

So You Want To Write An Annual Meeting Resolution?

A Short Course on Resolution Basics

Congratulations! You have decided to take an exciting and rewarding step forward in your membership with the Wisconsin Medical Society by drafting and submitting a resolution to the Annual Meeting.

As a member in good standing, you have the right to bring your ideas to the Annual Meeting so the House of Delegates (HOD), the Society's "legislators," can consider and vote on your resolution. Here are a few pointers that will help ensure that your resolution meets the approval of the HOD and the Society.

The Basics: Resolution, Policy, and Action Directive

What is a Resolution and What Does It Do?

A resolution is a thought or position that someone feels will make a good Society policy or directive for Society action. It is drafted according to exacting standards and introduced at the Annual Meeting. Before it gets to the HOD, it is first sent to a reference committee for evaluation and to hear testimony on the issue from other Society members. The committee, after weighing the testimony, relevant information on the subject, and checking for existing policy, makes a recommendation to the HOD.

The committee can make one of four recommendations: 1) adopt as written; 2) adopt with amended language (the committee provides the amended language); 3) not to adopt; or 4) forward to the Board of Directors for further evaluation. These recommendations are guidelines for the HOD and are not binding unless adopted.

In creating a resolution, the author must:

1. Decide if the resolution is to be Society policy or an action directive. This will determine the appropriate wording of the resolution.
2. Utilize standard resolution format. This uses "Whereas" clauses to describe the background of the issue and give supporting evidence for why the Society should adopt it. After the "Whereas" clauses comes the "Resolved" clause(s) which is the actual wording the author wishes for the policy or the action directive.
3. Always remember, the "Whereas" clauses do not make it into the Policy Compendium – write the "Resolved" clause so that it can *stand alone* without a reader having to go to an outside source for further information.
4. Policies should neither be too broad in scope or too limited.
5. Resolutions should not be redundant of policies that already exist in the Policy Compendium.

The author should check the most recent version of the Society Policy Compendium and the AMA Policy Finder (<http://www.ama-assn.org/ama/noindex/category/11760.html>) to determine if

policy on the issue already exists. Society Government Relations/Policy staff is always available to assist members with their searches in this area.

Thoroughly researching for existing policy is **especially** important when the resolution calls for a policy or action directive that conflicts with current Society and AMA policy, as this will need to be noted in the “Whereas” clauses of the resolution.

Policy v. Action Directive

As stated previously, a resolution creates one of two things: a policy or an action directive.

A Policy is a plan and/or position intended to influence and determine decisions, actions, and other matters. In essence, it is the Society’s “face to the world” as it reflects the Society’s core beliefs and the stances we take on issues.

Policies are used by Society staff to make determinations on how the Society should lobby the Legislature on certain issues; provides direction in Society support for non-governmental organization projects; and provides guidance for staff utilization. As such, it is extremely important that our policies be straight and to the point, without superfluous language, and *stands alone* without the reader having to go elsewhere for further information about the Society’s position.

An Action Directive is just that - a directive for the Society to take action on a certain issue based on an existing or new policy.

Example:

Policy – The Wisconsin Medical Society supports legislation that ensures health care access to all Wisconsin citizens.

Action Directive – The Wisconsin Medical Society will work to enact legislation that ensures health care access to all Wisconsin citizens.

Policies will generally have words such as supports, opposes, and believes to show the Society position on the issue.

Action directives will sometimes masquerade as a policy by using the words urges, recommends, and adopts. While on the face it may appear that this is a policy, it is still an action directive.

It is imperative that the author identifies what their resolution is and, should it be an action directive, ensure that it follows existing or new Society policy.

Here is an example of a “policy” that has an Action Directive included:

ETH - 003

Physicians Providing Insurers with Misleading Information: The Wisconsin Medical Society (Society) opposes physicians providing health insurers with misleading information. (Policy)

The Society will advocate for policies and laws that enable physicians to provide the care that

is medically necessary for their patients, and when there is a conflict, the Society will act as a resource for physicians who need information on how to aggressively and ethically advocate for their patients. (Action Directive)

One Resolution Can Be Both

It is possible for a resolution to be both policy and action directive. The author can have multiple “Resolved” clauses within a resolution. Should the author wish to call for action, but the Society and/or AMA lacks policy on the issue, the author should include, as their first “Resolved” a statement directing the creation of policy and with their subsequent “Resolved” clauses, create action directives.

