

Nevada State Medical Association
Policy Compendium



2014-2015

Nevada State Medical Association
Stacy M. Woodbury, MPA, Executive Director
3660 Baker Lane, #101
Reno, Nevada 89509
775.825.6788 ▪ www.nsamdocsorg

NSMA Council

(September 2013)

President David E. Hald, MD
Immediate Past-President Florence N. Jameson, MD
President-Elect Mitchell E. Forman, DO
Secretary Weldon E. Havins, MD, JD
Treasurer Tomas Hinojosa, MD
AMA Delegate Wayne C. Hardwick, MD
AMA Delegate Marietta Nelson, MD
AMA Alternate Delegate Ronald M. Kline, MD
AMA Alternate Delegate Peter R. Fenwick, MD

Carson-Douglas Medical Society President Carl Heard, MD
Carson Douglas Medical Society Chief Delegate (*vacant*)
Central Counties Medical Society President/Chief Delegate Galen M. Reimer, MD
Clark County Medical Society President Keith R. Brill, MD
Clark County Medical Society Chief Delegate Leslie R. Dickson, MD
Elko County Medical Society President/Chief Delegate Kirin L. Madden, MD
Washoe County Medical Society President Gina Dapra, MD
Washoe County Medical Society Chief Delegate Sherrie Hald, MD
White Pine County Medical Society President/Chief Delegate G. Norman Christensen, MD

NSMA Commission on Governmental Affairs Co-Chair Ronald L. Smith, MD
NSMA Commission on Governmental Affairs Co-Chair Howard I. Baron, MD
NSMA Commission on Internal Affairs Co-Chair Tomas Hinojosa, MD
NSMA Commission on Internal Affairs Co-Chair Mitchell E. Forman, DO
NSMA CME Accreditation Commission Chair Warren H. Evins, MD
NSMA Commission on Public Health Chair Susan Pintar, MD
NSMA Long Term Planning Committee Co-Chair Keith Brill, MD
NSMA Long Term Planning Committee Co-Chair Gina Dapra, MD
NEMPAC Board Chair Warren H. Evins, MD

NSMA Alliance Co-Presidents Rene Rores and Brenda Twite
University of Nevada School of Medicine Thomas L. Schwenk, M.D.
Touro University College of Osteopathic Medicine Dean Mitchell D. Forman, DO
William Berliner, MD, HealthInsight Representative
NSMA Council Senior Advisor T. Brian Callister, MD
NSMA Council Senior Advisor Richard P. Seher, MD
NSMA Council Senior Advisor Ralph J. Coppola, MD
NSMA Council Senior Advisor Jack L. Davis, DO

Nevada State Medical Association Policy Compendium 2014-2015

The ***NSMA 2014-2015 Policy Compendium*** contains the current policies of the Nevada State Medical Association (NSMA) adopted by the House of Delegates and the Association's Constitution and Bylaws. The policy resolutions included in this volume reflect all NSMA House of Delegates actions through April 2014. It does not include memorial resolutions, resolutions regarding personnel matters, or resolutions revising the NSMA Bylaws.

The current policies of the American Medical Association can be accessed on-line by AMA members at: <http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/policyfinder.page>.

TABLE of CONTENTS

Abortion (p. 1)	Hospitals: Medical Staff (pp. 18-19)
Accident Prevention (p. 1)	Hospitals: Medical Staff-Credentialing and Privileges (pp. 19)
Accident Prevention: Motor Vehicles (pp. 1-2)	Indigent Care (pp. 19-20)
Acquired Immunodeficiency Syndrome/HIV (p. 2)	Licensure and Discipline (pp. 20-22)
Advance Directives and "End of Life Care" (p. 3)	Medical Education and Health Workforce (pp. 22-23)
Alcohol and Alcoholism (p. 3-4)	Medical Error Reporting (p. 23)
Alternative (Complementary) Medicine (p. 4)	Medical Records (p. 23)
Americans With Disabilities Act (p. 4)	Medicaid (p. 23)
Antitrust and Collective Bargaining (p. 4-5)	Medicare (pp. 23-24)
Certificate of Need (p. 5)	Mental Health and Psychiatric Care (p. 24)
Children and Youth (including immunization) (pp. 5-7)	Nurses and Nursing (p. 25)
Civil and Human Rights (p. 7)	Pregnancy (p. 25)
Coding and Nomenclature (p. 7)	Professional Liability Issues (pp. 25-27)
Drug (Substance) Abuse (pp. 7-8)	Public Health (pp. 27-31)
Drugs (Prescription) (pp. 8-9)	Public Health Education (pp. 31-32)
Electronic Health Care Records and Electronic Prescribing (p. 9)	Public Health-Radiation and Nuclear Waste (pp. 32-33)
Emergency Medical Services (p. 9)	Suicide (p. 33)
Ethics (p. 10)	Taxes (p. 33)
Health Care Costs (p. 11)	Tobacco (pp. 33-35)
Health Care Quality (p. 11)	Tobacco: Prohibitions on Sale and Use (p. 35)
Health Care System Reform (pp. 12)	Violence and Abuse (p. 36)
Health Insurance (pp. 12-13)	Veteran's Administration (p. 36)
Health Insurance: Benefits and Coverage (pp. 13-14)	NSMA: Administration and Organization (pp. 36-39)
Health Insurance-Managed Care (pp. 14-17)	NSMA: Council, Commissions and Task Forces (p. 39)
Health Insurance Portability and Accountability Act (HIPAA) (p. 17)	NSMA: Political Action (pp. 39-40)
Hospitals/Health Care Facilities (pp. 17-18)	Chronological Index (pp. 41-68)

Abortion

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

That the NSMA again goes on record in support of the right of physicians to choose to include pregnancy termination as a part of their practice; and, That the NSMA condemns any illegal physical and mental harassment and intimidation directed at such physicians. (Reaffirmed 2000 and 2009)

Accident Prevention

1994-22 Helmets for High School Rodeo Participants

That the NSMA recommends that all participants in high school rodeo rough stock events (bull riding, saddle bronco riding, and bareback riding) be required to wear a protective helmet and face mask in an effort to prevent head and facial injuries. (Reaffirmed 2000 and 2009)

1995-29 Rode Injury Prevention

That the NSMA supports legislation requiring all school sponsored rodeo contestants to use uniform protective head gear, face masks, and chest protection when participating in saddle bronco, bareback and bull riding events; and recommends that all rodeo contestants in rough stock events wear the same protections. (Reaffirmed 2009)

2001-18 Head Protection at Rental Facilities

That all establishments that rent bicycles, downhill skis, roller blades, snowboards and scooters offer protective head gear with the rental agreement. (Reaffirmed 2007 and 2013)

2001-24 Head Protection

That the NSMA support the use of helmets for children under 18 when participating in bicycling, downhill skiing, skating, snowboarding, skateboarding, scooters, and rollerblading. (Reaffirmed 2007 and 2013)

Accident Prevention: Motor Vehicles

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

That the NSMA support legislation that would prohibit passengers from riding in the cargo bed of a pickup truck unless appropriately restrained in seats with belts. (Reaffirmed 2000, 2006 and 2012)

1998-33 Restraints in Back of Pick Up Trucks

That NSMA direct the Governmental Affairs Commission to actively include in its legislative package, legislation requiring seats and restraints for all individuals riding in the beds of pick up trucks on publicly maintained roadways. (Reaffirmed 2003 and 2009)

1996-31 Helmets for Motorcycle Riders

That NSMA oppose any effort to repeal Nevada Revised Statutes pertaining to requiring helmet for any rider of a motorized bicycle, tricycle or quadricycle vehicle. (Reaffirmed 2002 and 2009)

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

That the NSMA encourages the Nevada State Legislature to enact a mandatory 4 year renewal for drivers license over the age of 70 including visual and driving proficiency examination. (Reaffirmed 2000 and 2009)

2000-23 DMV Criteria For The Aged/Disabled

That NSMA work with the Department of Motor Vehicles to develop clearly written criteria for disabilities that would prevent a patient from driving safely. (Reaffirmed 2006 and 2012)

2008-21 Cell Phone Use in Motor Vehicles

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

Acquired Immunodeficiency Syndrome/HIV

1993-27 AIDS Education

That the State of Nevada school systems continue education of students in the prevention of HIV infection and Sexually Transmitted Diseases and encourage students to engage in high risk activities such as promiscuous sexual behavior, drug usage and contact with blood or bodily fluids. (Revised and Adopted in 2000. Reaffirmed 2006 and 2012)

2007-12 Preventing Perinatal Transmissions of HIV

That NSMA support routine prenatal HIV testing utilizing the opt-out approach; and ... That NSMA encourage all medical facilities and providers to offer rapid HIV testing, utilizing the opt-out approach, for all women who present for labor and delivery who do not have a documented prenatal HIV test. (Reaffirmed 2013)

Advance Directives and “End-of-Life Care”

2002-09 End-of-Life Care

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

2007-11 Standardized Advanced Directives

That the AMA be asked to develop a nationally recognized standardized advanced directive that may be applied in the absence of an existing advanced directive; and ... That the AMA delegates take this resolution to the AMA for consideration at their House of Delegates meeting this year. (Reaffirmed 2013)

2010-11 Non-Beneficial Medical Treatment (AKA: Medical Futility)

The Nevada State Medical Association will develop “Medical Futility” legislation.

2011-07 Physician Orders For Life Sustaining Treatment (POLST)

That the NSMA work with the legislature to pass the “POLST” document in Nevada as a physician order as it is imperative to advance recognition of a patient’s actual wishes at the end-of-life.

2012-15 Advance Directives and Health Information Exchange Policy

That the NSMA supports the requirement that properly executed advance directives and POLST forms should be required to be available on any HIE operating in Nevada; and... That Nevada State Medical Association supports an extensive public information campaign about advance directives and POLST that is coordinated through the State Government with the participation of a wide coalition of stakeholders.

Alcohol and Alcoholism

1991-12 Substance Abuse Awareness

That the NSMA pledges a high priority to developing and supporting drug and alcohol abuse education, prevention and treatment programs. (Revised and Adopted in 2000. Reaffirmed 2006 and 2012)

1996-34 Drunk Driving

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

1997-26 Alcohol

That the NSMA endorses the AMA policy on alcohol; And... That the NSMA supports increased taxation of all liquor products and the banning of retail sales of alcohol from gasoline outlets. (Reaffirmed 2003 and 2009)

2005-05 Eliminate Underage Alcohol Consumption

That NSMA actively opposes underage drinking by supporting the American Medical Association's policies and principles. (Reaffirmed 2011)

Alternative (Complementary) Medicine

2002-07 Chelation Therapy For Coronary Artery Disease

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

Americans with Disabilities Act

2001-19 Communication Barriers

That the NSMA through its AMA Delegates recommend that interpretive/translator services (as required by ADA and CMS) for their patients be provided and paid for by third party payors. (Revised and Adopted in 2007. Reaffirmed 2013.)

Antitrust and Collective Bargaining

1999-06 Antitrust Laws

That the NSMA will work with the American Medical Association and the County Medical Societies in Nevada to revise federal anti-trust law to allow physicians to collectively negotiate with managed care companies and other third party payors. (Revised and Adopted 2002; Reaffirmed 2005 and 2011)

1999-07 Support Physician Unions

That the NSMA support the concept of physician's unions being able to collectively negotiate for their members. (Reaffirmed 2005 and 2011)

2011-18 A Resolution In Support of (2011) H.R.1409 - Antitrust Relief For Physicians

That the Nevada State Medical Association endorse HR 1409 and send a letter to each member of the House Of Representatives from Nevada asking them to co-sponsor HR 1409, and send a letter to each member of the Senate from Nevada asking them to introduce similar legislation; and... The Nevada State Medical Association President write a letter to the current President of the American Medical Association asking him to send a letter of endorsement of HR 1409 to the Chair of the Subcommittee On Intellectual Property, Competition, and The Internet Of The House Judiciary Committee; and... The Nevada State Medical Association instruct the Nevada AMA

delegation to the AMA Annual Meeting to submit a resolution at the meeting to direct the AMA to endorse HR 1409.

Certificate of Need

1991-17 Support Repeal of Certificate of Need

That the NSMA support repeal of certification of need laws, but that it not be replaced by a more restrictive process. (Reaffirmed 2000, 2006 and 2012)

Children and Youth

(Including Immunization. See also: "Public Health")

1992-11 Genetic and Medical History of the Adopted

That the NSMA assist the appropriate bodies to develop a medical and genetic history form which will become and remain protected information and part of the adopted individuals permanent record on their entry into the foster care/adoption system. That the NSMA seek legislation which clearly mandates all appropriate agencies to furnish to the adoptive parent, when possible, the appropriate medical and genetic family history furnished by birth parents with a mechanism to protect the confidentiality of all parties. (Reaffirmed 2000, 2006 and 2012)

1993-25 Free Immunization

That the NSMA state as policy the belief that all third party payers should include adequate and reasonable coverage for routine pediatric immunizations as recommended by the American Academy of Pediatrics. (Revised and Adopted 2000. Reaffirmed 2009)

1996-29 Immunization

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

1998-38 School-Based Clinics

That the NSMA supports voluntary school based health services on a parental consent, menu-driven basis. (Reaffirmed 2003 and 2009)

1999-20 Coverage for Children

That the NSMA assist the "Covering Kids and Families Coalition" and the "Access to Healthcare Network" to inform physicians of the availability of the "Nevada Check-Up" program. (Reaffirmed 2005. Revised and adopted in 2011.)

1999-25 Foster Care

That the NSMA help form a coalition with others who are concerned with the well being of children (e.g., social workers, teachers, etc) to investigate how to facilitate the legal termination

of biological parental rights in a timely fashion, when it is in the best interest of the child. (Reaffirmed 2009)

1999-27 Child Safety Education

That the NSMA support efforts to include education about important child care safety issues in public schools by the 8th grade. (Reaffirmed 2005 and 2011.)

2000-26 Childhood Immunizations

That (1) The NSMA will work with the Nevada Congressional Delegation and the Nevada State Legislature to provide both the resources and the programs necessary, using the recommendations of the Advisory Committee For Immunization Practices (ACIP) and in accordance with the provisions set forth in the “National Vaccine Injury Compensation Act”, to ensure that all Nevada children are immunized on schedule, thus representing progress in preventive medicine; (2) The NSMA endorses the recommendations on adolescent immunizations developed by the ACIP and approved by both the American Academy of Family Physicians and the American Academy of Pediatrics; (3) The NSMA will continue to support state legislation to require that students entering school be adequately immunized according to current national standards and would support legislation to require that students entering middle or junior high school be adequately immunized according to current national standards; and, (4) The NSMA will support voluntary and legislative requirements for coverage by public and private health insurance programs and plans of childhood immunizations using the recommendations of the ACIP and in accordance with the provision set forth in the “National Vaccine Injury Compensation Act”, to ensure that all Nevada children are immunized on schedule. (Reaffirmed 2006 and 2012)

2011-05 Pertussis Vaccination

That the NSMA work with the appropriate organizations to encourage that all parents, infant caregivers, and close contacts of an infant receive appropriate pertussis vaccination prior to the infant’s hospital discharge; and... That the NSMA urge physicians to identify and immunize all those in their practice who are eligible to receive the pertussis booster vaccine, as recommended by current immunization guidelines.

2012-27 School Based Health Centers

That the NSMA support development of school based health centers developed through community participation and local decision-making regarding the form and target population that are in accordance with the guidelines of the American Academy Of Pediatrics and the NSMA supports any statutory or regulatory changes needed to encourage the development and maintenance of these programs.

2012-23 Newborn Screening Program

That the NSMA support the development by the State Health Division and the University of Nevada School of Medicine of a Nevada based newborn screening program that is cost effective and provides appropriate clinical and laboratory services and follow-up; and... That the State Health Division and the University of Nevada School of Medicine organize an advisory

committee of stakeholders statewide to provide advice and oversight during any transition period regarding the operation of the State's newborn screening program and in ongoing operational policies; and ...That the NSMA support a renewed public education campaign on the importance of newborn screening.

2013-08 Child Sex Trafficking

That the NSMA endorses legislation that will help to alleviate the problem of child sex trafficking in Nevada, and ,, That the NSMA endorses programs that will help to care for the victims of child sex trafficking, including the creation of safe houses and related therapeutic programs, and ... That the NSMA opposes the imposition of prostitution charges upon victims of child sex trafficking.

Civil and Human Rights

1997-06 Equal Opportunity

That the NSMA shall provide equal opportunity, rights, privileges and responsibilities to everyone regardless of race, religion, color, creed ethnic affiliation, national origin, sex or age. (Reaffirmed 2003 and 2009)

Coding and Nomenclature

1998-18 CPT Evaluation and Management Codes

That the NSMA work with other physician organizations to define and confirm what constitutes appropriate documentation; and That the NSMA use all available means to ensure appropriate safeguards for physicians, so that documentation or disputed errors in the patient's record that do not meet Evaluation and Management Coding Guidelines, in and of themselves, do not constitute fraud and/or abuse, and That the NSMA use all available means to ensure that the burden of proof for fraud and/or abuse lie with the prosecution; and That any financial adjustments be fairly administered for undercoding as well as overcoding; and That disputes be addressed through arbitration with the prevailing party receiving reimbursements for expenses from the opposing party. (Revised and Adopted in 2004. Reaffirmed 2010)

Drug (Substance) Abuse

1991-12 Substance Abuse Awareness

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

1993-26 Clean Needles for Drug Users

That the State of Nevada explore a pilot program for a provision of exchanging used needles for sterile needles and additionally provide information concerning health issues to Nevadans who are chemically dependent. (Reaffirmed 2000 and 2009)

2012-32 Methamphetamine and Synthetic Drugs

That the NSMA continues to support Nevada statutory and regulatory policies to control the access to methamphetamine and will work with the Attorney General and appropriate state boards and agencies to address public education regarding the dangers of this drug; and...That the NSMA supports the efforts of the Nevada State Board of Pharmacy to schedule synthetic drugs that mimics the effects of marijuana, cocaine and other recreational drugs and will work with the Attorney General and appropriate state boards and agencies to address public education particularly to young Nevadans regarding the dangers of these drugs.

2012-30 Hypodermic Device Exchange Policy

That the NSMA will support legislation developing a program for the safe distribution and disposal of hypodermic devices without a prescription.

