERMONT’S HEALTHCARE SYSTEM

RESOLVED, that the Vermont Medical Society will actively work to improve Vermont’s health care system by:

Promoting universal coverage, which ensures access;

Eliminating the under-reimbursement of health care practitioners and health care facilities by the Medicaid and Medicare programs;

Maximizing the percent health care dollars that support direct provision of patient care;

Supporting evidence-based medicine;

Aligning payment policies with quality improvement;

Encouraging a collaborative, multidisciplinary process in the treatment of chronic conditions;

Creating a legal environment that fosters high quality patient care and relieves financial strain and administrative burden for physicians; and Supporting healthier lifestyles, through incentives for identified health risk avoidance;

The Vermont Medical Society will actively collaborate with other health care organizations, consumer groups, business groups, public and private purchasers, and state and federal agencies in order to reduce the burden of illness, injury and disability, and to improve the health and functioning of Vermonters;

The Vermont Medical Society will assess its progress in achieving these goals by utilizing the Institute of Medicine's six major aims for health care improvement. The IOM proposed the following six aims for healthcare improvement in their 2001 report "Crossing the Quality Chasm: A New Health System for the 21st Century." Healthcare should be:

Safe – avoiding injuries to patients from the care that is intended to help them.

Effective – providing services based on scientific knowledge to all who could benefit and refraining from providing services not likely to benefit (avoiding underuse and overuse, respectively).

Patient-Centered – providing care that is respectful of and responsive to individual patient preferences, needs, values, and ensuring that patients values guide all clinical decisions.

Timely – reducing waits and sometimes harmful delays for both those who receive and those who give care.

Equitable – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Efficient – avoiding waste, including waste of equipment, supplies, ideas, and energy. (Adopted on October 18, 2003)

INTERPRETER SERVICES

RESOLVED:

The Vermont Medical Society will prepare a matrix of fees and charges by interpreters in Vermont and other locations and reimbursement paid by third party payers and provide this information to the VMS membership. Be it further resolved that the Vermont Medical Society will prepare suggested language for physicians to include in contracts with interpreters. Be it further resolved that the Vermont Medical Society will contact the Vermont Congressional Delegation to request that they work to include funding for interpreter services in the Medicare fee schedule. Be it further resolved that the Vermont Medical Society will contact

the three major health insurers in Vermont, Blue Cross, MVP and CIGNA and request that they reimburse for interpreter services for patients who are deaf or hard of hearing and patients with limited English proficiency. Be it further resolved that the Vermont Medical Society, will request that hospitals work with their medical staffs to clarify the responsibility for providing an interpreter for procedures that are performed in the hospital. Be it further resolved that the Vermont Medical Society will recommend to interpreter groups and interpreters serving Medicaid patients that all interpreters accept Medicaid reimbursement as payment in full for their services and inform interpreters and interpreter groups in Vermont of this recommendation. Be it further resolved that the Vermont Medical Society will work with the three regional Area Health Education Centers and the Agency of Human Services, Office of the State Refugee Coordinator and the Vermont Refugee Resettlement Program to identify resources for physicians including volunteer or low-cost interpreters and interpreter services with appropriate training for medical interpretation.

(Adopted on June 7, 2006)

NATIONAL HEALTH PLANNING

ADOPTED PRINCIPLE:

In reference to the National Health Planning and Resource Development Act, the Vermont State Medical Society believes that practicing physicians are a valuable asset and must be part of any policy making board.

(Annual Report 1975 – Council Minutes – March 15, 1975, Page 179)

PATIENT PORTALS

RESOLVED, The VMS will join eligible hospitals and eligible providers in working with VITL in order to explore building a statewide patient portal function on top of the Vermont Health Information Exchange Network;

The VMS will urge VITL to consider also serving as an aggregator for existing patient portals and that VITL create a secure single log-in function in order to allow patients to easily access all their relevant information.

(Adopted October 25, 2014)

PHYSICIAN LEADERSHIP

WHEREAS, The national health care environment is expected to undergo major transformations as reform taking place on national and statewide levels goes into effect, the need for physicians to influence public debate and rulemaking decisions are greater than ever before;

VMS encourages the appointment of physicians to leadership roles in the delivery of health care and health care system reform, including management positions at hospitals and health care systems;

VMS encourages health care organizations to recognize the value physicians bring to management and leadership positions and encourages those organizations to provide opportunities for physicians to engage in career development activities;

VMS commits itself to ensuring that physicians have a voice in health care reform efforts taking place in Vermont in the near future;

VMS recognizes the changing employment status of many of its members and commits itself to actively assessing the needs of employed physicians and responding accordingly.
(Adopted on November 6, 2010)

PHYSICIAN POLICY INVOLVEMENT

RESOLVED, that VMS work with hospitals, clinics and practices to ensure that physicians have opportunities to be actively involved in forming policy in all arenas of health care reform, including decisions with respect to standards of care and measurement, Health Information Technology (HIT) systems, administrative simplification, liability reform, and payment reform;
That VMS work to ensure that a portion of the percentage allocated in the hospital budgets for health care reform will support the development of physician leadership;
That VMS work with the VMS Education and Research Foundation (VMSERF), hospitals, clinics and practices to ensure that physicians have the training and education they need to function effectively as leaders;
That the VMS will monitor hospitals activities with respect to physician leadership activities.
(Adopted October 19, 2013)

PRESERVING PATIENT ACCESS TO PHYSICIANS

RESOLVED, That VMS advocates for loan repayment funding and adequate public and private payer reimbursement for physicians, including reimbursement for administrative tasks, for

installing and maintaining information technology and electronic health records, and for telemedicine services, telephone services, remote patient visits and exchanging secure e-mails with patients,

That the Vermont Medical Society provides information to Vermont legislators and the public explaining the need to recruit and retain physicians for vulnerable populations in Vermont to ensure patient access to care in the face of current and worsening physician shortages;

That the Vermont Medical Society communicates with the Vermont Congressional delegation to ensure that Health Care Reform legislation includes provisions to address Medicare and Medicaid reimbursement and related issues including:

- A national floor for Medicaid reimbursement;
- Audited national standards for Medicaid beneficiary access to physicians and other health professionals;
- Adequate reimbursement for any public plan included in the legislation;
- Repair of the Medicare Sustainable Growth Rate (SGR) formula;
- Geographic Practice Cost Index (GPCI) floor; and
- Interpreter reimbursement mandates for Medicaid, Medicare, public plans and private insurers.

(Adopted on October 3, 2009)

PRIMARY CARE PHYSICIAN SHORTAGE

RESOLVED, that VMS work with state government, the legislature, the Governor and other interested parties to take a number of steps in order that Vermont's supply of primary care physicians is adequate to meet our current and future needs. These include:

Addressing the need for increased Medicaid payment and medical malpractice reform to ensure viable physician practices;

Evaluating both the current supply of physicians in Vermont and identifying how demographic factors, including chronic conditions, will affect the need for physicians of various specialties in the future;

Evaluating the administrative burdens in primary care, including: multiple drug formularies, different disease management plans, and time-consuming prior authorization and documentation requirements;

Increasing educational loan repayment funding;

Identifying continued scholarship support (such as the Freeman Scholarships) for students at the University of Vermont College of Medicine who wish to practice in Vermont; and

Supporting the health careers awareness program run by the Vermont Area Health Education Centers. (Adopted on October 20, 2007)

PRINCIPLES OF HEALTHCARE REFORM (Multiple)

ADOPTED POLICY:

Every citizen should have available to him adequate health care. It is a basic right of every citizen to have free choice of a physician and institution in the obtaining of medical care. (Annual Report 1971, pages 101)

ADOPTED PRINCIPLE:

The Vermont State Medical Society believes that health insurance programs, private or public, should enable every person to obtain health protections which will make available to him personal health services from the professionally qualified providers of his choice.

The Society believes that standards of coverage for all insurance and prepayment programs approved for enrollment should be uniform, the coverage should be comprehensive and the benefits and premium charges realistic for the enrollee's area of residence.

The principle of "individual responsibility" should be implemented through the medium of reasonable co-insurance and deductible fees.

The recognition of ability to pay helps to minimize the need to use tax funds which more properly and economically could be directed toward providing adequate coverage for those less able, or unable, to pay (the concept of progressive tax credits being one method by which this proposal could be achieved.) (Annual Report 1974, Pages 107-108)

ADOPTED POLICY:

The Vermont State Medical Society calls for fundamental reform of the health care system guided by the following principles:

Universal and comprehensive coverage: Everyone should receive a basic package of benefits. Primary and preventive care should be emphasized. Coverage for all necessary acute care, rehabilitation services and long-term medical care should be assured.

Equitable and efficient financing: The cost of the health care system should be borne equitably by all.

Simplicity of organization: Bureaucratic obstacles to the humane and efficient practice of medicine should be eliminated. Administrative intrusions into our clinical practice should be reduced.

Fair and sensible reimbursement: Payments to providers should reflect the cost of the service and should be structured to encourage preventative care and to discourage unnecessary treatments.

Patient and physician responsibility: The state should encourage health promotion by both physicians and patients to promote healthier life styles and disease prevention.

The Society should ask our legislators and our professional leaders to pursue this vision of reformed health care system both in Vermont and at the national level.

(Annual Report 1992)

PROTECTION OF PATIENTS' ACCESS TO PHYSICIANS
(Patient Care Not Paperwork)

RESOLVED, that the Vermont Medical Society work with the American Medical Association (AMA), state government, insurers, the Governor and the legislature to modify policies, regulations and laws to address the following issues:

Retrospective audits of paid and approved claims, Consistent claims processing using recognized CPT® codes and modifiers, Fair, transparent and uniform contracting, Access to performance data, rules and procedures underlying tiered networks and pay for performance, Timely credentialing, Timely and low cost opportunities for dispute resolution, Transparency and consent for rental networks, and Adequate reimbursement for mandated procedures and services, such as interpreters and lead screening. Adequate reimbursement for physician and staff time required to add administrative requirements mandated by 3rd party payors including utilization management process. (Adopted on October 20, 2007)

RESPONSIBILITY FOR HEALTHCARE IN THE IDEAL SYSTEM

RESOLVED, In order to ensure access to high quality health care services, the Vermont Medical Society urges the General Assembly and the Administration to make the issues related to recruitment and retention of physicians a high legislative priority; The Vermont Medical Society supports the concept that basic healthcare would be available to all individuals as part of the social contract; The Vermont Medical Society supports a simplified payer system to pay directly for services, in which paperwork and administrative issues are minimized, under-reimbursement by Medicaid is addressed; The Vermont Medical Society encourages individuals to take greater responsibility for their personal behaviors and choices to the extent they are able; The Vermont Medical Society's survey makes it clear that while Vermont physicians are dedicated to the profession of medicine and the care of their patients, the present system of financing impedes physicians from being able to adequately provide for the health care needs of all Vermonters. (Adopted on October 25, 2008)

STEWARDSHIP OF HEALTHCARE

RESOLVED, The Vermont Medical Society endorses the AMA's Code of Medical Ethics recent guidelines for physicians to fulfill their obligation to be prudent stewards of health care resources; The Vermont Medical Society encourages the Vermont chapters to join their national specialty societies in endorsing the Choosing Wisely measures as ones whose necessity should

be questioned and discussed by Vermont physicians and their patients; The Vermont Medical Society will promote the Choosing Wisely initiative and it will encourage the monitoring of the use of the measures within the state and the comparison of Vermont physicians use of the measures with their peers regionally and nationally; The Vermont Medical Society will urge the Green Mountain Care Board and the General Assembly to adopt policies and procedures, including medical liability reforms, that promote physicians' leadership in the design of a more efficient delivery system.
(Adopted October 27, 2012)

STRATEGIES TO ADDRESS RISING HEALTH CARE COSTS

RESOLVED, The Vermont Medical Society (VMS) supports the following broad strategies for addressing rising health care costs: reducing the burden of preventable disease; making health care delivery more efficient; reducing non-clinical health system costs that do not contribute value to patient care; and promoting value-based decision-making at all levels;⁶

The VMS advocates that sources of medical research funding give priority to studies that collect both clinical and cost data and widely disseminate cost effective information to physicians and other healthcare decision-makers;

The VMS advocates for administrative uniformity by payers regarding treatment and management of the same condition and the payment by payers of a case management fee to physicians for services relating to coordinating and managing the care of patients with chronic conditions;

The VMS advocates for and supports strategies to cover the financial and administrative costs associated with the statewide implementation of the Blueprint;

The VMS advocates for payers to provide refunds or other incentives to enrollees who successfully complete certain behavior modification programs, such as smoking cessation and weight loss;

The VMS urges the General Assembly to enact medical liability reforms measures, including liability protection for defendants in compliance with authoritative guidelines, requiring a certificate of merit, setting new standards of informed consent for shared decision-making, limits on non-economic damages and establishing a system of pre-trial screening panels.

(Adopted on October 3, 2009)

⁶ American Medical Association, H-155.960 Strategies to Address Rising Health Care Costs, CMS Rep. 8, A-07

SUPPORT FOR EFFORTS TO MINIMIZE COST BURDEN TO PATIENTS

RESOLVED, That the VMS urges physicians and their staff to ask at-risk patients if they are eating well and heating their homes; That the VMS coordinate with local, state, and federal organizations (such as the Vermont Food and Fuel Partnership, Vermont 211, Agency of Human Services and the Area Health Education Centers) to provide practices with information for their patients regarding heating oil assistance, public transportation and other available resources; That the VMS work with lawmakers, agencies and payers to increase the options available to health care practitioners for treating patients, including but not limited to use of telephone consultations and email communications as a means of reducing the cost of travel where appropriate, recognizing that payers should reimburse practitioners for their work. (Adopted 2008)

SUPPORTING THE PRACTICE OF PRIMARY CARE

RESOLVED, VMS will urge the Green Mountain Care Board through its regulatory powers to reduce the current quality reporting and prior authorization requirements and replace them with a core of meaningful metrics that are reported through accurate claims data, and evaluate alternatives that improve quality, reduce costs, and reduce administrative burden; VMS will urge the creation of a new electronic medical record functional system whose foundation is clinical rather than reporting/billing and eliminate the need for multiple interfaces and apply this system statewide; VMS will urge the creation of a clear state-wide expectation that primary care practitioners will have sufficient time with their patients to generate the relationships that will maximize lifestyle changes, avoid unnecessary use of the emergency department/hospitalizations and bolster their role as key community resources. (Adopted November 5, 2016)

Hospice & Long-Term Care

HOSPICE

ADOPTED POLICY:

The Vermont State Medical Society recognizes that hospice home care can be economically advantageous all third-party payors to provide reimbursement for Hospice programs for care of the terminally ill. (Annual Report 1983, Page 14)

LONG-TERM CARE (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society urges the Department of Social Welfare to give serious consideration to more judicious use of the convalescent home, home for the aged or minimal care nursing home, with the appropriate reimbursement thereof, to facilitate moving patients out of more expensive extended care facilities and hospitals.