Example:

“Resolved, The Wisconsin Medical Society supports legislation that ensures health care access to all Wisconsin citizens; and be it further, (Policy)

“Resolved, that the Society will work to enact legislation that ensures health care access to all Wisconsin citizens.”(Action Directive)

However, only the initial “Resolved” clause will be included in the Policy Compendium. The second clause will be forwarded to the appropriate Society department(s) for action.

But What If The Resolution Conflicts With Current Policy

The correct format for a resolution that conflicts with current Society policy is to utilize the first “Resolved” clause to rescind current policy and use subsequent “Resolved” clauses to offer the new policy language.

Example:

“Resolved, The Wisconsin Medical Society rescinds policy number ACC-001, Restricting Access in Wisconsin; and be it further

“Resolved, The Wisconsin Medical Society supports legislation that ensures health care access to all Wisconsin citizens.”

It would be extremely helpful, in this instance, to give the full ACC-001 policy in one of the “Whereas” clauses, in order to inform both the reviewing committee and the HOD delegates as to the exact wording of the policy being rescinded.

This holds true for a policy that conflicts with AMA policy. While it is NOT necessary to use an initial “Resolved” clause (as the Society is not rescinding AMA policy), it IS necessary to state this openly in the “Whereas” clauses (remember, if the Society does not have a policy on an issue, we revert to the AMA policy on the issue).

What if the Society Has Policy On This Issue, But This Is Different

In the past, all Society resolutions were put into the Policy Compendium as new policies. The Society undertook a Policy Compendium Update in 2003 (which is continuing) to identify

policies that conflicted, were essentially the same, were outdated, or that could be combined into a single policy.

If the author of a resolution finds a policy that is on the same issue, but does not include the specific provision that they wish to have included in the Policy Compendium, the author should state this in the “Resolved” clause.

Example:

A resolution author wishes to submit a resolution on teens driving at night. The author finds that the Society already has policy on teen driving, TND-001, but that it does not include their idea of limiting teen driving after dark. Rather than making a new policy, the author would write their resolution to have their ideas included in the existing policy. The author would put the policy language in the “Whereas” clause area to inform the review committee and HOD delegates as to the language to be amended.

Example

“Resolved, to have the following policy statement included as a new bullet point in Society policy TND-001:

“Limit teenage driving at night on a graduated scale which would allow 16 year olds to be off the road within one hour after sundown and before sunrise; 17 year olds to be off the road within two hours after sundown and before sunrise; and 18 year olds be off the road within four hours after sundown and before sunrise.”

Incorporating new policy provisions into existing Society policy ensures a more “user friendly” Policy Compendium for members and staff alike.

But Does It Stand Alone?

A policy MUST be able to “Stand Alone” within the policy compendium. This means that anyone looking at the policy will instantly understand what the policy says and will completely understand the Society’s position on a given subject.

This almost always comes in play when a resolution is written to support a document, another organizations position, or even an AMA policy (remember, we automatically revert to AMA policy on issues, it is therefore redundant to say that we support an AMA position).

Bad example:

“The Wisconsin Medical Society supports the guidelines for physician reimbursement as developed by the Midwest Patients NOW organization in their document ‘Physician Payments’.”

Why is this bad? The reader has no idea what the Society supports. While it is possible for the reader to find a copy of the “Physician Payments” document, this policy fails to meet the “Stand Alone” test.

A second reason that this is a “bad” policy is that Society policies are only reviewed for germaneness every five years. What would happen if Midwest Patients NOW revised their document a year or two after the Society adopts this to say that physicians are highly overpaid and that reimbursements should be cut by at least 50%? The Society policy would reflect their

amended language, even though we don't actually support that as a policy. The Society would then have to go through the arduous process of reviewing the policy by a select Council, which then makes a recommendation to the Board of Directors who can then "temporarily" suspend the policy until the HOD at the next Annual Meeting can act it upon.

To make a "good" policy, the author should take the specific provisions from the document and present them in the resolution.

