WASHINGTON STATE MEDICAL ASSOCIATION
OFFICIAL ACTIONS OF THE 2025 HOUSE OF DELEGATES

Update as of Aug. 15, 2026

Note: Where there is a directive to take action, staff is assigned; where new policy is outlined it will be added to the official Policy Compendium. Note that terms "support" and "advocate" are used interchangeably and compel our support or opposition to a proposal as they arise. All referrals will be handled by the WSMA Policy Department.

REFERENCE COMMITTEE B

BYLAWS REPORTS

Report A – Proposed 2025 Bylaws Amendment (ADOPTED)

ARTICLE III—MEMBERSHIP

Section 1. Classes of Membership.
The membership of this Association shall be composed of:

a. Active Members
b. Active-Limited Members
c. Honorary Members
d. Senior Members
e. Military Members
f. Resident and Fellow Members
g. Medical Student Members
h. Physician Assistant Student Members
i. Physician Assistant Members
j. Direct Members
k. Affiliate Members

A member shall be in a class of membership comparable to that in the member's active component county society provided that the member meets the qualifications of this Association. For a Direct Member or where the component county society does not have a comparable class of membership, the Executive Committee shall be the judge of qualification for class of membership. A member who meets the qualifications in more than one class of membership shall select one class of membership.
Section 2. Active Members.

An Active Member shall be one who:

a. holds the degree of Doctor of Medicine, Doctor of Osteopathy, or Bachelor of Medicine, or its equivalent, which has been issued by an institution accepted by the Washington State Medical Quality Assurance Commission or the Washington State Board of Osteopathic Medicine and Surgery;
b. holds a license to practice medicine in the State of Washington or is practicing in the state of Washington with a federal waiver (e.g. military or U.S. Public Health Service physicians) or in a type of practice exempt from statutory requirements for licensing (i.e. research, administration, etc.). However, members must be eligible for medical licensure in Washington;
c. resides or practices in the State of Washington;
d. in the case of unified active component county society, maintains membership in the active component county society;

e. abides by the Principles of Ethics of the Washington State Medical Association; and
f. does not practice or claim to practice any school or system of sectarian medicine or healing.

An Active Member shall have all the rights and privileges of membership, including but not limited to the right to attend and participate in general meetings of this Association, to vote, to hold office, and to receive a subscription to this Association's official publication. An Active Member shall be subject to the payment of full dues and assessments.

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Section 4. Honorary Members.

An Honorary Member shall be one who is not otherwise qualified for active membership, who is distinguished by outstanding service or achievement in the profession or the community, who is recommended for honorary membership by an active component county society or specialty society, and who is elected to honorary membership by the Board of Trustees of this Association. An Honorary Member shall have all the rights and privileges of an Active Member except the right to vote and hold office. An Honorary Member shall not be subject to payment of dues or assessments.

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Section 11. Direct Members.

Any member in the preceding Article III, Section 2 who is not a member of an active component county society shall be known as a Direct Member. A Direct Member shall have all the rights and privileges of membership, including but not limited to, the right to attend and participate in general meetings of this Association, to vote, to hold office, and to receive this Association's official publication.

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Section 13. Election to Membership.

An applicant shall be elected to membership when the qualifications for membership as set forth in these Bylaws are met. A component county society shall be the sole judge of the qualifications of its members. There may be different qualifications for membership in an active component county society, but only members of the active component county society who meet the qualifications required by these Bylaws are members of this Association. For direct membership in this Association, the Executive Committee, or its designee, shall be the judge of the qualifications of applicants. An applicant receiving a negative decision from the Executive Committee may request that the Committee reconsider the application. An applicant receiving a negative reconsideration decision from the Executive Committee may appeal to the Board of Trustees of this Association. Appeals to the Board of Trustees are limited to considering issues of substantive or procedural due process, and whether the committee's decision was arbitrary and capricious. The Board of Trustees will not consider appeals based on new or additional information. The decision of the Board of Trustees shall be final.

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ARTICLE IV—COMPONENT SOCIETIES AND SECTIONS

Section 1. Component Societies.

A component society or section is a medical organization in the State of Washington recognized by this Association as representative of a segment of the medical profession. There shall be three types of

component societies and sections: active component county societies, specialty society sections, and special sections defined in these Bylaws.

Section 2. Active Component County Societies.

An active component county society is a medical organization representing the medical profession in a geographic area encompassing one or more counties. To be considered active, a component county society should be registered with the Secretary of State; conduct a business meeting at least once per year; have an elected governing body; and participate in the activities of the House and other criteria as may be required by the House of Delegates.