(Annual Report 1971, Page 97)

ADOPTED PRINCIPLE:

The Vermont State Medical Society believes that various types of suitable alternative care options, especially adequate Level III facilities, should be available for the care and welfare of Vermont's elderly.

(Annual Report 1979, Page 97)

ADOPTED POLICY:

The Vermont State Medical Society approves the formation of a procedure involving Regional Physician Referees whereby any facility, family, physician, patient, party or parties, acting on behalf of a patient aggrieved by the determination of the level of care required by the Long-Term Care Evaluation Team of the Department of Social Welfare, may request a review by a Regional Physician Referee.

(Annual Report 1976, Page 119)

ADOPTED POLICY:

The Vermont State Medical Society recommends that the Agency of Human Services preserve and augment high level (III-F) community care homes and urges the Agency to provide the resources for their support and the necessary reimbursement mechanism.

(Annual Report 1980, Pages 87-88)

ADOPTED POLICY:

The Vermont State Medical Society endorses the development of professional advisory committees in long-term care facilities for the purpose of furthering the

quality of care. Physicians who care for patients in long-term care facilities are encouraged to participate in the formation and function of such committees as an expression of physicians' efforts to maintain high standards of care in such facilities.

(Annual Report 1983, Page 15)

ADOPTED POLICY:

The Vermont State Medical Society urges physicians and other health care professionals to use all available resources to assist in the care of the elderly and chronically ill, regardless of the setting, whether nursing home, community care home or the patient's home.

(Annual Report 1983, Page 15)

ADOPTED POLICY:

The Vermont State Medical Society urges the Secretary of the Agency of Human Services to establish a review committee for the purpose of receiving and reviewing appeals which arise from the classified level of care rendered patients in extended care facilities.

(Annual Report 1966 – Council Minutes – March 19, 1966, Page 162)

ADOPTED POLICY:

The Council recommends to the State Board of Health that only skilled nursing homes be required to have a principal physician.

(Annual Report 1966 – Council Minutes – March 19, 1966, Page 162)

ADOPTED POLICY:

The Vermont State Medical Society supports the development of enabling legislation and other incentives to encourage the availability of adequate yet affordable long-term care insurance in Vermont.

ADOPTED POLICY:

The Vermont State Medical Society, through its Aging and Long Term Medical Care Committee, supports a statewide initiative in conjunction with the Vermont Health Care Association and other interested parties to address mental health issues in nursing homes and to develop strategies for expanding and changing the role of psychiatrists and other mental health personnel in nursing homes.

(Annual Report 1990, Page 6)

ADOPTED POLICY:

Since long-term care is defined as an “array of social and health services needed by individuals who have reduced capacity for independence because of a chronic illness or condition, the Vermont State Medical Society supports appropriate financing of the long-term care needs of Vermonters. The Society supports efforts to encourage patients to initiate advance directives and other actions to ensure that inappropriate or undesired efforts to prolong the process of dying are not pursued and that care is truly designed to ease suffering by those in the dying process.

The Society urges its Congressional delegation to endorse health care reform proposals which provide for the coordinated health, housing, and personal care needs of the elderly and disabled. The Society urges its Legislature to charge the Vermont Department of Aging and Disabilities with the responsibility of serving and coordinating the needs to Vermonters and the federal Executive Branches to develop budgets which simultaneously fund health care programs and long-term care programs as separate but equally important programs.

The Society insures that physicians are invited to participate in the establishment of a long-term care program within state government, and that physicians are integrated into the long-term care system as an essential member of a case management team.

(Annual Report 1992)

Legal & Liability

CERTIFICATE OF NEED

ADOPTED PRINCIPLE:

Since physicians' offices are not mandated by federal law to be included under Certificate of Need laws, the Vermont State Medical Society opposes such legislation which exceeds the federal minimum guidelines.

(Annual Report 1980, Page 89)

GOOD SAMARITAN LAW

ADOPTED POLICY:

The Vermont State Medical Society adopts the Vermont "Duty to Aid the Endangered Act" which reads:

A person who knows that another is exposed to grave physical harm shall, to the extent that the same can be rendered without danger or peril to himself or without interference with important duties owed to others, give reasonable assistance to the exposed person unless that assistance or care is being provided by others.

(Annual Report 1967, Pages 107-108)

MEDICAL LIABILITY REFORMS

RESOLVED, The Vermont Medical Society urges the General Assembly to enact the recently passed Massachusetts Medical Liability Reform providing for a six-month, pre-litigation resolution period with the sharing of all pertinent medical records by the patient, full disclosure by providers, and for statements of apology by providers to be inadmissible in court; The Vermont Medical Society will seek the support of the Governor of Vermont, the Green Mountain Care Board, the Vermont Bar Association and the Vermont Association for Justice, for the passage of legislation modeled on the Massachusetts Medical Liability Reforms in the state of Vermont. (Adopted October 27, 2012)

MEDICAL WITNESSES

ADOPTED POLICY:

The Vermont State Medical Society supports establishing the following standards for its members who assume the role of expert witness in medical liability claims:

1. The physician should have current experience and ongoing knowledge about the areas of clinical medicine in which he or she is testifying and familiarity with practices during the time and place of the episode being considered as well as the circumstances surrounding the occurrence.
2. The physician's review of medical facts should be thorough, fair, and impartial and should not exclude any relevant information to create a view favoring either the plaintiff or the defendant. The ultimate test for accuracy and impartiality is a willingness to prepare testimony that could be presented unchanged for use by either the plaintiff or the defendant.
3. The physician's testimony should reflect an evaluation in light of generally accepted standards, neither condemning performance that clearly falls within generally excepted practice standards not endorsing or condoning performance that clearly falls outside accepted practice standards.
4. The physician should make a clear distinction between medical malpractice and medical maloccurrence when analyzing a case. The practice of medicine remains a mixture of art and science; the scientific component is a dynamic and changing one based to a large extent on concepts of probability rather than absolute certainty.
5. The physician should make every effort to assess the relationship of the alleged substandard practice to the patient's outcome, because deviation from a practice standard is not always casually related to a less-than-ideal outcome.
6. The physician should be willing to submit transcripts of depositions and/or courtroom testimony for peer review.

7. The physician expert should cooperate with any reasonable efforts undertaken by the courts or by plaintiffs' or defendants' carriers and attorneys to provide a better understanding of the role of the expert medical witness.

(Annual Report 1990, pages 6-7)

NEED FOR TORT REFORM IN ORDER TO ADDRESS DEFENSIVE MEDICINE

RESOLVED, in order to improve the state's medical liability climate and address the practice of defensive medicine, the Vermont Medical Society will work with the Governor and the General Assembly to establish pretrial screening panels, to require a certificate of merit, to establish expert witness standards, and to move to an administrative process for addressing adverse events. (Adopted November 6, 2010)

PHYSICIAN EMPLOYMENT CONTRACTS

RESOLVED:

The Vermont Medical Society shall take a stand against restrictive covenants in physician contracts. Be it further resolved that the Vermont Medical Society work to support health care reform legislation that would make these restrictive covenants illegal in Vermont.

(Adopted on October 14, 2006)

PROFESSIONAL LIABILITY INSURANCE REFORM FOR PHYSICIANS

RESOLVED, that the Vermont Medical Society urges the Vermont General Assembly to enact meaningful professional liability reform in order to help contain the cost of our state's health care system and maintain access to necessary medical services. (Adopted October 26, 2002)

Medicaid/Medicare

MEDICAID EXPANSION

RESOLVED:

That the Vermont Medical Society, while supportive of the Medicaid Expansion in principle, strongly opposes the proposed rule that reduces the Medicaid fees, and will communicate its opposition to appropriate representatives of the Vermont Executive branch, the Vermont Legislature and to the Health Care Financing Agency reviewing this proposed action. Be it further resolved that the Vermont Medical Society strongly opposes further modification by waiver from HCFA of the Vermont Medicaid program until the issues regarding the copayment, fee reduction and the general financial sustainability of the physician's sector of Vermont Medicaid program are resolved to the satisfaction of the VMS Council. (Adopted October 24, 1998)

MEDICAID/MEDICARE (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society requests the Commissioner of Social Welfare to meet at least annually before preparation of the Medicaid budget with a representative or representatives of the Vermont State Medical Society to review and discuss reimbursement formulas and make appropriate changes.

(Annual Report 1980, Page 90)

ADOPTED PRINCIPLE:

The Vermont State Medical Society is concerned that two classes of medical care delivery have developed. The State of Vermont has not met its responsibilities to health care providers to reimburse them at realistic 1980 prices. This is discrimination by the State of Vermont against the Medicaid recipient.

(Annual Report 1981, Pages 81-82)

ADOPTED POLICY:

The Vermont State Medical Society request an update in Medicaid reimbursement to physicians annually as is done for hospitals.

(Annual Report 1985, Page 13)

ADOPTED POLICY:

Regarding Medicaid patients, the Vermont State Medical Society supports some limitation on the choice of physician. Although the patient should have freedom

of choice in the initial selection of a primary care physician, there should be some reasonable limitation on doctor hopping.

Changes in reimbursing for non-emergency services rendered in the hospital emergency room should be made to encourage the patient to be seen in a less costly setting (e.g., the physician's office) and there should be a co-payment made by the Medicaid patient for some services to discourage improper use of facilities.
(Annual Report 1982-Council Minutes, March 22 1981, page 126)

ADOPTED POLICY:

The Vermont State Medical Society believes that tax payers are overburdened by the Medicaid system, that the physicians are underpaid by the system and patients are getting poorer services through this system. We make three suggestions to the Legislature.

1. Have all Medicaid patients chose one physician, hospital and pharmacy for their regular medical treatment;
2. Assess all Medicaid patients a deductible for non-emergency services provided in Emergency Room settings;
3. Have a higher reimbursement rate for services provided in non-emergency room settings to encourage physician participation.

(Annual Report 1980, Council Minutes – January 19, 1980, Page 126)

ADOPTED POLICY:

The Vermont State Medical Society endorses a Medicare Courtesy Care Program that covers all Medicare services by physicians for patients eligible for the Vermont State Telephone Lifeline program.

(Annual Report 1987 – Council Minutes – March 14, 1989, Page 93)

ADOPTED POLICY:

The Vermont State Medical Society request its Congressional Delegation to work to rescind the “incentive” in the Omnibus Budget Reconciliation Act of 1986 regarding hospital referral of Medicare patients only to participating physicians.

(Annual Report 1988, Page 6)

ADOPTED POLICY:

The Vermont State Medical Society will notify the Secretary of the Department of Health and Human Services, and the Administrator of the Health Care Financing Administration that it is opposed to the forced acceptance of reimbursement on assigned basis of diagnostic laboratory tests performed in physicians' offices and that the Vermont Congressional Delegation be requested to work for the repeal of the mandatory assignment law affecting diagnostic tests in physicians' offices.

(Annual Report 1988, Page 7)

ADOPTED POLICY:

The Vermont State Medical Society supports making medical care available to Medicaid patients but opposes a two-tiered care system.

(Annual Report 1988 – Council Minutes – March 19, 1988, Page 89)

ADOPTED POLICY:

The Vermont State Medical Society supports efforts of the Low Income Advocacy council in seeking adequate Medicaid payments for providers to prevent Medicaid patients from being denied services.

(Annual Report 1988 – Council Minutes – January 16, 1988, Page 86)

ADOPTED PRINCIPLE:

The Vermont State Medical Society supports the Governor’s freeze on Medicaid for all providers for the 1991-92 budget, but urge that current commitments be kept at their level and on time.

(Annual Report 1991 – Council Minutes – January 19, 1991, Page 89)

ADOPTED POLICY:

The Vermont State Medical Society supports simplification and cost containment in the Vermont Medicaid program while preserving the current high level of quality care for very low income Vermonters by:

1. Supporting demonstration projects which provide Medicaid recipients with access to care, including managed care, on a voluntary basis; and
2. Opposing the assessment of copayments on the basis that very low income Medicaid recipients cannot afford copayments, such copayments are not a proven method of reducing inappropriate utilization, and will result in a disproportionate increase in the administrative costs of providing health care; and,
3. Supporting VSMS efforts, in conjunction with the state, to reduce pharmaceutical expenditures under the Medicaid program without adversely affecting quality care.

(Annual Report 1992)

MEDICAID PROVIDER TAX

RESOLVED, that the VMS strongly oppose the adoption of a provider tax on physicians due to the devastating impact such a tax would have on the state’s ability to attract and retain physicians and the resulting decrease in patients’ access to care in the face of current and worsening physician shortages. (Adopted October 29, 2011)

MEDICAID REIMBURSEMENT

RESOLVED:

That the Vermont Medical Society, while supportive of the Medicaid coverage expansion in principle, opposes further expansion or modification of the VHAP or Medicaid program until physicians are adequately reimbursed for providing Medicaid services and until the general financial sustainability of the physician sector of Vermont Medicaid program is addressed to the satisfaction of the VMS council. Be it further resolved that the Vermont Medical Society while supportive in concept of the Primary Care Case Management Program strongly opposes adding additional administrative burdens to Vermont physicians without adequately reimbursing them for performing those duties. (Adopted October 19, 1999)

MEDICAID REIMBURSEMENT STABILIZATION

RESOLVED, That the Vermont Medical Society urges the Administration and Vermont General Assembly to take the following actions to stabilize and ensure the sustainability of the Vermont Medicaid program:

- Include annual cost of living adjustments covering inflation for physicians in the Medicaid budget;
- Create a plan to increase Medicaid reimbursement to establish parity with national average Medicare;
- Reduce the Medicaid co-payment from \$7.00 to \$2.00

(Adopted October 26, 2002)

MEDICARE CODING AND AUDIT RESOLUTION

RESOLVED that the VMS take all necessary steps to oppose implementation of the 1998 revised HCFA documentation guidelines for evaluation and management services. Be it further resolved that the VMS take all necessary steps to work with other physician organizations to define what constitutes appropriate and valid documentation. Be it further resolved that the VMS oppose unwarranted fraud and abuse penalties due to inadvertent errors in coding and interpretation of the E&M documentation guidelines. Be it further resolved that the VMS use all available means to ensure that the burden of proof for fraud and abuse be that of the government. (October 18, 1999, Proposed by Rutland County Medical Society)

MEDICARE PAYMENT FOR PSYCHIATRIC DIAGNOSES

That the Vermont Medical Society strongly opposes the discriminatory 50% copayment for psychiatric treatment received by Medicaid patients and supports changing the 50% copayment for the diagnosis and treatment of all disorders listed in ICD-9 Mental Disorders Section 290-319 to the 20% copayment of other conditions. Be it further resolved that the Vermont Medical Society request that the AMA consistent with HOD Policy 345.986, conduct a study of the impact of the 50% copayment on access to mental health treatment for older Americans and Americans with disabilities who are covered by Medicare. Finally, be it resolved that the Vermont Medical Society in coordination with patient and consumer groups, will communicate its opposition to the 50% copayment to the Health Care Financing Agency and the Vermont congressional delegation.