2013-07 In The Spirit of Patient Safety, Modification of Patient Satisfaction Survey Questions That May Put Pressure On Physicians in The Workplace To Write for Opioids and Sedative Hypnotic Drugs

That the NSMA be directed to work with the Nevada State Legislature to formulate guidelines for the state patient surveying entities for developing appropriate questions that include patient disclosure of expectation for treatment such as evaluation and management options, including opioid, sedative hypnotic, and antibiotic medication prescriptions, in conjunction with patient satisfaction surveys, and ... That the NSMA direct the AMA delegation from Nevada to submit a resolution directing the AMA to formulate guidelines for the national patient surveying entities for developing appropriate questions that include patient disclosure of expectation for treatment such as evaluation and management options, including opioid, sedative hypnotic, and antibiotic medication prescriptions, in conjunction with patient satisfaction surveys.

Drugs (Prescription)

2009-04 Narcotic Prescription Abuse

That all pharmacists in the State of Nevada utilize the internet-based prescription monitoring program website to reference every patient who presents to the pharmacy with a narcotic prescription, and...That the NSMA endorse that if a patient is found by the pharmacist to be obtaining multiple narcotic prescriptions from multiple pharmacies, the pharmacist shall notify the involved prescribing healthcare practitioners, and... That the NSMA endorse that pharmacists and healthcare practitioners be aware of the controlled monitoring program in order to identify potential drug abuse and this information then may be utilized to direct appropriate patient care; and... That the NSMA reach out to the Nevada State Board of Pharmacy to encourage all pharmacists to utilize the internet-based prescription drug monitoring program. (Reaffirmed 2013)

2010-07 Drug Recycling-Utilization of Unused Prescription Medications

That the NSMA recommend to the Nevada State Board of Pharmacy that it shall implement a statewide program consistent with public health and safety through which unused prescription drugs, other than prescription drugs defined as controlled substances may be transferred from

residential care homes, nursing facilities, assisted living centers, or pharmaceutical manufacturers to designated pharmacies for distribution to charitable clinics for the purpose of distributions of the unused prescription medications to Nevada residents who are medically underserved.

2011-04 Pill Identification

The NSMA ask the AMA to recommend to drug manufacturers worldwide that they put the name (or unique identifier) of each drug on the medication itself; and... That the NSMA ask the AMA to recommend to the publishers of comprehensive lists of medications (such as PDR, EPOCRATES) that they include in their publications a list of these unique identifiers.

2014-15 Prescription Drug Monitoring Program

That NSMA, in conjunction with the Nevada Board of Pharmacy, will encourage education on the use of the Prescription Drug Monitoring Program with the goal of improving patient safety in Nevada.

Electronic Health Care Records and Electronic Prescribing

2008-17 National Patient Database Electronic Medical Records

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

2012-04 Penalties For Non-Adoption of Health Information Technology

That NSMA oppose legislation proposing financial penalties or lower reimbursement for physicians who do not adopt recommended health information technologies; and, ... That the Nevada State Medical Association bring this resolve to the AMA as a policy.

2012-07 Electronic Prescribing of Scheduled Medications

That the NSMA encourages the prompt extension of electronic prescribing to include Schedule II medications.

Emergency Medical Services

2005-15 Establish A Plan For Stroke Care Throughout Nevada

The NSMA supports the establishment of a comprehensive stroke treatment plan in all areas of the State. (Reaffirmed 2012)

2012-34 Support Staffing and Funding For The Nevada Trauma Registry

That the NSMA recommends that the legislature restore full funding to staff and maintain a viable and robust Nevada Statewide Trauma Registry.

Ethics

1994-14 Criminalization of Medical Judgment

That the NSMA take all reasonable and necessary steps to insure that results of medical decision making, exercised in good faith, does not become a violation of criminal law. (Reaffirmed 2000 and 2009)

1996-07(a) Physician Participation in Executions

That the NSMA reaffirm its policy stating physicians should not actively participate in executing prisoners. (Reaffirmed 2001 and 2009)

1998-06 Prohibition of Physicians Selling Medical Hardware and/or Vitamins

That the NSMA endorse the AMA Council on Ethical and Judicial Affairs (CEJA) report- "Guidelines for physicians regarding sale of non-health related goods". (Revised and Adopted 2004. Reaffirmed 2012)

2006-12 Code of Professional Ethics

That the NSMA adopts "The Principles of Medical Ethics" (Adopted By The American Medical Association House of Delegates June 17, 2001) for guidance to all NSMA member physicians and to Nevada Professional Licensing Boards and State agencies when determining whether an action by a licensed physician raises questions as to whether that physician has met the standards of conduct which define the essentials of honorable behavior for the physician; and ... That the NSMA adopts "Code Of Professional Ethics" ("Contained In LCB FILE NO. R168-05, Drafted By Robert Barnet, MD, At The Request Of The Nevada State Board Of Medical Examiners") as a supplementary reference to the AMA "The Principles Of Medical Ethics" and encourage the further refinement of voluntary guidance statements; and ... That the NSMA would provide testimony or statements regarding these policies and guidance documents to the Nevada State Board of Medical Examiners or other State agencies when they request it, and if they are seeking to determine if a licensed physician's behavior is within adopted standards of conduct.

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

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

2009-12 Physician's Duty

That the NSMA direct its members and encourage all physicians and other healthcare professionals to practice socially responsible healthcare; and... That the NSMA direct its members and encourage all physicians and other healthcare professionals to follow the appropriate national codes of ethics.

Health Care Costs

1994-11 Cost Control

That the NSMA supports continued search for methods in addition to managed care as means of controlling the cost while preserving the quality of care. (Reaffirmed 2000 and 2009)

Health Care Quality

2008-04 Quality of Care

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

2008-21 Safe Injection Techniques

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

2009-13 Safe Injection Practices

That NSMA shall promote safe injection techniques in all hospitals, clinics, private practices, and other medical care settings in Nevada; and... That NSMA shall encourage all healthcare practitioners to participate in the national safety campaign and encourage all licensing authorities to ensure the compliance of these standards.

2012-15 Quality Metrics In Colonoscopy

That the NSMA encourage the Nevada State Board of Health through the Bureau of Health Care Quality and Compliance have Ambulatory Surgical Centers, Licensed Office Settings, and Hospitals in which colonoscopies are performed develop internal peer review processes that measure these same quality metrics and reports them to all participating endoscopists and their peers at that institution.

2013-03 Evidence-Based Medical Services

That the NSMA supports evidence-based efforts to improve appropriate utilization of medical services and quality of care, and that these efforts should be initiated and directed by physicians.

Health Care System Reform

1996-08 Health Savings Accounts

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

2003-10 Health Care Access

That the NSMA continue to work with the Nevada State Legislature to improve access to quality health care in Nevada. (Reaffirmed 2009)

2011-09 Implementation of Federal Health Reform

That the NSMA will take an active role, both at the federal and state levels, to ensure that implementation of any health care reform is done in a manner so as to protect and enhance the practice of medicine and protect patients.

2011-13 Guiding Principles For ACOs” (Referred to NSMA Commission on Governmental Affairs

That the Nevada State Medical Association adopt or amend and adopt as policy, the California Medical Association (CMA) physician-hospital alignment TAC Report; and... That the Nevada State Medical Association actively disseminate these principles and recommendations to its members and all Nevada physicians, so that informed decisions can be made by physicians prior to instituting, joining, or considering such arrangements.

2011-15 Physician Governance In ACOs

That the NSMA seek legislation to ensure that Accountable Care Organizations functioning in the State of Nevada only function under physician-led management and governance to maintain standards of patient care and to oversee and protect our patients’ interests; and ... That this matter be referred for national action.

Health Insurance

1998-20 Truth in Insurance Advertising

That the NSMA go on record as supporting clarity in advertisement of medical insurance and medical care; and That NSMA support legislation which restricts or otherwise eliminates misleading advertisement in healthcare. (Reaffirmed 2004 and 2012)

2010-06 **Personal Information Demanded By Insurance Companies**

Since insurance companies are able to contact physicians through their businesses, NSMA will use all means to remove the requirement that a physician provide his/her social security number, home address, home phone number or email address to an insurance company in an effort to prevent identity theft.

2014-14 **Network Transparency**

That the NSMA support legislative action to require transparency and notification of all providers listed in their provider directory as being contracted to provide services, by any insurer who plans to expand their coverage network or lease their provider network to a new entity, and, that the NSMA support legislative action toward the adoption of the Rental Network Contract Arrangements Model Bill per the conjoined efforts of the AMA and the National Council of Insurance Legislators, November, 2008, which has been adopted in 16 other states.

Health Insurance: Benefits and Coverage

1992-13 **Mandatory Health Insurance Coverage**

That the NSMA recommends that the Nevada Legislature enact legislation which would require that: (1) All insurance companies which offer health insurance in Nevada offer to all Nevadans a basic package of health care benefits exclusive of mandated benefits. (2) That the price of premiums for this basic package be individual's documented lifestyle health risk factors assessment. (Reaffirmed 2000 and 2009)

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

That the NSMA shall recommend to the Nevada Legislature that insurance companies doing business in the State of Nevada be required to make a basic health insurance package available to all Nevadans regardless of health risk. (Reaffirmed 2000 and 2009)

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

That the Nevada delegation to the American Medical Association House of Delegates sponsor or co-sponsor resolutions to assure that the PPACA or subsequent federal legislation requires all health insurance plans to provide coverage for all childhood immunizations recommended by the AAP and ACIP. (Revised and adopted in 2011)

2010-05 **Local Patient Care**

That health care plans doing business in Nevada should comply with decisions made by patients with the advice of their physicians regarding treatment that can be provided within the local area that is of equal or superior quality and reasonable costs.

2012-09 **Guarantee Maternity Care Coverage**

That the NSMA recommend that all health plans sold in Nevada guarantee the option to essential and uniform maternity care benefits for all women, regardless of where they get their coverage, and that maternity coverage be made portable and renewable.

2012-13 Opposition To Health Insurers' Direct-To-Consumer Audiological and Hearing Aid Contracting and Marketing

That the NSMA adopt a policy of opposition to direct-to-consumer hearing testing and hearing device dispensing; and... That NSMA refer these concerns regarding direct-to-consumer hearing testing and hearing aid dispensing to the AMA for national action.

Health Insurance-Managed Care

1995-17 Truth in Utilization

That the NSMA recommend to the Nevada Legislature to make it unlawful to withdraw or deny payment or withdraw authorization for previously authorized services provided in good faith. (Reaffirmed 2001 and 2009)

1995-19 Due Process

That the NSMA opposes the practice of de-selection of physicians by MCOs and third party payer panels without due process including independent arbitration. (Reaffirmed 2001 and 2009)

1995-20 Due Process and Rating Health Plans

That the NSMA seek legislative action to require a due process mechanism regarding grievance procedures for the medical profession and health care insurance enrollees unhappy with care and coverage decisions, and ensure quick, independent review of disputed claims. That legislation be created to provide the medical profession and consumer access to more comprehensive information about health plans including quality, performance, and satisfaction, and provide the medical profession and enrollees with opportunities to offer input in decisions affecting health care. (Reaffirmed 2001 and 2009)

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

That the NSMA support legislation to ensure that physicians who provide emergency treatment, when a Managed Care Organization (MCO) physician is unavailable or fails to respond to the call in a timely manner, or if the MCO is not identified at the time of care, receive payment from the MCO regardless of the physician's lack of a contract with the MCO and that MCO regardless of the physician's lack of a contract with the MCO and that payment is in accordance with the established fee schedule for the MCO. (Reaffirmed 2001 and 2009)

1996-10 Managed Care Reform

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

2002. Reaffirmed 2008)

1996-12 Third Party Payer Report Card

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

1996-13 "Hold Harmless" Clauses

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

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

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

1996-18 Fair Hearing

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

1996-20 Capitation

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

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

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

1997-19 Managed Care Fiduciary Disclosure

That the public has the right to inspect and review the financial records of managed care organizations. (Reaffirmed 2003 and 2009)

1997-20 Managed Care Treatment Panels

That the NSMA supports proper peer review of decisions to deny medical care issued by payers for medical care. (Reaffirmed 2003 and 2009)

1998-25 Out-of-State Managed Care Organizations

That the NSMA support Congressional action to require that those plans not regulated by the State of Nevada be held to the same standards as those which apply in the “Nevada Patient Protection Act”. (Reaffirmed 2009)

1998-26 De-selection Without Cause

That the NSMA seek legislation assuring that deselected doctors have an appeal process with a fair hearing and termination only for due cause. (Reaffirmed 2004 and 2010)

1998-29 MCO Concise Descriptions (of Formularies)

That the NSMA supports legislation to require any organization offering prescription drugs to the public to provide full disclosure to include clear and concise descriptions of the presence of formularies restricting medications. (Reaffirmed 2004 and 2010)

1999-12(a) Malpractice Suits Against Managed Care Organizations

That the NSMA work with the Nevada State Legislature to sponsor and develop legislation within the State of Nevada to permit a patient to sue his/her insurance company if that patient suffers injury caused by a denial or delay of covered care. (Reaffirmed 2005 and 2011)

1999-12(b) Malpractice Suits Against Managed Care Organizations

That the NSMA urge the AMA to work toward eliminating managed care organization preferential immunity regarding patient injury liability as currently provided under ERISA federal law. (Reaffirmed 2005 and 2011)

1999-17 Arbitrary Removal By HMO

That the NSMA reaffirm that no insurance company can remove a physician from the care of a patient admitted to a local hospital unless it has a provider physician contact the treating physician and patient to discuss the case and to discuss transfer of care and that said provider physician must be the physician who will be assuming the care of that patient. (Reaffirmed 2005 and 2011)

2001-14 Insurance False Advertising

That NSMA support measures at the State and national levels to require insurance plans be held accountable for accurate and timely provider lists. (Reaffirmed 2007 and 2013)

2005-12 Insurance Company Fees

That the NSMA seek legislation that a penalty be paid to the physician for each claim that an insurance company pays less than the contracted rate. (Reaffirmed 2011)

2006-06 Health Insurance Open Access

That the NSMA encourage the State Insurance Commissioner and Legislature to investigate limitation of access to care because of exclusive provider contracts. (Reaffirmed 2012)

2007-05 **Identity Theft**

That the NSMA pursue legislation or regulation to stop insurance companies from demanding a physician's social security number, home address, and home phone number. (Reaffirmed 2013)

2007-18 **Prevention of Economic Profiling**

That the NSMA support legislation to prevent the use of economic profiling or credentialing. (Reaffirmed 2013)

2010-08 **Full Disclosure of Payment Schedules**

That the NSMA work with appropriate agencies to ensure that insurance companies provide physicians with immediate and ready access to the insurance companies' complete fee schedule: and, ... That written notice of changes in reimbursement policies and payment schedules are provided at least three months in advance or one month prior to the contracted date of the effective date of changes whichever is longer so physicians can withdraw from provider plans and notify patients in a timely fashion.

Health Insurance Portability and Accountability Act (HIPAA)

2007-03 **NSMA National Provider Identifier Number Directory Proposal**

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

Hospitals and Health Care Facilities

2000-12 **Hospital Selected Prosthetics**

That the NSMA supports a policy of the use of implants, prostheses, or other medical devices with balanced considerations given to concepts of local economics and quality patient outcomes. (Reaffirmed 2006 and 2012)

2000-13 **Fixed Nurse/Patient Ratios**

That the NSMA supports the adoption of policies, including legislation, that would assure an adequate supply of professional nursing services in Nevada through appropriate retention, recruitment and training initiatives. (Revised and Adopted 2006. Reaffirmed 2012)

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

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

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

That NSMA work with the Nevada Hospital Association to create a real time electronic database

that would show availability of the various specialties in hospitals around the State.

2009-15 Hospital Emergency Codes

That the NSMA encourage the Nevada Hospital Association and its members to adopt a uniform system of overhead codes; and... That the NSMA direct the Nevada AMA Delegation to propose to the AMA to facilitate the establishment of a national standard; and... That the NSMA ask hospitals to educate doctors and hospital staff on the new system.

2010-04 UMC Privatizing

That the NSMA request that the Clark County Commission, in future negotiations, stipulate that any new entity operating University Medical Center to continue to care for the uninsured and to provide a necessary safety net.

2011-08 Reusable-One Use Item Being Reused/Refurbished

That hospitals be required to notify patients and physicians that single use items that have been recycled can be used in their procedure, and that the patient must sign a release/consent for that item to be used in their procedure.

2012-23 Caregivers In Group Homes For The Mentally Ill and Elderly

That the NSMA encourage the Bureau of Health Care Quality and Compliance to adopt regulations to give group home caregivers the option of being trained and licensed to provide blood pressure and glucose checks without having to involve a home health agency.

2014- 17 Hospital Pharmacy Limitations On Dispensing of Medications for Home Use

That the NSMA contact and lobby the Nevada State Board of Pharmacy to request a change in regulations, or a waiver, for current inpatient hospital pharmacies to allow the dispensation of medications used in outpatient procedures to outpatients for continued medical therapy post-operatively, and that the NSMA bring this concern regarding dispensation of intra-op medications to outpatients to the attention of the Nevada Hospital Association for consideration of options to resolve this matter.