An active unified county society is one in which its Bylaws mandate its allopathic members to be members of this Association and its Osteopathic members to be members of this Association and/or the Washington Osteopathic Medical Association. A decision by an active component county society to amend its bylaws in order to change its status from an active non-unified to an active unified county society must be recommended by the Board of Trustees and decided by the House of Delegates. A decision to cease recognition of an active unified county society as an active unified county society must be recommended by the Board of Trustees and decided by the House of Delegates following the process provided in Section 7 of this Article.

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Section 4. Special Sections.

The special sections defined in these Bylaws shall be as follows:

a. the Young Physician Section is composed of physician members of this Association who are either: (i) under 40 years of age or within the first ten (10) years of professional practice after residency and fellowship training;
b. the Resident and Fellow Section is composed of Resident and Fellow Members of this Association;
c. the Medical Student Section is composed of Medical Student Members of this Association; and
d. the Physician Assistant Section is composed of Physician Assistant and Physician Assistant Student Members of this Association; and
e. Inactive County Section is composed of members in counties without an active county medical Society.

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Section 9. Active County and Specialty Society Membership Records.

The Secretary-Treasurer, or comparable officer, of each active component county society or specialty society section shall keep a record of its members. Such record shall include, but not be limited to, the member's full name, physical address, date of birth, email address (if the member has an email address), professional education and training with dates of graduation, and membership classification. Active component county societies shall also notify this association of any change in a member's status, physical address and email address. In addition, active component county societies which collect dues and assessments for the WSMA shall forward such funds to the WSMA according to the deadlines and procedures outlined in the WSMA Membership and Dues Handbook.

Section 10. Applicant's Choice of Society.

Members are encouraged to belong to the active component county society having jurisdiction where they practice or reside. However, nothing in these Bylaws requires a member to join an active non- unified component county society, nor shall these Bylaws prohibit a member from joining a society their choice or from belonging to more than one active component county society. For the purpose of determining the

number of delegates, in such instances where a member belongs to more than one active component county society, at least one of which is unified with this Association, their membership shall be credited to the active unified component county medical society through which his/her WSMA dues are paid. In the case of a member paying WSMA dues directly, who belongs to more than one active non-unified component county society, their membership shall be credited to the active non-unified component county society in which their preferred mailing address is located unless the member notifies this Association otherwise.

Section 11. Transfer of Membership.
When a member transfers from one active component county society to another, they shall be required to present written notice from the former society certifying that their dues to this Association have been paid in full, and that they are otherwise in good standing in the active component society from which they are transferring. They must assume such financial obligations as shall be deemed proper by the active component society to which they transfer.

ARTICLE VII—HOUSE OF DELEGATES

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Section 4. Composition.

The House of Delegates shall be composed of members in good standing who are delegates representing the component county societies, delegates representing specialty society sections, delegates representing the special sections defined in these Bylaws, and the members of the Board of Trustees of this Association. Selection of delegates and alternates shall be as described in the Bylaws or rules of the active component society or section; in the event of vacancies the active component society or section shall provide for filling the vacancy by appointment or otherwise such that each active component society or section shall have a full delegation, but only to the extent that such a process for filling vacancies, and the individuals who are authorized to approve such actions, have been established and communicated to the WSMA staff at least 30 days prior to the Annual Meeting.

Section 5. Number of Delegates.

a. Each active component county society shall be entitled to one delegate and one alternate for each fifty members, or fraction thereof, of the active component county society who are Active or Active Limited members of this Association, as of August 1.
b. Each specialty society section shall be entitled to one (1) delegate and one (1) alternate.
c. Each component society or section may elect delegates or alternates from among any of the eligible classes of membership.
d. The Young Physician Section shall be entitled to one (1) delegate and one (1) alternate.
e. The Resident and Fellow Section shall be entitled to one (1) delegate and one (1) alternate.
f. The Medical Student Section shall be entitled to three (3) delegates and three (3) alternates to be filled by medical student representatives from each of the three medical schools in Washington state.
g. The Physician Assistant Section shall be entitled to one (1) delegate and one (1) alternate.
h. The Inactive County Section shall be entitled to one (1) delegate and one (1) alternate for each fifty members, or fraction thereof, of the Inactive County Section.
i. Each delegate and alternate must be a member of this Association.

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ARTICLE XI—FINANCE

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Section 6. Dues.

Annual dues for all members shall be established by the Board of Trustees subject to ratification by the House of Delegates, and shall be due and payable on or before January 1 of each year. Any dues submitted to the treasurer of member's active component county society shall be forwarded to this Association according to the deadlines and procedures set forth in the WSMA Membership and Dues Handbook, which is provided to all active component county societies that bill for, and collect, dues on behalf of the WSMA. Any member whose dues for the current year have not been received by March 31, or whose assessment has not been paid by the due date, shall be suspended from membership. On the first day of July each year, members who have failed to pay their annual dues in over six months shall be dropped from membership.

Physicians who join the WSMA during the calendar year in which they have completed training shall pay no dues for the remainder of that calendar year, and shall pay no dues for the subsequent full calendar year.