(Adopted VMS Annual Meeting, October 16, 1999)

MEDICARE REIMBURSEMENT

RESOLVED:

That the Vermont Medical Society urges federal policymakers to eliminate Geographic Practice Cost Indices and other components of the Medicare program that result in inequitable reimbursement to tens of thousands of physicians across the country providing medical care to millions of Medicare beneficiaries; and

The Vermont Medical Society urges Vermont's Congressional delegation to ensure continued access to high-quality care for Vermont seniors by supporting legislation to avert the Medicare physician payments cuts that are projected for 2004 and in subsequent years. (As passed by VMS Council, October 18, 2003)

Medical Society Operations

LEGAL ADVICE

ADOPTED POLICY:

The Vermont State Medical Society or the Legislative Committee may obtain the services of a lawyer to advise or represent the State Medical Society at legislative hearings. The hearings at which the Society will be represented will be determined by the Executive Committee or the Legislative Committee of the State Medical Society.

(Annual Report 1968, Pages 108-109)

LEGISLATION

ADOPTED POLICY:

The Vermont State Medical Society and physicians should keep track of individual patients whose care has been jeopardized by existing legislation. Both physicians and patients should document their grievances and forward them to state and federal legislators.

(Annual Report 1985, Page 15)

ORGANIZATIONAL RELATIONSHIPS

ADOPTED POLICY:

The Vermont State Medical Society will work to maintain direct communication with other health provider organizations; i.e., the Hospital Association, and Vermont Assembly of Home Health Agencies, etc.

(Annual Report 1973 – Council Minutes – March 10, 1973, Page 175)

PHYSICIAN POLICY COUNCIL

RESOLVED, that the Vermont Medical Society (VMS) will reconvene the Physician Policy Council (PPC) and renew its status as a physician bargaining group approved by the state of Vermont; That the VMS Physician Policy Council will identify common physician purposes and concerns and will create a process to effectively engage in negotiation with the State of Vermont, and others as authorized by law with respect to physician payment rates and payment methodologies, provider regulation and quality of health care; That the VMS will recommend amendments to the Health Care provider bargaining group law, 18 V.S. A. §9409, to ensure that bargaining groups have full authority to negotiate with the Secretary of Administration, the Green Mountain Care board, and other branches of state government; That the Physician Policy Council, as requested by the VMS Council, will address other issues of concern to physicians and their patients, such as workforce shortages, administrative simplification, educational debt, and liability reform and will report its findings and make recommendations to the VMS Council; That the VMS will actively and energetically publicize to its membership the fact that Green Mountain Care includes a key provision establishing bilateral negotiation of physician reimbursement rates. (Adopted October 29, 2011)

RECOVERING PROFESSIONALS

ADOPTED POLICY:

The Vermont State Medical Society endorses the ongoing efforts of the Vermont Recovering Professionals program and will investigate the use of funds within the Society for support of this program.

(Annual Report 1989 – Council Minutes – January 21, 1989, Page 91)

VMS CONTINUING EDUCATION REQUIREMENTS

(Note: These policies are superseded by bylaws changes eliminating a membership CME requirement)

ADOPTED POLICY:

The Vermont State Medical Society requires that each member, in order to maintain membership in good standing, to give evidence of participation in accredited post-graduate educational activities to the extent of 150 hours within successive 3-year periods. The Society shall deem which educational activities are acceptable for credit and assign appropriate temporal value for each activity accredited.

(Annual Report 1976, page 116)

ADOPTED POLICY:

The Vermont State Medical Society accepts the AMA quantitative and qualitative criteria for Continuing Education credits for its purposes of qualifying members of the VSMS.

(Annual Report 1977, page 112)

ADOPTED POLICY:

Every member of the Vermont State Medical Society will certify his/her interest in maintaining competence by one of the following methods:

1. By participating in 150 hours of CME every three (3) years, in the manner prescribed by the AMA Physicians' Recognition Award, or a similar program such as those sponsored by the AAFP, ASCP, ACP, etc.
2. Specialty certification or recertification within six (6) years. This will be certified by a notarized statement to be sent to the secretary of the Society starting January 1, 1979.

Submit to an office audit once every three years, according to procedures to be developed by the Continuing Medical Education Committee of the VSMS.

The following classes of members will be exempt from this requirement:

1. Life members
2. Associate members
3. Regular members who are not actively engaged in the practice of medicine
4. Student members
5. Honorary members

Any member who does not meet this requirement shall be notified that if the requirement is not met in one year's time, he shall be dropped from the State Society, with the concurrence of the component County Society and lose all rights and privileges thereof.

The CME Committee stands ready to be challenged by any member who feels that his case is an exceptional one and does not fit the above criteria.

(Annual Report 1978, pages 100-101)

ADOPTED POLICY:

The following categories of physicians may request exemptions from CME requirements for membership in the Vermont State Medical Society:

1. Publication of a paper in a recognized scientific journal or medical textbook.
2. Participation as a main discussor in a clinical conference, Grand Rounds, or as a leader in formal seminar discussion of a medical subject.
3. Development of and active participation in a medical program for medical staff and allied health professionals.
4. Reading of medical texts and medical journals.

The hours of CME credit granted for such activities shall be at the discretion of the CME committee.

(Annual Report 1983, pages 17-18)

WAIVING DUES FOR MEMBERS CALLED TO ACTIVE DUTY

RESOLVED, that the Vermont Medical Society waive membership dues for members who are called up to active duty in the armed forces.

Non-Physician Professionals

CERTIFIED PROFESSIONAL MIDWIVES

ADOPTED POLICY:

The Vermont Medical Society believes that, taking into consideration the safety and health of mothers and babies, the best place for births to occur is in a medical facility. Labor and delivery present potential hazards to both mother and baby. These risks are best addressed by the support and safety standards available in a medical setting, as outlined by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. The Vermont Medical Society cannot recommend home birth. The Vermont Medical Society encourages hospitals to take steps to ensure that women and their families are comfortable during labor and delivery and fully supports collaborative practice with certified nurse midwives.

The Vermont Medical Society believes that clinical decisions should be made by individuals with clinical training, whether they be utilization review decisions by HMO's or prior approval decisions made by the Medicaid program. Consistent with this position, VMS believes that rule making pertaining to midwifery guidelines and standards of practice, risk assessment, protocols and formularies for prescribing medication should be developed by clinically trained individuals. As with naturopaths, our recommendation is that the Commissioner of Health develops these rules. (APPROVED BY COUNCIL IN 2000)

COLLABORATION AMONG PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS

RESOLVED, The Vermont Medical Society will work to increase inter-professional collaborative practice with other health care professionals, to facilitate team-based, high quality evidence-based care for patients.

The Vermont Medical Society will work with the administration, licensing authorities, and professional associations to ensure passage of transparency legislation or regulations that require patients be informed of health care professionals' license type;

The Vermont Medical Society will work with the administration, regulatory boards, licensing authorities, and professional associations to develop an independent process, similar to

the licensing sunrise process⁷, to be used to review proposed changes to scope of practice for health care professionals prior to legislative consideration to ensure that all health care professionals' scopes of practice are consistent with their education and training;

The Vermont Medical Society will work with other health care professionals to design a process to identify and discuss potential areas for collaboration on health care policy and scope of practice issues.

(Adopted October 27, 2012)

DIAGNOSIS AND TREATMENT OF GLAUCOMA

RESOLVED, that the Vermont Medical Society opposes any proposed legislation to permit the optometrists to diagnose and independently treat glaucoma but supports optometric screening of glaucoma, and prompt referral to ophthalmologists for diagnosis and treatment. (As Passed VMS Annual Meeting, October 24, 1998)

LASER SURGERY

ADOPTED PRINCIPLE:

The Vermont State Medical Society adopts the policy that laser surgery should be performed only by individuals licensed to practice medicine and surgery in Vermont or by those categories of practitioners currently licensed by the state to perform surgical services. The Society supports legislation and rulemaking in support of this policy. (Annual Report 1992)

⁷ Chapter 57 of Title 26 of Vermont Statutes establishes the sunrise process for initial review of professions seeking licensure to ensure that any regulation of entry to a profession is solely for the purpose of protecting the public.

LICENSING RESPIRATORY CARE PRACTITIONERS

RESOLVED, that the Vermont Medical Society support, in concept, legislation to regulate, by licensing or certification, the profession of respiratory care practitioners. (Adopted by VMS Council, October 18, 2003)

NON-PHYSICIAN PROFESSIONALS (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society opposes those legislative proposals which permit incursions by other health professionals into the practice of medicine. Individual members, groups and segments of the Vermont State Medical Society who become concerned about potentially harmful legislative proposals are encouraged to coordinate their efforts to oppose such changes with the efforts of the Vermont State Medical Society and to fully utilize the Society's potential impact on such legislation.

(Annual Report 1981, Pages 78-79)

ADOPTED PRINCIPLE:

The overall care and treatment of patients in Vermont should be performed by, or under the responsible supervision of the physician, that individual who by education and training is most able to have a comprehensive view of medical and psychological problems. The Vermont State Medical Society opposes any responsibility from physicians and/or to parcel it out to non-physician health care providers without the supervision of, or referral from, a licensed physician.

(Annual Report 1984, Page 15)

NURSES

ADOPTED PRINCIPLE:

The licensed practical nurse has become well established, accepted and a very meaningful part of the health team, and more well-trained practical nurses are needed in Vermont.

(Annual Report 1966, Page 87)

ADOPTED POLICY:

The Vermont State Medical Society endorses the present training of practical nurses in Vermont.

(Annual Report 1966, Page 87)

ADOPTED POLICY:

The Vermont State Medical Society subscribes to, and fully supports the
“Statement on Joint Practice.”

(Annual Report 1977, Page 109)

ADOPTED POLICY:

The Vermont State Medical Society is in favor of any acceptable program which
will produce people who can perform as competent nurses, whether the program
designates its graduates with degrees or diplomas.

(Annual Report – Council Minutes – March 20, 1971, Page 151)

ADOPTED POLICY:

The Vermont State Medical Society approves the Statement of Policy on
Midwives by the Society, the Vermont State Nurses Association and the
Vermont Hospital Association.

(Annual Report 1974 – Council Minutes – November 16, 1974, Page 160)

ADOPTED POLICY:

The Vermont State Medical Society go on record as supporting the three
licensed practical nursing education programs in Vermont.

(Annual Report 1990 – Council Minutes – January 20, 1990 – Page 8)

OPTOMETRISTS

ADOPTED POLICY:

The Vermont State Medical Society reaffirms that any legislation that would
authorize optometrists to engage in the diagnosis of disease or injury, or the
diagnosis of the absence of diseases or injury or to use drugs or medications in
any form for any purpose, is in conflict with the public interest, and the Society
urges constituent County Societies unequivocally to oppose and to seek the
defeat of any legislation that would extend the scope of optometry into these
areas of the practice of medicine.

(Annual Report 1980, Page 88)

ADOPTED POLICY:

The Vermont State Medical Society requests specific new legislation that
would require mandatory referral by optometrists to an appropriate medical
practitioner of all patients in whom:

1. It is not possible by refraction to achieve visual acuity of 20/40 or better in
either eye;
2. Intraocular pressure or other findings are suspicious of glaucoma;
3. Any sign of diabetic eye disease is present;

4. Other disease or conditions, to be defined by the Commissioner of Health, are present.
(Annual Report 1985, Page 10)

PHYSICIAN ASSISTANTS

ADOPTED POLICY:

The Vermont State Medical Society endorses the concept of physicians' assistants as a possible means of extending the delivery of health care, and supports the development of training programs for such personnel.

It holds that the delivery of services by these individuals, supervised by licensed physicians, is a legal and ethical practice.

ADOPTED PRINCIPLE:

The Vermont State Medical Society affirms the principle that all physician extenders should be required to work in conjunction with a physician duly licensed in the State of Vermont who is willing to take responsibility for the quality and appropriateness of the services rendered by an associate physician extender.

(Annual Report 1980, Page 91)

ADOPTED PRINCIPLE:

The Vermont State Medical Society endorses, in principle, reimbursement by Medicare for services performed by physicians' assistants even when the assistant's physician supervisor is not physically present at the time the service is rendered.

(Annual Report 1972 – Council Minutes – March 11, 1972, Page 169)

PHYSICIANS AND ADVANCE PRACTICE REGISTERED NURSES (APRNs)

RESOLVED, Eliminating the requirement for APRNs to work within a collaborative agreement with a licensed physician with the stated goal of APRNs serving a greater role as primary care providers who provide essential chronic care management does not appear to be supported by the information and data reviewed to date and would likely create a double standard of care and of professional regulation;

VMS supports the concerns and recommendations of the Vermont Board of Medical practice included in its letter to the APRN Work Group Members, dated January 9, 2008. These recommendations were intended to minimize public safety risk of removing the collaborative

agreement and to maximize the access of Vermonters to high-quality medical care. (As Passed by Council 2/20/08)

UNIFORM REGULATORY OVERSIGHT

RESOLVED, VMS will urge the Vermont General Assembly to enact legislation ensuring that all professionals engaged in the practice of medicine are subject to the same standard of care and of professional regulation, which may include placing them under the Vermont Board of Medical Practice. (Adopted November 5, 2016)

Pharmacy & Prescribing

ADVERTISING

ADOPTED POLICY:

The Vermont State Medical Society opposes the unsolicited practice of mailing regulated drugs to physicians as part of a promotional campaign.

(Annual Report 1969-Council Minutes-January 18, 1969, page 128)

ADOPTED POLICY:

The Vermont State Medical Society urges the advertising industry and drug industry to eliminate all proprietary drug advertisements from radio and television.

(Annual Report 1972, pages 112-113)

AMPHETAMINES

ADOPTED POLICY:

The Vermont State Medical Society urges the drug industry to limit its production of amphetamines to the amount needed for legitimate medical use.

