

**FINAL HOUSE OF DELEGATES ACTION
ON ALL 2010 RESOLUTIONS**

REPORT OF THE BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE

RECOMMENDATION: The Reference Committee recommends acceptance of the 2010 Report of the Board of Directors and Executive Committee as submitted.

HOD ACTION: The report was accepted as presented.

RESOLUTION 10-01 **Introduced by Iowa Chapter, American College of Emergency Physicians and Iowa Association of County Medical Examiners
REQUIRE INSURANCE COMPANIES TO PROVIDE
PRESCRIPTION INFORMATION**

RESOLVED: That the Iowa Medical Society explore legislation requiring all insurers doing business in Iowa that offer a pharmacy benefit, as a condition of doing business in Iowa, to make available electronically, in real time, to all licensed practitioners with prescriptive authority treating one of their insured patients all prescriptions for that particular patient filled through their pharmacy benefit program.

HOD Action: Amended Resolution 10-01 was adopted.

RESOLUTION 10-02 **Introduced by IMS Board of Directors
AMENDMENTS TO IMS BYLAWS**

RESOLVED: That the IMS Articles of Incorporation and Bylaws be amended as follows: (deletions are shown as a ~~strikethrough~~, new language is underlined)

Restated Articles of Incorporation of the Iowa Medical Society
Article IV
Component Societies

Section 3. In the event the Bylaws shall provide some form of membership for students in good standing at the Carver College of Medicine at the University of Iowa who are candidates for a Doctor of Medicine degree and students in good standing at the Des Moines University College of Osteopathic Medicine who are candidates for a Doctor of Osteopathic Medicine degree,

separate component societies shall be formed at each institution whose membership shall consist solely of such student members.

Article VIII

Meetings

Section 1. The House of Delegates shall meet annually and at such other times as deemed necessary or as provided in the Bylaws. The place for holding the annual House of Delegates meeting shall be ~~recommended~~ decided by the ~~Board of Directors and approved by the House Executive Committee~~. The ~~Board of Directors~~ Executive Committee shall set the time of the meeting.

Section 4. Notice of House of Delegates meetings shall be given to all members in writing at least ten (10) days prior to the date of such meeting, which notice may be given in *Iowa Medicine, Journal of the Iowa Medical Society*; notice of special meetings shall be given to members ~~in writing~~ at least five (5) days before the date of said meeting, all to be done ~~by regular mail addressed~~ to the members' last known addresses as shown by the files and records in the executive office of the Society.

Article IX

Notices

Unless stated otherwise, any notices required in the Articles of Incorporation or Bylaws may be made by mail, inclusion in the Society's journal, or other regular correspondence to the membership, or by electronic communications, including but not limited to e-mail and posting on Society's Web site.

Article IX - Dues and Appropriations (*re-numbered*)

Article XI - Seal (*re-numbered*)

Article XII - Bylaws (*re-numbered*)

Article XIII

Amendments

These Restated Articles of Incorporation may be amended at any meeting of the House of Delegates, said amendments having first been submitted to the Board of Directors for study and report, by a two-thirds vote of the House of Delegates present and voting at such meetings. If amended at a special meeting, notice of the time and place of such meeting, together with a copy of the proposed amendment, shall be sent to each member who is a delegate or alternate delegate to the House of Delegates, as shown by the books of the Society, at least thirty (30) days prior to the meeting at which such proposed amendment is to be acted upon. ~~Such notice may be given by mailing same to the last known post office address of each member at least twenty (20) days before such special meeting and appearance by any member at such meeting shall be a waiver of notice.~~

Bylaws of Iowa Medical Society

Chapter II

Membership

Section 1. Membership in the Iowa Medical Society shall consist of Active, ~~Life~~, Emeritus, Resident, Student and Honorary members. The official roster of members shall be maintained at all times in the registered office of the Society. It shall be composed of the names of physician, student or honorary members certified by the executive office of this Society ~~and duly approved by the Board of Directors~~. Registration of the name of a physician, student or honorary member upon the official roster shall be prima facie evidence of membership and right to the privileges inherent in that membership.