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ARTICLE XII—JUDICIAL COUNCIL

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Section 2. Structure of the Judicial Council.

The Judicial Council shall be composed of five (5) members, each of whom shall be a member of the Association in good standing. Members of the Judicial Council must be Active Members, have been members of this association for 10 years, and of outstanding ethical and professional character.

Members shall be chosen who have appropriate experience and training to hear and participate in deliberations on the matter for which the Judicial Council has been constituted. To the extent practicable, members shall be chosen to maintain the spirit of geographic and specialty diversity.

No member of the Judicial Council shall, during his/her tenure of office, hold the office of WSMA President, President-Elect, Vice President, Secretary-Treasurer, Immediate Past President, Speaker of the House of Delegates, or Vice Speaker of the House of Delegates of this Association. Any member of the Judicial Council who also is a member of any Ethics, Grievance, or Mediation Committee of an active component county society, or is a member of the Governing Board of an active component county society that addresses matters of ethics, grievances, or mediation, shall not, as a member of the Judicial Council, participate in deliberations pertaining to a question involving a member of the active component county society in which the Judicial Council member serves or cast a vote in respect thereto.

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Report B – Proposed 2025 Bylaws Amendment (ADOPTED)

Article X—COMMITTEES

Section 1. Standing Committees
The standing committees of this Association shall be:
Executive
Finance
Nominating
Bylaws
American Medical Association Delegation
Diversity, Equity, Inclusion, and Belonging (DEIB)

[…]

Section 3. Committee Member Appointments
All committee members and chairs shall, except for the American Medical Association Delegation, the Chair of the Diversity, Equity, Inclusion, and Belonging (DEIB) Committee, and as otherwise provided in these Bylaws, be appointed by the President with the approval of the Board of Trustees.
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Section 9. Diversity, Equity, Inclusion, and Belonging (DEIB) Committee

a. The Diversity, Equity, Inclusion, and Belonging (DEIB) Committee shall consist of no more than fifteen (15) members, all of whom are appointed by the President with the approval of the Board of Trustees. Each member shall be appointed to a three (3) year term and may serve up to the two (2) terms consecutively. The appointments will be staggered to ensure that the Committee has new members each year.
b. The purpose of the DEIB Committee is to promote diversity, advance health justice to achieve health equity, and foster a culture of inclusion and belonging in all aspects of the Association's operations and strategic plan. Accordingly, the DEIB Committee's duties include, but are not limited to:
    i. Serving as an advisory body to the Board of Trustees, the Executive Committee, and all standing committees.
    ii. Reviewing and making recommendations on proposed resolutions and current policies to redesign structures, policy, and practices to achieve DEIB goals.
    iii. Engaging in restorative projects that address historical injustices and advance DEIB within the Association and in the house of medicine more broadly.
c. The DEIB Committee Chair shall be elected by the House of Delegates and serve on the Board of Trustees.

Section 10. Special Committees.
a. The President, with the approval of the Board of Trustees, shall appoint such other committees, subcommittees, or task forces as are necessary and which are not in conflict with other provisions of these Bylaws. The duties and scope of responsibilities of any such committee shall be defined in writing by the President with approval of the Board of Trustees, at the time of appointment.
b. All such special committees shall keep a record of their actions and shall report the same to the Board of Trustees. All such special committees shall, if action is taken during the preceding year, report annually to the House of Delegates.

Article VIII—BOARD OF TRUSTEES

Section 2. Composition
The Board of Trustees shall be composed of the officers, the Chair of the Finance Committee, and the Chair of the Diversity, Equity, Inclusion, and Belonging Committee.
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Report C – Proposed 2025 Bylaws Amendment (REFERRED)

Article III—MEMBERSHIP

Section 5. ~~Senior~~ Retired Members.
A ~~Senior~~ Retired Member shall be one who has retired from active practice and who, during their time in active practice, would have met all requirements for "Active Member" status in the WSMA. A ~~Senior~~ Retired Member shall have all the rights and privileges of an Active Member. A ~~Senior~~ Retired Member shall be one who has been a member in good standing of the WSMA for twenty-five years ~~in one or more constituent or component associations of the American Medical Association for twenty-five years shall not be subject to payment of dues and assessments~~. ~~Senior~~ Retired Members who do not meet these criteria will be subject to dues as set by the WSMA Board of Trustees.