(Annual Report 1972, pages 112-113)

DRUG SUBSTITUTION

ADOPTED POLICY:

The Vermont State Medical Society supported the Drug Substitution bill. (Annual Report 1974-Council Minutes-March 16, 1974, page 153)

Chapter 91, Title 18, Section 4605

- A. When a pharmacist receives a prescription for a drug which is listed either by generic name or brand name on the Vermont state formulary, he shall select the lowest priced drug from the formulary which in his professional judgment is chemically and therapeutically equivalent and which he has in stock, unless otherwise instructed by the purchaser prescriber.
- B. The purchaser shall be informed by the pharmacist or his representative that an alternative selection as provided under subsection (a) of this section will be made unless the purchaser chooses to refuse the substitution.
- C. When refilling a prescription, pharmacists shall receive the consent of the patient and prescriber to dispense a drug difference from that originally dispensed.

- D. Any pharmacist substituting a generically equivalent drug shall charge no more than the usual and customary retail price for that selected drug. This charge shall not exceed the usual and customary retail price for the prescribed brand.

NARCOTICS

ADOPTED POLICY:

The Vermont State Medical Society requests that exempt narcotic prescriptions be removed from the regulated drug list.

(Annual Report 1970-Council Minutes-September 18, 1969, page 128)

PRESCRIBING CONFIDENTIALITY

RESOLVED:

The Vermont Medical Society will work with appropriate consumer organizations and the Vermont Attorney General to enact legislation, similar to legislation recently enacted in New Hampshire that would prohibit the disclosure of physician's prescribing information for any commercial purpose while permitting legitimate uses such as reporting requirements and research.

(Adopted on October 14, 2006)

PRESCRIPTION MONITORING SYSTEM

RESOLVED, The Vermont Medical Society (VMS) supports physicians who prescribe controlled substances registering with the Vermont Prescription Monitoring System and the VMS will encourage the Vermont Board of Medical Practice and the Vermont Department of Health to create a process to enroll prescribers automatically in the VPMS at the time of license renewal; The Vermont Medical Society will work with the Vermont Department of Health to make further refinements to the VPMS that will reduce the time and administrative burdens on physicians using the system and increase effectiveness, such as, further integration with EHRs, streamlined user interfaces, and real-time reporting of filled prescriptions; The Vermont Medical Society will work with the Vermont Information Technology Leaders (VITL) and state agencies, to ensure that software is available to physicians to enable them to prescribe controlled substances electronically through their electronic medical record programs or through stand alone e-prescribing programs; The Vermont Medical Society will encourage the Department of Health to improve the functionality of the VPMS so that it can be used to send out public health alerts about diversion of controlled substances and about patterns of unusual or dangerous prescribing in particular regions of the state in a timely manner; The Vermont Medical Society opposes requiring physicians to check the Vermont Prescription Monitoring System each time they prescribe a controlled substance and, instead, the VMS will seek to work with the Vermont Board of Medical Practice and the Vermont Department of Health in order to develop evidence-

based guidelines for the appropriate use of the VPMS by prescribers. (Adopted October 27, 2012)

Physician Licensure & Education

BOARD OF MEDICAL PRACTICE (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society urges the State of Vermont to provide funds from medical registration fees for an operations budget and the support personnel which will permit the Board to discharge its duties and obligations.

(Annual Report 1976, page 122)

ADOPTED POLICY:

Physicians' fees collected for examination, licensure and annual renewals should be used solely for the purposes of carrying out the licensing and disciplinary functions of the Board of Medical Practice. If funds collected exceed the amount needed to carry out these functions of the Board, fees should be lowered accordingly.

(Annual Report 1981, page 81)

ADOPTED POLICY:

The Vermont State Medical Society approves and supports the use of the FLEX Exam by the Board of Medical Registration.

(Annual Report 1969-Council Minutes-August 17, 1968, page 106)

ADOPTED POLICY:

The Vermont State Medical Society urges the Vermont Legislature to re-enact the 1976 Medical practice Act to better serve the people of this state.

(Annual Report 1986, page 14)

ADOPTED POLICY:

The Vermont State Medical Society is to ask the Vermont State Legislature Appropriations Committee to increase the allocation of their licensing fees to fund the needed number of issues raised in the PADS report and to insure Vermonters of quality professionals and that these monies be allocated in this year's budget adjustment, and that action be taken to support the professionals; licensing boards as soon as possible in the calendar year 1987.

(Annual Report 1987, page 14)

COST OF MEDICAL EDUCATION

RESOLVED, That the Vermont Medical Society will work with the Green Mountain Care Board, the Administration, private foundations and other stakeholders to ensure that health care reform initiatives and payment reform initiatives address loan repayment and scholarship assistance for medical education;

That consistent with health care reform initiatives and payment reform initiatives, the Vermont Medical Society will work with the Green Mountain Care Board and the Administration to evaluate how all payers, private and public, will support medical education, graduate medical education, and loan repayment;

The Vermont Medical Society will work with the state's Congressional Delegation, the Vermont General Assembly, AHEC and FQHCs to maintain state and federal tax benefits for scholarships and educational loan repayment;

That the Vermont Medical Society, will work with the UVM College of Medicine, Area Health Education Centers Program, Bi-State Primary Care Association, academic medical centers, the Vermont Association of Hospitals and Health Systems and the Administration to evaluate the feasibility of implementing changes to medical education and graduate medical education in Vermont, such as proposals to increase loan repayment, maximizing opportunities for students to qualify for National Health Service Corps, supporting the development of innovative MD curriculum and working with Vermont communities on specific strategies to meet their physician needs. (Adopted October 27, 2012)

EDUCATION (GRADUATE AND UNDERGRADUATE) (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society endorses, in principle, the development of a unit in geriatrics in the Department of Medicine at the College of Medicine and offers it services, individually and collectively, in support of a University program in Geriatrics.

ADOPTED POLICY:

The Vermont State Medical Society promotes the concept of appropriate coordinated care of the elderly by encouraging education in geriatrics and long term care, not only of practicing physicians, but also of medical students, house staff and the public. (Annual Report 1984, page 13)

ADOPTED POLICY:

The Vermont State Medical Society encourages state and federal funding for graduate medical education coordinated with existing postgraduate education programs in non-university affiliated community hospital and private practice settings in resident education in Vermont. Such funding might include travel, housing, and clinical preceptorship stipends.

(Annual Report 1992)

GRADUATE MEDICAL EDUCATION

RESOLVED, that VMS will work with Fletcher Allen Health Care (FAHC) and the UVM College of Medicine to maintain and strategically manage GME positions and GME funding in Vermont based on outcomes data and meeting performance standards;

That VMS will work with the Department of Vermont Health Access (DVHA), the Vermont Congressional Delegation, private insurers, and the Green Mountain Care Board to ensure that all payers support graduate medical education in Vermont;

That VMS will work with Fletcher Allen Health Care (FAHC), the Vermont Department of Health, and the UVM College of Medicine to ensure that training programs reflect the physician workforce requirements in a reformed health care delivery system, with medical education and GME curriculum addressing population health, new models of care delivery, quality improvement, and patient safety;

That VMS will work with Fletcher Allen Health Care (FAHC), the UVM College of Medicine, the Vermont Association of Hospitals and Health Systems, Vermont hospitals and other stakeholders to research the value of expanding residency positions in community hospitals, Veterans' Administration programs, and HRSA programs such as, Teaching Health Centers, Primary Care Residency Expansion, Children's Hospitals' GME, Preventive Medicine Residencies, and the Integrative Medicine Program;⁸

That VMS will encourage Vermont hospitals and physicians to continue to participate in opportunities to teach and act as preceptors for medical students and residents. (Adopted October 25, 2014)

⁸ Spero, Fraher, et al, *GME in the United States, a Review of State Initiatives*, September 2013
http://www.shepscenter.unc.edu/wp-content/uploads/2013/09/GMEstateReview_Sept2013.pdf?utm_source=GME%20in%20the%20United%20States%3A%20A%20Review%20of%20State%20Initiatives%20&utm_campaign=GME%20in%20the%20US%3A%20%20A%20Review%20of%20State%20Initiatives&utm_medium=email

INTERSTATE PHYSICIAN LICENSING COMPACT

RESOLVED, that the Vermont Medical Society, in making a determination of whether to support S. 8 or other legislation to establish the interstate physician licensing compact in Vermont shall consider whether the following issues have been satisfactorily addressed:

1. Financial concerns about the potential impact of joining the compact on the license fees for Vermont physicians;
2. Legal concerns about the rules requiring Compact boards to share disciplinary information and enabling other states to participate in investigations;
3. Administrative concerns about the potential for limitations on the ability of Vermont to determine what information about Vermont licensees is reported, is confidential, is part of licensee profiles, and is part of the public record;
4. Administrative concerns about the potential for increased administrative burden on the Vermont Board of Medical Practice;
5. Any concerns about the operations of the Compact that arise after rulemaking is completed based on a review of the rules;
6. Clarification that board certification and maintenance of certification are only required for physicians seeking interstate compact licenses and will not be required for Vermont licensees who do not seek interstate compact licenses; and
7. Understanding of how inconsistencies and variability in compact member states' definitions of complaints and unprofessional conduct will be addressed for compact licensees. (Adopted November 7, 2015)

INVESTIGATION STANDARDS FOR THE VERMONT BOARD OF MEDICAL PRACTICE

Resolved, that VMS will encourage the VBMP and Department of Health to establish by rule procedures for investigations, that provide meaningful notice of unprofessional conduct charges to licensees and a meaningful opportunity to respond to complaints; and be it further Resolved, that the VMS will encourage the VBMP to establish by rule clear and transparent standards for use and disclosure of patients' medical records, requested in the course of an investigation of a licensee, and be it further

Resolved, that the VMS work to amend the physician license profile law to require the Vermont Board of Medical Practice and the Department of Health to remove any charges, findings or orders if the licensing authority or a court has dismissed the charges, and be it further Resolved, that the VMS request that the VBMP and the Department of Health, in coordination with the Department of Public Safety, establish by rule standards for conducting investigations of alleged unprofessional conduct. (Adopted October 19, 2013)

LICENSURE

ADOPTED POLICY:

The Vermont State Medical Society should conduct a broad review of present health statutes and regulations in an effort to define more precisely the practice of medicine. (Annual Report 1981, Pages 78-79)

ADOPTED POLICY:

It is the Vermont State Medical Society's position that licensure to practice medicine in the State of Vermont be based solely on the practitioner's education, training and continuing competence. (Annual Report 1987 – Council Meeting – January 24, 1987, Page 90)

LOAN FORGIVENESS

ADOPTED PRINCIPLE:

The Vermont State Medical Society will encourage and assist the federal and state government in developing and incentive program of loan forgiveness for physicians choosing primary care careers in underserved areas, and such incentive programs should provide partial loan forgiveness to those who complete residencies and who then serve a specified period of practice time in any of the primary care specialties. If a consensus is reached about shortages in other specialties, similar incentive programs should be developed and that increased incentives for those practicing in rural underserved areas also be provided. (Annual Report 1992)

Professional Practices

ADVERTISING (Multiple)

ADOPTED POLICY:

Vermont physicians are advised not to purchase telephone directory listing in any area where they do not live, practice, maintain an office, or hold a hospital appointment.

(Annual Report 1970, page 101)

ADOPTED POLICY:

The Vermont State Medical Society approves the publication of a specialists listing by the Medical Center Hospital and/or UVM College of Medicine and sending such a list to the members of the VSMS and to physicians in adjoining states who are ordinarily served by this facility.

(Annual Report 1970-Council Minutes, September 18, 1969, page 124)

ADOPTED POLICY:

The Vermont State Medical Society endorses the concept of medical directories published by organizations approved by the Society, or under their direction, which enumerate professional qualifications, services offered, and availability.

(Annual Report 1977, page 111)

ALTERNATIVES TO OPIOID PRESCRIBING

RESOLVED, that, consistent with the findings of the VMSERF Whitepaper on Safe and Effective Treatment of Chronic Pain, the VMS will support the work of the Uniform Pain Management Advisory Council to increase access to and coverage for evidence-based non-pharmacological treatment and non-opioid pharmacological treatment for chronic pain; That the VMS work with the Department of Health, the Vermont Board of Medical Practice, insurers and others to provide physicians tools and education about evidence-based pharmacological and non-pharmacological alternatives to prescription opioids for chronic pain; That the VMS will endorse and express its support for the policies of the Vermont Board of Medical Practice on the Use of Opioid Analgesics to Treat Chronic Pain,⁹ and on the Treatment

⁹ VBMP Policy on Use of Opioid Analgesics in the Treatment of Chronic Pain:
http://healthvermont.gov/hc/med_board/documents/OpioidPainPolicyApril2014withAppendix_001.pdf

of Opioid Addiction in the Medical Office,¹⁰ and work with the Vermont Board of Medical Practice to educate physicians about these policies.
(Adopted October 25, 2014)

ANABOLIC STEROIDS

ADOPTED PRINCIPLE:

The Vermont State Medical Society believes that the dispensing, administering, prescribing, or distribution of an anabolic steroid to enhance athletic performance, or for muscle enhancement of a person who is in good health is deemed unprofessional conduct subject to sanctions including expulsion from the Society. The Society presents this resolution to the Board of Medical Practice for information.

(Annual Report 1992)

CONTINUING MEDICAL EDUCATION (Multiple)

ADOPTED PRINCIPLE:

The Vermont State Medical Society recognizes the importance of continuing medical education and constant updating of medical practices and procedures.

(Annual Report 1972, page 108)

ADOPTED POLICY:

The Vermont State Medical Society promotes the concept of appropriate coordinated care of the elderly by encouraging education in geriatrics and long-term care, not only of practicing physicians, but also of medical students, house staff and the public.

(Annual Report 1984, page 13)

¹⁰ VBMP Policy on Treatment of Opioid Addiction in the Medical Office:
http://healthvermont.gov/hc/med_board/bmp.aspx#announce

DEATH (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society reaffirms the principle that a physician should view the body of a deceased person and pronounce that person dead. (Annual Report 1979, pages 96-97)

ADOPTED POLICY:

The Vermont State Medical Society endorses the following protocol in the event of an anticipated death:

A registered nurse or physicians' assistant who has been attending the patient may determine the person to be dead when an anticipated death occurs in a nursing facility or a private home served by a home health agency care provider. Following notification of the attending physician, or his/her designated alternate, and after receiving a telephone order from the physician or alternate, the nurse or physician's assistant may release the body to a funeral director.

Within 24 hours of the death, the physician shall certify the patient's death and complete the death certificate in the usual manner, in accordance with the laws and requirement of the state of Vermont.

The endorsement of this protocol will be transmitted to the Vermont Department of Health and the Department of Aging and Disabilities requesting that their regulations and/or procedures be modified accordingly.