Hospitals: Medical Staff

1991-21 Access to Peer Review Files Maintained by Hospitals

That a physician should be given "timely notice" and opportunity to rebut any entry in the medical staff physician's personal "peer review" files. That any file maintained by a hospital on a physician should be opened to that physician for inspection during regular business hours upon his oral request. That hospital bylaws should be amended to incorporate the foregoing resolutions. (Reaffirmed 2000 and 2009)

2000-08 Hospital ‘On Call’ Reimbursement

That the NSMA pursue legislation making insurance companies responsible for full compensation to physicians supplying emergency care to insured patients, if the physician is not a member of the insured’s panel. (Reaffirmed 2006 and 2012)

Hospitals: Medical Staff-Credentialing and Privileges

1991-19 Financial Credentialing

That the NSMA stand against financial credentialing against physicians by hospitals. That the NSMA support legislation to prohibit hospitals from financial credentialing of physicians. (Reaffirmed 2000 and 2009)

1992-08 Economic Credentialing

That the NSMA finds that economic data unrelated to quality of care or professional competency should not be used in determining hospital medical staff appointments, reappointments, or clinical privileges. That the NSMA restates its strong opposition to the practice of “economic credentialing” except in limited circumstances when specified in medical staff bylaws or, if applicable, in accordance with any statutory, regulatory or judicial requirement, but under no circumstances should economic criteria be the sole basis for granting or continuing staff membership privileges. That there must be a review by the hospital medical staff any proposed “exclusive contract” for physician services to assure that there is no adverse impact on the quality or availability of medical care. That the NSMA communicate its policy and concern on economic credentialing on a continuing bases to the Nevada Hospital Association, non-affiliated hospitals, and other appropriate organizations and work with interested groups to develop a process for hearing and resolving disputes involving “economic credentialing”. (Reaffirmed 2000 and 2009)

1995-31 Physician Credentialing

That any insurance company or third party payer, etc ... accept as complete credentialing any physician’s unrestricted active staff status at a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) approved hospital as evidence of appropriate credentialing; none further being required. (Reaffirmed 2001 and 2009)

Indigent Care

1998-24 Reasonable Reimbursement

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

2002-14 Hospital Stipend

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

2005-09 Physician Reimbursement From County Indigent Funds

That the County be required to reimburse physicians for indigent care at the prevailing Medicaid reimbursement rate in those hospitals that receive money from the county indigent funds, and ... That the NSMA petition the legislature to implement said resolution. (Reaffirmed 2012)

2006-10 Physician Payment From County Indigent Funds

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

Licensure and Discipline

1993-05 Combined Medical Boards

That NSMA recommend that the Board of Medical Examiners and the Board of Osteopathic Medical Examiners develop a dialogue for establishing parity of licensing requirements between the two licensing bodies. (Reaffirmed 2000 and 2009)

1994-05 Nevada State Board of Medical Examiners

That the NSMA Council explore avenues to recommend to the governor a list of qualified candidates for appointment to the Board of Medical Examiners as vacancies occur and that we work toward a broad representation by specialty and geographical area. (Reaffirmed 2000 and 2009)

1995-02 Denial of Homeopathic License

That the NSMA sponsor legislation to prevent persons with revoked allopathic and osteopathic medical licenses from becoming eligible for licenses to practice homeopathy. (Reaffirmed 2001 and 2009)

1995-03 Separation of Homeopathic and Traditional Medicine

That NSMA will support legislation, which maintains the separation of traditional medical care and homeopathic therapy. That NSMA will oppose legislation, which blurs or intermingles these very different health care practices. (Revised and adopted in 2001. Reaffirmed 2009)

1998-10 Expansion of Homeopathic Practices

That NSMA opposes the attempts of the Board of Homeopathic Medical Examiners to expand the scope of practice to include intravenous therapy and prescription authority. (Reaffirmed 2004 and 2010)

2001-15 Delineation of Cosmetic vs. Medical Procedures

That the NSMA work with the Nevada State Board of Medical Examiners, the Board of Cosmetology if appropriate, the State Board of Osteopathic Medicine and the State Board of Health to develop State statutes and/or regulations to address the use of laser equipment, botox injections, collagen injections, and dermabrasion. (Reaffirmed 2007. Revised and adopted in 2013.)

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

The NSMA endorse legislation to revise NRS 49.117 "Review Committee" Defined, and any other applicable peer review statutes, to include the Nevada Health Professional Assistance Foundation. (Reaffirmed 2012)

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

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

2009-09 Nevada Health Professionals Assistance Foundation

That the NSMA urge the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medical Examiners to continue financial support to the Nevada Health Professionals Assistance Foundation.

2010-02 Corporate Practice of Medicine

That the NSMA oppose efforts to broaden the practice of corporate medicine in Nevada beyond its present limited scope.

2011-14 Physician Employment By Non-Physician Entities

That the NSMA reaffirm its policy on the prohibition of non-physician ownership of medical practices; and... That the Nevada State Medical Association seek legislation at State and Federal levels to protect and preserve physician-led patient care.

2013-05 Physician Licensing

That the NSMA supports efforts which will streamline and improve the physician licensing process at the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine.

2013-06 Supervision of Physician Assistants by Physicians

That, in the interest of the public benefit, the NSMA recommends that the supervision of physician assistants by licensed physicians, as stated in the Nevada Administrative Code (NAC) include the following principles:

1. A physician may enter into a written supervisory agreement with no more than three (3) physician assistants.
2. A physician may petition his or her licensing board to enter into a written supervisory agreement with more than three (3) physician assistants, upon showing substantial proof of necessity.
3. A physician assistant may enter into a written supervisory agreement with no more than three (3) licensed physicians.
4. A physician assistant may petition his or her licensing board to enter a written supervisory agreement with more than three (3) licensed physicians, upon showing substantial proof of necessity.
5. Every supervising physician will meet at least monthly with each supervised physician assistant, and shall review at least 10% of the patient's medical records under the supervision agreement.
6. When a physician assistant has more than one supervisory agreement, each physician assistant shall write the name of the supervising physician in the medical record, and will notify the supervising physician of the name of the patient, the date, and the location where the patient was seen within 24 hours of the patient being seen by the supervised physician assistant.

and ... Resolved: That the NSMA recommends that the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine work collaboratively to ensure uniform regulations for the supervision of physician assistants in the Nevada Administrative Code, and develop a process for ensuring the compliance of all licensees who enter into such agreements.

2014- 11 Nevada State Board of Medical Examiners (NBME) and Nevada State Board of Osteopathic Medicine (NBOM)

That NSMA explore legislation that would prohibit the NBME and NBOM from initiating, and or pursuing, charges of malpractice against licensees whose malpractice cases in the court system have been resolved in their favor or dismissed with payment of no monies to the plaintiff.

(Referred to Commission on Governmental Affairs)

Medical Education and Health Workforce

2011-16 Residency Review Committee Resident Work Hour Limitation

That the Nevada AMA delegates submit a resolution at the national meeting of the AMA, to petition the ACGME and the AOA to review its policy on work hour limitations in residency and its effect on competency.

2013-04 Physician Workforce Shortage

That the NSMA supports stabilizing and enhancing Graduate Medical Education (GME) funding in Nevada through encouraging our federal legislators to eliminate the Center for Medicare and Medicaid Services (CMS) GME cap restrictions on Nevada hospitals with GME programs and

Nevada hospitals that will implement GME programs; and... That the NSMA encourages Nevada hospitals with the capacity to develop GME to such programs, including primary care residencies; and... That the NSMA encourages Nevada communities to develop Community Health Center models of GME, as well as more traditional GME programs.

Medical Error Reporting

2000-03 Protection From Litigation From Mandatory Error Reporting

That the NSMA support appropriate legislative initiative, which protects or exempts physicians and other health care providers from litigation risk resulting from government mandated error reporting. (Reaffirmed 2006 and 2012)

Medical Records

2012-03 Medical Record Fees

That the NSMA advocate rate adjustments for the State disability claimants that truly reflect the cost of producing records in either paper and/or electronic formats or both including postage, notary fees, and other related cost of mailing, such as transportation to the notary and/or post office.

Medicaid

2010-03 Treatment of Adults with Medicaid in Private, Free-Standing Psychiatric Hospitals

That the NSMA work with the American Medical Association and the Nevada Congressional delegations to change Federal regulations to allow adults with Medicaid to be treated for their psychiatric illness in free-standing psychiatric hospitals when State mental health facility beds are unavailable.

2012-12 Nevada Medicaid Re-Enrollment Process Streamlining

That the NSMA work with the State Division of Health Care Financing and Policy and, if appropriate, the State Legislature, to streamline and minimize the administrative burdens associated with the process of physician and/or other provider re-enrollment in the State Medicaid program and that the policy of re-enrollment be every five years.

Medicare

1995-18 MCO Medicare

That the NSMA opposes Federal legislation requiring that all individuals who participate in Medicare must sign an MCO agreement. (Reaffirmed 2001 and 2009)

1998-19 Private Contracts Between a Physician and Medicare Recipient

That the NSMA through the American Medical Association and our elective Congressional officials work for the restitution of the right of physicians and Medicare recipients to enter into private contracts for medical services without penalty against the physician or the Medicare recipient. (Reaffirmed 2004 and 2010)

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

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

2011-17 Equal Reimbursement for Outpatient Centers and Hospitals

That the Nevada AMA delegates submit a resolution at the national meeting of the AMA, to investigate and correct the recent CMS regulations that have shifted patient care from cost effective non-hospital based settings into higher cost hospital based centers for identical services.

2013-12 Medicare Beneficiaries' Access to Healthcare

That the NSMA aggressively opposes Medicare cuts that harm beneficiaries' access to physicians.

Mental Health and Psychiatric Care

2006-08 Promote the Development of Emergency Phase Active Psychiatric Treatment in Medical Hospitals

That NSMA Support A Work Group Under The Direction Of The Legislature Composed Of Relevant Providers, Including, But Not Limited To Representatives Of The Nevada Psychiatric Association And NSMA To Determine The Feasibility Of Contracting For, Privatizing, Or Otherwise Financially Supplementing All Nevada Full Service Hospitals To Permit Active Psychiatric Treatment In All Necessary Patient Care Areas. Included On The Work Group Agenda Would Be The Design Of Efficient Clinical Procedures That Assure Active Humane Treatment, Rapid Stabilization And Triage, And An Analysis Of Pertinent Legislative, Regulatory And Financial Barriers That Inhibit The Integration Of Psychiatric Care In Full Service Facilities; and ... That the NSMA Encourage Legislation and Insurance Regulations To Provide Proper and Realistic Incentives That Will Financially Support The Development Of Psychiatric Emergency, Acute Inpatient Care, And Consultation-Liaison In All Full Service Nevada Medical and Surgical Hospitals. (Reaffirmed 2012)

2008-21 Mental Health Parity

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

Nurses and Nursing

1996-09 CNA Scope of Practice

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

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

That the supervision and discipline of Advanced Practitioners of Nursing (APN's) as relates to the practice of medicine shall be the responsibility of the Nevada State Board of Medical Examiners or the Nevada State Board of Osteopathy in a similar manner as for Physician's Assistants (PA). That the NSMA supports the Nevada State Board of Nursing in continuing to have jurisdiction of APN's as relates to nursing functions. (Reaffirmed 2003 and 2009)

Pregnancy

1996-30 Post Partum Care

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

2012-24 Breast Feeding

That the NSMA urge physicians to reinforce the AAP and ACOG guidelines for breast feeding and encourage the adoption of the "Baby Friendly Hospital Initiative", which promotes the enduring benefits of breast feeding and human milk for mothers, babies and society.

Professional Liability Issues

1998-12 Out of State Lawsuits

That the NSMA support the concept that when Nevada physicians take care of a patient within the state of Nevada that the physicians not be required to defend themselves in an out of state court when the alleged malpractice occurred within the state of Nevada; and That the NSMA delegation take this resolution to the AMA House of Delegates meeting. (Reaffirmed 2004 and 2010)

1998-14 ERISA

That the NSMA recommend legislation to seek the repeal of ERISA laws regarding medical liability as they apply to all insurance companies including managed care companies doing business in Nevada. (Reaffirmed 2004. Revised and Adopted in 2010)

1998-23 Indigent Liability Cap

That the NSMA support legislation providing the same liability cap protection for all physicians, whether private or hospital based, for acts of alleged malpractice for treatment of indigent patients. (Reaffirmed 2004 and 2010)

1999-08 Cap on Non-Economic Damages

That the NSMA recommend to the Nevada State Legislature that all physicians involved in the care of all patients at UMC and other public facilities be covered by State "Sovereign Immunity" law. (Reaffirmed 2004 and 2005. Revised and adopted in 2011.)

2003-06 Medical-Dental Screening Panel

That NSMA continue to work for the reinstatement of an improved medical-dental screening panel. (Reaffirmed 2009)

2003-14 Expert Testimony

That NSMA work with attorneys, physicians and the Legislature to establish quality standards for expert medical testimony. (Reaffirmed 2009 and 2012)

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

The NSMA propose a bill draft request to amend Nevada law to provide for a medical dental screening panel as proposed in AB 300 at the 2003 Legislative Session. (Reaffirmed 2010)

2004-08 Open Administrative Hearings by the NSBME

The NSMA supports the policy that administrative hearings regarding licensed physicians of the Nevada State Board of Medical Examiners should be open to the public unless the defendant requests in writing that the hearing be closed; and... That administrative hearings of the NSBME involving defendants from Clark, Nye or Lincoln Counties should be held in Las Vegas, Nevada. (Revised and adopted 2010)

2004-12 Modify Nevada's Good Samaritan Laws

That NSMA propose a bill draft request to amend NRS 41.505(5) to unambiguously provide that gratuitous medical and dental services provided by an appropriately state licensed volunteer of a nonprofit organization or governmental entity including, without limit, all volunteer disaster response training and services shall not be liable for civil damages for professional care or assistance rendered except as provided in NRS 41.505(5); and ...That the bill draft request provide for the same protections for licensed attorneys providing gratuitous legal services for individuals of a nonprofit entity organized to provide and coordinate pro bono legal services. (Revised and Adopted 2010)

2005-08 I'm Sorry Law

That the NSMA support legislation that makes a statement or action of apology, sympathy or benevolence not an admission of liability for any purpose in a civil action suit. (Reaffirmed 2011)

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

That the Medical Dental Screening Panel be reinstated. (Reaffirmed 2012)

2006-05 Health Courts

That the NSMA endorse the need for comprehensive litigation reform and support the concept of health courts as an alternative to the current system, and one that is worthy of further research and demonstration projects. (Reaffirmed 2012)

2009-03 Arbitration Agreements in Nevada

That the NSMA promote and support legislation to give physicians and patients the option of agreeing to sign arbitration agreements.

2012-18 Discipline and Certification of Medical Expert Witnesses

*That the NSMA reaffirm Policy Resolution “2003-14. **EXPERT TESTIMONY**. That NSMA work with attorneys, physicians and the legislature to establish quality standards for expert medical testimony (Reaffirmed 2009)”.*

2012-19 Medical Courts

That the NSMA reaffirm Policy Resolution “2006-05. That the NSMA endorse the need for comprehensive litigation reform and support the concept of health courts as an alternative to the current system, and one that is worthy of further research and demonstration projects”; and... That the NSMA delegation support this policy at the AMA House of Delegates.

2013-10 Patient Compensation System

That the NSMA explore the feasibility of introducing legislation to establish a patients’ compensation system in our state.

Public Health

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

1989-14 Public Education on Hazards of UVA Exposure

That the NSMA undertake an educational campaign regarding the health hazards of UVA over exposure in Nevada. (Revised and Adopted in 2000. Reaffirmed 2009)

1990-12 Reorganization of Nevada State Government

That the NSMA work with the Governor and the State Legislature to reorganize and consolidate Nevada health programs, including the State Health Division, the State Division of Mental Health and Mental Retardation, the State Division of Health Care Financing and Policy, and the various environmental health programs, into a Nevada Department of Health. (Revised and Adopted in 2000. Reaffirmed 2009)

1993-19 **Nevada Health Promotion Month**

That the NSMA support legislation to promote a Nevada health promotion month for statewide education and preventive health services to minimize the adverse impact of lifestyle factors on health. (Reaffirmed 2000 and 2009)

1996-26 **Public Health**

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

1997-27 **Regulation of Body Piercing**

That the NSMA support legislation that the person performing body piercing is liable for the damage and complications of the person they pierce. That the NSMA support legislation that a minor must be accompanied by the parent/guardian who will sign the informed consent before piercing can be done. (Reaffirmed 2003 and 2009)

1997-28 **Water Fluoridation**

That the NSMA and its component medical societies support legislative efforts to promote community water fluoridation at optimal levels to decrease the incidence of dental caries. (Reaffirmed 2003 and 2009)

2003-12 **School Vending Machines**

That NSMA recommends to school boards throughout the State, as well as individual public and private schools, that nutritious foods be added to school vending machines and school menus. (Revised and adopted 2009)

2004-13 **NSMA and Bioterrorism and Disaster Preparedness**

That NSMA:

- *Support policies that available federal funds awarded are used to enable Nevada to: (1) Enhance its public health infrastructure, including disease surveillance and reporting activities, to assure that Nevada can respond appropriately to any bio-terror incident or disaster situation; (2) Train physicians and other medical personnel for the early recognition and treatment of diseases caused by the release of biological agents; (3) Implement mechanisms for timely and efficient dissemination of information to the medical community and the public at large; and (4) Acquire the necessary equipment to respond to such an attack.*
- *Will identify the training and educational needs of Nevada physicians regarding bio-terrorism and related threats and will develop or assist in the availability of needed educational opportunities.*
- *Will assist Nevada public health authorities in identifying roles for physician volunteers to assist in the response to bio-terror or other mass exposure and accident*

situations and will support the implementation of programs like the Medical Reserve Corps.

- Will join in working with: the state public health authorities (Nevada State Division of Health, Washoe County Health District, and Southern Nevada Health District), the Carson City Health and Human Services, other appropriate State agencies; the American Medical Association, local, and medical specialty societies; and, others as appropriate to: (1) ensure adequate resources, supplies, and training to enhance the medical and public health response to terrorism and other disasters; (2) develop a comprehensive strategy to assure surge capacity to address mass casualty care; and (3) implement communications strategies to inform health care professionals and the public about a terrorist attack or other major disaster, including local information on available medical and mental health services. **(Reaffirmed 2006. Revised and adopted in 2011)**

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

That the NSMA supports the routine screening of children for elevated lead levels prior to school entry; and ... That the NSMA supports mandatory reporting of all elevated blood lead levels to local public health authorities; and ... That the NSMA supports efforts to educate health professionals and the public regarding the importance of screening for blood lead levels, the risks of elevated blood lead levels, and the methods for eliminating sources of lead exposure. (Reaffirmed 2013)

2007-14 Medical Reserve Corps

That NSMA support ongoing development of the Medical Reserve Corps, and will educate the members regarding the importance of participation and registration. (Reaffirmed 2013)

2008-09(a) Sugary Drinks and Unhealthy Snacks in Schools and Child/Adolescent Obesity (See also: “Children and Youth”)

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

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

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

2010-09 Standardized Vital Statistics Reporting

That the Nevada State Medical Association will support the introduction and passage of a standardized Vital Statistics Reporting Act as proposed by the Nevada Section of the American College of Obstetricians and Gynecologists: and, ... That the Nevada State Medical Association work with the Nevada State Health Division Office of Vital Statistics in the adoption of legislation that will support the implementation of the most recent U.S. Standard Certificate of Live Birth, U.S. Standard Certificate of Death and U.S. Standard Report of Fetal Death.

2010-10 Pandemic, H1N1 Influenza Vaccine Distribution in North/South and Effectiveness in North/South

That NSMA ask the State Health Division And County Health Officers to evaluate the recent Influenza-A H1N1 immunization program in Northern and Southern Nevada, such evaluation to include the distribution of the vaccine and the proportion of the at risk populations that were vaccinated.