Report D – Proposed 2025 Bylaws Amendment (REFERRED)

ARTICLE VII—HOUSE OF DELEGATES

[…]
Section 5. Number of Delegates.

a. Each component county society shall be entitled to one delegate and one alternate for each fifty members, or fraction thereof, of the component county society who are Active, ~~or~~ Active Limited, or Senior members of this Association, as of August 1.
b. Each specialty society section shall be entitled to one (1) delegate and one (1) alternate.
c. Each component society or section may elect delegates or alternates from among any of the eligible classes of membership.
d. The Young Physician Section shall be entitled to one (1) delegate and one (1) alternate.
e. The Resident and Fellow Section shall be entitled to one (1) delegate and one (1) alternate.
f. The Medical Student Section shall be entitled to three (3) delegates and three (3) alternates to be filled by medical student representatives from each of the three medical schools in Washington state.
g. The Physician Assistant Section shall be entitled to one (1) delegate and one (1) alternate.
h. Each delegate and alternate must be a member of this Association.

Staff: Bylaws report and referral will be handled by Bylaws Committee staffed by Hillary Norris and Jeb Shepard. Staff has updated bylaws document on WSMA's webpage.

Report A: Staff created an implementation plan around how inactive county delegates will be selected to the HOD. Staff discussed operationalizing with WSMA Executive Committee at November meeting. WSMA sent two emails to all WSMA members in inactive counties from Amy Ellingson, MD in January and early February making them aware of the new section and invited these members to an online open house on ZOOM on Feb. 25. The zoom meeting was hosted by Dr. Ellingson and Dr. Dave Cundiff. It was determined that the section will "do business under" the title Rural Regional Section. The online group also discussed the joys and pains of practicing in rural communities in Washington state and how to increase rural participation in WSMA. The attendees received a brief presentation on the background of this new section, the House of Delegates, and a forthcoming call for delegates to represent the new section in Spokane later this year. Staff created an online community as a place for members to virtually gather and discuss issues. A well-attended and energetic rural roundtable was held at the Leadership Development Conference in Chelan. A call for HOD delegates went out to members in inactive counties the week of June 16 with a follow up in July. As of mid-August, the following WSMA members will represent the section at the 2026 HOD in Spokane:

- Dave Cundiff MD MPH, Ilwaco (Pacific County)
- Kim Emery, PA, Dayton (Columbia County)
- James K Rotchford, M.D., M.P.H., F.A.C.P.M. F.A.S.A.M., F.A.A.M.A Port Townsend (Jefferson County)

- Kate Schumacher, MD, MPH, Omak and Brewster (Okanogan County)

A meeting will be held in late August, open to all members of the Rural Regional Section, to discuss next steps for the section and develop policy proposals for the 2026 Annual Meeting.

Report B: Hillary brought adopted bylaws changes to DEIB committee at its October meeting. The committee selected Katina Rue, DO, as its interim chair. At its November meeting, the WSMA Board approved Dr. Rue's nomination. Going forward, the DEIB chair will be selected through the nomination process and elected by the House of Delegates. DEIB membership nominations were considered and approved by the WSMA Board at its January meeting.

Report C: The report was reviewed and discussed at the May meeting of the WSMA Board. The Board voted to recommend non adoption of the amendment and instead engage with outside legal counsel to review and modernize the WSMA Bylaws.

RECOMMENDATIONS

The Board of Trustees recommends that the following be adopted in lieu of Bylaws Report C (A-25) and the remainder of the report be filed:

1. *WSMA engage outside counsel to conduct a comprehensive review to modernize the bylaws and clarify ambiguities regarding the membership category currently designated as "Senior Member" (Directive to Take Action).*

FISCAL NOTE: $5,000-$7,000

Report D: The report was reviewed and discussed at the May meeting of the WSMA Board. The Board voted to recommend non adoption of the amendment and instead engage with outside legal counsel to review and modernize the WSMA Bylaws.

RECOMMENDATIONS

The Board of Trustees recommends that the following be adopted in lieu of Bylaws Report D (A-25) and the remainder of the report be filed:

1. *WSMA engage outside counsel to conduct a comprehensive review to modernize the bylaws and clarify ambiguities regarding the membership category currently designated as "Senior Member" and how to best reflect their membership in the delegate counts of component county societies to the WSMA House of Delegates (Directive to Take Action).*

FISCAL NOTE: $5,000-$7,000

RESOLUTIONS

B-1 – Recommendation for Minimum Standards for In Office Patient Monitoring (ADOPTED)

Authors: Jeffry Minard, MD (WSSA) / Sarah Brown, MD (WSSA) / Bridget Bush, MD, FASA (WSMA BOT)

RESOLVED, that the WSMA supports the implementation of the following minimum standards during all office-based procedures where moderate sedation is the lowest intended depth of anesthesia:

1. Continuous oximetry monitoring

2. Heart rate and rhythm monitoring
3. Monitoring ventilatory function by direct observation and capnometry
4. Non-invasive blood pressure monitoring
5. Continuous EKG monitoring when deep sedation is the intended depth of anesthesia

(New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA urges contemporaneous recording of vital signs during all office-based procedures under moderate or deep sedation at the following times:

1. Once before sedation,
2. During sedation, at regular intervals not to exceed 5 minutes
3. Post-operatively until the patient meets appropriate discharge criteria

(New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports the requirement that a BLS (at minimum) trained person who is not performing the procedure is actively monitoring and recording vital signs and is able to initiate a response to deviations from normal vital signs by alerting the proceduralist. (New HOD Policy)

Staff: Susanna (Policy)
Status: Policy Compendium updated to reflect new policy.