Section 2. ACTIVE MEMBERS. Active membership in this Society shall consist of those physicians who meet hold an Iowa licensure requirements to practice medicine, who meet the criteria established by the Board of Directors, who have been so certified by the executive office of this Society, ~~who have been approved by the Board of Directors~~ and whose regular and special dues for the current year have been accepted at the executive office of the Society. Any active member shall be eligible to hold any office within the Society with the exception of the Resident Director and Medical Student Director offices, providing such member is a citizen of the United States and has been a member of this Society in good standing for the two (2) years immediately preceding election.

~~**Section 3. LIFE MEMBERS.** Any physician who has reached the fortieth (40TH) anniversary of his or her graduation from medical school and has been a member of this Society for the last fifteen (15) consecutive years may be elected to life membership by a two-thirds vote of those present at the House of Delegates, providing that the physician's regular and special dues for the current year have either been accepted at the executive office of the Society or have been waived by the Board of Directors because of financial hardship. Life members shall be accorded all the privileges of active members, except that no physician who is first elected to life membership after April 19, 1998 shall have the right to be elected as an officer of this Society. Life members shall be exempt from payment of dues beginning January 1 following their election to life membership.~~

Section 43. EMERITUS MEMBERS. Emeritus membership in this Society may be granted by a two-thirds majority vote of ~~those present at the House of Delegates~~ the Board of Directors to a member ~~or former member~~ who has retired, or who is incapacitated to such an extent that the payment of dues would be a hardship. Emeritus members shall be exempt from the payment of dues ~~and may be exempt from the payment of dues in the year elected if recommended by the Board of Directors~~. Emeritus members shall be accorded all the privileges of active members, except that they shall not have the right to hold office. Emeritus members shall be restored to active membership if they resume active practice.

Section 54. RESIDENT MEMBERS. Resident membership in this Society shall consist of those physicians who have a valid Iowa "Resident or Physician License" to practice medicine, have been accepted into a residency or fellowship program ~~in Iowa~~ and are actively working toward completion, who meet the criteria established by the Board of Directors and have been so certified by the executive office of this Society ~~and who have been approved by the Board of~~

~~Directors.~~

~~Any resident member shall be eligible to hold only the office of Resident Director provided such member is a citizen of the United States and is a member of this Society in good standing.~~

Section ~~65~~. STUDENT MEMBERS. Student membership in this Society shall consist of those students in good standing at the Carver College of Medicine at the University of Iowa who are candidates for a Doctor of Medicine degree, and those students in good standing at the Des Moines University College of Osteopathic Medicine ~~and Surgery~~ who are candidates for a Doctor of Osteopathic ic Medicine degree, and who have been so certified by the executive office of this Society ~~and who have been approved by the Board of Directors.~~

~~Any student member shall be eligible to hold only the office of Medical Student Director provided such member is a citizen of the United States and is a member of this Society in good standing.~~

Section ~~76~~. *(re-numbered)*

Section ~~87~~. *(re-numbered)*

Section 98. All members of the Society shall be privileged to attend all sessions of any House of Delegates meeting except as set forth in Chapter IV, Section 2. They may participate in all proceedings except as elsewhere prohibited in the Bylaws. ~~Any active member, or any life member elected to life membership on or before April 19, 1998, shall be eligible to hold any office within the Society with the exception of the Resident Director and Medical Student Director offices, providing such member is a citizen of the United States and has been a member of this Society in good standing for the two (2) years immediately preceding election. Any resident member shall be eligible to hold only the office of Resident Director provided such member is a citizen of the United States and is a member of this Society in good standing. Any student member shall be eligible to hold only the office of Medical Student Director provided such member is a citizen of the United States and is a member of this Society in good standing.~~

Section ~~109~~. *(re-numbered)*

Section 110. *(re-numbered)*

Section 121. *(re-numbered)*

Section 132. Notwithstanding anything to the contrary contained in the Articles or these Bylaws, ~~from and after the close of the annual meeting of the House of Delegates held in 2001,~~ a physician shall not be required to be a member in good standing of a component society to be eligible for any category of membership of the Society, nor shall a vote of a component society to present a candidate for ~~life or~~ emeritus membership in the Society be a condition to eligibility for ~~either~~ such membership.