Example:

"Whereas, Due to significant reimbursement underpayments by the State and Federal Governments for care to medical assistance (MA) patients, many physicians and clinics are forced to limit the number of these patients that can be seen; and

"Whereas, this reimbursement underpayment causes budgetary hardship for clinics, hospitals, and individual physicians forcing "cost shifting" these losses to other patients; and

"Whereas, the Midwest Patients NOW in their report, "Physician Payments", utilized the services of two actuarial firms to determine the strain these underpayments put on the entire health care system; and

"Whereas, these findings showed the physician reimbursements should be raised to reduce this overall strain and increase the number of MA patients that can be seen; therefore be it,

"Resolved, that the Wisconsin Medical Society supports:

- 1. Increased Medicaid and Medicare reimbursements to 85% of charges;*
- 2. Increasing MA recipient access by increasing individual physician MA caseload by 10%, clinics by 25%, and hospitals by 30%, should these increases be enacted; and*
- 3. Allowing physicians to utilize the "unpaid" portion of their MA charges as a state and federal tax deduction for "charity care"*

This takes the specific provisions out of the document and puts them into the policy, showing exactly what the Society supports. The support for the Midwest Patients NOW document remains in the "Whereas" clauses, as it is not needed in the policy as it adds nothing to the policy. Remember, the Policy Compendium is our "outward face to the world" and policies should be very tight and succinct as to their meaning and the Society position.

Scope of Policies

The author must always keep in mind that policies are "tools" of the Society to be used to drive the decision making process of the organization. To this end, policies should not be too broad in scope or too narrow as neither is conducive for efficient direction.

An example of a *Too Broad* policy:

"Resolved, the Wisconsin Medical Society supports good health care laws"

What exactly does this mean? It is assumed that the Society supports good health care laws, as it would be nonsensical to think that the Society supports "bad" health care laws. This resolution

does not help Society Government Relations staff in their pursuit of legislation that is supportive of Society positions, as it is too broad in scope and too ambiguous in language to be of any use.

An example of a *Too Limited* policy:

“Resolved, the Wisconsin Medical Society supports the use of laser surgical equipment for use in removing small, cancerous tumors around the eyes.”

Why is the policy too limiting? Does the Society *only* support the use of laser surgical equipment to remove small cancerous tumors around the eyes, or does the Society support their use for removing other tumors? Or for other applications where laser surgery is the preferred method? By adopting a resolution such as this, the Society would then need to have policies on each and every instance where we support the use of laser surgical equipment.

Germaneness

Policies should be germane to the mission of the Society and consistent with its Strategic Plan. The Strategic Plan focuses the Society’s resources into areas in which the Society has vested interest and where the Society’s goals can be furthered. While the Society occasionally weighs in on Federal issues and requests that our members contact their Congressional representatives on these topics, federal lobbying is the purview of the AMA and not the Society. Policies such as the one below, while important on a national/global basis, falls outside the Society’s ability to influence and adds nothing to the Policy Compendium.

PUB-005

De-Altering Nuclear Weapons: The Wisconsin Medical Society urges the President of the United States to assist any country capable of producing hazardous nuclear weapons in resolving any “Y2K” problems existing in their nuclear arsenal to prevent an accidental or unauthorized missile launch. (HOD, 0399)

There are many issues that are important to individual members, however, it is not only impossible, but unadvisable, to try and include all of them in a document that determines and drives Society goals and lobbying effort (not to mention this is an Action Directive).

There are also various “hot button” issues that should not be introduced as resolutions. These issues, usually “societal” or “moral” in nature, are divisive in their nature and while they may be extremely important issues to the author, they may challenge the fundamental values of a major portion of the Society membership. It is possible to reduce the “moral outrage” that these policies can cause by careful wording and getting down to the essence of a policy.

Example:

“The Wisconsin Medical Society opposes legislation that would discriminate against illegal aliens from Albania in their ability to receive medical care.”

While many of our members would agree wholeheartedly with this, there may be a portion that feels that illegal aliens from Albania should not be in the country and not receiving health care benefits reserved for U.S. citizens. Also, by writing this way, does it mean that we don’t oppose legislation discriminating against illegal aliens from other countries? Or other forms of discrimination against groups and individuals not named in the resolution? These policies are almost always a direct reaction to pending or proposed legislation in the Capitol.

A better way of writing this policy (making broad, but not too broad):

“The Wisconsin Medical Society opposes the discrimination against any person or group in their ability to receive medical care.”