B-2 - Child Abuse Identification in Medical Education (NOT ADOPTED)

B-3 - Domestic Violence Identification in Medical Education (NOT ADOPTED)

B-4 - Requirement for Human Trafficking Identification Education in Medical School (NOT ADOPTED)

B-5 - Combatting Worsening Primary Care Shortage in Washington State (ADOPTED AS AMENDED)

Authors: Danny Low, MD (KCMS) / Joel Carey, MD (KCMS) / Komal Patil-Sisodia, MD (KCMS) / Megha Rau, MD (KCMS)

RESOLVED, that WSMA opposes legislation that limits access to loans for trainees interested in primary care (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA opposes legislation that disincentivizes medical trainees from pursuing careers in primary care (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA opposes legislation that financially disincentivizes health care organizations from hiring physicians to provide primary care. (New HOD Policy)

Staff: Susanna (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. The WSMA supported the state's application to the Rural Health Transformation Program (RHTP) through CMS, which includes initiatives related to primary care support. The state announced approval of the RHTP in late December. The WSMA Executive Committee met with Health Care Authority leadership to discuss WSMA priorities for the RHTP, including bolstering physician workforce. In the 2026 legislative session, WSMA utilized this policy in our successful advocacy opposing legislation mandating APRNs and physician assistants be reimbursed at the same rate as physicians.

B-6 - Health Literacy (NOT ADOPTED)

B-7 - Expanding Vaccine Access to Young Adults Through Age 26 (ADOPTED AS AMENDED)

Authors: Eric Frevert, PA-C (TMCMS) / Kim Wadsworth, DO (TMCMS)

RESOLVED, that the WSMA supports extending access to publicly funded vaccines—equivalent to those offered under the Vaccines for Children (VFC) program—to all eligible individuals through age 26 (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA shall work with the Washington State Department of Health, local health jurisdictions, academic institutions, and community partners to explore strategies for expanding access to state-managed vaccine programs without impairing current vaccine availability through private insurance plans for young adults aged 19–26. (New HOD Policy)

Staff: Susanna (Policy); Jeb (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. In the 2026 legislative session, the WSMA worked in coalition to support the passage of legislation from the governor's office and the Office of the Insurance Commissioner to ensure continued access to vaccines and preventative services.

B-8 - Protecting Physician Autonomy (ADOPTED AS AMENDED)

Authors: Kim Ha Wadsworth, DO (TMCMS) / Erin-Rose Medina, MD (SCMS) / Thurston-Mason County Medical Society Delegation

RESOLVED, that the WSMA will support legislation to strengthen corporate practice of medicine (CPOM) restrictions in Washington state and will provide input to protect physician autonomy in clinical and business decision making, close loopholes and ensure effective implementation. (New HOD Policy)

Staff: Susanna (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. In the 2026 legislative session, legislation was considered to revise corporate practice of medicine laws. While the bill did not pass, the issue is expected to be revisited in the 2027 legislative session.

B-9 - Replacement of American Council on Immunization Practices (ADOPTED AS AMENDED IN LIEU RESOLUTIONS B-17 AND B-24)

Authors: James Wallace, MD, MPH (WPHO) / Alan Melnick, MD, MPH (WSMA BOT)

RESOLVED, that the WSMA supports the removal of references specifically and only to the federal Advisory Committee on Immunization Practices (ACIP) from the Washington Administrative Code (WAC), Revised Code of Washington (RCW), and WSMA policy documents (Modify current HOD policy); and BE IT FURTHER

RESOLVED, that the WSMA supports the legal language that allows for Washington to determine the best source for recommending immunization schedules, policies, and mandates, based on that body's foundation in scientific evidence (New HOD policy); and BE IT FURTHER

RESOLVED, that WSMA shall advocate for legislation and regulatory changes that codify this replacement within state law and public health rulemaking processes (Directive to take action); and BE IT FURTHER

RESOLVED, that WSMA will work in partnership with the Washington State Department of Health, the Washington State Association of Local Public Health Officials, the Washington State Legislature, and relevant medical and community organizations to ensure the Washington-determined best source for recommending immunization schedules, policies, and mandates reflects scientific integrity, public health priorities, and medical autonomy (Directive to take action).