Chapter III
Component Societies

Section 1. All component medical societies representing individual or two (2) or more adjoining counties now in affiliation with this Society or those that may hereafter be organized in the State of Iowa, which have adopted principles of organization not in conflict with the Articles of Incorporation and Bylaws, shall, upon approval by the ~~House of Delegates~~ Board of Directors, receive ~~as~~ charter from and become a component part of this Society. No component society may so amend or alter its principles of organization or its Articles of Incorporation and Bylaws that any provision thereof shall be in conflict with the Articles of Incorporation and Bylaws of this Society, and any such alteration or amendment held by the Board of Directors of this Society to be so in conflict shall be null and void.

Section 6. The Secretary of each component society shall forward an official report of its members, officers and a list of known non-member physicians of the component society to the executive office of this Society on or before February 15 of ~~the each~~ calendar year.

Section 8. Nothing in Sections 1, 2 and 3 of Chapter III shall be construed as preventing the Society from chartering component societies for students in good standing at the Carver College of Medicine at the University of Iowa who are candidates for a Doctor of Medicine degree and for students in good standing at the Des Moines University College of Osteopathic Medicine who are candidates for a Doctor of Osteopathic Medicine degree.

Chapter IV
House of Delegates

Section 1. The House of Delegates shall meet at least annually as set forth in the Articles. The House shall be composed of delegates or alternate delegates selected by the representative groups as provided in Section 3 of this Chapter IV. The officers of the Society, as defined in the Articles, all past presidents of the Society ~~for the immediate five (5) previous years~~ and the Deans of the University of Iowa Carver College of Medicine and the Des Moines University College of Osteopathic Medicine ~~and Surgery~~ shall be ex-officio members of the House of Delegates with the right to vote. The presiding officer shall have the right to vote in case of a tie.

Section 3. Delegates and alternate delegates to the House of Delegates shall be selected by the representative groups in accordance with the procedures set forth in this Section 3.

A. For purposes of these Bylaws, a "representative group" shall mean any group of member physicians which has been organized for purposes of representation in the House of Delegates and which has been recognized by the Board of Directors for such purpose. To be eligible for recognition as a representative group, a group shall: (i) indicate agreement with the core purposes and core values of the Society, (ii) designate a contact person and maintain a mailing address for the receipt of communications from the Society, and (iii) adopt an identity and a governance structure for organization of the group which shall be acceptable to the Society. Upon determination by the Board of Directors that the group has complied with the foregoing requirements, the Board of Directors ~~shall~~ may formally recognize the group as a representative group entitled to select delegates and alternate delegates to the House of Delegates. Representative groups may include, by way of illustration, component societies, physician groups organized with a specialty as a common interest, physician groups organized through a

particular clinic or hospital or any other group organized by physicians sharing and wishing to advance a common interest. The Board of Directors shall have the power to revoke its recognition of any representative group for cause deemed by it to be sufficient for such revocation.

Section 4. The House of Delegates shall foster and promote the constitutional purposes of the Society. With this end in view it shall have the power to create commissions and special committees from its own membership, from the general membership of the Society or from the public at large. The Speaker of the House, ~~with the advice of the Secretary/Treasurer,~~ shall be authorized to appoint reference committees from the membership of the House for the expeditious conduct of the business of the House, decisions of such reference committees becoming final only upon vote of the House after opportunity for discussion. Unless otherwise specifically ordered by the House, the term of any reference committee shall expire automatically with the SINE DIE adjournment of the meeting of the House at which said committee was appointed.