2010-13 Support for State Veterinarian and Agricultural Laboratory

That NSMA calls upon the Governor and Legislature to reverse the decision to eliminate the position of State Veterinarian and restore funding for the position: and, ... The NSMA calls upon the Governor and Legislature to reverse the decision to eliminate positions from the Agricultural Laboratory and restore funding for these positions.

2011-03 Public Health Threat of High Calorie Sweeteners

That the Nevada State Medical Association advise the public that extensive and increasing consumption of foods and drinks containing high caloric sweeteners, including high fructose corn syrup threatens the health of Nevadans; and...That the NSMA support policies, programs and initiatives directed at reducing consumption of high caloric sweeteners, including high fructose corn syrup and to educate the public regarding healthy food choices.

2011-06 HPV Vaccination

That the NSMA support policies and programs to optimize HPV vaccination rates in males and females and to support patient education outreach and follow up; and... That the NSMA encourage the distribution of educational resources regarding HPV vaccinations to its members, in addition to nurse practitioners, physician assistants and other allied health professionals; and... That the NSMA encourage and support legislative action to provide health insurance coverage for HPV vaccinations for male and female patients per CDC recommendations.

2012-20 Pneumococcal Disease Vaccination

That the NSMA support a public health campaign that aims to encourage and enable all Nevadans who meet appropriate criteria to become vaccinated against pneumococcal disease.

2012-27 School Based Health Centers

That the NSMA support development of school based health centers developed through community participation and local decision-making regarding the form and target population that are in accordance with the guidelines of the American Academy Of Pediatrics and the NSMA supports any statutory or regulatory changes needed to encourage the development and maintenance of these programs.

2012-30 Hypodermic Device Exchange Policy

That the NSMA will support legislation developing a program for the safe distribution and disposal of hypodermic devices without a prescription.

2013-09 Condom Use in Films

That the NSMA endorses regulation and legislation requiring the use of condoms in sexually explicit scenes for films made in Nevada, and ... That our AMA Delegates take a similar resolution to the next AMA meeting for the consideration of other States.

2014-04 High Risk Preterm Infant Follow-Up

That the NSMA support the development of a state-wide program to enroll all preterm infants in a comprehensive NICU follow-up program to provide periodic assessments, data collection and analysis of multidisciplinary assessments to evaluate their long-term outcomes and prognoses; and, that the NSMA support legislation to assist in the creation of the NICU follow-up program.

2014-14 Decriminalization of Prostitution in Nevada: A Necessary Public Health Intervention

That the NSMA seek legislation that will: Recognize that the current legal framework places adult sex workers in unacceptably dangerous situations by arresting individuals for prostitution, therefore preventing them from leaving a high-risk occupation for a lower risk, conventional career; Support the decriminalization of prostitution as a significant and unmet public health need in order to decrease the violence against sex workers that is, in part, due to their difficulty in leaving sex work to pursue a conventional and safer career path; Advocate for the safety of all of its citizenry, including sex workers; Work with all stakeholders to end violence against sex workers; Condemn the countless number of assaults, murders, and “missing-person” disappearances that continue to be perpetrated on adult sex workers; and Within the above framework, oppose the enactment of legislation that prohibits the purchase or sale of adult sexual services that are not the result of threat or coercion, since the enactment of such laws may further increase the marginalization and risk of violence to sex workers. (Referred to the Public Health Commission.)

(Public) Health Education

1991-10 CPR for Newborns

That NSMA encourage CPR training of new and expectant parents. (Reaffirmed 2000 and 2009)

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

That the NSMA seek to increase the number of adolescent parenting programs within school settings which provide health care for infants and mothers, and child development classes, in addition to current high school courses. That the NSMA support programs directed towards increasing high school graduation rates, improving parenting skills, and decreasing future social service dependence of teenage parents. (Reaffirmed 2000, 2005 and 2011)

1995-25 CPR

That the NSMA supports legislation to require CPR training as part of the health education in schools. (Reaffirmed 2001 and 2009)

1995-28 Sex Education in Schools

That the NSMA supports sex education in sexual reproduction and sexual transmitted diseases beginning by at least the sixth grade in all K-12 schools. (Revised and Adopted in 2001. Reaffirmed 2009)

1995-30 Mandatory Exercise K-12

That the NSMA recommend to the State Board of Education and to private schools that exercise, according to guidelines of the President's Council on Physical Fitness and Sports, but at least 30 minutes daily in all K-12 schools. (Revised and Adopted in 2001. Reaffirmed 2006 and 2012)

2014-13 Sex Education in the Classroom

That NSMA support legislation which requires that sex education classes be taught that includes information on HIV transmission, and be it further Resolved: That we support sex education in the classroom not be limited to school teachers but expanded to allow individuals with this area of expertise such as nurses and counselors in the classroom to educate the students on HIV/AIDS issues and methods of prevention. (Referred to the Public Health Commission.)

Public Health-Radiation and Nuclear Waste

1995-06 Nuclear Waste Storage

That the NSMA strongly oppose any shipment of high-level nuclear waste material to the State of Nevada until it can be scientifically demonstrated that it will not be hazardous to the health and public safety of the citizenry of Nevada. (Reaffirmed 2001 and 2009)

2000-24 Potassium Iodide

That the NSMA support the stockpiling of potassium iodide as is recommended by the Nuclear Regulatory Commission to make available potassium iodide to protect Nevadans from thyroid radiation contamination and prevent the development of thyroid cancer in case of a nuclear accident. (Reaffirmed 2006 and 2012)

2002-12 Federal Funding of Medical Facilities

That the NSMA Council be directed to work with the Nevada Congressional delegation to

explore federal; funding of medical facilities to manage emergencies resulting from the storage and transportation of radioactive materials in Nevada. **(Reaffirmed 2008)**

Suicide

(Physician Assisted Suicide Policies are discussed under Ethics)

1989-13 Teenage and Senior Suicide

*That the NSMA support all elements in the development of programs to reduce the high rate of teenage and senior adult suicide in Nevada. **(Revised and Adopted in 2000. Reaffirmed 2009)***

Taxes

2000-30 Tax on Services

*That NSMA express opposition to any proposed tax on services that include medical and health services and make this opposition part of our legislative strategy; and ...That NSMA work to defeat any attempt to tax physician services. **(Reaffirmed 2006. Revised and adopted 2012)***

Tobacco

2000-16 Tobacco (Tribal Smoke Shops)

*That NSMA oppose federal funding of construction or operation of tribal smoke shops; and ...That NSMA encourage tribal smoke shops to prohibit tobacco sales to minors; and ...That NSMA support federal initiatives to decrease tobacco use in tribal areas. **(Reaffirmed 2006. Revised and adopted 2012)***

2000-17 (Revised) NSMA Tobacco Policy

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

NSMA Tobacco Policy

(1) NSMA's Basic Tobacco Policy and Strategy

That the NSMA shall adopt a plan "NSMA Comprehensive Tobacco Strategy For Nevada"; and, that the NSMA supports every reasonable effort to reduce the use of tobacco, including in the following order of priorities: (1) Seeking increased taxation on all tobacco products (including the equivalent of at least an additional \$1 dollar per package of cigarettes) and increased license fees for the sale of tobacco products; (2) Seeking legislation to ban all tobacco advertising in all media in Nevada; (3) Supporting increased enforcement of anti-tobacco laws; (4) Seeking legislation to increase penalties for tobacco law violations (including penalties for illegal possession of tobacco products by youths equivalent to current statutes regarding alcohol); (5) Seeking legislation or regulation with more restrictive licensing requirements for tobacco retailers; (6) Seeking enforceable legislation to eliminate vending machine sales of tobacco; (7) Supporting increased public education concerning the consequences that the decision to smoke is harmful to one's health; (9)

Increased public and school education concerning the methods of tobacco companies to recruit and addict new smokers and encouraging youth led programs to counter those efforts; (9) Developing and encouraging a physician continuing education program aimed at incorporating tobacco cessation practice standards and information into physician practices; (10) Banning the sale of individual cigarettes including individually packaged cigarettes; (11) Supporting public and school-based education efforts regarding the risks of smokeless tobacco products; and (12) Supporting the regulation of electronic cigarettes and similar drug delivery devices.

(2) Increase Tobacco Related Taxes and Fees

That NSMA supports public policies which make tobacco products less attractive to all potential users, particularly youth, and since there is scientific support for increasing tobacco product pricing to discourage youth purchases of tobacco products, NSMA supports increasing Nevada tobacco related taxes to include increased fees for tobacco retailers, the equivalent of a one dollar per cigarette pack excise tax on each pack of cigarettes and significant tax increases on cigars, pipe tobacco and smokeless tobacco product products; and, that NSMA supports the dedication of these State revenues to a comprehensive Nevada tobacco cessation and reduction strategy.

(3) Smoking In Public Places

That the NSMA support full implementation of the “Nevada Clean Indoor Air Act” and opposes any court or legislative action to weaken the Act. The NSMA support legislation to prohibit tobacco use in all public areas and all public buildings; to ban smoking within 50 feet of every entrance of all health care facilities; and, to eliminate cigarette vending machines,

(4) Tobacco Lobbying

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

(5) Tobacco Settlement

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

(6) Smokeless Tobacco

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

(7) Federal Support of The Tobacco Industry

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

support of the tobacco industry. (Reaffirmed 2006. Revised and adopted 2011. Reaffirmed 2012)

2010-14 Tobacco Master Settlement Agreement Funds

That the NSMA continue to vigorously advocate for appropriate use of Tobacco Master Settlement Agreement funds to mitigate the effects of tobacco use and to prevent tobacco use by Nevada's youth: and, ... That NSMA promotes the use of that portion of Tobacco Master Settlement Agreement dollars which were originally set aside for the Trust Fund For Public Health and the tobacco control programs of the Fund For A Healthy Nevada for all subsequent fiscal years until the annual Tobacco Master Settlement Agreement payments come to an end.

2012-28 Smoking Ban

That the NSMA reaffirm Policy Resolution #2000-17.

2012-29 E-Cigarette Sales and Use

That the NSMA support legislation regulating the sale and use of e-cigarettes; and that the current State regulations that apply to cigarette sales, use and secondhand smoke be applied to e-cigarettes until such time that these devices have been scientifically proven to be safe for consumers and bystanders.

Tobacco: Prohibitions on Sale and Use

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

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

2014-18 Position Statement on Electronic Cigarettes

That the Nevada State Medical Association support any potential state or federal legislation or regulations which propose to include e-cigarettes in clean indoor air laws and that the Nevada State Medical Association support any potential state or federal legislation or regulations which propose to restrict marketing of e-cigarettes to youth and/or prohibit the sale of e-cigarettes and their components to minors, and that the NSMA believes it is premature to recommend E-cigarettes as a safe alternative to traditional cigarettes and that e-cigarettes should not be approved tobacco cessation aids, and that the Nevada State Medical Association support any potential state or federal legislation or regulations which propose to tax e-cigarettes and their components as tobacco products and/or require tobacco retail licensure to sell these products. (Referred to the Public Health Commission.)

Violence and Abuse

(See also: Public Health)

1997-25 Media Violence

That the NSMA endorses the AMA policy on media violence. (Reaffirmed 2003 and 2009)

2002-8 Electronic Game Violence

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

Veteran’s Administration

2000-06 Veterans Health Care in Nevada

That the NSMA favors a policy by the Veterans Administration and other appropriate agencies asking for a policy change allowing all eligible veterans residing in Nevada to have the option of receiving all of their health care closer to home. (Revised and Adopted 2006. Reaffirmed 2012)

NSMA: Administration and Organization

1995-07 NSMA Nicholas J. Horn Award

That an annual award be presented to a non-physician who has made significant contributions to the health of Nevadans. That a fund be established through voluntary contributions to endow this annual award. (Reaffirmed 2001 and 2009)

1996-04 NSMA Maintain Comprehensive Communications Capacity With Membership

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

1997-02 Policy Compendium

That the NSMA shall maintain and update yearly, a policy compendium modeled after the AMA Policy Compendium organized by subject. (Revised and Adopted in 2003. Reaffirmed 2009)

1999-03 Expiration of House of Delegates Policy Resolutions

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

2011.)

2001-4b BME Communications

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

2003-07 NSMA Membership

The NSMA develop new mechanisms to convince all active medical practitioners licensed in the State of Nevada of the need for their membership and financial support of the activities of the Nevada State Medical Association and its County Societies from which they benefit. (Reaffirmed 2012)

2005-02 Media Training

That NSMA provide yearly media training classes for its officers and spokespersons, and... That the County Medical Societies be encouraged to do the same. (Reaffirmed 2011)

2006-03 NSMA To Pay The Expenses for Medical Students

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

2007-06 County and State Medical Association Group Membership Participation Drive and Certificates

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

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

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

2008-08A NSMA Annual Meeting Location

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

2008-16 AMA Membership Resolution

That the AMA make the goal of attaining at least half of all US physicians as members over the next 5 years its highest priority (New House Policy); and... That the AMA participate with members of the WMSC in a pilot project designed to achieve this goal of increasing physician

membership in the AMA by offering an optional combined or unified AMA/state membership for an amount that exceeds applicable state dues by no more than fifty to one hundred dollars; and ...That the Board of Trustees explore and report to the I-09 HOD any other options for attaining this goal, which might include but is not limited to similar proposals with specialty societies. (Directive to Take Action); and... That the that the Board of Trustees report at each annual meeting, the results of the WMSC experience and any other pilot projects or options which are developed as a product of this resolution. (Directive to Take Action).

2010-16 Robert W. Shreck, M.D.

That the NSMA's House of Delegates would like to formally thank Dr. Robert Shreck for his years of service to our organization. his guidance, leadership and hard work helped shape the NSMA into the foremost advocate for high quality patient care in the State of Nevada: and, ... That we request NSMA Council to consider a scholarship in his name.

2011-10 AMA Delegate Resolution For Survey of AMA Membership

That the Nevada delegates to the AMA submit a resolution at the national meeting of the AMA, that the AMA must endeavor to effectively and efficiently survey the needs of their membership and to aggressively promote the interest of the majority of their constituency.

2012-02 Membership Dues Billing Practices and Services For Nevada State and County Medical Organizations

That the NSMA develop and implement an on-line credit card payment service as a convenient means by which physician can make payment to NSMA.

2014-05 Honorary Membership in NSMA

That the NSMA desires to honor its former Executive Director Larry Matheis after his twenty-five years of faithful service by bestowing upon him Honorary Membership in NSMA and awarding him the title of NSMA Executive Director emeritus; and, that the current Executive Director and/or President of NSMA inform Mr. Matheis of this election.

2014-06 SALE OF REAL PROPERTY AT 3660 BAKER LANE, RENO, NEVADA

That the NSMA House of Delegates authorizes the NSMA Council by and through its Executive Committee to pursue the appraising and sale of the real property, and relocation of the NSMA office to another area; and be it further Resolved: that final determination of sale and relocation must be approved by the NSMA Council.

2014-07 NSMA Membership and Long Term Planning

That the NSMA rename the Long Term Planning Commission to the Long Term Planning and Membership Commission; and, that the NSMA Long Term Planning and Membership Commission will be co-chaired by the current Presidents Elect of Clark County Medical Society and Washoe County Medical Society; and, that the NSMA Long Term Planning and Membership Commission will include representatives from county medical societies throughout the state of Nevada, including the current President, President Elect and Immediate Past President of the

county medical societies; chairs of the Membership Committees of all county medical societies; as well as leaders and representative members of NSMA from throughout the state.

NSMA: Council, Commissions and Task Forces

2003-11 Non-English Resources

That NSMA work to identify and promote resources that can help health care providers in Nevada communicate with Non-English speaking patients. (Reaffirmed 2009)

NSMA: Political Action

1993-09 Physicians Voting Registration

That the NSMA work with component medical societies in identifying the physician's voting district, as well as the physicians legislative representatives, to achieve an ongoing dialogue on the issues, how they affect the physicians, and where their representatives stand on these issues. (Reaffirmed 2000 and 2009)

1996-03 Legislative Activity By Physicians

That Physicians have a duty and are hereby encouraged to participate in the political process by becoming informed; voting; supporting candidates with time, money, and word of mouth; by educating legislators on issues and by becoming candidates themselves. That the NSMA especially encourage and support physicians and spouses to run for office at some point. (Reaffirmed 2002 and 2009)

2000-31 Nevada Doctor's Day

That "National Doctor's Day" in Nevada be dedicated to highlighting and encouraging voluntary services to the community by Nevada physicians. (Reaffirmed 2006 and 2012)

2001-03 Key Contact For Legislators

That State and Federal legislators from Nevada have an NSMA member(s) assigned to them as a "key contact" in order to facilitate communication. (Reaffirmed 2007 and 2013)

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

That NSMA encourage the county medical societies to work with contact members from various medical groups to maximize membership. (Reaffirmed 2013)

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

That the NSMA continue to facilitate the Nevada Medical Specialties Council to reach common legislative goals and to provide needs that may differ by specialty. (Revised and adopted 2013)

2014-02 Federal Graduate Medical Education Funding

That Nevada State Medical Association asks our House Congressional Delegation to Co-Sponsor H.R. 1201, the Training Tomorrow's Doctors Today Act; and, that NSMA asks our Senate Congressional Delegation to Introduce and/or Co-Sponsor companion legislation to H.R. 1201 in the U.S. Senate. (Referred to Commission on Governmental Affairs)

2014-03 Inadequate Mental Health Funding

That the NSMA lobby for increased funding within Nevada State budget for 2015-2017 to provide adequate mental health and substance abuse treatment by increasing the number of facilities and qualified mental health professionals.

2014-09 Opposition to 2014 Margins Tax for Education Ballot Measure

That Nevada State Medical Association opposes The Education Initiative, also known as the Margins Tax; and, that NSMA educates its members and Nevadans on the rationale for opposing this ballot measure, one being that there is no guarantee that funds would go towards education, while also reassuring our members and Nevadans that we are in favor of improving our state's education system.