(Annual Report 1991, page 7)

OPIOID PARADIGM

RESOLVED, The Vermont Medical Society will endeavor to change the paradigm of using opioids for chronic non-malignant pain so that such use is guided by high quality medical evidence with regard to efficacy and safety both for individual patients and for society at large;

The Vermont Medical Society endorses the United States Surgeon General's Turn the Tide Campaign¹¹ launched in August 2016 and supports the national call for prescribers to: (1) follow the United States Center for Disease Control and Prevention 2016 Guideline for Prescribing Opioids for Chronic Pain; (2) screen patients for opioid use disorder and provide or connect them with evidence-based treatment; and (3) talk about and treat addiction as a chronic illness. (Adopted November 5, 2016)

OPIOID RULES

RESOLVED, that the Vermont Medical Society will urge the Vermont Department of Health and Vermont Board of Medical Practice to meet with a Vermont Medical Society Representative(s) on a regular basis to discuss implementation of the Rules and any potential concerns, including general non-compliance and considered corrective actions;

That the Vermont Medical Society will urge the Vermont Department of Health and Vermont Board of Medical Practice to pursue alternatives to disciplinary action, such as educational outreach, for any prescriber attempting in good faith to comply with the Rules;

That the Vermont Medical Society will urge the Vermont Department of Health to continue to use Vermont Prescription Monitoring Program data as a clinical tool and resist attempts to use the data for law enforcement purposes aimed at prescribers.

(As adopted at VMS Annual Meeting on November 4, 2017)

PATIENT-PHYSICIAN RELATIONSHIP

ADOPTED POLICY:

The Vermont State Medical Society endorses the American Medical Association's fundamental elements of the patient-physician relationship as adopted from the report of the Council on Ethical and Judicial Affairs as follows:

Patients share with physicians the responsibility for their own health care. The patient-physician relationship is of greatest benefit to patients when they bring medical problems to the attention of their physicians in a timely fashion, provide information about their medical condition to the best of their ability, and work with their physicians in a mutually respectful alliance. Physicians can best contribute to this alliance by serving as their patients' advocate and by fostering these rights:

¹¹ <http://turnthetiderx.org>

1. The patient has the right to receive information from physicians and to discuss the benefits, risks, and costs of appropriate treatment alternatives. Patients should receive guidance from their physicians as to the optimal course of action. Patients are also entitled to obtain copies or summaries of their medical records, to have their questions answered, to be advised of potential conflicts of interest their physicians might have, and to receive independent professional opinion.
2. The patient has the right to make decisions regarding the health care that is recommended by his/her physician. Accordingly, patients may accept or refuse any recommended medical treatment.
3. The patient has the right to courtesy, respect, dignity, responsiveness, and timely attention to his/her needs.
4. The patient has the right to confidentiality. The physician should not reveal confidential communications or information without the consent of the patient, unless provided for by law or by the need to protect the welfare of the individual or the public interest.
5. The patient has the right to continuity of health care. The physician has an obligation to cooperate in the coordination of medically indicated care with other health care providers treating the patients. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient sufficient opportunity to make alternative arrangements for care.
6. The patient has a basic right to have available adequate health care. Physicians, along with the rest of society, should continue to work towards this goal. Fulfillment of this right is dependent on society providing resources so that no patient is deprived of necessary care. Physicians should continue their traditional assumption of a part of the responsibility for the medical care of those who cannot afford essential health care.

(Annual Report 1991, Pages 12-13)

PRACTICE PARAMETERS

ADOPTED POLICY:

The Vermont State Medical Society seeks to have the American Medical Association, the Practice Parameters partnership as well as the Vermont Program for Quality in Health Care make Vermont a demonstration site to develop models for promoting timely and thorough presentation of parameters to practicing physicians. Formats such as online or software-based computer reference systems available to hospital libraries and to offices with computers would be particularly desirable. If any such practice parameters are used in quality assurance programs, utilization review systems, and coverage policies in Vermont, that review criteria should be publicly available. This will facilitate effective input during their development, implementation, evaluation and modification.

(Annual Report 1992)

RECONGIZING AND ADDRESSING BIAS WITHIN THE HEALTH CARE SYSTEM

RESOLVED, The Vermont Medical Society will educate its members to recognize and combat bias in the health care delivery system towards patients on the basis of race, gender, ethnicity, sexual orientation, disability, socioeconomic status, age and other demographic characteristics; and be it further

RESOLVED, The Vermont Medical Society will educate its members regarding recognizing and combating bias in the health care system towards health care professionals from their patients and peers on the basis of race, gender, ethnicity, sexual orientation, disability, socioeconomic status, age and other demographic characteristics; and be it further

RESOLVED, The Vermont Medical Society will support the development and implementation of organizational processes and support systems designed to mitigate biases within the health care system and to work to mitigate the unequal treatment of patients and health care professionals. (Adopted October 27th, 2018)

QUALITY ASSURANCE (Multiple)

ADOPTED POLICY:

The Vermont Medical Society reaffirms its support of the concept of peer review as the means of maintaining and improving the quality of health care.

(Annual Report 1975, Page 123)

ADOPTED POLICY:

Regarding mandated quality assurance programs, the Vermont State Medical Society will endorse only legislation which requires a strong physician-directed utilization review and quality control process for hospital based services.

(Annual Report – Council Minutes – March 19, 1983, Page 137)

ADOPTED POLICY:

The Vermont State Medical Society continues to support peer review by Vermont physicians as the more effective mechanism for assuring high standards of health care and quality of life for the public.

(Annual Report 1985, Page 13)

ADOPTED POLICY:

Any investigated physician has the right to personally present his/her side of the case to his/her peer review group. (Annual Report 1983 – Council Minutes – January 15th, 1983, Page 134)

ADOPTED POLICY:

The Vermont State Medical Society supports ongoing efforts to develop a quality assessment system for medical care including the following criteria:

1. The system should be uniform throughout the state.
2. Standards of data should be such that verifiable and comparable data will come from all sources.
3. Indicators of both process and outcome should be incorporated.
4. The system should be flexible and should grow as needs or methods of quality assessment evolve.
5. There should be agreement among participants about ways of using such information about quality to improve quality.
6. The system should be driven by a shared desire among professional people and institutions to improve quality for the sake of patients and their caregivers, not be goals defined by numbers of negative sanctions against providers. (Annual Report 1989, Page 8)

ADOPTED POLICY:

The Vermont State Medical Society supports the position that case review under federal PRO be performed by Vermont physicians under Vermont Health Care Review, Inc. if an effective, fair, and equitable arrangement can be established with the New Hampshire PRO Foundation.

(Annual Report 1989 – Council Meeting, January 21, 1989, Page 90)

REAFFIRMING THE PATIENT/PHYSICIAN RELATIONSHIP

RESOLVED, that the VMS support shared decision making and encourage physicians to have an open dialog with patients about palliative care services and end-of-life planning; and be it further

RESOLVED, that the VMS work with the medical profession to reaffirm the primacy of its obligation to the patient through national, state, and local professional societies; academic, research, and hospital organizations.

(Adopted November 6, 2010)

STEM CELL CLINICS

RESOLVED, that the Vermont Medical Society disseminate evidence-based information to its members regarding stem cell clinics and therapies and encourage members to have evidence-based discussions with their patients when they inquire about such services; and be it further

RESOLVED, that VMS coordinate with appropriate professional licensing boards, the Attorney General's Office and other regulatory bodies to ensure that patients seeking stem cell therapies are provided safe and evidence-based information and services. (Adopted November 2nd, 2019)

TRANSITION FROM PEDIATRIC TO ADULT CARE

RESOLVED, that the VMS identify and support opportunities to educate physicians about evidence-based practices in health care transition;
That the VMS encourage their members' participation in activities designed to implement effective health care transition practices.
(Adopted October 25, 2014)

TRANSITION OF CARE

RESOLVED, that VMS work with the physician community, and payors to educate on the use of the transition of care codes 99495 and 99496 to improve care coordination and to provide better incentives to ensure that patients are communicated with and seen in a physician's office in a timely manner, rather than be at increased risk for readmission;
That VMS work with Vermont Association of Hospitals and Health Systems and the entire hospital community to enhance and encourage proper communication of precise, timely, and meaningful discharge summaries.
(Adopted October 19, 2013)

TRANSMITTAL OF FILMS

ADOPTED POLICY:

The transmittal of applicable films for the use of those engaged in subsequent consultation is strongly encouraged.

(Annual Report 1979, page 99)

UTILIZATION REVIEW (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society supports the principle of payments to physicians for serving on utilization review committees.

(Annual Report 1971, Page 96)

ADOPTED POLICY:

Administrative procedures for utilization review should be changed to that any physician under review shall have the opportunity to present his facts to the Review Committee before a determination is made.

(Annual Report 1981 – Council Minutes – June 21, 1981, Page 132)

WELLNESS OF PHYSICIAN WORKFORCE

RESOLVED, that the VMS promote dialogue among key stakeholders (physician groups, health-system decision makers, payers, and the general public) to:

- increase awareness of the importance of physician wellness, both individually and organizationally;
- discuss best practices for promoting physician wellness and how to help physicians identify, manage and prevent burnout throughout their career;
- work with the University of Vermont College of Medicine and Medical Center to incorporate self-care into professional development curricula for students, physician residents and fellowship trainees as well as teaching them to identify behavioral changes in their colleagues; and
- encourage employers/practices to make resources and programs available to physicians, including time and space for making connections with colleagues and pursuing goals that add meaning to physicians' work lives; and be it further

RESOLVED, that the VMS will work with the Vermont Practitioner Health Program and the Vermont Board of Medical Practice to ensure the availability of resources for promoting physician wellness and addressing burnout; and be it further

RESOLVED, that the VMS work to ensure that any new regulation, technology, or initiative is implemented with due consideration to any potential for negative impact on physician wellness; and be it further

RESOLVED, VMS work with the Vermont Association of Hospitals and Health Systems to educate hospital leaders on the importance of physician leadership and input in all aspects of the (Adopted October 27th, 2018)

Public Health

ADVERSE CHILDHOOD EXPERIENCE (ACE)

RESOLVED, that the VMS work with public and private partners to identify, and rigorously evaluate and promote, strategies for the integration of strength-based, data-driven and age-appropriate prevention, resiliency promotion, and screening and follow-up/referral activities throughout Vermont's health care delivery system; That VMS advocate for the integration of strength-based, data-driven and age-appropriate prevention, resiliency promotion, screening and follow-up/referral activities into health care professional training; That the VMS urge the Vermont Department of Health to continue to monitor the population-based impact of ACE using data collection strategies such as (but not limited to) the Behavioral Risk Factor Surveillance System. (Adopted October 25, 2014)

AGING POPULATION

RESOLVED, The Vermont Medical Society will urge the Governor of Vermont, the Vermont General Assembly, and the Green Mountain Care Board to support a work group to develop a strategy to ensure the state's health workforce is adequate to meet the health care needs of the state's aging population;

The Vermont Medical Society will urge the Governor of Vermont, the Vermont General Assembly, and the Green Mountain Care Board to enact a warning system to assure the availability of an adequate and effective health care workforce supply in order to meet Vermont's goal of providing access to high quality, affordable and accessible care for our population. (As adopted at the VMS Annual Meeting on November 4, 2017)

AIDS

ADOPTED POLICY:

The Vermont State Medical Society supports the recommendations of the June 1987 American Medical Association House of Delegates, as reported in the American medical Association Board of Trustees Report YY.
(Annual Report 1988, page 8)

ADOPTED POLICY:

The Vermont State Medical Society opposes routine testing of insurance applicants for AIDS and dissemination of this information to insurance data banks. The Society supports testing for AIDS in patients at appropriate risk. Testing should be preceded and followed by appropriate informed consent, preceded and followed by appropriate informed consent, counseling and confidentiality.

(Annual Report 1988-Council Meeting-January 16, 1988, page 86)

ALCOHOL (Multiple)

ADOPTED PRINCIPLE:

The Vermont State Medical Society recognizes alcohol related traffic deaths as a serious medical problem and the major cause of death under the age of 25.

(Annual Report 1981, page 80)

ADOPTED POLICY:

The Vermont State Medical Society supports hiring and training additional state police officers to insure adequate staffing throughout the state. We urge that driving while intoxicated (DWI) be recognized as a criminal offense with more uniform assessment of the criminal offense with more uniform assessment of the penalties afforded. The Vermont State Medical Society urges increased education within the State of Vermont to fully educate the driving population regarding the menace to health caused by driving while intoxicated.

(Annual Report 1981, page 80)

ADOPTED POLICY:

The Vermont State Medical Society supports and encourages the efforts of the Agency of Human Services, Department of Education and the State legislature in developing alcohol education programs within our schools.

(Annual Report 1985, page 12)

ADOPTED POLICY:

The Vermont State Medical Society encourages places of employment to give attention to alcohol education programs and urges third party payors to provide reimbursement for all alcohol rehabilitation programs as part of all health insurance programs.

(Annual Report 1985, page 12)

ADOPTED POLICY:

The Vermont State Medical Society approves adopting a minimum blood alcohol level of .08%. However, strict enforcement is felt to be equally as important as setting a legally permitted blood level.

(Annual Report 1970-Council Minutes-January 24, 1970, pages 143-144)

ADOPTED POLICY:

The Vermont State Medical Society reaffirms the principle that it recognized alcohol related traffic deaths as a serious medical problem and the major cause of death under the age of 25.

The Vermont State Medical Society reaffirms that it supports the hiring and training of additional state police officers to insure adequate staffing throughout the state; it urges that driving while intoxicated (DWI) be recognized as a criminal offense with more uniform assessment of mandatory penalties afforded; and it urges increased education within the State of Vermont to fully educate the driving population regarding the menace to health caused by driving while intoxicated.

The Vermont State Medical Society reaffirms the adoption of a minimum blood alcohol level of .08%. However, strict enforcement is felt to be equally as important as setting the legally permitted blood level. A copy of this resolution be mailed to each state representative and senator, the governor, lieutenant governor, and the attorney general prior to the next legislative session

(Annual Report 1991, pages 10-11)

ANATOMICAL GIFTS FOR TRANSPLANT

RESOLVED, VMS will encourage and support efforts to educate health care professionals and the public about the unmet need for anatomical gifts; and about how to make and register anatomical gifts as a living or deceased donor,

VMS will collaborate with organizations the Vermont Kidney Association (VKA), the Transplant Donor Network (TDN) support group and the Vermont Department of Health to encourage the creation of a statewide registry for living donors;

That VMS work with the Departments of Health and Motor Vehicles to establish a program in Vermont that would permit potential living organ donors to indicate at the time of driver's license application or renewal, an interest in pursuing the possibility of live organ donation;

VMS work to ensure that any registry or donation program for living donors follows the informed consent process outlined in AMA Ethical Opinion E-2.15, Transplantation of Organs from Living Donors.¹²(Adopted November 6, 2010)

¹² <https://ssl3.ama-assn.org/apps/ecom/PolicyFinderForm.pl?site=www.ama-assn.org&uri=/ama1/pub/upload/mm/PolicyFinder/policyfiles/HnE/E-2.15.HTM>

BACKGROUND CHECKS FOR SALES OF FIREARMS

RESOLVED that the VMS support a background-check requirement on all firearm sales to include the sale of firearms at gun shows, over the Internet, in classified ads and private sales.
(Adopted by November 7, 2015)

CARDIOPULMONARY RESUSCITATION

ADOPTED POLICY:

The Vermont State Medical Society shall promote the increase in certified and trained personnel in CPR in Vermont.
(Annual Report 1986, page 10)

CHILD ACCESS TO FIREARM PREVENTION

ADOPTED POLICY:

The Vermont Medical Society supports the concept that physicians advise patients and parents to take steps to keep guns away from children and advise patients and parents who own guns to store them unloaded, locked with a trigger lock or in a locked container.