~~**Section 7.** It shall, upon application, provide and issue charters to component societies organized to conform to the spirit of the Articles of Incorporation and Bylaws, and may revoke such charters for cause deemed by it sufficient.~~

~~**Section 8.** It shall have authority to organize the physicians of two (2) or more adjoining counties in sparsely settled areas into component societies to be designated by appropriate names which will distinguish such societies from other component societies. Such component societies when so organized and chartered shall be entitled to all the privileges and representations provided in the Articles of Incorporation and Bylaws for component medical societies.~~

Section ~~97~~. *(re-numbered)*

Section ~~108~~. *(re-numbered)*

Section ~~119~~. *(re-numbered)*

Section ~~120~~. *(re-numbered)*

Section ~~131~~. *(re-numbered)*

Chapter V Officers

Section 1. PRESIDENT: The President shall preside over the House of Delegates in the event of the disability of both Speaker and Vice Speaker. The President shall also serve as a Director and as a member of the Executive Committee during his or her term of service as President. The President shall deliver an annual address at such time as may be arranged before the House of Delegates, and shall perform such other duties as custom and parliamentary usage may require. The President shall, ~~by and with the advice and consent of the Board of Directors,~~ appoint all committees, except those committees specified in Chapter IV, Section 4. The President may, with the advice and consent of the Board of Directors, create and appoint special committees for

any purpose and assign to them any powers and duties not in conflict with these Articles and Bylaws. The President shall be the real head of the profession of this state during a term of office, and so far as may be practicable, shall visit the representative groups by appointment, and assist them in making their work more practical and useful.

Chapter VI **Election of Officers**

Section 1. All elections conducted by the House of Delegates shall be by secret ballot, and a majority of the votes cast shall be necessary to elect; however, voting by acclamation is acceptable for any uncontested election. Elections conducted by districts for District Director positions shall be by secret ballot; however, voting by acclamation is acceptable for any uncontested election.

Section 4. The Nominating Committee shall be charged with the responsibility of selecting a slate of candidates to stand for election to offices to be filled by the House of Delegates at its annual meeting. The Nominating Committee shall consist of the Immediate Past President, who shall serve as Chair of the Committee, one (1) member appointed by the President and three (3) members elected by the House of Delegates on a staggered basis. Members of the Nominating Committee elected by the House of Delegates and the member appointed by the President shall serve for a term of two (2) years. A person is not eligible to serve more than five (5) consecutive terms as a member of the Nominating Committee. The Immediate Past President shall serve for a term of one (1) year. The members of the Committee to be elected by the House of Delegates shall be divided into two (2) classes, with the first class consisting of two (2) members and the second class consisting of one (1) member. At each annual meeting of the House of Delegates, the House of Delegates shall elect that number of members of the Committee which is equal to the number of members whose term of service is scheduled to expire at such meeting, with each member to hold office until the second succeeding annual meeting of the House of Delegates. At alternate meetings of the House of Delegates, one (1) member of the Committee shall be appointed by the outgoing President to hold office until the second succeeding annual meeting of the House of Delegates. In the event a member of the Nominating Committee is not able to complete his/her term for any reason, the President shall appoint a member for the unexpired term of office.

Section 5. No later than thirty (30) days prior to each annual House of Delegates meeting, members of the ~~Committee on~~ Nominating Committee shall first meet to select a slate of candidates to stand for election to the offices to be filled by the House of Delegates at its upcoming meeting. It shall be the duty of the Committee to give careful consideration to the qualifications of all proposed candidates, always keeping in mind the best interests of the profession. Meetings of the Committee shall be open to all members of the Society, except when in executive session, and no meeting shall be held without adequate notification of all Society members. Notice of the first meeting shall include a list of names of members of the Nominating Committee together with an informative statement as to vacancies to be filled. Notwithstanding the foregoing, members of the Nominating Committee may participate in a meeting of the Committee by conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other, and participation in a meeting pursuant to this provision shall constitute presence in person at such meeting; provided, however, that