RESOLVED, that the WSMA actively pursue wording changes in Washington State RCWs and WACs to eliminate all references to the U.S. Preventive Services Task Force and replace those references with current evidence-based preventive services recommendations developed by authoritative medical entities (Directive to Take Action); and BE IT FURTHER

RESOLVED, that a resolution be sent to the next appropriate AMA meeting to address the concerns in this resolution at the national level. (Directive to Take Action)

Staff: Susanna (Policy); Sean (GAP); Shannon (AMA Delegation)
Status: Policy Compendium updated to reflect new policy. The AMA Delegation submitted a resolution to the AMA for consideration at its 2025 Interim Meeting. The resolution was considered with a related resolution and the AMA House of Delegates referred it to its board for a decision. The board voted to not approve the specific directives in the resolution noting that work is already underway to address evidence-based vaccine recommendations and that the AMA should continue to push to restore ACIP and USPSTF to evidence-based bodies that physicians and the public can trust.

In the 2026 legislative session, the WSMA worked in coalition to support the passage of legislation from the governor's office and the Office of the Insurance Commissioner to ensure continued access to vaccines and preventative services. In January 2026, WSMA spearheaded a joint statement with WCAAP, WAFP, IDSW, and WC-ACP expressing grave concerns with new federal revisions to the U.S. Child and Adolescent Immunization Schedule and joined the DOH and West Coast Health Alliance in urging health care practitioners to continue to following the AAP's recommended child and adolescent immunization schedule which is based on established vaccine safety and effectiveness evidence. In August 2026, the WSMA issued a statement in response to a federal executive order making changes to the child vaccine schedule, pointing out the changes in the president's executive order are not based on current science and run counter to medical consensus, and reminding Washingtonians that our state endorses the childhood vaccine schedule from the American Academy of Pediatrics and maternal vaccines recommended by the American College of Obstetricians and Gynecologists.

B-10 - Establishing a Statutory Time Limit for Filing Obstetric and Gynecologic Malpractice Claims (SUBSTITUTE RESOLUTION B-12 ADOPTED IN LIEU OF RESOLUTION B-10)

B-11 - Improve Interstate Immunization Data Sharing Through Strengthening and Supporting the CDC's IZ Gateway (ADOPTED AS AMENDED)

Authors: Eric Frevert, PA-C (TMCMS) / Kim Ha Wadsworth, DO (TMCMS)

RESOLVED, that the WSMA support efforts to enhance immunization data exchange, ensuring that federal and state Immunization Information Systems are integrated and accessible to licensed physicians and other healthcare professionals. (New HOD Policy)

Staff: Susanna (Policy); Jeb (Policy)
Status: Policy Compendium updated to reflect new policy.

B-12 - Comprehensive Medical Liability Reform to Protect Physician Workforce and Patient Access in Washington State (SUBSTITUTE RESOLUTION B-12 ADOPTED IN LIEU OF RESOLUTIONS B-10 AND B-12)

Authors: Teresa Girolami, MD (WSMA BOT) / Kevin Johnson, MD (KCMS)

RESOLVED, that the Washington State Medical Association (WSMA) support the concept of caps on non-economic damages (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports the idea of a certificate of merit with regard to medical liability (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports a statute of limitation with an end date of three years from the incident (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA move forward with the adopted resolution from 2024, no venue shopping (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA create a work group to explore pathways forward for all items above. (Directive to Take Action)

Staff: Susanna (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. During the 2026 legislative session, the WSMA worked with the Liability Reform Coalition on legislation related to third-party litigation funding and broader liability reform issues, successfully opposing all bills that would result in increased medical liability exposure and/or costs for the physician community.

Members of the workgroup directed by the resolution include:

- Dr. Carlson, DO (PI)
- Anne Bryant (PI)
- Tony Quang, MD, JD
- Teresa Girolami, MD
- Mike Madden, JD
- Vivienne Meljen, MD
- Brett Vandenburg (WSHLA)
- Zosia Stanley, JD (WSHA)
- Chris Coates (TMA)
- Jennifer Hanscom
- Sean Graham
- Jeb Shepard
- Hillary Norris, JD

The workgroup has been meeting throughout the summer of 2026. To date, the work group has drafted a strategic plan and is drafting a premium relief concept for the state's consideration.

B-13 - Increased WSMA Representation for Residents (ADOPTED AS AMENDED)

Authors: Natalie Fuller, MD (KCMS) / Daniel Low, MD (KCMS)

RESOLVED, that the WSMA modify its bylaws to increase the delegate entitlement to provide proportional representation of the Resident Fellow Physician Section in the WSMA HOD. (Directive to Take Action)

Staff: Hillary (Bylaws Committee)

Status: Bylaws language presented to the WSMA Board in May. At its May 2026 meeting, the Board discussed the proposed bylaws amendment and requested additional information regarding the size, geographic distribution, engagement, and membership retention of the Resident and Fellow Section. In response, staff compiled data on the statewide distribution of resident and fellow members, historical attendance at WSMA Annual Meetings, and membership trends among former resident and fellow members. This information is provided to give delegates additional context regarding the current composition and participation of the Resident and Fellow Section as they consider the proposed amendment.