2014-10 Elimination of IPAB/Independent Payment Advisory Board

That Nevada State Medical Association ask the Nevada Congressional Delegation to Co-Sponsor H.R. 351, the Protecting Seniors' Access to Medicare Act, which will repeal IPAB, and, that NSMA ask the Nevada Senate Delegation to Co-Sponsor S. 351, the Protecting Seniors' Access to Medicare Act, which will repeal IPAB. (Referred to Commission on Governmental Affairs)

Chronological Index of Current NSMA Policy Resolutions

1. **1989-13** **Teenage and Senior Suicide:** *That the NSMA support all elements in the development of programs to reduce the high rate of teenage and senior adult suicide in Nevada.*
2. **1989-14** **Public Education on Hazards of UVA Exposure:** *That the NSMA undertake an educational campaign regarding the health hazards of UVA over exposure in Nevada.*
3. **1990-12** **Reorganization of Nevada State Government:** *That the NSMA work with the Governor and the State Legislature to reorganize and consolidate Nevada health programs, including the State Health Division, the State Division of Mental Health and Mental Retardation, the State Division of Health Care Financing and Policy, and the various environmental health programs, into a Nevada Department of Health*
4. **1991-10** **CPR for Newborns:** *That NSMA encourage CPR training of new and expectant parents.*
5. **1991-12** **Substance Abuse Awareness:** *That the NSMA pledges a high priority to developing and supporting drug and alcohol abuse education, prevention and treatment programs.*
6. **1991-17** **Support Repeal of Certificate of Need:** *That the NSMA support repeal of certification of need laws, but that it not be replaced by a more restrictive process.*
7. **1991-19** **Financial Credentialing:** *That the NSMA stand against financial credentialing against physicians by hospitals. That the NSMA support legislation to prohibit hospitals from financial credentialing of physicians.*
8. **1991-21** **Access to Peer Review Files Maintained by Hospitals:** *That a physician should be given “timely notice” and opportunity to rebut any entry in the medical staff physician’s personal “peer review” files. That any file maintained by a hospital on a physician should be opened to that physician for inspection during regular business hours upon his oral request. That hospital bylaws should be amended to incorporate the foregoing resolutions.*
9. **1992-08** **Economic Credentialing:** *That the NSMA finds that economic data unrelated to quality of care or professional competency should not be used in determining hospital medical staff appointments, reappointments, or clinical privileges. That the NSMA restates its strong opposition to the practice of “economic credentialing” except in limited circumstances when specified in medical staff bylaws or, if applicable, in accordance with any statutory, regulatory or judicial requirement, but under no circumstances should economic criteria be the sole basis for granting or continuing staff membership privileges. That there must be a review by the hospital medical staff any proposed “exclusive contract” for physician services to assure that there is no adverse impact on the quality or availability of medical care. That the NSMA communicate its policy and concern on economic credentialing on a continuing bases to the Nevada*

Hospital Association, non-affiliated hospitals, and other appropriate organizations and work with interested groups to develop a process for hearing and resolving disputes involving “economic credentialing”.

10. **1992-11** **Genetic and Medical History of the Adopted:** *That the NSMA assist the appropriate bodies to develop a medical and genetic history form which will become and remain protected information and part of the adopted individuals permanent record on their entry into the foster care/adoption system. That the NSMA seek legislation which clearly mandates all appropriate agencies to furnish to the adoptive parent, when possible, the appropriate medical and genetic family history furnished by birth parents with a mechanism to protect the confidentiality of all parties.*
11. **1992-13** **Mandatory Health Insurance Coverage:** *That the NSMA recommends that the Nevada Legislature enact legislation which would require that: (1) All insurance companies which offer health insurance in Nevada offer to all Nevadans a basic package of health care benefits exclusive of mandated benefits. (2) That the price of premiums for this basic package be individual’s documented lifestyle health risk factors assessment*
12. **1992-17** **Provision of Health Care and Parenting Classes for Adolescent Parents:** *That the NSMA seek to increase the number of adolescent parenting programs within school settings which provide health care for infants and mothers, and child development classes, in addition to current high school courses. That the NSMA support programs directed towards increasing high school graduation rates, improving parenting skills, and decreasing future social service dependence of teenage parents.*
13. **1993-05** **Combined Medical Boards:** *That NSMA recommend that the Board of Medical Examiners and the Board of Osteopathic Medical Examiners develop a dialogue for establishing parity of licensing requirements between the two licensing bodies.*
14. **1993-09** **Physicians Voting Registration:** *That the NSMA work with component medical societies in identifying the physician’s voting district, as well as the physicians legislative representatives, to achieve an ongoing dialogue on the issues, how they affect the physicians, and where their representatives stand on these issues.*
15. **1993-13** **Discrimination on the Basis of Pre-Existing Conditions:** *That the NSMA shall recommend to the Nevada Legislature that insurance companies doing business in the State of Nevada be required to make a basic health insurance package available to all Nevadans regardless of health risk.*
16. **1993-19** **Nevada Health Promotion Month:** *That the NSMA support legislation to promote a Nevada health promotion month for statewide education and preventive health services to minimize the adverse impact of lifestyle factors on health.*
17. **1993-25** **Free Immunization:** *That the NSMA state as policy the belief that all third party payers should include adequate and reasonable coverage for routine pediatric immunizations as recommended by the American Academy of Pediatrics.*
18. **1993-26** **Clean Needles for Drug Users:** *That the State of Nevada explore a pilot program for a provision of exchanging used needles for sterile needles and additionally provide information concerning health issues to Nevadans who are chemically dependent.*
19. **1993-27** **AIDS Education:** *That the State of Nevada school systems continue education of students in the prevention of HIV infection and Sexually Transmitted*

Diseases and encourage students to engage in high-risk activities such as promiscuous sexual behavior, drug usage and contact with blood or bodily fluids.

20. **1994-05** **Nevada State Board of Medical Examiners:** *That the NSMA Council explore avenues to recommend to the governor a list of qualified candidates for appointment to the Board of Medical Examiners as vacancies occur and that we work toward a broad representation by specialty and geographical area.*
21. **1994-11** **Cost Control:** *That the NSMA supports continued search for methods in addition to managed care as means of controlling the cost while preserving the quality of care.*
22. **1994-14** **Criminalization of Medical Judgment:** *That the NSMA take all reasonable and necessary steps to insure that results of medical decision making, exercised in good faith, does not become a violation of criminal law*
23. **1994-16** **Right of Physicians to Include Pregnancy Termination As Part of Their Practices:** *That the NSMA again goes on record in support of the right of physicians to choose to include pregnancy termination as a part of their practice; and, That the NSMA condemns any illegal physical and mental harassment and intimidation directed at such physicians*
24. **1994-21** **Safety For Passengers in the Back of Pickup Trucks:** *That the NSMA support legislation that would prohibit passengers from riding in the cargo bed of a pickup truck unless appropriately restrained in seats with belts. (Reaffirmed 2000 and 2006)*
25. **1994-22** **Helmets for High School Rodeo Participants:** *That the NSMA recommends that all participants in high school rodeo rough stock events (bull riding, saddle bronco riding, and bareback riding) be required to wear a protective helmet and face mask in an effort to prevent head and facial injuries*
26. **1995-02** **Denial of Homeopathic License:** *That the NSMA sponsor legislation to prevent persons with revoked allopathic and osteopathic medical licenses from becoming eligible for licenses to practice homeopathy*
27. **1995-03** **Separation of Homeopathic and Traditional Medicine:** *That NSMA will support legislation, which maintains the separation of traditional medical care and homeopathic therapy. That NSMA will oppose legislation, which blurs or intermingles these very different health care practices.*
28. **1995-06** **Nuclear Waste Storage:** *That the NSMA strongly oppose any shipment of high-level nuclear waste material to the State of Nevada until it can be scientifically demonstrated that it will not be hazardous to the health and public safety of the citizenry of Nevada.*
29. **1995-07** **NSMA Nicholas J. Horn Award:** *That an annual award be presented to a non-physician who has made significant contributions to the health of Nevadans. That a fund be established through voluntary contributions to endow this annual award.*
30. **1995-17** **Truth in Utilization:** *That the NSMA recommend to the Nevada Legislature to make it unlawful to withdraw or deny payment or withdraw authorization for previously authorized services provided in good faith.*
31. **1995-18** **MCO Medicare:** *That the NSMA opposes Federal legislation requiring that all individuals who participate in Medicare must sign an MCO agreement.*

32. **1995-19** **Due Process:** *That the NSMA opposes the practice of de-selection of physicians by MCOs and third party payer panels without due process including independent arbitration. (Reaffirmed 2001 and 2009)*
33. **1995-20** **Due Process and Rating Health Plans:** *That the NSMA seek legislative action to require a due process mechanism regarding grievance procedures for the medical profession and health care insurance enrollees unhappy with care and coverage decisions, and ensure quick, independent review of disputed claims. That legislation be created to provide the medical profession and consumer access to more comprehensive information about health plans including quality, performance, and satisfaction, and provide the medical profession and enrollees with opportunities to offer input in decisions affecting health care.*
34. **1995-21** **MCO Failure to Provide Access and Failure to Reimburse:** *That the NSMA support legislation to ensure that physicians who provide emergency treatment, when a Managed Care Organization (MCO) physician is unavailable or fails to respond to the call in a timely manner, or if the MCO is not identified at the time of care, receive payment from the MCO regardless of the physician's lack of a contract with the MCO and that MCO regardless of the physician's lack of a contract with the MCO and that payment is in accordance with the established fee schedule for the MCO.*
35. **1995-25** **CPR:** *That the NSMA supports legislation to require CPR training as part of the health education in schools.*
36. **1995-28** **Sex Education in Schools:** *That the NSMA supports sex education in sexual reproduction and sexual transmitted diseases beginning by at least the sixth grade in all K-12 schools.*
37. **1995-29** **Rode Injury Prevention:** *That the NSMA supports legislation requiring all school sponsored rodeo contestants to use uniform protective head gear, face masks, and chest protection when participating in saddle bronco, bareback and bull riding events; and recommends that all rodeo contestants in rough stock events wear the same protections.*
38. **1995-30** **Mandatory Exercise K-12:** *That the NSMA recommend to the State Board of Education and to private schools that exercise, according to guidelines of the President's Council on Physical Fitness and Sports, but at least 30 minutes daily in all K-12 schools.*
39. **1995-31** **Physician Credentialing:** *That any insurance company or third party payer, etc ... accept as complete credentialing any physician's unrestricted active staff status at a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) approved hospital as evidence of appropriate credentialing; none further being required.*
40. **1996-03** **Legislative Activity By Physicians:** *That Physicians have a duty and are hereby encouraged to participate in the political process by becoming informed; voting; supporting candidates with time, money, and word of mouth; by educating legislators on issues and by becoming candidates themselves. That the NSMA especially encourage and support physicians and spouses to run for office at some point.*
41. **1996-04** **NSMA Maintain Comprehensive Communications Capacity With Membership:** *That NSMA will continue its efforts to develop a resource base and use multiple vehicles to communicate to its members through the use of phone numbers, fax*

numbers, and E-Mail addresses.

42. **1996-7(a)** **Physician Participation in Executions:** *That the NSMA reaffirm its policy stating physicians should not actively participate in executing prisoners.*
43. **1996-08** **Health Savings Accounts:** *That the NSMA take appropriate action to inform physicians and patients of the need to implement medical savings accounts with federal health care reform legislation and that the NSMA take whatever steps necessary to expedite communication from physicians and patients to Congress in support of retaining medical savings accounts as an important part of health care reform.*
44. **1996-9** **CNA Scope of Practice:** *That the NSMA objects to the expanded role or scope of duties of the Certified Nurse Assistant (CNA) into any area of medical service presently performed by a licensed professional except under direct physician supervision.*
45. **1996-10** **Managed Care Reform:** *That the NSMA supports the full implementation of the “Nevada Patient Protection Act” and its expansion as necessary to assure full patient access to appropriate medical services as determined by the patient in consultation with the patient’s physician.*
46. **1996-12** **Third Party Payer Report Card:** *That NSMA supports the Governor’s Office of Consumer Health Assistance, which was created to be a statewide program for collecting and resolving problems and complaints of patients who are being denied access to appropriate medical care by third party payers. NSMA will support any enhancements needed to assure that this mission is accomplished.*
47. **1996-13** **“Hold Harmless” Clauses:** *That NSMA continue to support legislative efforts to ban hold harmless clauses by third party payers.*
48. **1996-17** **HMO Panel Eligibility for Non-Board Certified Physicians:** *That board certification eligibility, certificate of added qualifications, or recertification should not be used as the sole measure of quality of care, eligibility to contract with managed or receive hospital staff privileges. That NSMA ask the AMA to work with the national accrediting organization for MCOs to eliminate requirements for board certification as a condition for accreditation of the MCO.*
49. **1996-18** **Fair Hearing:** *That NSMA advance legislation consistent with the “Patient Protection Act” language pertaining to due process in the de-selection of physicians.*
50. **1996-20** **Capitation:** *That NSMA continue to assist physicians to adjust to a changing market by providing timely and appropriate products and services dealing with a variety of emerging capitated and non-capitated methods.*
51. **1996-22** **Third Party Payers Be Responsible Financially When Procedure Pre-Authorized:** *That the NSMA support legislation mandating third party payers be responsible for financial obligation for any procedure or service that they have authorized for a patient.*
52. **1996-26** **Public Health:** *That the NSMA will emphasize public health education at every opportunity to counter unhealthy behaviors, in order to improve the health status of Nevadans.*
53. **1996-29** **Immunization:** *That the NSMA state as policy the belief that all third party payers should include adequate and reasonable coverage for routine pediatric immunizations as recommended by the American Academy of Pediatrics.*
54. **1996-30** **Post Partum Care:** *That the NSMA recommend to the Nevada Legislature*

that due to the unique characteristics of each mother and her infant the Legislature mandates that only the physician and not third party payers determine the proper length of stay for mothers and newborns.

55. **1996-31** **Helmets for Motorcycle Riders:** *That NSMA oppose any effort to repeal Nevada Revised Statutes pertaining to requiring helmet for any rider of a motorized bicycle, tricycle or quadricycle vehicle.*
56. **1996-33** **Driving Proficiency Testing for Persons Over 70 Years of Age:** *That the NSMA encourages the Nevada State Legislature to enact a mandatory 4 year renewal for drivers license over the age of 70 including visual and driving proficiency examination.)*
57. **1996-34** **Drunk Driving:** *That the NSMA support every effort to eliminate drunk driving including prosecuting every drunk driver.*
58. **1997-02** **Policy Compendium:** *That the NSMA shall maintain and update yearly, a policy compendium modeled after the AMA Policy Compendium organized by subject.*
59. **1997-06** **Equal Opportunity:** *That the NSMA shall provide equal opportunity, rights, privileges and responsibilities to everyone regardless of race, religion, color, creed ethnic affiliation, national origin, sex or age.*
60. **1997-19** **Managed Care Fiduciary Disclosure:** *That the public has the right to inspect and review the financial records of managed care organizations.*
61. **1997-20** **Managed Care Treatment Panels:** *That the NSMA supports proper peer review of decisions to deny medical care issued by payers for medical care.*
62. **1997-24** **Regulation of Medical Practice of Advanced Practitioner of Nursing (APN):** *That the supervision and discipline of Advanced Practitioners of Nursing (APN's) as relates to the practice of medicine shall be the responsibility of the Nevada State Board of Medical Examiners or the Nevada State Board of Osteopathy in a similar manner as for Physician's Assistants (PA). That the NSMA supports the Nevada State Board of Nursing in continuing to have jurisdiction of APN's as relates to nursing functions.*
63. **1997-25** **Media Violence:** *That the NSMA endorses the AMA policy on media violence.*
64. **1997-26** **Alcohol:** *That the NSMA endorses the AMA policy on alcohol; and... That the NSMA supports increased taxation of all liquor products and the banning of retail sales of alcohol from gasoline outlets.*
65. **1997-27** **Regulation of Body Piercing:** *That the NSMA support legislation that the person performing body piercing is liable for the damage and complications of the person they pierce. That the NSMA support legislation that a minor must be accompanied by the parent/guardian who will sign the informed consent before piercing can be done.*
66. **1997-28** **Water Fluoridation:** *That the NSMA and its component medical societies support legislative efforts to promote community water fluoridation at optimal levels to decrease the incidence of dental caries.*
67. **1998-06** **Prohibition of Physicians Selling Medical Hardware and/or Vitamins:** *That the NSMA endorse the AMA Council on Ethical and Judicial Affairs (CEJA) report- "Guidelines for physicians regarding sale of non-health related goods".*
68. **1998-08** **Cap on Non-Economic Damages:** *That the NSMA recommend to the*

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

69. **1998-10** **Expansion of Homeopathic Practices:** *That NSMA opposes the attempts of the Board of Homeopathic Medical Examiners to expand the scope of practice to include intravenous therapy and prescription authority.*
70. **1998-12** **Out of State Lawsuits:** *That the NSMA support the concept that when Nevada physicians take care of a patient within the state of Nevada that the physicians not be required to defend themselves in an out of state court when the alleged malpractice occurred within the state of Nevada; and That the NSMA delegation take this resolution to the AMA House of Delegates meeting.*
71. **1998-14** **ERISA:** *That the NSMA recommend legislation to seek the repeal of ERISA laws regarding medical liability as they apply to all insurance companies including managed care companies doing business in Nevada.*
72. **1998-18** **CPT Evaluation and Management Codes:** *That the NSMA work with other physician organizations to define and confirm what constitutes appropriate documentation; and That the NSMA use all available means to ensure appropriate safeguards for physicians, so that documentation or disputed errors in the patient's record that do not meet Evaluation and Management Coding Guidelines, in and of themselves, do not constitute fraud and/or abuse, and That the NSMA use all available means to ensure that the burden of proof for fraud and/or abuse lie with the prosecution; and That any financial adjustments be fairly administered for undercoding as well as overcoding; and That disputes be addressed through arbitration with the prevailing party receiving reimbursements for expenses from the opposing party.*
73. **1998-19** **Private Contracts Between a Physician and Medicare Recipient:** *That the NSMA through the American Medical Association and our elective Congressional officials work for the restitution of the right of physicians and Medicare recipients to enter into private contracts for medical services without penalty against the physician or the Medicare recipient.*
74. **1998-20** **Truth in Insurance Advertising:** *That the NSMA go on record as supporting clarity in advertisement of medical insurance and medical care; and That NSMA support legislation which restricts or otherwise eliminates misleading advertisement in healthcare.*
75. **1998-23** **Indigent Liability Cap:** *That the NSMA support legislation providing the same liability cap protection for all physicians, whether private or hospital based, for acts of alleged malpractice for treatment of indigent patients.*
76. **1998-24** **Reasonable Reimbursement:** *That physicians be reimbursed for their services at reasonable rates, by County social services and the State of Nevada, for care rendered to patients qualifying for State and County medical assistance programs.*
77. **1998-33** **Restraints in Back of Pick Up Trucks:** *That NSMA direct the Governmental Affairs Commission to actively include in its legislative package, legislation requiring seats and restraints for all individuals riding in the beds of pick up trucks on publicly maintained roadways.*