The Vermont Medical Society support child access prevention legislation such as legislation mandating use of trigger locks, proper storage of firearms, or creating criminal penalties for negligent storage of firearms.

(Adopted at Annual Meeting: 10/21/00)

DIET (Multiple)

ADOPTED POLICY:

We as physicians reaffirm our goal of achieving health through positive and constructive action. In our work, therefore, we will recommend to our patients vigorous intervention by means of those changes in life style, improved nutrition and exercise which we come to recognize as effective in the prevention and treatment of some diseases and conditions. Such intervention is recommended in addition to indicated pharmacological and surgical approaches.

(Annual Report 1984, page 10)

ADOPTED POLICY:

The Vermont State Medical Society approves a statewide Primary Prevention Program for Ischemic Heart Disease.

(Annual Report 1969-Council Minutes-August 19, 1968, page 104)

DISTRACTED DRIVING

RESOLVED, that the Vermont Medical Society urge the Vermont General Assembly to enact a law banning the use of a hand-held communication device while driving, except in the event of an emergency; and be it further

RESOLVED, that the Vermont Medical Society work with the Vermont Agency of Transportation and the Governor's Highway commission to decrease cell phone use while driving and educate the public on the dangers of all forms of distracted driving.

(Adopted October 29, 2011)

ENDANGERED SPECIES ACT

ADOPTED POLICY:

The VMS will communicate to Congress and the people of Vermont concern about the importance of a strong Endangered Species Act.

(Annual Report 1996, page 7)

ENERGY (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society charges its Environmental Health committee to provide advice to the Council and the Society members on questions of the impact of energy development upon health.

(Annual Report 1977, page 108)

ADOPTED POLICY:

The Vermont State Medical Society calls for massive, planned efforts on the part of the Federal Government to design and develop new alternative sources of energy, using all appropriate scientific resources and knowledge to do so.

(Annual Report 1980, pages 85-86)

ENVIRONMENT & HEALTH CONCERNS (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society calls for a moratorium on new nuclear power plant construction until proven mechanisms have been developed for containment and disposal of all radioactive products.

(Annual Report 1980, page 85-86)

ADOPTED POLICY:

The Vermont State Medical Society supports, in principle, the following activities in an attempt to improve the safety of our environment:

Stringent enforcement of current regulations, in particular those against placing hazardous materials in unlicensed landfills;

Research into the toxic effects of chemicals on humans, with special attention to the effects of chronic, low-dose exposures;

The development of new technologies for more effective hazardous waste disposal;

The discovery and distribution of information on all Vermont toxic waste disposal sites;

Consideration of possible toxic exposure when formulating our differential diagnoses.

(Annual Report 1985, page 9)

ADOPTED POLICY:

The Vermont State Medical Society endorses the Environmental and Sanitation Regulations as formulated by the State Board of Health.

(Annual Report 1970-Council Minutes-January 24, 1970, page 14)

FLOURIDE

ADOPTED POLICY:

The Vermont State Medical Society endorses the fluoridation of public water supplies in the state of Vermont.

(Annual Report 1979 – Council Minutes – March 17, 1979, Page 151)

GUN CONTROL

ADOPTED POLICY:

The Vermont State Medical Society supports efforts to limit ownership and use of assault rifles and supports appropriate legislation that would restrict the sale of private ownership of large clip, high-rate-of-fire automatic and semi-automatic firearms, or any weapon that is modified or redesigned to operate as a large clip, high-rate-of-fire automatic or semi-automatic weapon.

(Annual Report 1991, Page 11)

HEALTH DEPARTMENT

ADOPTED POLICY:

In hopes of achieving greater continuity and better long-range planning for the Department of Health, the Vermont State Medical Society instructs its legislative committee to encourage the Legislature of the State of Vermont to consider legislation enabling the State Health Board to assume responsibility of hiring and

removing the Commissioner of Health of the State of Vermont and to make the Commissioner of Health responsible for his/her actions to the State Health Board.
(Annual Report 1979, Page 101)

HEALTH EDUCATION (Multiple)

ADOPTED PRINCIPLE:

The Vermont State Medical Society places a high priority of the importance of health education among the services provided by physicians to the people of Vermont.

(Annual Report 1984, Page 8)

ADOPTED POLICY:

The Vermont State Medical Society shall, through the Health Education and Public Relations Committee:

1. Foster effective communication with the public to encourage disease prevention, early risk factor intervention, health maintenance and health education.
2. Cooperate with public endeavors in fostering discussion of health care concerns, such as cost of care, access to care and quality of care.
3. Improve the distribution of health information such as cost of care and quality of care through the media.
4. Strengthen the concept, among the Society membership, of the importance of the physician's role as an educator both in individual practice and within the society.

(Annual Report 1984, Page 8)

ADOPTED POLICY:

The Vermont State Medical Society endorses educational programs which instruct nurses to teach breast self-examination and pap smear techniques.

(Annual Report 1973 – Council Minutes – January 20, 1973, page 165)

HIGHWAY SAFETY (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society urges that at any crossing of a railroad and highway where the highway involved is a state road, a paved road or one of which

there is at least moderate traffic, and where there has been a recent serious accident, if no flashing warning light system or protecting crossing gates exists, all railroad traffic be required to come to a full stop before proceeding across the highway.

(Annual Report 1969, Page 93)

ADOPTED POLICY:

The Vermont State Medical Society urges that railroad companies of this country, through their national organization, be asked to put reflector lights or tape on the sides of all freight or other non-lighted cars which will be crossing highways, roads, or streets so that the motorist may identify them as an unusual obstacle in the road and stop accordingly.

(Annual Report 1969, Page 93)

ADOPTED POLICY:

The Vermont State Medical Society urges that increased efforts be made to identify the individuals with alcohol and other drug abuse problems who drive while under the influence and that administrative procedures be implemented to get the intoxicated driver off the road while rehabilitative measures are pursued.

(Annual Report 1973, Pages 120-121)

ADOPTED PRINCIPLE:

The Vermont Medical Society recognizes alcohol-related traffic deaths as a serious medical problem and the major cause of deaths under the age of 25.

(Annual Report 1981, Page 80)

ADOPTED POLICY:

The Vermont State Medical Society strongly supports the use of child restraint seat belts, car seats, or appropriate approved child restraining devices for children under five who are too big for approved car seats.

(Annual Report 1983, Page 13)

ADOPTED POLICY:

The Vermont State Medical Society approves adopting a minimum blood alcohol level of .08%. However, strict enforcement is felt to be equally as important as setting a legally permitted blood level.

(Annual Report 1970 – Council Minutes – January 24, 1970, Pages 143-144)

ADOPTED POLICY:

The Vermont State Medical Society concurs with the Vermont State Ophthalmological Society and recommends that the Vermont State legislators reconsider the law which allows visually handicapped persons to use Bioptic Telescopic Spectacles when taking the visual test for a license to operate a motor vehicle in Vermont.

(Annual Report 1986, Page 18-19)

ADOPTED POLICY:

The Vermont State Medical Society encourages legislation requiring licensure of all terrain vehicles (ATV), the prohibition of their use by persons under 16 years of age, the mandatory use of helmets by all operators and passengers, and encouraging public education regarding the risk of injury associated with the use of ATVs.

(Annual Report 1986, Page 13)

ADOPTED POLICY:

The Vermont State Medical Society strongly urges the state legislature to establish a law that would require the mandatory usage of seat belts for all occupants of passenger vehicles in the state of Vermont.

(Annual Report 1987, Page 11-12)

ADOPTED POLICY:

The Vermont State Medical Society reaffirms the principle that it recognizes alcohol related traffic deaths as a serious medical problem and the major cause of death under 25.

The Vermont State Medical Society reaffirms that it supports the hiring and training of additional state police officers to insure adequate staffing throughout the state; it urges that driving while intoxicated (DWI) be recognized as a criminal offense with more uniform assessment of mandatory penalties afforded; and it urges increased education within the State of Vermont to fully educate the driving population regarding the menace to health caused by driving while intoxicated.

The Vermont State Medical Society reaffirms the adoption of a minimum blood alcohol content of .08%. However, strict enforcement is felt to be equally as important as setting the legally permitted level. A copy of this resolution to be mailed to each state representative and senator, the governor, lieutenant governor, and the attorney general prior to the next legislative session.

(Annual Report 1991, Pages 10-11)

ADOPTED POLICY:

The Vermont State Medical Society will assist in developing legislation prohibiting children from riding in the back of a pickup truck not equipped with restraint devices.

(Annual Report 1992)

H1N1

RESOLVED, The Vermont Medical Society will collaborate with the Vermont Department of Health (VDH) to disseminate information on H1N1, immunization efforts, common sense hygiene techniques, physician preparedness and volunteer needs to its members through all

communication avenues and in turn will report back to the department any feedback from physicians;

The Vermont Medical Society will support its members and the Vermont Department of Health by encouraging the medical community to participate in any VDH volunteer recruitment effort.

(Adopted on October 3, 2009)

IMMUNIZATION

ADOPTED POLICY:

The Vermont State Medical Society supports the Department of Health's bill on mandatory immunization.

(Annual Report 1979 – Council Minutes, January 9, 1979, Page 139)

IMPROVING THE SAFETY OF THE MEDICAL MARIJUANA SYSTEM IN VERMONT

RESOLVED, the Vermont Medical Society reaffirms its policies “Medical Use of Marijuana” and “Cannabis Research” adopted in 2002

(<http://www.vtmd.org/sites/all/themes/vms/documents/policies/2002/2002Medical%20marijuana-cannabisresearch.pdf>) and recommends that Medical THC-dominant Marijuana should only be available for conditions if high quality scientific studies for safety, efficacy, and side effects demonstrate that Medical THC-dominant Marijuana is safe and effective for those conditions; The Vermont Medical Society opposes the use of Medical THC-dominant Marijuana for the treatment of Post Traumatic Stress Disorder based on the current lack of scientific evidence; The Vermont Medical Society recommends that the General Assembly amend the statute governing the Vermont Marijuana Registry to require that conditions can only be added to the Marijuana Registry program after the Marijuana Review Board established under 18 VSA § 4473 reviews the evidence and makes a finding that high quality medical research demonstrates that marijuana is safe and effective for that condition; The Vermont Medical Society recommends expanding the number of clinicians serving on the Marijuana Review Board to include at a minimum four additional physicians appointed by the Medical Practice Board;

The Vermont Medical Society recommends that the Marijuana Review Board establish a clinically-appropriate THC dose limit and concentration limit for THC-containing products sold by dispensaries, taking into consideration the 10 mg maximum dose established by the FDA for FDA-approved dronabinol (Marinol);

The Vermont Medical Society endorses NIH sponsored medical research on the potential benefits, side effects and toxicity of cannabidiol (CBD) products;

The Vermont Medical Society recommends mandatory warning labels on Medical THC-dominant Marijuana be developed by the Marijuana Review Board, Department of Health and other appropriate agencies in conjunction with the Department of Public Safety that address dosing, side effects and potential toxicity of marijuana-containing products.
(As adopted at the VMS Annual Meeting on November 4, 2017)

INCREASING IMMUNIZATION RATES

RESOLVED, That the Vermont Medical Society encourages its members to actively participate in the Vermont Department of Health Immunization Program;

That the Vermont Medical Society encourages its members to actively participate in the Vermont Department of Health Immunization Registry;

That the Vermont Medical Society collaborates with the American Academy of Pediatrics Vermont Chapter (AAPVT), the Vermont Academy of Family Physicians (VAFP) and the Vermont Department of Health (VDH) to educate their members and the public about the importance of fully immunizing the population;

That the Vermont Medical Society supports activities and work together with the AAPVT, VAFP and the VDH to achieve the highest immunization rates possible. (Adopted on October 3, 2009)

INFANT CARE (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society supports and approves the programs of regionalized perinatal care.

(Annual Report 1975 – Council Minutes – January 18, 1975, Page 174)

ADOPTED POLICY:

The Vermont State Medical Society supports and will promote newborn screening in the State of Vermont so that no newborn infant fails to be screened.

(Annual Report 1981, Page 7)

LEGALIZING NON-MEDICAL MARIJUANA

RESOLVED, that the VMS reaffirms its opposition to the legalization of non-medical marijuana; The VMS collaborate with the American Academy of Pediatrics Vermont Chapter and the Agency of Human Services to educate youth to counter the climate that portrays marijuana as a benign drug and support education directed toward parents and adults on the negative health impact of marijuana on parenting ability, the developing fetus and the dangers of second hand smoke;

That VMS urge the Governor of the State of Vermont and Vermont General Assembly, to conduct appropriate research to determine actual effects and costs of legalization of non-medical marijuana to the entire system, including but not limited to – increased challenges recruiting health professionals, increased Medicaid costs, increased ER utilization, increased hospitalization rates, increased THC positive infants, increased traffic fatalities, workforce costs, economic productivity loss to existing industry, environmental impact costs, costs to the law enforcement system, and education costs;

That VMS urge the Governor of the State of Vermont and Vermont General Assembly to conduct appropriate research to determine the impact of decriminalization of marijuana in Vermont and whether it has led to increased marijuana use or resulting harm in Vermont, and whether it has met criminal or civil justice goals by measuring the following benchmarks: Incidence of marijuana related harm to children; Incidence of marijuana associated Emergency Room visits; Incidence of marijuana associated highway fatalities; and Incidence of marijuana associated mental illness (including psychosis and PTSD);

That VMS urge the Governor of the State of Vermont and Vermont General Assembly, to oppose legalization of marijuana and to determine and meet appropriate benchmarks including, but not limited to:

Increasing the percentage of Vermont adolescents who perceive marijuana as harmful;
Increasing substance abuse treatment facilities, such that wait lists for programs are no longer a concern; and

Decreasing the utilization of emergency rooms for holding areas for psychiatric admissions

(As adopted at the VMS Annual Meeting on November 4, 2017)

ADOPTED POLICY:

The Vermont State Medical Society opposes the legalization and use of marijuana except where medically indicated.