upon request of any member of the Nominating Committee the telephone conference will be replaced by an actual physical meeting at ~~Iowa Medical Society Headquarters~~ a place to be designated by the Committee chair. No later than fifteen (15) days prior to the annual House of Delegates meeting, the Committee shall report to the Secretary/Treasurer its official ticket containing two (2) or more candidates for each office to be filled by the House of Delegates at the meeting, except that by unanimous consent of the Nominating Committee only one (1) candidate for an office shall be required in any case in which only one (1) candidate for such office has been suggested by members of the Nominating Committee. This ticket shall be sent to all Society members no later than ten (10) days before the annual House of Delegates meeting. No member of the Nominating Committee shall be eligible for nomination for election to the office of President-Elect, the Speaker of the House of Delegates, the Vice Speaker of the House of Delegates, the At-Large Directors, the Delegates to the American Medical Association and the Alternate Delegates to the American Medical Association.

Section 6. At the first session of the annual House of Delegates meeting, the Speaker shall call for additional nominations from the floor, except for the office of District Director. ~~There shall be no more than one (1) nominating and one (1) seconding speaker for each candidate.~~ Thereafter, the nominations shall be closed.

Section 7. Election of officers shall be by printed ballot as the first order of business, after the reading of the minutes, at the last session of each annual House of Delegates meeting, except that voting by acclamation is acceptable for any uncontested election during the first session of the House of Delegates meeting once nominations have been closed.

Section 9. Each of the six (6) Districts shall be entitled to elect one (1) District Director to serve on the Board of Directors. Except as otherwise noted in Chapter VII, Section 2 of these Bylaws, a District Director shall be elected for a term of three (3) years and shall be limited to serving no more than two (2) consecutive terms in office. At each annual meeting of the House of Delegates, the delegates residing within those Districts which shall be eligible to elect a District Director (an "Eligible District"), if such delegates have not met in advance of the House of Delegates meeting for such purpose, shall meet and elect as District Director a member of the Society residing in such Eligible District who is eligible to hold office in the Society. In lieu of meeting at the House of Delegates, the delegates of an Eligible District may meet prior to the House of Delegates meeting to elect a District Director and conduct such other business as the delegates may deem appropriate. All delegates submitted to the Society by a deadline of sixty (60) days prior to the House of Delegates meeting will be the voting members of the district caucus. If the district caucus meets before the deadline, then the delegates of record from the previous House of Delegates will vote. To facilitate such meeting, the President shall name as chair of the Eligible District a member residing in the Eligible District who has not been nominated for election to office at the upcoming House of Delegates. The chair may call a meeting of the delegates and alternate delegates residing in the Eligible District and at such meeting shall act as the presiding official. The procedures for nomination and election of the District Director shall be determined by the chair of each Eligible District. If a District Director shall relocate his or her residence to a location outside of the District from which such District Director was elected, such District Director shall become ineligible to hold office as a District Director and a vacancy shall be deemed to have occurred. Any vacancy in the office of District

Director ~~may~~ shall be filled by the Board of Directors for the unexpired portion of the term of such District Director.

Chapter VII
Board of Directors

Section 9. It shall, upon application, provide and issue charters to component societies organized to conform to the spirit of the Articles of Incorporation and Bylaws, and may revoke such charters for cause deemed by it sufficient.

Section 10. It shall have authority to organize the physicians of two (2) or more adjoining counties in sparsely settled areas into component societies to be designated by appropriate names which will distinguish such societies from other component societies. Such component societies when so organized and chartered shall be entitled to all the privileges and representations provided in the Articles of Incorporation and Bylaws for component medical societies.