78. **1998-25** **Out-of-State Managed Care Organizations:** *That the NSMA support Congressional action to require that those plans not regulated by the State of Nevada be held to the same standards as those which apply in the “Nevada Patient Protection Act”.*
79. **1998-26** **De-selection Without Cause:** *That the NSMA seek legislation assuring that deselected doctors have an appeal process with a fair hearing and termination only for due cause.*
80. **1998-29** **MCO Concise Descriptions (of Formularies):** *That the NSMA supports legislation to require any organization offering prescription drugs to the public to provide full disclosure to include clear and concise descriptions of the presence of formularies restricting medications. (Reaffirmed 2004 and 2010)*
81. **1998-38** **School-Based Clinics:** *That the NSMA supports voluntary school based health services on a parental consent, menu-driven basis.*
82. **1999-03** **Expiration of House of Delegates Policy Resolutions:** *That the NSMA House of Delegates adopts as a permanent rule the following: NSMA House of Delegates resolutions, which are not reaffirmed by action of the House within five years of adoption expire as NSMA policy. All affected resolutions will be reviewed by the NSMA Council, which will present the House with a report regarding those resolutions, which should be considered for deletion. The remainder will be considered reaffirmed.)*
83. **1999-06** **Antitrust Laws:** *That the NSMA will work with the American Medical Association and the County Medical Societies in Nevada to revise federal anti-trust law to allow physicians to collectively negotiate with managed care companies and other third party payors*
84. **1999-07** **Support Physician Unions:** *That the NSMA support the concept of physician’s unions being able to collectively negotiate for their members.*
85. **1999-12a** **Malpractice Suits Against Managed Care Organizations:** *That the NSMA work with the Nevada State Legislature to sponsor and develop legislation within the State of Nevada to permit a patient to sue his/her insurance company if that patient suffers injury caused by a denial or delay of covered care.*
86. **1999-12b** **Malpractice Suits Against Managed Care Organizations:** *That the NSMA urge the AMA to work toward eliminating managed care organization preferential immunity regarding patient injury liability as currently provided under ERISA federal law.*
87. **1999-17** **Arbitrary Removal By HMO:** *That the NSMA reaffirm that no insurance company can remove a physician from the care of a patient admitted to a local hospital unless it has a provider physician contact the treating physician and patient to discuss the case and to discuss transfer of care and that said provider physician must be the physician who will be assuming the care of that patient*
88. **1999-25** **Foster Care:** *That the NSMA help form a coalition with others who are concerned with the well being of children (e.g., social workers, teachers, etc) to investigate how to facilitate the legal termination of biological parental rights in a timely fashion, when it is in the best interest of the child.*
89. **1999-27** **Child Safety Education:** *That the NSMA support efforts to include education about important child-care safety issues in public schools by the 8th grade.*
90. **2000-03** **Protection From Litigation From Mandatory Error Reporting:** *That the NSMA support appropriate legislative initiative, which protects or exempts physicians*

and other health care providers from litigation risk resulting from government mandated error reporting.

91. **2000-06** **Veterans Health Care in Nevada:** *That the NSMA favors a policy by the Veterans Administration and other appropriate agencies asking for a policy change allowing all eligible veterans residing in Nevada to have the option of receiving all of their health care closer to home.*
92. **2000-08** **Hospital 'On Call' Reimbursement:** *That the NSMA pursue legislation making insurance companies responsible for full compensation to physicians supplying emergency care to insured patients, if the physician is not a member of the insured's panel.*
93. **2000-12** **Hospital Selected Prosthetics:** *That the NSMA supports a policy of the use of implants, prostheses, or other medical devices with balanced considerations given to concepts of local economics and quality patient outcomes.*
94. **2000-13** **Fixed Nurse/Patient Ratios:** *That the NSMA supports the adoption of policies, including legislation, which would assure an adequate supply of professional nursing services in Nevada through appropriate retention, recruitment and training initiatives.*
95. **2000-16** **Tobacco (Tribal Smoke Shops):** *That NSMA oppose federal funding of construction or operation of tribal smoke shops; and ...That NSMA encourage tribal smoke shops to prohibit tobacco sales to minors; and ...That NSMA support federal initiatives to decrease tobacco use in tribal areas. (*
96. **2000-17** **(Revised) NSMA Tobacco Policy:** *That the NSMA adopts the following basic tobacco policy statement for inclusion in the NSMA Policy Compendium and for use in developing NSMA legislative priorities.*

NSMA Tobacco Policy

(1) NSMA's Basic Tobacco Policy and Strategy

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

Supporting public and school-based education efforts regarding the risks of smokeless tobacco products; and (12) Supporting the regulation of electronic cigarettes and similar drug delivery devices.

(2) Increase Tobacco Related Taxes and Fees

That NSMA supports public policies which make tobacco products less attractive to all potential users, particularly youth, and since there is scientific support for increasing tobacco product pricing to discourage youth purchases of tobacco products, NSMA supports increasing Nevada tobacco related taxes to include increased fees for tobacco retailers, the equivalent of a one dollar per cigarette pack excise tax on each pack of cigarettes and significant tax increases on cigars, pipe tobacco and smokeless tobacco product products; and, that NSMA supports the dedication of these State revenues to a comprehensive Nevada tobacco cessation and reduction strategy.

(3) Smoking In Public Places

That the NSMA support full implementation of the “Nevada Clean Indoor Air Act” and opposes any court or legislative action to weaken the Act. The NSMA support legislation to prohibit tobacco use in all public areas and all public buildings; to ban smoking within 50 feet of every entrance of all health care facilities; and, to eliminate cigarette vending machines,

(4) Tobacco Lobbying

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

(5) Tobacco Settlement

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

(6) Smokeless Tobacco

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

(7) Federal Support of The Tobacco Industry

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

97. 2000-23 **DMV Criteria For The Aged/Disabled:** *That NSMA work with the Department of Motor Vehicles to develop clearly written criteria for disabilities that would prevent a patient from driving safely.*

98. 2000-24 **Potassium Iodide:** *That the NSMA support the stockpiling of potassium*

iodide as is recommended by the Nuclear Regulatory Commission to make available potassium iodide to protect Nevadans from thyroid radiation contamination and prevent the development of thyroid cancer in case of a nuclear accident.

99. **2000-26** **Childhood Immunizations:** *That (1) The NSMA will work with the Nevada Congressional Delegation and the Nevada State Legislature to provide both the resources and the programs necessary, using the recommendations of the Advisory Committee For Immunization Practices (ACIP) and in accordance with the provisions set forth in the “National Vaccine Injury Compensation Act”, to ensure that all Nevada children are immunized on schedule, thus representing progress in preventive medicine; (2) The NSMA endorses the recommendations on adolescent immunizations developed by the ACIP and approved by both the American Academy of Family Physicians and the American Academy of Pediatrics; (3) The NSMA will continue to support state legislation to require that students entering school be adequately immunized according to current national standards and would support legislation to require that students entering middle or junior high school be adequately immunized according to current national standards; and, (4) The NSMA will support voluntary and legislative requirements for coverage by public and private health insurance programs and plans of childhood immunizations using the recommendations of the ACIP and in accordance with the provision set forth in the “National Vaccine Injury Compensation Act”, to ensure that all Nevada children are immunized on schedule.*
100. **2000-30** **Tax on Services:** *That NSMA express opposition to any proposed tax on services that include medical and health services and make this opposition part of our legislative strategy; and ...That NSMA work to defeat any attempt to tax physician services.*
101. **2000-31** **National Doctor’s Day:** *That “National Doctor’s Day” (March 30) in Nevada be dedicated to highlighting and encouraging voluntary services to the community by Nevada physicians.*
102. **2001-03** **Key Contact For Legislators:** *That State and Federal legislators from Nevada have an NSMA member(s) assigned to them as a “key contact” in order to facilitate communication.*
103. **2001-4b** **BME Communications:** *That the NSMA waive the annual meeting registration fee for State of Nevada Board of Medical Examiners physicians, in order to encourage their attendance.*
104. **2001-14** **Insurance False Advertising:** *That NSMA support measures at the State and national levels to require insurance plans be held accountable for accurate and timely provider lists.*
105. **2001-15** **Delineation of Cosmetic vs. Medical Procedures:** *That the NSMA work with the Nevada State Board of Medical Examiners, the Board of Cosmetology if appropriate, the State Board of Osteopathic Medicine and the State Board of Health to develop State statutes and/or regulations to address the use of laser equipment, botox injections, collagen injections, and dermabrasion.*
106. **2001-16** **Prohibition of Tobacco Use in Grocery Stores and Restaurants:** *That the NSMA supports legislation prohibiting tobacco use in restaurants not serving alcohol, in restaurants geared towards children, and in grocery stores.*

107. **2001-18** **Head Protection at Rental Facilities:** *That all establishments that rent bicycles, downhill skis, roller blades, snowboards and scooters offer protective head gear with the rental agreement*
108. **2001-19** **Communication Barriers:** *That the NSMA through its AMA Delegates recommend that interpretive/translator services (as required by ADA and CMS) for their patients be provided and paid for by third party payors.*
109. **2001-24** **Head Protection:** *That the NSMA support the use of helmets for children under 18 when participating in bicycling, downhill skiing, skating, snowboarding, skateboarding, scooters, and rollerblading.*
110. **2002-07** **Chelation Therapy For Coronary Artery Disease:** *That the NSMA seek legislation through the Nevada State Legislature that bans medical treatment proven to have no medical benefit.*
111. **2002-09** **End-of-Life Care:** *That the NSMA encourage and assist the Nevada Center for Ethics and Health Policy and other interested agencies to investigate Oregon's methods and develop programs in Nevada to improve the transfer of end-of-life documents with the patients of long-term care facilities to acute care hospitals.*
112. **2002-08** **Electronic Game Violence:** *The NSMA support legislation to prevent the sale and rental of games rated "M" (mature, for ages 17 and older) and "AO" (adults only) to persons under the age of 17.*
113. **2002-12** **Federal Funding of Medical Facilities:** *That the NSMA Council be directed to work with the Nevada Congressional delegation to explore federal; funding of medical facilities to manage emergencies resulting from the storage and transportation of radioactive materials in Nevada.*
114. **2002-14** **Hospital Stipend:** *That legislation be enacted so that the treating physician(s) receive a proportionate amount of the stipend that hospitals receive from the County and/or State.*
115. **2003-06** **Medical-Dental Screening Panel:** *That NSMA continue to work for the reinstatement of an improved medical-dental screening panel.*
116. **2003-07** **NSMA Membership:** *The NSMA develop new mechanisms to convince all active medical practitioners licensed in the State of Nevada of the need for their membership and financial support of the activities of the Nevada State Medical Association and its County Societies from which they benefit.*
117. **2003-10** **Health Care Access:** *That the NSMA continue to work with the Nevada State Legislature to improve access to quality health care in Nevada.*
118. **2003-11** **Non English Resources:** *That NSMA work to identify and promote resources that can help health care providers in Nevada communicate with Non-English speaking patients.*
119. **2003-12** **School Vending Machines:** *That NSMA recommends to school boards throughout the State, as well as individual public and private schools, that nutritious foods be added to school vending machines and school menus.*
120. **2003-14** **Expert Testimony:** *That NSMA work with attorneys, physicians and the Legislature to establish quality standards for expert medical testimony.*
121. **2004-07** **Re-Establishment of an Improved Medical Dental Screening Panel:** *The NSMA propose a bill draft request to amend Nevada law to provide for a*

medical dental screening panel as proposed in AB 300 at the 2003 Legislative Session.

122. **2004-08** **Open Administrative Hearings by the NSBME:** *The NSMA propose a bill draft request to amend Nevada law to provide that administrative hearings of the Nevada State Board of Medical Examiners be open to the public unless the defendant requests in writing that the hearing be closed; and... That administrative hearings of the NSBME involving defendants from Clark, Nye or Lincoln Counties be held in Las Vegas, Nevada.*
123. **2004-11** **Medical Liability Reform Statutes (In the Event of the Failure of Question 3):** *That NSMA propose bill draft requests to amend Nevada Revised Statutes to provide for a \$250,000 firm cap on non-economic damages in medical malpractice actions, provide for the admissibility by the defendant of collateral sources of payments to the plaintiff in medical malpractice actions, and provide for contingency fee limitations of plaintiff attorney fees in medical malpractice actions.*
124. **2004-12** **Modify Nevada's Good Samaritan Laws:** *That NSMA propose a bill draft request to amend NRS 41.505(5) to unambiguously provide that gratuitous medical and dental services provided by an appropriately state licensed volunteer of a nonprofit organization or governmental entity shall not be liable for civil damages for professional care or assistance rendered except as provided in NRS 41.505(5); and ...That the bill draft request provide for the same protections for licensed attorneys providing gratuitous legal services for individuals of a nonprofit entity organized to provide and coordinate pro bono legal services.*
125. **2004-13** **NSMA and Bioterrorism and Disaster Preparedness:** *That NSMA:*
- *Support policies that available federal funds awarded are used to enable Nevada to: (1) Enhance its public health infrastructure, including disease surveillance and reporting activities, to assure that Nevada can respond appropriately to any bio-terror incident or disaster situation; (2) Train physicians and other medical personnel for the early recognition and treatment of diseases caused by the release of biological agents; (3) Implement mechanisms for timely and efficient dissemination of information to the medical community and the public at large; and (4) Acquire the necessary equipment to respond to such an attack.*
 - *Will identify the training and educational needs of Nevada physicians regarding bio-terrorism and related threats and will develop or assist in the availability of needed educational opportunities.*
 - *Will assist Nevada public health authorities in identifying roles for physician volunteers to assist in the response to bio-terror or other mass exposure and accident situations and will support the implementation of programs like the Medical Reserve Corps.*
 - *Will join in working with: the state public health authorities (Nevada State Division of Health, Washoe County Health District, and Southern Nevada Health District), the Carson City Health and Human Services, other appropriate State agencies; the American Medical Association, local, and medical specialty societies; and, others as appropriate to: (1) ensure adequate resources, supplies, and training to enhance the medical and public health response to terrorism and other disasters; (2) develop a comprehensive strategy to assure surge capacity to address mass casualty care; and*

- (3) implement communications strategies to inform health care professionals and the public about a terrorist attack or other major disaster, including local information on available medical and mental health services.
126. **2005-02** **Media Training:** *That NSMA provide yearly media training classes for its officers and spokespersons, and... That the County Medical Societies be encouraged to do the same.*
 127. **2005-05** **Eliminate Underage Alcohol Consumption:** *That NSMA actively opposes underage drinking by supporting the American Medical Association's policies and principles.*
 128. **2005-08** **I'm Sorry Law:** *That the NSMA support legislation that makes a statement or action of apology, sympathy or benevolence not an admission of liability for any purpose in a civil action suit.*
 129. **2005-09** **Physician Reimbursement From County Indigent Funds:** *That the County be required to reimburse physicians for indigent care at the prevailing Medicaid reimbursement rate in those hospitals that receive money from the county indigent funds, and ... That the NSMA petition the legislature to implement said resolution.*
 130. **2005-12** **Insurance Company Fees:** *That the NSMA seek legislation that a penalty be paid to the physician for each claim that an insurance company pays less than the contracted rate.*
 131. **2005-13** **Insurance Coverage For Childhood Immunizations (See also: "Children and Youth" and "Public Health"):** *That the NSMA delegation to the American Medical Association House of Delegates sponsor or co-sponsor resolutions to seek federal legislation requiring all health insurance plans to provide coverage for all immunizations.*
 132. **2005-15** **Establish A Plan For Stroke Care Throughout Nevada:** *The NSMA supports the establishment of a comprehensive stroke treatment plan in all areas of the State.*
 133. **2006-03** **NSMA To Pay The Expenses for Medical Students:** *That The NSMA Council May Choose Up To Two Interested Medical Students, Who Are Members Of Their County Medical Societies and Apply For NSMA Expense Paid Attendance To The NSMA Annual Meeting; and ... That The NSMA Council May Choose Up To Two Interested Medical Students, Who Are Members of Their County Medical Societies and Apply For NSMA Expense Paid Attendance To Attend the AMA Annual Meeting in Chicago*
 134. **2006-04** **Reinstatement of the Medical Dental Screening Panel (MDSP):** *That the Medical Dental Screening Panel be reinstated.*
 135. **2006-05** **Health Courts:** *That the NSMA endorse the need for comprehensive litigation reform and support the concept of health courts as an alternative to the current system, and one that is worthy of further research and demonstration projects.*
 136. **2006-06** **Health Insurance Open Access:** *That the NSMA encourage the State Insurance Commissioner and Legislature to investigate limitation of access to care because of exclusive provider contracts.*
 137. **2006-08** **Promote the Development of Emergency Phase Active Psychiatric Treatment in Medical Hospitals:** *That NSMA Support A Work Group Under*

The Direction Of The Legislature Composed Of Relevant Providers, Including, But Not Limited To Representatives Of The Nevada Psychiatric Association And NSMA To Determine The Feasibility Of Contracting For, Privatizing, Or Otherwise Financially Supplementing All Nevada Full Service Hospitals To Permit Active Psychiatric Treatment In All Necessary Patient Care Areas. Included On The Work Group Agenda Would Be The Design Of Efficient Clinical Procedures That Assure Active Humane Treatment, Rapid Stabilization And Triage, And An Analysis Of Pertinent Legislative, Regulatory And Financial Barriers That Inhibit The Integration Of Psychiatric Care In Full Service Facilities; and ... That the NSMA Encourage Legislation and Insurance Regulations To Provide Proper and Realistic Incentives That Will Financially Support The Development Of Psychiatric Emergency, Acute Inpatient Care, and Consultation-Liaison In All Full Service Nevada Medical and Surgical Hospitals.