(Annual Report 1981, page 80)

MEDICAL CANNABIS USE AND STUDY

RESOLVED, that the Vermont Medical Society supports research on the impact of cannabis on the medical conditions for which cannabis is used, provided that such data gathering would not put the patients at risk for arrest and seizure.

(Adopted at VMS Annual Meeting, October 26, 2002)

MEDICAL IDENTIFICATION

ADOPTED POLICY:

The Vermont State Medical Society approves and supports the recommendation of the Vermont Heart Association with regard to heart patients carrying ID cards.
(Annual Report 1971 – Council Minutes – September 12, 1970, Page 125)

NUCLEAR WAR

ADOPTED POLICY:

The Vermont State Medical Society views the threat of nuclear war as the ultimate hazard to public health and urges all professional, community, public and private organizations to act now to become informed about the dangers of nuclear war and take continuing action to prevent a nuclear war.
(Annual Report 1983, Page 18)

ADOPTED POLICY:

The Vermont State Medical Society shall take a lead in focusing attention on the medical consequences and dangers of nuclear war.
(Annual Report 1983, Page 18)

OCCUPATIONAL HEALTH

ADOPTED PRINCIPLE:

The Vermont State Medical Society supports legislation for the pre-inspection of transient labor camps by the Health Department (rather than by the local health officer).
(Annual Report 1965 – Council Minutes – January 16, 1965, Page 103)

ADOPTED POLICY:

The Vermont State Medical Society strongly supports any reasonable effort to limit smoking in enclosed work areas, and urges the management of offices and factories to provide designated smoking areas separate from the working areas of their employees.
(Annual Report 1980, Pages 89-90)

ORGAN DONATION

ADOPTED POLICY:

The Vermont State Medical Society supports the concept of making tissues available for patients and endorses the current pilot project in bone banking by the American Red Cross Blood Service of Vermont. The Vermont State Medical Society encourages the growth of such services with proper ethical, legal, and scientific guidelines, and when performed under appropriate supervision.

(Annual Report 1985, Page 12)

OPPOSING A SYSTEM OF COMMERCIALIZED SALES OF RECREATIONAL
MARIJUANA

RESOLVED, that the Vermont Medical Society is opposed to the creation of any system for retail sales of marijuana over and above what already exists for the sale of medical marijuana because of the negative health effects on the Vermont population, especially youth; and be it further

RESOLVED, that the VMS reaffirms its opposition to the legalization of nonmedical marijuana; and be it further RESOLVED, the VMS collaborate with the American Academy of Pediatrics Vermont Chapter and the Agency of Human Services to educate youth to counter the climate that portrays marijuana as a benign drug; considers models for preventing risky behaviors among adolescents such as the Icelandic Model and/or the Third Space Model; and support education directed toward parents and adults on the negative health impact of marijuana on parenting ability; and be it further

RESOLVED, that VMS urge the Governor of the State of Vermont and Vermont General Assembly, to conduct appropriate research to determine actual effects and costs of legalization and commercial sales of non-medical marijuana to the entire system, including but not limited to – increased challenges recruiting health professionals, increased Medicaid costs, increased ER utilization, increased hospitalization rates, increased THC positive infants, increased traffic fatalities, workforce costs, economic productivity loss to existing industry, environmental impact costs, costs to the law enforcement system, and education costs; and be it further

RESOLVED, VMS urge the Governor of the State of Vermont and Vermont General Assembly, to oppose expanded legalization and commercial sales of marijuana and to determine and meet appropriate benchmarks should commercialization be considered, including, but not limited to:

- Increasing the percentage of Vermont adolescents who perceive marijuana as harmful;
- Increasing substance use disorder treatment; and
- Decreasing the utilization of emergency rooms for holding areas for psychiatric admission (Adopted Policy, October 27th, 2018)

PATIENT EDUCATION AND PERSONAL RESPONSIBILITY FOR HEALTH

RESOLVED, that the Vermont Medical Society work with the Department of Health to create a state health improvement plan.

The VMS work with the Green Mountain Care Board and other organizations to promote greater personal responsibility by individuals in maintaining their own health and the wise use of health resources. (Adopted October 29, 2011)

PATIENT INCENTIVES

RESOLVED, that the Vermont Medical Society work with the Vermont Department of Health on a state health improvement plan, including support of the BUILT environment; That the VMS work with the Green Mountain Care Board and other organizations to promote greater personal responsibility by individuals in maintaining their own health and the use of health incentives to get/remain healthy; That the VMS work with the General Assembly to increase the funding of the health care budget to preventative medicine; That the Vermont Medical Society calls upon the appropriate public and private entities, including the Agency of Human Services, the Department of Education, the Governor, the legislature, and the state's health care professionals to study and adopt public policy that reduces, mitigates or eliminates the childhood obesity crisis, with potential actions including but not limited to:

- Eliminating sales of sugared drinks and candy from all public K-12 schools;
- Reviewing current physical education requirements in the state's public schools in order to determine if increased requirements are necessary and or viable;
- Establishing funding for grants that encourage public schools to engage in innovative and creative childhood obesity prevention programs; and
- Study the prevalence of "junk food" marketing directed toward children in Vermont and research and recommend potential methods of counter-acting such marketing. (Adopted October 27, 2012)

POPULATION HEALTH

Resolved, that VMS work with the Vermont Department of Health, the Green Mountain Care Board, the American Academy of Pediatrics Vermont Chapter, American College of Physicians Vermont Chapter, the American College of Surgeons Vermont Chapter, the Vermont Academy of Family Physicians, the Vermont Psychiatric Association, other medical professional organizations and the SIM Grant Population Health Work Group to implement the set of principles developed by the IOM and based in current medical science:

1. A shared goal of population health improvement;
2. Community engagement in defining and addressing population health needs;
3. Aligned leadership;
4. Sustainability, including shared infrastructure; and
5. Sharing and collaborative use of data and analysis (Adopted October 19, 2013)

PREVENTING CHILDHOOD OBESITY

RESOLVED, that the VMS reaffirms the following two goals that Action for Healthy Kids (AFHK) has identified as priority for 2003:

- Providing food options that are low in fat, calories, and added sugars, such as fruits, vegetables, whole grains, and low-fat or nonfat dairy foods throughout the school system;
- Providing all children, from pre-K through grade 12 with quality daily physical activity that helps develop the knowledge, attitudes, skills, behaviors and confidence needed to be physically active for life;

That the VMS will identify a taskforce of physicians, including members of the School Health Committee, who are interested in working to achieve AFHK goals and other goals they may identify as priority; and

That the VMS will continue to collaborate and coordinate with other organizations and individuals working to prevent childhood and adult obesity; including the Vermont Campaign to End Childhood Hunger; the Vermont WIC Program Childhood Obesity Prevention Program; the Coalition for Health Activity, Motivation and Prevention Programs (CHAMPPs); the Vermont Children's Health Improvement Program (VCHIP); the Vermont Area Health Education Centers (AHEC); legislators; and private insurers.

(Adopted by VMS Council, October 18, 2003)

PREVENTION

RESOLVED:

VMS will work with public and private entities to endorse and promote evidence-based prevention programs that can be incorporated in the medical home, and be it further resolved that VMS will work with the Agency of Human Services, private insurers, the Governor and the legislature to ensure adequate funding for implementation of prevention programs in the medical home including screening, risk assessment, counseling and referral; and be it further resolved that VMS will partner with public and private entities to encourage adoption of prevention programs, including public education and incentives designed to encourage patients to change their lifestyles and behavior with respect to nutrition and physical activity; and be it further resolved that VMS will support legislation addressing physical activity and physical education for students and evidence-based nutrition policies and practices for schools. (Adopted on October 20, 2007)

PREVENTING CHILDHOOD OBESITY

RESOLVED, that the Vermont Medical Society declares childhood obesity to be a major public health issue;

That the Vermont Medical Society calls upon the appropriate public and private entities, including the Agency for Human Services, the Department of Education, the Governor, the legislature, and the state's health care professionals to study and adopt public policy that reduces, mitigates or eliminates the impending childhood obesity crisis, with potential actions including but not limited to:

- Eliminating sales of sugared drinks and candy from all public K-12 schools;
- Advocate for reimbursement for the diagnosis and management of obesity;
- Reviewing current physical education requirements in the state's public schools in order to determine if increased requirements are necessary and or viable;
- Establishing funding for grants that encourage public schools to engage in innovative and creative childhood obesity prevention programs; and
- Study the prevalence of "junk food" marketing directed toward children in Vermont and research and recommend potential methods of restricting or eliminating such marketing. (Adopted on October 3, 2009)

REDUCE THE USE OF ELECTRONIC NICOTINE DELIVERY DEVICES AMONG YOUTH AND NEVER USERS

RESOLVED, The Vermont Medical Society will work with the Vermont Department of Health, the Vermont Department of Liquor Control, the Vermont Department of Education, the Attorney General, school administrators and other prevention specialists to:

- Educate youth on the dangers of electronic nicotine delivery devices
- Support advancing technology that can prevent the use of electronic nicotine delivery devices
- Support raising the age of all tobacco products, including electronic nicotine delivery devices, to 21
- Support flavor ban policies
- Strengthen marketing restrictions of these products to youth(Adopted October 27th, 2018)

REDUCING CARBON POLLUTION EMISSIONS IN VERMONT

RESOLVED, the Vermont Medical Society strongly urges Vermont policy makers at all levels of governance to act immediately to protect the health of Vermonters by advancing policies which will significantly reduce Vermont's carbon pollution, while protecting the health and financial well-being of vulnerable Vermonters. In particular:

- Policies that will dramatically reduce the use of fossil fuels in Vermont's transportation sector, including large scale investment in electric vehicle charging infrastructure, and advancing the availability and use of public transportation.

- Policies that will dramatically reduce the use of fossil fuels in Vermont's residential/commercial sector, including significant and sustained increases in policies and programs designed to make existing and new buildings more energy efficient, and to promote switching from fossil fuel powered equipment and systems to equipment and systems powered by renewable energy.

- Cross-cutting policies that will significantly reduce the consumption of fossil fuels by Vermonters in multiple sectors of the economy, while creating economic opportunity as the new energy economy accelerates, such as well-designed progressive carbon pricing strategies, and legislation that obligates state government to ensure Vermont meets greenhouse gas emissions in statute. (Adopted November 2nd, 2019)

REDUCING CHILDHOOD OBESITY

RESOLVED, that the Vermont Medical Society work with Department of Health and the Vermont General Assembly to reduce the proportion of children and adolescents who are overweight or obese and to improve the health conditions for our children by:

- Encouraging physical activity to remain a regular part of everyday school practice; joining in an existing effort by the Vermont Campaign to End Childhood Hunger to remove high fat and sugar content foods from vending machines on schools grounds and where appropriate, replacing them with healthier items;
- Expressing to our children and the school systems that our children's health is more valuable than the revenues derived from vending machines containing less healthy offerings;
- Supporting comprehensive school health programs, including physical education and nutrition; and

That the Vermont Medical Society support the WIC Special Projects Grant which funds in part the Vermont WIC Program Childhood Obesity Prevention Program in order to focus on the promotion of physical activity as well as working with communities, establishing local task forces, to develop long term, appropriate solutions to the rising problem of childhood obesity. (Adopted at VMS Annual Meeting, October 26, 2002)

REGULATION OF CANNABIDIOL (CBD)

RESOLVED, that VMS support the distribution of evidence-based information to the public and clinicians regarding cannabidiol (CBD), including potential health risks of its use such as increased hepatotoxicity and drug interactions; and be it further

RESOLVED, that VMS oppose and work to increase enforcement against the false advertising of non-FDA approved CBD for therapeutic or medical purposes, and be it further

RESOLVED, the VMS support enforcement of current federal law under which CBD is only available as an FDA-approved drug; and be it further RESOLVED, that VMS support regulation of the manufacture of CBD that protects human health including requirements that it be free of contaminants including mold, heavy metals and pesticides; has reliable active drug concentration of cannabidiol; that it contain no more than trace amounts (0.3% or less) of tetrahydrocannabinol (THC); that it not be added to food, especially that is attractive or appealing to children; and that it not be fed to livestock. (Adopted November 3rd, 2019)

RENAL TRANSPLANTS

ADOPTED POLICY:

The Vermont State Medical Society approves a dialysis and renal transplant program which is scientifically sound and a valid medical program.
(Annual Report 1971 – Council Minutes – January 16, 1971, Page 142)

SCHOOL HEALTH (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society strongly urges all school districts to utilize the Vermont School Health Service Recommended Program.

Physicians and school districts are urged to utilize the supplement forms developed as an integral part of the Vermont School Health Recommended Program and particularly in relationship to the medical examination for sports participation.

(Annual Report 1977, Page 105)

ADOPTED POLICY:

The Vermont State Medical Society supports the position that the trampoline may be used in school in the State of Vermont if the rules set forth by the American Alliance are followed.

(Annual Report 1980, Page 86)

ADOPTED POLICY:

The Vermont State Medical Society supports and encourages efforts of the Agency of Human Services, Department of Education and the State Legislature in developing alcohol education programs within our school systems.

(Annual Report 1985, Page 12)

ADOPTED POLICY:

The Statement of School Health is adopted as the official position of the Vermont State Medical Society on school health

(Annual Report 1972, Page 113)

ADOPTED POLICY:

The Vermont State Medical Society authorizes the School Health Committee to speak to the Vermont State Medical Society as regards a School Health Curriculum.

(Annual Report 1975 – Council Minutes – November 16, 1974, Page 1966)

ADOPTED POLICY:

The Vermont State Medical Society strongly supports the concept of comprehensive health education in the schools of Vermont.

(Annual Report 1977, Page 106)

ADOPTED POLICY:

The Vermont State Medical Society urges each County Medical Society and Vermont physicians to offer guidance, leadership and active participation in public K-12 comprehensive health education at the local governmental level.

(Annual Report 1977, Page 106)

ADOPTED POLICY:

The Vermont State Medical Society urges its members and the members of the Vermont Legislature to work towards the requirement that all school buses in Vermont be required to have and use safety restraining devices (seat belts).

(Annual Report 1986, Pages 12-13)

SCREENING

ADOPTED PRINCIPLE:

The Vermont State Medical Society endorses the principle of cytologic screening of all women in the State of Vermont.

(Annual Report 1983, Pages 11-12)

ADOPTED POLICY:

The Vermont State Medical Society supports programs aimed at providing educational materials to patients regarding the benefits of periodic pap smear exams and is committed, through continuing medical education programs for the physicians of this state, to improve cytologic sampling techniques and to the proper management of patients with abnormal cytology.