Approximate number of WSMA resident/fellow members geographically?

County	# of MRES	% of total MRES
Benton-Franklin	51	2.4%
Clark	61	2.9%
Grays Harbor	8	0.4%
King	1564	73.6%
Kitsap	23	1.1%
Kittitas	5	0.2%
Lewis	8	0.4%
Okanogan	2	0.1%
Pierce	119	5.6%
Skagit-Island	35	1.6%
Snohomish	50	2.4%
Spokane	127	6.0%
Thurston-Mason	22	1.0%
Whitman	9	0.4%
Yakima	39	1.8%
Out Of WA	2	0.1%
Total	**2125**	

What is the percentage of RFS members who go on to become full members of the WSMA?
Based on our review of recent WSMA data, about 42% of residents/fellows move out of state and therefore become ineligible for membership. Our research shows that of those who stay in-state approximately 36% continue on as members and 21% do not.

How many RFS members attend the annual meetings? (5-10 years look back at RFS attendance)

Event	# of MRES attendees
2018 WSMA Annual Meeting	4
WSMA & WSRS 2019 Annual Meetings	2
WSMA Annual Meeting 2020	5
WSMA 2021 Annual Meeting	3
WSMA 2022 Annual Meeting	6
WSMA 2023 Annual Meeting	4
WSMA 2024 Annual Meeting	3
WSMA 2025 Annual Meeting	8
Grand Total	**35**

B-14 - LGBTQ Section (ADOPTED AS AMENDED)

Authors: Amish J. Dave, MD, MPH (WSMA BOT) / Mark Vossler, MD (KCMS) / Colin Fields, MD (WSMA BOT)

RESOLVED, that the WSMA form an LGBTQ+ Advisory Council that will develop a governing structure and policy priorities similar to other Advisory Councils at the WSMA and focus on leadership development, mentorship, advocacy, and issues relevant to LGBTQ+ physicians and physician assistants (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA LGBTQ+ Advisory Council coordinate its work with the WSMA Diversity, Equity, and Inclusion standing committee to help guide WSMA's work to advocate for health equity. (Directive to Take Action)

Staff: Hillary (DEIB Committee), Milana (Membership Councils)
Status: The LGBTQ+ Advisory Council is staffed by Hillary Norris and coordinates closely with the Diversity, Equity, Inclusion, and Belonging Committee. The DEIB Committee has developed a charter document to outline governance of the LGBTQ+ Advisory Council. The charter document contemplates LGBTQ+ Advisory Council nominating one member to serve on the DEIB Committee to elevate its "voice" within the WSMA. An online community has been created and promoted to WSMA members in multiple publications of the WSMA Membership Memo. At this time, the LGBTQ+ Council infrastructure is in place for interested members to join. Interested members have been directed to contact Hillary Norris or Amish Dave, MD, MPH.

B-15 - Opposing the Growing Influence of Private Equity in Healthcare (ADOPTED)

Authors: Jose Flores Rodarte, MD, MPH, FAAFP (KCMS) / Nancy Connolly, MD (KCMS)

RESOLVED, that the WSMA oppose the expansion of private equity ownership in health care delivery systems (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocate for increased transparency, oversight, and regulatory safeguards for corporate and private equity acquisitions in health care. (Directive to Take Action)

Staff: Susanna (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. In the 2026 legislative session, the WSMA engaged on House Bill 2548, which is intended to increase transparency and accountability around private equity expansion on health care ownership. After successfully advocating for amendments to the bill to ensure appropriate scope of application, the WSMA was neutral on the bill as it was passed into law.

B-16 - Combating Medical Misinformation and Disinformation in the Digital Era (SUBSTITUTE RESOLUTION B-16 ADOPTED IN LIEU OF RESOLUTION B-16)

Authors: Jose Flores Rodarte, MD, MPH, FAAFP (KCMS) / Bob Geise, MD (KCMS)

RESOLVED, that the WSMA develop a policy statement that promotes the dissemination of accurate, evidence-based information and supports strategies to ensure its effective communication, while also protecting patients and the public from inaccurate, misleading, false and harmful information (New HOD Policy); and

RESOLVED, that the WSMA partner with stakeholders to develop and/or endorse digital toolkits, patient-facing resources, and professional development programs to equip physicians with strategies to

effectively address inaccurate health information in both clinical and public-facing settings. (Directive to Take Action)

Staff: Milana and Graham (Communications)
Status: In 2025, the WSMA issued a statement from President John Bramhall, MD, PhD, Reaffirming the WSMA's Commitment to Medical Ethics, Evidence-based Medicine, and the Science that Supports It, providing a reference for subsequent public statements and pronouncements countering incorrect or misleading medical information in the public sphere.