138. **2006-09 Immunity From Prosecution For The Nevada Health Professionals Assistance Foundation (NHPAF):** *The NSMA endorse legislation to revise NRS 49.117 "Review Committee" Defined, and any other applicable peer review statutes, to include the Nevada Health Professional Assistance Foundation. .*
139. **2006-10 Physician Payment From County Indigent Funds:** *That the NSMA work with the County Medical Societies to eliminate the practice of not paying physicians for care of County funded indigent patients.*
140. **2006-12 Code of Professional Ethics:** *That the NSMA adopts "The Principles of Medical Ethics" (Adopted By The American Medical Association House of Delegates June 17, 2001) for guidance to all NSMA member physicians and to Nevada Professional Licensing Boards and State agencies when determining whether an action by a licensed physician raises questions as to whether that physician has met the standards of conduct which define the essentials of honorable behavior for the physician; and ... That the NSMA adopts "Code Of Professional Ethics" ("Contained In LCB FILE NO. R168-05, Drafted By Robert Barnet, MD, At The Request Of The Nevada State Board Of Medical Examiners") as a supplementary reference to the AMA "The Principles Of Medical Ethics" and encourage the further refinement of voluntary guidance statements; and ... That the NSMA would provide testimony or statements regarding these policies and guidance documents to the Nevada State Board of Medical Examiners or other State agencies when they request it, and if they are seeking to determine if a licensed physician's behavior is within adopted standards of conduct.*
141. **2007-05 Identity Theft:** *That the NSMA pursue legislation or regulation to stop insurance companies from demanding a physician's social security number, home address, and home phone number.*
142. **2007-07 County and State Medical Association Group Participation Drive and Certificates:** *That NSMA encourage the county medical societies to work with contact members from various medical groups to maximize membership.*
143. **2007-08 Common Legislative Goals Partnership For Specialty Physician Groups with the Nevada State Medical Association:** *That the NSMA continue to facilitate the Nevada Medical Specialties Council to reach common legislative goals and to provide needs that may differ by specialty.*
144. **2007-11 Standardized Advanced Directives:** *That the AMA be asked to develop a*

- nationally recognized standardized advanced directive that may be applied in the absence of an existing advanced directive; and ... That the AMA delegates take this resolution to the AMA for consideration at their House of Delegates meeting this year.*
145. **2007-12 Preventing Perinatal Transmissions of HIV:** *That NSMA support routine prenatal HIV testing utilizing the opt-out approach; and ... That NSMA encourage all medical facilities and providers to offer rapid HIV testing, utilizing the opt-out approach, for all women who present for labor and delivery who do not have a documented prenatal HIV test. (Reaffirmed 2013)*
146. **2007-13 Prevention of Childhood Lead Poisoning (See also: “Children and Youth”):** *That the NSMA supports the routine screening of children for elevated lead levels prior to school entry; and ... That the NSMA supports mandatory reporting of all elevated blood lead levels to local public health authorities; and ... That the NSMA supports efforts to educate health professionals and the public regarding the importance of screening for blood lead levels, the risks of elevated blood lead levels, and the methods for eliminating sources of lead exposure.*
147. **2007-14 Medical Reserve Corps:** *That NSMA support ongoing development of the Medical Reserve Corps, and will educate the members regarding the importance of participation and registration.*
148. **2007-18 Prevention of Economic Profiling:** *That the NSMA support legislation to prevent the use of economic profiling or credentialing.*
149. **2008-02 NSMA To Provide Financial Assistance to Defray NSMAA Leadership Travel Expenses:** *That the NSMA Transfer \$20,000.00 from the Reserve Account to a new interest bearing account from which the interest income will be used to help defray the legitimate costs incurred by the Nevada State Medical Association Alliance Leadership on a yearly basis. The principal sum would always remain under the control of the NSMA Executive Committee; and... That this being a new and untried use of NSMA funding, the resolution should be reviewed in two years.*
150. **2008-03 NSMA To Renew Efforts to Maintain the Highest Ethical and Safety Standards Amongst Its Membership:** *That NSMA renew efforts to maintain the highest ethical and safety standards amongst our members and colleagues as outlined in the American Medical Association/American Osteopathic Association Codes of Ethics.*
151. **2008-04 Quality of Care:** *That NSMA work with State agencies to develop better quality of care information in this State; and... That NSMA take a leadership role in the transformation of health care in Nevada by adopting a proactive stance on quality improvement.*
152. **2008-08a NSMA Annual Meeting Location:** *That the NSMA abolish any prior mandates or resolutions that restrict or limit the site selection for annual meetings.*
153. **2008-09a Sugary Drinks and Unhealthy Snacks in Schools and Child/Adolescent Obesity (See also: “Children and Youth”):** *That the NSMA pursue legislation requiring schools to sell only drinks that are composed of no less than 50% fruit juice or vegetable juice, have no added sweetener, contain milk with reduced fat content, or drinking water with no added sweetener as recommended by the American Heart Association, the American Cancer Society and the American Academy of Family Physicians; and... That the NSMA pursue legislation regulating snacks sold in schools.*

These snacks, as recommended by the American Heart Association, the American Cancer Society, and the American Academy of Family Physicians shall not contain more than 35% of calories derived from fat (excluding nuts, nut butter, seeds, and cheese), no more than 10% of calories from saturated fat, no more than 35% of total weight be composed of sugar (excluding fruits and vegetables), and not exceed 250 calories per individual food item; and... That these restrictions do not apply to the USDA meal program.

154. **2008-11** **Registration of Board Certified Surgical Technicians and Certified First Assistants:** *That the NSMA work with the Nevada State Assembly of the Association of Certified Surgical Technologists to create a Statewide registration of Board certified surgical technicians as well as certified first assistants*
155. **2008-13** **Need for Ambulatory Surgery Centers in Nevada to be Accredited by National Accreditation Agencies:** *That NSMA recommend that all licensed Ambulatory Surgery Centers in Nevada obtain accreditation from designated national agencies*
156. **2008-14** **Opposition to Administration's 15% Cut in Hospice Rates:** *That NSMA opposes the 15% cut in hospice rates in the Administration's budget package and that NSMA contact the Nevada Congressional delegation and the AMA through its delegates to lobby in Congress against these cuts.*
157. **2008-16** **AMA Membership Resolution:** *That the AMA make the goal of attaining at least half of all US physicians as members over the next 5 years its highest priority (New House Policy); and... That the AMA participate with members of the WMSC in a pilot project designed to achieve this goal of increasing physician membership in the AMA by offering an optional combined or unified AMA/state membership for an amount that exceeds applicable state dues by no more than fifty to one hundred dollars; and ...That the Board of Trustees explore and report to the I-09 HOD any other options for attaining this goal, which might include but is not limited to similar proposals with specialty societies. (Directive to Take Action); and... That the that the Board of Trustees report at each annual meeting, the results of the WMSC experience and any other pilot projects or options which are developed as a product of this resolution. (Directive to Take Action).*
158. **2008-17** **National Patient Database Electronic Medical Records:** *That NSMA supports alternative funding to allow physicians to embrace electronic medical record keeping; and...That NSMA opposes unfunded mandatory electronic medical record requirements.*
159. **2008-18** **Creation of Electronic Database for Hospital Accepting Transferred Patients:** *That NSMA work with the Nevada Hospital Association to create a real time electronic database that would show availability of the various specialties in hospitals around the State.*
160. **2008-21** **Cell Phone Use in Motor Vehicles:** *That the NSMA actively support the introduction of legislation to ban the use of hand held cell phones and personal digital assistants (PDAs) by operators of motor vehicles in the State of Nevada; and...That such a ban will include the prohibition of "text messaging" activities involving a cell phone or personal digital assistant (PDA) or any other hand held device that requires a driver to divert his/her attention from the operation of his motor vehicle while*

driving; and... That such legislation will enable law enforcement agencies to stop violators primarily for the offense (primary cause) and not just in conjunction with another violation.

161. **2008-22** **Safe Injection Techniques:** *That NSMA shall promote safe injection techniques in all hospitals, clinics, private practices, and other medical care settings in Nevada; and... That NSMA shall encourage all healthcare practitioners to participate in the national safety campaign and encourage all licensing authorities to ensure the compliance of these standards.*
162. **2008-23** **Mental Health Parity:** *That NSMA supports the Nevada Psychiatric Association on legislation to improve mental health parity.*
163. **2008-24** **Provider Reimbursement for Vaccines (See also: “Children and Youth”):** *That NSMA supports legislation to guarantee provider reimbursement for vaccines in accordance with their costs.*
164. **2009-03** **Arbitration Agreements in Nevada:** *That the NSMA promote and support legislation to give physicians and patients the option of agreeing to sign arbitration agreements.*
165. **2009-04** **Narcotic Prescription Abuse:** *That all pharmacists in the State of Nevada utilize the internet-based prescription monitoring program website to reference every patient who presents to the pharmacy with a narcotic prescription, and...That the NSMA endorse that if a patient is found by the pharmacist to be obtaining multiple narcotic prescriptions from multiple pharmacies, the pharmacist shall notify the involved prescribing healthcare practitioners, and... That the NSMA endorse that pharmacists and healthcare practitioners be aware of the controlled monitoring program in order to identify potential drug abuse and this information then may be utilized to direct appropriate patient care; and... That the NSMA reach out to the Nevada State Board of Pharmacy to encourage all pharmacists to utilize the internet-based prescription monitoring program.*
166. **2009-09** **Nevada Health Professionals Assistance Foundation:** *That the NSMA urge the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medical Examiners to continue financial support to the Nevada Health Professionals Assistance Foundation. (Reaffirmed 2012)*
167. **2009-12** **Physician’s Duty:** *That the NSMA direct its members and encourage all physicians and other healthcare professionals to practice socially responsible healthcare; and... That the NSMA direct its members and encourage all physicians and other healthcare professionals to follow the appropriate national codes of ethics.*
168. **2009-13** **Safe Injection Practices:** *That NSMA shall promote safe injection techniques in all hospitals, clinics, private practices, and other medical care settings in Nevada; and... That NSMA shall encourage all healthcare practitioners to participate in the national safety campaign and encourage all licensing authorities to ensure the compliance of these standards.*
169. **2009-15** **Hospital Emergency Codes:** *That the NSMA encourage the Nevada Hospital Association and its members to adopt a uniform system of overhead codes; and... That the NSMA direct the Nevada AMA Delegation to propose to the AMA*

to facilitate the establishment of a national standard; and... That the NSMA ask hospitals to educate doctors and hospital staff on the new system.

170. **2010-02** **Corporate Practice of Medicine:** *That the NSMA oppose efforts to broaden the practice of corporate medicine in Nevada beyond its present limited scope.*
171. **2010-03** **Treatment of Adults with Medicaid in Private, Free-Standing Psychiatric Hospitals:** *That the NSMA work with the American Medical Association and the Nevada Congressional Delegation to change Federal Regulations to allow adults with Medicaid to be treated for their Psychiatric Illness in free-standing psychiatric hospitals when State mental health facility beds are unavailable.*
172. **2010-04** **UMC Privatizing:** *The NSMA request that the Clark County Commission, in future negotiations, stipulate that any new entity operating University Medical Center to continue to care for the uninsured and provide a necessary safety net.*
173. **2010-05** **Local Patient Care:** *That health care plans doing business in Nevada should comply with decisions made by patients with the advice of their physicians regarding treatment that can be provided within the local area that is of equal or superior quality and reasonable costs.*
174. **2010-06** **Personal Information Demanded By Insurance Companies:** *Since insurance companies are able to contact physicians through their businesses, NSMA will use all means to remove the requirement that a physician provide his/her social security number, home address, home phone number or email address to an insurance company in an effort to prevent identity theft.*
175. **2010-07** **Drug Recycling-Utilization of Unused Prescription Medications:** *That the NSMA recommend to the Nevada State Board of Pharmacy that it shall implement a statewide program consistent with public health and safety through which unused prescription drugs, other than prescription drugs defined as controlled substances may be transferred from residential care homes, nursing facilities, assisted living centers, or pharmaceutical manufacturers to designated pharmacies for distribution to charitable clinics for the purpose of distributions of the unused prescription medications to Nevada residents who are medically underserved.*
176. **2010-08** **Full Disclosure of Payment Schedules:** *That the NSMA work with appropriate agencies to ensure that insurance companies provide physicians with immediate and ready access to the insurance companies' complete fee schedule: and, ... That written notice of changes in reimbursement policies and payment schedules are provided at least three months in advance or one month prior to the contracted date of the effective date of changes whichever is longer so physicians can withdraw from provider plans and notify patients in a timely fashion.*
177. **2010-09** **Standardized Vital Statistics Reporting:** *That the Nevada State Medical Association will support the introduction and passage of a standardized Vital Statistics Reporting Act as proposed by the Nevada Section of the American College of Obstetricians and Gynecologists: and, ... That the Nevada State Medical Association work with the Nevada State Health Division Office of Vital Statistics in the adoption of legislation that will support the implementation of the most recent U.S. Standard Certificate of Live Birth, U.S. Standard Certificate of Death and U.S. Standard Report of Fetal Death.*

178. **2010-10** **Pandemic, H1N1 Influenza Distribution In North/South and Effectiveness in North/South:** *That NSMA ask the State Health Division And County Health Officers to evaluate the recent Influenza-A H1N1 immunization program in Northern and Southern Nevada, such evaluation to include the distribution of the vaccine and the proportion of the at risk populations that were vaccinated.*
179. **2010-11** **Non-Beneficial Medical Treatment (AKA: Medical Futility):** *The NSMA develop "Medical Futility" legislation.*
180. **2010-13** **Support for State Veterinarian and Agriculture Laboratory:** *That the NSMA calls upon the Governor and Legislature to reverse the decision to eliminate the position of State Veterinarian and restore funding for the position: and, ... That the NSMA calls upon the Governor and Legislature to reverse the decision to eliminate positions from the Agricultural Laboratory and restore funding for these positions.*
181. **2010-14** **Tobacco Master Settlement Agreement Funds:** *That the NSMA continue to vigorously advocate for appropriate use of Tobacco Master Settlement Agreement funds to mitigate the effects of tobacco use and to prevent tobacco use by Nevada's youth: and, ... That NSMA promotes the use of that portion of Tobacco Master Settlement Agreement dollars which were originally set aside for the Trust Fund For Public Health and the tobacco control programs of the Fund For A Healthy Nevada for all subsequent fiscal years until the annual Tobacco Master Settlement Agreement payments come to an end.*
182. **2010-16** **Robert W. Shreck, M.D.:** *The NSMA's House of Delegates would like to formally thank Dr. Robert Shreck for his years of service to our organization. his guidance, leadership and hard work helped shape the NSMA into the foremost advocate for high quality patient care in the State of Nevada: and, ... That we request NSMA Council to consider a scholarship in his name.*
183. **2011-03** **Public Health Threat of High Calorie Sweeteners:** *That the NSMA advise the public that extensive and increasing consumption of foods and drinks containing high caloric sweeteners, including high fructose corn syrup threatens the health of Nevadans; and ... That the Nevada State Medical Association support policies, programs and initiatives directed at reducing consumption of high caloric sweeteners, including high fructose corn syrup and to educate the public regarding healthy food choices.*
184. **2011-04** **Pill Identification:** *The NSMA ask the AMA to recommend to drug manufacturers worldwide that they put the name (or unique identifier) of each drug on the medication itself; and ... That the NSMA ask the AMA to recommend to the publishers of comprehensive lists of medications (such as PDR, EPOCRATES) that they include in their publications a list of these unique identifiers.*
185. **2011-05** **Pertussis Vaccination:** *That the NSMA work with the appropriate organizations to encourage that all parents, infant caregivers, and close contacts of an infant receive appropriate pertussis vaccination prior to the infant's hospital discharge; and ... That the NSMA urge physicians to identify and immunize all those in their practice who are eligible to receive the pertussis booster vaccine, as recommended by current immunization guidelines.*
186. **2011-06** **HPV Vaccination:** *That the NSMA support policies and programs*

to optimize HPV vaccination rates in males and females and to support patient education outreach and follow up; and ... That the NSMA encourage the distribution of educational resources regarding HPV vaccinations to its members, in addition to nurse practitioners, physician assistants and other allied health professionals; and ... That the NSMA encourage and support legislative action to provide health insurance coverage for HPV vaccinations for male and female patients per CDC recommendations.

187. **2011-07** **Physician Orders For Life Sustaining Treatment (POLST) (Referred to NSMA Commission on Governmental Affairs):** *That the NSMA work with the legislature to pass the "POLST" document in Nevada as a physician order as it is imperative to advance recognition of a patient's actual wishes at the end-of-life.*
188. **2011-08** **Reuseable-One Use Item Being Reused/Refurbished: (Referred to NSMA Commission on Governmental Affairs)** *That hospitals be required to notify patients and physicians that single use items that have been recycled can be used in their procedure, and that the patient must sign a release/consent for that item to be used in their procedure.*
189. **2011-09** **Implementation of Federal Health Reform:** *That the Nevada State Medical Association will take an active role, both at the federal and state levels, to ensure that implementation of any health care reform is done in a manner so as to protect and enhance the practice of medicine and protect patients.*
190. **2011-10** **AMA Delegate Resolution For Survey of AMA Membership:** *That the Nevada delegates to the AMA submit a resolution at the national meeting of the AMA, that the AMA must endeavor to effectively and efficiently survey the needs of their membership and to aggressively promote the interest of the majority of their constituency.*
191. **2011-13** **Guiding Principles For ACOs (Referred to NSMA Commission on Governmental Affairs):** *That the NSMA adopt or amend and adopt as policy, the California Medical Association (CMA) physician-hospital alignment TAC Report; and ... That the NSMA actively disseminate these principles and recommendations to its members and all Nevada physicians, so that informed decisions can be made by physicians prior to instituting, joining, or considering such arrangements.*
192. **2011-14** **Physician Employment By Non-Physician Entities:** *That the NSMA reaffirm its policy on the prohibition of non-physician ownership of medical practices; and ... That the NSMA seek legislation at State and Federal levels to protect and preserve physician-led patient care.*
193. **2011-15** **Physician Governance In ACOs:** *That the NSMA seek legislation to ensure that Accountable Care Organizations functioning in the State of Nevada only function under physician-led management and governance to maintain standards of patient care and to oversee and protect our patients' interests; and ...this matter be referred for national action.*
194. **2011-16** **Residency Review Committee Resident Work Hour Limitation:** *That the Nevada AMA delegates submit a resolution at the national meeting of the AMA, to petition the ACGME and the AOA to review its policy on work hour limitations in residency and its effect on competency.*
195. **2011-17** **Equal Reimbursement for Outpatient Centers and Hospitals:**

That the Nevada AMA delegates submit a resolution at the national meeting of the AMA, to investigate and correct the recent CMS regulations that have shifted patient care from cost effective non-hospital based settings into higher cost hospital based centers for identical services.