(Annual Report 1983, Pages 11-12)

SMOKING & TOBACCO (Multiple)

ADOPTED POLICY:

The Vermont State Medical Society strongly recommends the development of active support for existing community educational programs at the earliest pre- junior high school level considered practical for the purpose of advising young people about the dangers of cigarettes before they have developed the smoking habit. (Annual Report 1968, Pages 106-107)

ADOPTED POLICY:

The Vermont State Medical Society strongly recommends the development of active support for existing community educational programs beginning at the earliest pre-junior high school level considered appropriate for the purposes of advising young people about the danger of cigarettes before they have developed the smoking habit.

(Annual Report 1980, Pages 89-90)

ADOPTED POLICY:

The Vermont State Medical Society strongly supports any reasonable effort to limit smoking in public gathering places, such as schools, health institutions, restaurants, theaters, and public conveyances, except in specifically designated smoking area.

(Annual Report 1980, Pages 89-90)

ADOPTED POLICY:

The Vermont State Medical Society strongly supports any reasonable effort to limit smoking in enclosed work areas and urges that the management of offices and factories provide designated smoking areas separate from the working areas of their employees.

(Annual Report 1980, Pages 89-90)

ADOPTED POLICY:

The Vermont State Medical Society strongly supports all efforts to publicize the fact that smoking is hazardous to health, as well as the scientific evidence which supports that conclusion.

(Annual Report 1980, Pages 89-90)

ADOPTED POLICY:

The Vermont State Medical Society encourages the health insurance industry to offer preferred health insurance premiums to non-cigarette smokers.

(Annual Report 1984, Page 13)

ADOPTED POLICY:

The Vermont State Medical Society condemns the subsidization of an industry whose product is a major cause of illness and therefore a medical expense.

(Annual Report 1985, Page 13)

ADOPTED POLICY:

The Vermont State Medical Society urges Vermont publications to decline advertisement for tobacco products.

(Annual Report 1986, Pages 10-11)

ADOPTED POLICY:

The Vermont State Medical Society shall inform its members and other health care professionals of the health dangers of smokeless tobacco use. Programs of education are encouraged, especially for adolescents.

ADOPTED POLICY:

The Vermont State Medical Society recommends that physician's offices in Vermont be designated smoke free zones and hospitals limit smoking to specific designated areas for patients, employees and visitors.

(Annual Report 1986, Pages 10-11)

ADOPTED POLICY:

The Vermont State Medical Society shall

1. Support the passage of legislation prohibiting the advertising and promotion of tobacco products in the United States, and
2. Actively work towards the passage of legislation prohibiting the free distribution of tobacco products in the State of Vermont, and
3. Actively work toward the strict enforcement of laws prohibiting the sale of cigarettes and other tobacco products to minors.

(Annual Report 1988, Pages 9-10)

ADOPTED POLICY:

The Vermont State Medical Society request the Vermont State Legislature to enact such legislation as to prohibit the sale of cigarettes to those persons under 21 years of age.

(Annual Report 1989, Page 7)

SUPPORT FOR THE HUMANE TREATMENT OF MIGRANT FAMILIES AT ALL U.S. BORDERS

RESOLVED, the Vermont Medical Society pledges to support the humane treatment of migrant families and their children, which includes opposing the detention of migrant children and families and the separation of children from their parents and caregivers; and be it further

RESOLVED, the Vermont Medical Society supports actions to provide optimal access to food, clean water, hygiene, vaccines and necessary and timely medical and mental health care to families and children who are in immigration detention centers; and be it further

RESOLVED, the Vermont Medical Society will work with the American Medical Association, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, the American Psychiatric Association and other medical organizations to advocate for the ability for physicians and other health care providers to provide migrant families and their children, whether detained or not, the highest standard of medical and mental health care in keeping with their ethics and training. (Adopted November 2nd, 2019)

SWEETENED DRINKS

RESOLVED that the VMS support a two-cent-per-ounce excise tax on sweetened beverages; That all the revenue be used to provide greater access to health care to low income Vermonters, subsidizing the purchase of healthy foods for low-income Vermonters and funding obesity prevention/education efforts that are evidence-based. (Adopted on November 7, 2015)

TICK BORNE ILLNESS

RESOLVED, the Vermont Medical Society will work with the Vermont Department of Health and other state agencies; experts such as epidemiologists, biologists, entomologists and foresters; and Vermont institutes of higher education to:

1. determine the most effective strategies to mitigate the growth of Vermont's tick population with the goal of limiting exposure to tick-borne illness; and
2. disseminate education and outreach programs/materials for the public and clinicians on 15 tick-borne illnesses in Vermont, limiting exposure, identification, testing and treatment (Adopted October 27, 2018)

VMS POSITION STATEMENT STRONGLY RECOMMENDS TWELVE WEEKS OF PAID PARENTAL LEAVE

RESOLVED: The Vermont Medical Society strongly recommends 12 weeks of universal paid leave be granted for all parents: to those who give birth, to their spouses or partners including same-gender partners, to those who adopt a child, and to those who have a child by surrogacy. There is an evidence basis that at least twelve weeks of parental leave following the birth of an infant confers mental, physical, and public health benefits for parents and children. (Adopted 2019)

Reproductive Health

ABORTION (Multiple)

ADOPTED PRINCIPLE:

The Vermont State Medical Society requests the abolition of existing abortion laws in the State of Vermont so that the matter of abortion should be solely a concern of the patient and her physician like any other operation or treatment.
(Annual Report 1971, page 99)

ADOPTED PRINCIPLE:

The Vermont State Medical Society encourages that state of Vermont to allow clinical trials of RU 486 and copies of this resolution be forwarded to the Vermont Legislature's Health & Welfare Committees, the Governor, and the delegation representing Vermont in the U.S. Congress.
(Annual Report 1992)

ADOPTED POLICY:

The Vermont State Medical Society finds unacceptable the U.S. Supreme Court ruling which upholds regulations which dictate that health care professionals in federally subsidized family planning clinics can be barred from discussing abortion with pregnant women or from telling them where to get information about this medical procedure. The U.S. Supreme Court decision, dictating a restriction in physician/patient communication, creates an enormous dilemma for physicians. The Society will work with our national organizations and our own Congressional delegation to ensure that this decision is overturned swiftly by the Congress.
(Annual Report 1992)

CODIFYING PROTECTION FOR WOMEN'S REPRODUCTIVE RIGHTS

RESOLVED, that the VMS supports protecting women's reproductive rights, including the right to contraception and to safe legal abortion, through Vermont law and/or through a Vermont Constitutional amendment.

MINOR CONSENT FOR STI PREVENTION SERVICES

RESOLVED, that the VMS work with the Vermont General Assembly and the Vermont 8 Department of Health to allow minors, as defined in existing law, to consent to confidential

medical services for the prevention of sexually transmitted infections, including Hepatitis B vaccination, Human Papillomavirus vaccination, HIV pre- and post-exposure medication and additional STI prevention services that may become available in the future. (Adopted November 2nd, 2019)

WOMEN'S REPRODUCTIVE RIGHTS

ADOPTED POLICY:

The VMS supports protecting women's reproductive rights, including the right to contraception and to safe legal abortion, through Vermont law and/or through a Vermont Constitutional amendment. (Adopted October 28th, 2018)

Mental Health & Substance Use Disorder

ELECTROCONVULSIVE THERAPY

ADOPTED POLICY:

The Vermont State Medical Society opposes the legislative attempt to prohibit electroconvulsive therapy in the State of Vermont.
(Annual Report 1985-Council Meeting, January 19, 1985, page 118)

EXPANDING THE VERMONT PRACTITIONER HEALTH PROGRAM

RESOLVED, The Vermont Medical Society supports increasing the scope of the VPHP program to serve physicians and other clinicians licensed by the Vermont Board of Medical Practice who are experiencing not only substance use disorder but also psychiatric and behavioral health conditions such as depression, anxiety, disruptive behavior and cognitive decline, as determined appropriate by the VPHP program;

The Vermont Medical Society will urge the Vermont Board of Medical Practice and Vermont Legislature to increase the assessment on each licensee from \$25 per biannual license period to \$50 per license period (for physicians and podiatrists) and from \$10 to \$20 every two years (for

AAs, RAs and PAs) to support increased staff and case capacity for the VPHP program, including additional clinical staff.
(Adopted November 5, 2016)

FORENSIC MENTAL HEALTH INFRASTRUCTURE IN VERMONT

RESOLVED, that the Vermont Medical Society recommends to the Vermont General Assembly to allocate resources to conduct a formal study to address:

- 1) treatment and monitoring in community and hospital settings for persons found not competent to stand trial in Vermont;
- 2) models for competency to stand trial restoration in community, hospital, and correctional settings; and be it further

RESOLVED, that the study would examine existing forensic mental health care structures by both reviewing existing literature and conversation and through collaboration with forensic mental health leadership in other states. The study findings would be synthesized to produce specific treatment and management recommendations for

- 1) individuals found not guilty by reason of insanity (insanity acquittees) and
- 2) recommendations for competency restoration for individuals found not competent to stand trial. (Adopted November 2nd, 2019)

METHADONE

ADOPTED POLICY:

The VSMS supports the American Society of Addiction Medicine's Policy Statement (Oct. 1991) on Methadone Treatment as follows:

1. For the majority of opioid dependent patients methadone maintenance is most effective as a long-term modality. Withdrawal from methadone maintenance carries substantial risk associated with relapse to intravenous drug use. Withdrawal should be attempted only when strongly desired by the rehabilitated patient, and with adequate supervision and support. Individuals who have withdrawn from methadone should be carefully followed in a clinical setting and encouraged to participate in an ongoing program of recovery. In the even of relapse or impending relapse, additional therapeutic measures

should be used including, when appropriate, rapid resumption of methadone maintenance treatment.

2. Methadone maintenance should include the following modalities in addition to the provision of the drug itself; psychological and vocational services, medical care and counseling.
3. Determination of methadone dosage by program policy is inappropriate. Dosage should be individually determined by a well trained clinician based on subjective and objective data and be adequate for the individual patient in all cases.
4. Methadone treatment is a crucial resource to decrease the spread of HIV infection. Financial resources should be available to accommodate those seeking treatment, and to train staff to provide good quality comprehensive care.
5. Methadone maintenance is an established treatment for pregnant opioid patients and may be initiated any time during the pregnancy. Methadone withdrawal is rarely appropriate during pregnancy. When attempted, methadone should be withdrawn slowly under close monitoring. Individual dose determinations are more appropriate than arbitrary low-dose policies that often contribute to relapse to heroin use, poly-drug, and alcohol abuse during pregnancy. High risk prenatal care, proper nutrition, ongoing individual, family, or group counseling, to include prenatal and parenting classes, should be offered along with methadone maintenance.
6. Methadone patients need access to inpatient and outpatient treatment for medical, surgical, psychiatric, and non-opioid chemical dependency conditions without interruption of methadone maintenance.
7. Physicians working in the field of addiction require a thorough working knowledge of both laboratory and clinical research which for the basis for methadone treatment.
8. The medical direction of methadone treatment programs should be provided by physicians who are competent in addiction medicine.
9. Nurses and other health care professionals working in methadone treatment programs should receive special training and supervision in the medical and pharmacological aspects of addictive diseases and methadone treatment.
10. Any regulations and guidelines pertaining to methadone treatments at the federal, state or institutional level should enhance quality of care, foster destigmatization, encourage the development of new clinical strategies, promote individualized treatment planning, and ensure patient rights.
11. Research related to methadone treatment should be supported including work that will contribute to improved quality of methadone treatment.
12. The development of new methadone treatment guidelines and regulations, with a shift of emphasis from administrative process to performance-based standards of care, with greater reliance on clinical judgment and scientific data in determination of treatment.

METHADONE MAINTENANCE

ADOPTED POLICY:

The Vermont State Medical Society urges the State of Vermont Alcohol and Drug Division to investigate the need for a Methadone Maintenance Program.
(Annual Report 1985, page 14)

ADOPTED POLICY:

The VSMS supports appropriate state efforts to make methadone maintenance available to Vermont residents who need it.
(Annual Report 1993, Page 11)

ONE HOUR RESTRAINT RULE

ADOPTED POLICY:

The Vermont Medical Society, while supporting timely evaluation of patients who are subject to restraint or seclusion, opposes the HCFA one-hour rule, and the Vermont Medical Society will communicate its concerns about this rule to HCDA and to the Vermont Congressional delegation and urge HCFA and the congressional delegation to take all steps necessary to withdraw or amend the rule. (Adopted at Annual Meeting 10/21/00)

PRESCRIPTION DRUG ABUSE

RESOLVED, The Vermont Medical Society will work with the Vermont Department of Health, the Vermont Board of Medical Practice, the Vermont Department of Public Safety and others to assist in educating health care practitioners about the risk of abuse and diversion of controlled substances; The Vermont Medical Society will assist in efforts to educate physicians about appropriate methods and tools that address the risk of abuse and diversion of controlled substances, without jeopardizing high quality care for patients, consistent with the Vermont Board of Medical Practice Policy for the Use of Controlled Substances for the Treatment of Pain; The Vermont Medical Society will continue to work with the Department of Health on the implementation of the Vermont Prescription Monitoring System (VPMS); The Vermont Medical Society will promote the use of electronic prescriptions for all drugs, provided that the standards

and requirements for electronic prescriptions do not increase clerical burdens for physician practices, and provided that safeguards are included to address abuse and diversion of prescription drugs. (Adopted on October 25, 2008)

THE OPIOID CHALLENGE FACING VERMONTERS

RESOLVED, that the VMS work with the Office of Alcohol and Drug Abuse Programs (ADAP) and the UVM Area Health Education Center Program (AHEC) to inform Vermont physicians regarding the data on opioid dependency in Vermont;

That the VMS work with ADAP and the UVM AHEC program to encourage and facilitate the training of all of Vermont's primary care physicians and psychiatrists in buprenorphine treatment;

That the VMS work with state agencies to encourage the availability of appropriate counseling services in addition to support treatment of patients with opioid dependency;

That the VMS work with public and private insurers to ensure that they appropriately and adequately reimburse clinicians treating patients with opioid dependency; and

That the VMS, ADAP, and the UVM AHEC Program collaborate to make internet buprenorphine treatment training readily accessible for Vermont physicians.
(Adopted by VMS Council, October 18, 2003)

TIMELY ACCESS TO LEVEL ONE INPATIENT PSYCHIATRIC CARE IN VERMONT

RESOLVED, That the Vermont Medical Society work with the Department of Mental Health, the General Assembly and the Vermont Association of Hospital and Health Systems to assess the current status of access to level one inpatient psychiatric care in Vermont and, if deemed to still be inadequate, urge the State to adopt further measures to enhance level one psychiatric inpatient treatment resources.

(Adopted October 25, 2014)