Chapter IX
Fiscal Year, Funds, Dues and Expenditures

Section 7. All deeds, instruments, transfers, conveyances, leases, mortgages or assignments of real estate or personal property and all releases of judgments, mortgages or other liens shall be authorized and approved by the House of Delegates or Board of Directors and executed and acknowledged by the Chair~~man~~ of the Board of Directors and the Secretary-Treasurer of the Society.

Chapter X
Committees

Section 1. The standing committees shall be as follows:

Committee on Legislation

Committee on CME Accreditation

~~Committee on Nominations~~ ng Committee

Committee on Medical Services

Executive Committee

Section 6. The ~~COMMITTEE ON-NOMINATIONS~~ NG COMMITTEE shall be elected and perform its duties in accordance with provisions of Chapter VI, Section 4 of these Bylaws.

HOD Action: Amended Resolution 10-02 was adopted.

RESOLUTION 10-03

Introduced by Edward Hertko, MD

**LEGALIZE PRESCRIBING AND USE OF MEDICAL
MARIJUANA**

RESOLVED: That the Iowa Medical Society support the Iowa Board of Pharmacy's reclassification of marijuana as a Schedule II controlled substance with the goal of facilitating further study into potential medical uses.

HOD Action: Substitute Resolution 10-03 was adopted.

RESOLUTION 10-04 Introduced by Michael Kitchell, MD
ELIMINATION OF THE MEDICARE GEOGRAPHIC
ADJUSTMENT OF PHYSICIAN PRACTICE EXPENSES

RESOLVED: That the Iowa Medical Society will ask the American Medical Association to actively lobby to immediately eliminate the Medicare practice expense geographic practice cost index (GPCI) so that no geographic adjustment of practice expenses shall be performed unless certain regions can scientifically verify that they have much higher practice expenses than other areas of the country.

HOD Action: Resolution 10-04, first resolve, was not adopted.

RESOLVED: That until such time as geographic practice cost indices (GPCI) are eliminated, the American Medical Association will seek an immediate GPCI practice expense floor of 1.0 while avoiding decreasing any region's Medicare payment.

HOD Action: Resolution 10-04, second resolve, was not adopted.

RESOLUTION 10-05 Introduced by Michael Kitchell, MD
CONSORTIUM FOR COST-EFFECTIVE CARE

RESOLVED: That the Iowa Medical Society will request the American Medical Association's Physicians Consortium for Performance Improvement (PCPI) to specifically develop cost-effective or efficiency measures and urge all specialty societies to assist PCPI to make progress toward the goal of improving and increasing cost-effectiveness information.

HOD Action: Amended Resolution 10-05 was adopted.

RESOLUTION 10-06 **Introduced by Iowa Section, American College of Obstetricians
and Gynecologists**
STANDARDIZED VITAL STATISTICS REPORTING

RESOLVED: That the Iowa Medical Society support activities by the Iowa Bureau of Vital Statistics in the timely implementation of revisions to the U.S. Standard Certificate of Live Birth, U.S. Standard Certificate of Death, and the U.S. Standard Report of Fetal Death, as developed by the National Center for Health Statistics.

HOD Action: Substitute Resolution 10-06 was adopted.

RESOLUTION 10-07 **Introduced by Robert G. Robinson, MD, Michael Flaum, MD**
NEED FOR SUB-ACUTE PSYCHIATRIC BEDS

RESOLVED: That the Director of Human Services for Iowa be strongly urged to revise the overt mission of the Mental Health Institutes (MHI) so as to prioritize sub-acute inpatient capacity, i.e., at least 50% of the remaining adult beds throughout the MHI system that are currently designated as acute be re-designated and re-staffed as sub-acute (with an expected length of stay of between 4-12 weeks).

HOD Action: Resolution 10-07 was referred to the IMS Board of Directors for review and decision at a later time.

RESOLUTION 10-08 **Introduced by Scott County Medical Society**
RESTRICTION OF TANNING BED USAGE BY MINORS

RESOLVED: That the state of Iowa ban the usage of a facility's indoor tanning equipment by a minor under the age of 18 unless that person has a written prescription from a physician.