196. **2011-18 A Resolution In Support of (2011) H.R.1409 - Antitrust Relief For Physicians:** *That the NSMA endorse HR 1409 and send a letter to each member of the House Of Representatives from Nevada asking them to co-sponsor HR 1409, and send a letter to each member of the Senate from Nevada asking them to introduce similar legislation; and ... NSMA President write a letter to the current President of the American Medical Association asking him to send a letter of endorsement of HR 1409 to the Chair of the Subcommittee On Intellectual Property, Competition, and The Internet Of The House Judiciary Committee; and ... Nevada State Medical Association instruct the Nevada AMA delegation to the AMA Annual Meeting to submit a resolution at the meeting to direct the AMA to endorse HR 1409.*
197. **2012-02, “Membership Dues Billing Practices and Services For Nevada State and County Medical Organizations”** *That the NSMA develop and implement an on-line credit card payment service as a convenient means by which physicians can make payment to NSMA.*
198. **2012-03, “Medical Record Fees”** *That the NSMA advocate rate adjustments for the State disability claimants that truly reflect the cost of producing records in either paper and/or electronic formats or both including postage, notary fees, and other related cost of mailing, such as transportation to the notary and/or post office.*
199. **2012-04, “Penalties For Non-Adoption Of Health Information Technology”** *That the NSMA oppose legislation proposing financial penalties or lower reimbursement for physicians who do not adopt recommended health information technologies; and, ...That the NSMA bring this resolve to the AMA as a policy.*
200. **2012-07, “Electronic Prescribing of Scheduled Medications”** *That the NSMA encourages the prompt extension of electronic prescribing to include Schedule II medications.*
201. **2012-09, “Guarantee Maternity Care Coverage”** *That the NSMA recommend that all health plans sold in Nevada guarantee the option to essential and uniform maternity care benefits for all women, regardless of where they get their coverage, and that maternity coverage be made portable and renewable.*
202. **2012-12, “Nevada Medicaid Re-Enrollment Process Streamlining”** *That the NSMA work with the State Division of Health Care Financing and Policy and, if appropriate, the State Legislature, to streamline and minimize the administrative burdens associated with the process of physician and/or other provider re-enrollment in the State Medicaid program and that the policy of re-enrollment be every five years.*
203. **2012-13, “Opposition To Health Insurers’ Direct-To-Consumer Audiological and Hearing Aid Contracting and Marketing”** *That the NSMA adopt a policy of opposition to direct-to-consumer hearing testing and hearing device dispensing; and...That NSMA refer these concerns regarding direct-to-consumer hearing testing and hearing aid dispensing to the AMA for national action.*
204. **2012-15, “Advance Directives and Health Information Exchange Policy”** *That*

the NSMA supports the requirement that properly executed advance directives and POLST forms should be required to be available on any HIE operating in Nevada; and...NSMA supports an extensive public information campaign about advance directives and POLST that is coordinated through the State Government with the participation of a wide coalition of stakeholders.

205. **2012-16, “Quality Metrics In Colonoscopy”** *That the NSMA encourage the Nevada State Board of Health through the Bureau of Health Care Quality and Compliance have Ambulatory Surgical Centers, Licensed Office Settings, and Hospitals in which colonoscopies are performed develop internal peer review processes that measure these same quality metrics and reports them to all participating endoscopists and their peers at that institution.*
206. **2012-18, “Discipline and Certification Of Medical Expert Witnesses”** *That the NSMA reaffirm Policy Resolution “2003-14. EXPERT TESTIMONY. That NSMA work with attorneys, physicians and the legislature to establish quality standards for expert medical testimony.*
207. **2012-19, “Medical Courts”** *That the NSMA reaffirm Policy Resolution “2006-05. That the NSMA endorse the need for comprehensive litigation reform and support the concept of health courts as an alternative to the current system, and one that is worthy of further research and demonstration projects”; and ...That the NSMA delegation support this policy at the AMA House of Delegates.*
208. **2012-20, “Pneumococcal Disease Vaccination”** *That the NSMA support a public health campaign that aims to encourage and enable all Nevadans who meet appropriate criteria to become vaccinated against pneumococcal disease.*
209. **2012-23, “Caregivers In Group Homes For The Mentally Ill and Elderly”** *That the NSMA encourage the (State Health Division’s) Bureau of Health Care Quality and Compliance to adopt regulations to give group home caregivers the option of being trained and licensed to provide blood pressure and glucose checks without having to involve a home health agency.*
210. **2012-24, “Breast Feeding”** *That the NSMA urge physicians to reinforce the AAP and ACOG guidelines for breast feeding and encourage the adoption of the “Baby Friendly Hospital Initiative” which promotes the enduring benefits of breast feeding and human milk for mothers, babies and society.*
211. **2012-27, “School Based Health Centers”** *That the NSMA support development of school based health centers developed through community participation and local decision-making regarding the form and target population that are in accordance with the guidelines of the American Academy of Pediatrics and the NSMA supports any statutory or regulatory changes needed to encourage the development and maintenance of these programs.*
212. **2012-28, “Smoking Ban”** *That the Nevada State Medical Association reaffirm policy resolution #2000-17.*
213. **2012-29, “E-Cigarette Sales And Use”** *That the NSMA support legislation regulating the sale and use of e-cigarettes; and that the current State regulations that apply to cigarette sales, use and secondhand smoke be applied to e-cigarettes until such time that these devices have been scientifically proven to be safe for consumers and*

bystanders.

214. **2012-31, “Hypodermic Device Exchange Policy”** *That the NSMA will support legislation developing a program for the safe distribution and disposal of hypodermic devices without a prescription.*
215. **2012-32, “Methamphetamine and Synthetic Drugs”** *That the NSMA continues to support Nevada statutory and regulatory policies to control the access to methamphetamine and will work with the Attorney General and appropriate state boards and agencies to address public education regarding the dangers of this drug; and ... That the NSMA supports the efforts of the Nevada State Board of Pharmacy to schedule synthetic drugs that mimics the effects of marijuana, cocaine and other recreational drugs and will work with the Attorney General and appropriate state boards and agencies to address public education particularly to young Nevadans regarding the dangers of these drugs.*
216. **2012-33, “Newborn Screening Program”** *That the NSMA support the development by the State Health Division and the University of Nevada School of Medicine of a Nevada based newborn screening program that is cost effective and provides appropriate clinical and laboratory services and follow-up; and ...That the State Health Division and the University of Nevada School of Medicine organize an advisory committee of stakeholders statewide to provide advice and oversight during any transition period regarding the operation of the State’s newborn screening program and in ongoing operational policies; and...That the NSMA support a renewed public education campaign on the importance of newborn screening.*
217. **2012-34, “Support Staffing and Funding For The Nevada Trauma Registry”** *That the NSMA recommends that the legislature restore full funding to staff and maintain a viable and robust Nevada Statewide Trauma Registry.*
218. **#2013-03, “Evidence-Based Medical Services”** *That the Nevada State Medical Association supports evidence-based efforts to improve appropriate utilization of medical services and quality of care, and that these efforts should be initiated and directed by physicians.*
219. **#2013-04, “Physician Workforce Shortage”** *That the Nevada State Medical Association supports stabilizing and enhancing Graduate Medical Education (GME) funding in Nevada through encouraging our federal legislators to eliminate the Center for Medicare and Medicaid Services (CMS) GME cap restrictions on Nevada hospitals with GME programs and Nevada hospitals that will implement GME programs; and, be it further Resolved: That the Nevada State Medical Association encourages Nevada hospitals with the capacity to develop GME to such programs, including primary care residencies; and, be it further Resolved: That the Nevada State Medical Association encourages Nevada communities to develop Community Health Center models of GME, as well as more traditional GME programs. (Referred to Commission on Governmental Affairs)*
220. **#2013-05, “Physician Licensing”** *That the Nevada State Medical Association supports efforts which will streamline and improve the physician licensing process at the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine.*

221. **#2013-06, "Supervision of Physician Assistants by Physicians"** *That, in the interest of the public benefit, the Nevada State Medical Association recommends that the supervision of physician assistants by licensed physicians, as stated in the Nevada Administrative Code (NAC) include the following principles:*
7. *A physician may enter into a written supervisory agreement with no more than three (3) physician assistants.*
 8. *A physician may petition his or her licensing board to enter into a written supervisory agreement with more than three (3) physician assistants, upon showing substantial proof of necessity.*
 9. *A physician assistant may enter into a written supervisory agreement with no more than three (3) licensed physicians.*
 10. *A physician assistant may petition his or her licensing board to enter a written supervisory agreement with more than three (3) licensed physicians, upon showing substantial proof of necessity.*
 11. *Every supervising physician will meet at least monthly with each supervised physician assistant, and shall review at least 10% of the patient's medical records under the supervision agreement.*
 12. *When a physician assistant has more than one supervisory agreement, each physician assistant shall write the name of the supervising physician in the medical record, and will notify the supervising physician of the name of the patient, the date, and the location where the patient was seen within 24 hours of the patient being seen by the supervised physician assistant.*
- and, be it further Resolved: That the Nevada State Medical Association recommends that the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine work collaboratively to ensure uniform regulations for the supervision of physician assistants in the Nevada Administrative Code, and develop a process for ensuring the compliance of all licensees who enter into such agreements.*
222. **#2013-07, "In The Spirit of Patient Safety, Modification of Patient Satisfaction Survey Questions That May Put Pressure On Physicians in The Workplace To Write for Opioids and Sedative Hypnotic Drugs"** *That the Nevada State Medical Association be directed to work with the Nevada State Legislature to formulate guidelines for the state patient surveying entities for developing appropriate questions that include patient disclosure of expectation for treatment such as evaluation and management options, including opioid, sedative hypnotic, and antibiotic medication prescriptions, in conjunction with patient satisfaction surveys, and be it further Resolved: That the Nevada State Medical Association direct the AMA delegation from Nevada to submit a resolution directing the AMA to formulate guidelines for the national patient surveying entities for developing appropriate questions that include patient disclosure of expectation for treatment such as evaluation and management options, including opioid, sedative hypnotic, and antibiotic medication prescriptions, in conjunction with patient satisfaction surveys. (Referred to Commission on Medical Practice)*
223. **#2013-08, "Child Sex Trafficking"** *That the Nevada State Medical Association endorses legislation that will help to alleviate the problem of child sex trafficking in Nevada, and be it further Resolved: That the Nevada State Medical Association endorses*

programs that will help to care for the victims of child sex trafficking, including the creation of safe houses and related therapeutic programs, and be it further Resolved: That the Nevada State Medical Association opposes the imposition of prostitution charges upon victims of child sex trafficking.

224. **#2013-09, "Condom Use in Films"** *That the Nevada State Medical Association endorses regulation and legislation requiring the use of condoms in sexually explicit scenes for films made in Nevada, and be it further Resolved: That our AMA Delegates take a similar resolution to the next AMA meeting for the consideration of other States.*
225. **#2013-10, "Patient Compensation System"** *That the Nevada State Medical Association explore the feasibility of introducing legislation to establish a patients' compensation system in our state. (Referred to Commission on Governmental Affairs and report back to 2014 House of Delegates)*
226. **#2013-12, "Medicare Beneficiaries' Access To Healthcare"** *That the Nevada State Medical Association aggressively opposes Medicare cuts that harm beneficiaries' access to physicians.*
227. **# 2014-02, "FEDERAL GRADUATE MEDICAL EDUCATION FUNDING,"** *That Nevada State Medical Association asks our House Congressional Delegation to Co-Sponsor H.R. 1201, the Training Tomorrow's Doctors Today Act; and be it further Resolved: That NSMA asks our Senate Congressional Delegation to Introduce and/or Co-Sponsor companion legislation to H.R. 1201 in the U.S. Senate. (Referred to Commission on Governmental Affairs)*
228. **# 2014-03, "INADEQUATE MENTAL HEALTH FUNDING,"** *That the NSMA lobby for increased funding within Nevada State budget for 2015-2017 to provide adequate mental health and substance abuse treatment by increasing the number of facilities and qualified mental health professionals.*
229. **# 2014-04, "HIGH RISK PRETERM INFANT FOLLOW-UP PROGRAM,"** *That the NSMA support the development of a state-wide program to enroll all preterm infants in a comprehensive NICU follow-up program to provide periodic assessments, data collection and analysis of multidisciplinary assessments to evaluate their long-term outcomes and prognoses; and be it further Resolved: That the NSMA support legislation to assist in the creation of the NICU follow-up program.*
230. **# 2014-05, "HONORARY MEMBERSHIP IN NSMA,"** *That the NSMA desires to honor its former Executive Director Larry Matheis after his twenty-five years of faithful service by bestowing upon him Honorary Membership in NSMA and awarding him the title of NSMA Executive Director emeritus; and, therefore be it further Resolved: That the current Executive Director and/or President of NSMA inform Mr. Matheis of this election.*
231. **# 2014-06, "SALE OF REAL PROPERTY AT 3660 BAKER LANE, RENO, NEVADA,"** *That the NSMA House of Delegates authorizes the NSMA Council by and through its Executive Committee to pursue the appraising and sale of the real property, and relocation of the NSMA office to another area; and be it further Resolved: that Final determination of sale and relocation must be approved by the NSMA Council.*
232. **# 2014-07, "NSMA MEMBERSHIP AND LONG TERM PLANNING COMMISSION"** *That the NSMA rename the Long Term Planning Commission to the Long Term Planning and Membership Commission; and be it further Resolved: That the NSMA Long Term*

Planning and Membership Commission will be co-chaired by the current Presidents Elect of Clark County Medical Society and Washoe County Medical Society; and be it further Resolved: That the NSMA Long Term Planning and Membership Commission will include representatives from county medical societies throughout the state of Nevada, including the current President, President Elect and Immediate Past President of the county medical societies; chairs of the Membership Committees of all county medical societies; as well as leaders and representative members of NSMA from throughout the state.

233. # 2014-09, **“OPPOSITION TO 2014 MARGINS TAX FOR EDUCATION BALLOT MEASURE,”** *That Nevada State Medical Association opposes The Education Initiative, also known as the Margins Tax; and be it further Resolved: That NSMA educates its members and Nevadans on the rationale for opposing this ballot measure, one being that there is no guarantee that funds would go towards education, while also reassuring our members and Nevadans that we are in favor of improving our state’s education system.*
234. # 2014-10, **“ELIMINATION OF IPAB/INDEPENDENT PAYMENT ADVISORY BOARD,”** *That Nevada State Medical Association ask the Nevada Congressional Delegation to Co-Sponsor H.R. 351, the Protecting Seniors’ Access to Medicare Act, which will repeal IPAB, and be it further Resolved: That NSMA ask the Nevada Senate Delegation to Co-Sponsor S. 351, the Protecting Seniors’ Access to Medicare Act, which will repeal IPAB. (Referred to Commission on Governmental Affairs)*
235. # 2014- 11, **“NEVADA STATE BOARD OF MEDICAL EXAMINERS (NBME) AND NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE (NBOM),”** *That NSMA explore legislation that would prohibit the NBME and NBOM from initiating, and or pursuing, charges of malpractice against licensees whose malpractice cases in the court system have been resolved in their favor or dismissed with payment of no monies to the plaintiff. (Referred to Commission on Governmental Affairs)*
236. # 2014-12, **“NETWORK TRANSPARENCY,”** *That the NSMA support legislative action to require transparency and notification of all providers listed in their provider directory as being contracted to provide services, by any insurer who plans to expand their coverage network or lease their provider network to a new entity, and be it further Resolved: That the NSMA support legislative action toward the adoption of the Rental Network Contract Arrangements Model Bill per the conjoined efforts of the AMA and the National Council of Insurance Legislators, November, 2008, which has been adopted in 16 other states.*
237. # 2014-13, **“SEX EDUCATION IN THE CLASSROOM,”** *That NSMA support legislation which requires that sex education classes be taught that includes information on HIV transmission, and be it further Resolved: That we support sex education in the classroom not be limited to school teachers but expanded to allow individuals with this area of expertise such as nurses and counselors in the classroom to educate the students on HIV/AIDS issues and methods of prevention. (Referred to the Public Health Commission.)*
238. # 2014-14, **“DECRIMINALIZATION OF PROSTITUTION IN NEVADA: A NECESSARY PUBLIC HEALTH INTERVENTION,”** *That the NSMA seek legislation that will: Recognize that the current legal framework places adult sex workers in unacceptably dangerous*

situations by arresting individuals for prostitution, therefore preventing them from leaving a high-risk occupation for a lower risk, conventional career; Support the decriminalization of prostitution as a significant and unmet public health need in order to decrease the violence against sex workers that is, in part, due to their difficulty in leaving sex work to pursue a conventional and safer career path; Advocate for the safety of all of its citizenry, including sex workers; Work with all stakeholders to end violence against sex workers; Condemn the countless number of assaults, murders, and “missing-person” disappearances that continue to be perpetrated on adult sex workers; and Within the above framework, oppose the enactment of legislation that prohibits the purchase or sale of adult sexual services that are not the result of threat or coercion, since the enactment of such laws may further increase the marginalization and risk of violence to sex workers. (Referred to the Public Health Commission.)

239. # 2014-15, “**PRESCRIPTION DRUG MONITORING PROGRAM,**” *That the NSMA, in conjunction with the Nevada Board of Pharmacy, will encourage education on the use of the Prescription Drug Monitoring Program with the goal of improving patient safety in Nevada.*

240. # 2014- 17, “**HOSPITAL PHARMACY LIMITATIONS ON DISPENSING OF MEDICATIONS FOR HOME USE,**” *That the NSMA contact and lobby the Nevada State Board of Pharmacy to request a change in regulations, or a waiver, for current inpatient hospital pharmacies to allow the dispensation of medications used in outpatient procedures to outpatients for continued medical therapy post-operatively; and be it further Resolved: That the NSMA bring this concern regarding dispensation of intra-op medications to outpatients to the attention of the Nevada Hospital Association for consideration of options to resolve this matter.*

241. # 2014-18, “**POSITION STATEMENT ON ELECTRONIC CIGARETTES,**” *That the Nevada State Medical Association support any potential state or federal legislation or regulations which propose to include e-cigarettes in clean indoor air laws and be it further Resolved: That the Nevada State Medical Association support any potential state or federal legislation or regulations which propose to restrict marketing of e-cigarettes to youth and/or prohibit the sale of e-cigarettes and their components to minors and be it further Resolved: That the NSMA believes it is premature to recommend E-cigarettes as a safe alternative to traditional cigarettes and that e-cigarettes should not be approved tobacco cessation aids and be it further Resolved: That the Nevada State Medical Association support any potential state or federal legislation or regulations which propose to tax e-cigarettes and their components as tobacco products and/or require tobacco retail licensure to sell these products. (Referred to the Public Health Commission.)*