This would allow the Society to take a stand against ANY legislation that would discriminate against any person or group based on race, ethnicity, gender, sexual preference, age, creed, etc. It does not touch the “hot button” issue of illegal Albanian aliens, but almost everyone can agree that the Society wants anyone who needs medical care to have access to it.

Examples of Good Policies

Here are some examples of “Good” policies in the Society Policy Compendium:

ETH-006

Anatomical Gifts by a Health Care Agent: The Wisconsin Medical Society supports allowing a health care agent to have the ability to make or refuse to make an anatomical gift. A health care agent is included in the list of persons who may make an anatomical gift of all or part of a decedent’s body in the absence of an unrevoked refusal to make that anatomical gift.

PUB-008

Sex Education in Wisconsin Schools: The Wisconsin Medical Society supports requiring the teaching of reproductive health education in all Wisconsin schools. (BOD, 0297)

PUB-012

Inclusion of Public Health Departments into Human Services Agencies: The Wisconsin Medical Society supports prohibiting the inclusion of local public health departments into human services agencies. (HOD, 0403)

Examples of Not So Good Policies

Here are some examples of policies that should be amended to make them more effective:

ETH-002

Sales of Goods from Physicians’ Offices: The Wisconsin Medical Society adopts current American Medical Association policy H-140.931, E8-063, E-8.062 *Sale of Health-Related Products from Physicians’ Offices*. (HOD, 0302)

This is bad for two reasons: 1) It does not specifically state what the Society supports in relation to the sale of health-related products from physician’s offices; and 2) It is already AMA policy, thus, without a dissenting Society policy, it is Society policy.

PUB-001

Extrication Training for EMTs, Firefighters and First Responders: The Wisconsin Medical Society supports expanding and enhancing extrication training for EMTs, firefighters and other first responders. (BOD, 1200)

Why is this bad? It does not state what level of extrication training the Society does support. As this was passed in 2000, this would still be our policy until 2005 no matter HOW MUCH extrication training has been increased and expanded during this time period. It also fails the

“Stand Alone” test as it does not give what the Society believes to be the “correct” amount of training.

Better wording of this policy might be:

“The Wisconsin Medical Society supports sufficient extrication training for EMTs, Firefighters and other first responders as determined by the Wisconsin Department of Transportation.”

It is not up to the Society to set the standards for this type of training and if we are to have a support policy, to show that we recognize extrication as a important piece of overall trauma care, we should defer to whichever agency or department oversees and regulates this training.

PUB-003

Full Funding for Core Public Health Services: The Wisconsin Medical Society will join the Wisconsin Association of Local Health Departments and Boards, the Wisconsin Environmental Health Association and the Wisconsin Public Health Association in supporting full state funding of core public health service functions that are delegated to local public health departments, but not funded by the Wisconsin Legislature. (HOD, 0301)

This is bad because the language is confusing and it further clutters the language by naming three other organizations (which should have been in the “Whereas” clauses, not the “Resolved”) which actually has no bearing on the issue.

Better language could be:

“The Wisconsin Medical Society supports full state funding for core public health service functions that are delegated to local public health departments.”

Let’s Review

In creating a resolution, the author must:

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- Always remember, the “Whereas” clauses do not make it into the Policy Compendium – write the “Resolved” clause so that it can *stand alone* without a reader having to go to an outside source for further information.
- Policies should neither be too broad in scope or too limited.
- Resolutions should not be redundant of policies that already exist in the Society Policy Compendium or in the AMA Policy Compendium.

- Resolutions should be germane to the Strategic Plan of the Society and within the scope of the Society's ability to influence.
- Resolutions should be short, succinct and clearly explain the Society's position on the issue.
- Resolutions on issues in which conflicts with existing Society policy should have the first "Resolved" clause call for the repeal of the existing policy and the suggestion to replace with the new resolution.
- Resolutions on issues that the Society already has policy on, but is not specifically identified or dealt with in the existing policy, should recommend that the resolution be included as a new bullet point in the existing policy.
- There is no need for the Society to adopt or support an existing AMA policy, as the Society defaults to AMA policy if the Society does not have policy on that issue.

Hopefully, you have found this guide helpful and informative. By working together, we can ensure that we have a "user friendly" Policy Compendium that serves the interest of the Society and its members.

If you have any questions relating to resolution creation or the Society's policies, please contact Lloyd Clark at 866-442-3800 ext. 3770 or lloyd@wismed.org.