HOD Action: Resolution 10-08, first resolve, was adopted.

RESOLVED: That indoor tanning facility operators would need to obtain a state license and all customers would be required to sign a written warning defining the potential hazards and consequences to ultraviolet A and ultraviolet B radiation, (UVA & UVB).

HOD Action: Resolution 10-08, second resolve, was not adopted.

RESOLVED: That a Surgeon General's warning sign stating, "Ultraviolet radiation is a known carcinogen and can cause skin cancer and other nonreversible forms of damage to the skin" be visibly posted in all businesses offering tanning services for all customers to see.

HOD Action: Resolution 10-08, third resolve, was not adopted.

RESOLUTION 10-09 Introduced by Woodbury Medical Society
EXPLORE IN-COUNTRY MEDICAL TOURISM

RESOLVED: That the Iowa Medical Society and its Board explore the concept of in-country medical tourism to the state of Iowa.

HOD Action: Resolution 10-09, first resolve, was not adopted.

RESOLVED: That the IMS partner with interested statewide organizations, including but not limited to the Iowa Hospital Association, the Iowa Chamber of Commerce, Iowa chapters of specialty societies and state government, to market Iowa High Value Medical Care "packages" to employers, associations, insurers and patients.

HOD Action: Resolution 10-09, second resolve, was not adopted.

RESOLUTION 10-10 Introduced by Janice Kirsch, MD
MEDICARE BENEFICIARY ACCESS TO PHYSICIANS

RESOLVED: That the Iowa Medical Society ask the American Medical Association to survey physicians to determine if physicians are limiting or plan to limit the number of Medicare patients in their practices.

HOD Action: Substitute Resolution 10-10 was adopted.

RESOLUTION 10-11 **Introduced by Hamed Tewfik, MD**
SCOPE OF PRACTICE OF MEDICINE BY ALLIED
HEALTH PROFESSIONALS

RESOLVED: That the Iowa Medical Society work to educate the public and legislators regarding patient safety and quality of care concerns related to allied health professionals' scope of practice expansions, especially related to their practice independent of physicians and taking into account disparities in education, training, and certification standards.

HOD Action: Substitute Resolution 10-11 was adopted.

RESOLUTION 10-12 **Introduced by Woodbury Medical Society**
PROFESSIONAL NON-DISPARAGEMENT, WITH
EMPHASIS ON EMERGENCY MEDICINE

RESOLVED: That the Iowa Medical Society reaffirm the following IMS policy: IMS believes that the goal of local and state emergency medical service systems should be to ensure that quality services at an appropriate level are available to all Iowans. Medical control over this system is essential in meeting these goals. For the state overall, the most urgent need is the greater involvement of the medical community in developing medical solutions to issues relating to emergency care. (H-91)

HOD Action: Substitute Resolution 10-12 was adopted.

RESOLUTION 10-13 **Introduced by Thomas Benzoni, DO**
CHANGE STANDARD OF CARE FOR EMTALA
RELATED PATIENT CONTACTS

RESOLVED: That the Iowa Medical Society Board of Directors explore supporting a demonstration project to use gross negligence as the legal standard of care for a finding of medical malpractice in those circumstances wherein the patient contact originated in an EMTALA environment.

HOD Action: Resolution 10-13 was referred to the IMS Board of Directors for study and report back to the 2011 House of Delegates.

RESOLUTION 10-14 Introduced by Thomas Benzoni, DO
SOVEREIGN IMMUNITY FOR EMTALA RELATED CARE

RESOLVED: That the Iowa Medical Society Board of Directors explore supporting a demonstration project to grant sovereign immunity by extension of Federal Tort Claims Act coverage or similar protection in cases alleging medical malpractice in those circumstances wherein the patient contact originated in an EMTALA environment

HOD Action: Resolution 10-14 was referred to the IMS Board of Directors for study and report back to the 2011 House of Delegates.