Our September/October 2025 *WSMA Reports* cover story featured behavioral psychology experts who provided guidance to physicians and clinicians on ways to engage patients with different beliefs to foster trust, goodwill, and good medicine.

For patient education, in fall of 2025 staff introduced new online resources for patients: Do You Have Questions About Your Care? and a webpage with announcements from the West Coast Health Alliance and our pediatric partners (Immunizations: West Coast Health Alliance). Using our "Your Care Is at Our Core" branding, WSMA uses its social channels to post science- and evidence-based guidance from our partners and point the public to these new patient webpages, along with our Your Care Is at Our Core webpage, which features physician stories, interviews, and other notable patient-directed information.

The WSMA created a social media toolkit for physicians and physician organizations dedicated to countering incorrect or misleading health information trending in the public sphere. The toolkit is updated periodically and promoted to members and partners.

In January 2026, the WSMA issued a joint statement with WCAAP, IDSW, WAFP, and the WC-ACP in response to concerning non-evidence-based federal revisions to childhood vaccine recommendations. In August 2026, the WSMA issued a statement in response to a federal executive order making changes to the child vaccine schedule pointing out that the changes in the executive order are not based on current science and run counter to medical consensus.

Our March/April 2026 issue of *WSMA Reports* featured an interview with Helen Burstin, MD, from the Coalition for Trust in Health and Science, Upholding Trust in Health and Science, on their work to promote trust in health and science and challenge false information. The feature included resources designed by physicians and experts for physicians and physician organizations, including "Why Should I Trust You?" podcast, The Trusted Messenger Program, and WSMA guidance on becoming a grassroots advocate.

Our March/April 2026 *WSMA Reports* cover story, Standing Up for Evidence-based Medicine, showcased Washington physician leaders on immunization policy that's creating tension between federal health agencies and the physician community and creating confusion for our patients, and speaks to the efforts or physicians and physician organizations to provide tools to combat misinformation and hesitancy.

The WSMA partnered with the Washington State Hospital Association to help promote WSHA's April 15 in-person/virtual webinar, The Art and Science of Constructive Disagreement, featuring Julia Minson, professor of public policy at the Harvard Kennedy School and a leading expert on the psychology of disagreement who recently featured in our *WSMA Reports* cover story "Truth, Nonsense, and Noise in Medicine."

Throughout the first quarter of 2026, the WSMA also frequently promoted continuing education offered at the 2026 Leadership Development Conference designed to equip physicians with communication strategies to restore patient trust:

- Heather Sulejman on approaching fraught issues with patients and colleagues and how to foster openness to discussion and productive conversations. Attendees will receive a free copy of the

book "How to Disagree Better," by Sulejman's business partner and co-founder of Disagreeing Better, Julia Minson, PhD.
- Lora Shahine, MD, on using social media to communicate health information.

Confronting confusion around health guidance is the impetus for a new initiative from the WSMA introduced summer of 2026. In July, the WSMA introduced a new series of social media video shorts focused on timely, general health information as part of its Your Care Is at Our Core campaign. The first video, 5 Health Tips During Wildfire Smoke Season, features Bindu Nayak, MD, and was posted to the WSMA's social media channels in late July as Washington state continues to face heightened wildfire risk and variable air quality in some regions. Social channels include Facebook reel, LinkedIn, and X. The videos will live on the WSMA website. More social media videos are in the pipeline, including a new video about measles and the MMR vaccine, which is timely given the news in August surrounding the president's executive order making non-evidence-based changes to the child vaccine schedule.

B-17 - Evidence Based Vaccine and Immunization Recommendations (SUBSTITUTE RESOLUTION B-9 ADOPTED IN LIEU OF RESOLUTION B-17)

B-18 - REFERRED: B-5 (A-24) Inactive Counties Section to The House of Delegates (ADOPTED)

Authors: WSMA Board of Trustees

RESOLVED, that the WSMA will amend its bylaws to allow for the creation of an "inactive counties" section to the WSMA House of Delegates, with WSMA members who neither reside nor practice in a county with a functioning, non-unified county medical society eligible to join the "inactive counties" section of the WSMA House of Delegates. (Modify WSMA Bylaws)

Staff: Jeb and Hillary (Bylaws Committee)
Status: Staff created an implementation plan around how inactive county delegates will be selected to the HOD which was presented to the WSMA Executive Committee in November. WSMA sent two emails to all WSMA members in inactive counties from Amy Ellingson, MD in January and early February making them aware of the new section and invited eligible members to a ZOOM meeting on February 25. The meeting was hosted by Dr. Ellingson and Dr. Dave Cundiff. It was determined that the section will "do business under" the title Rural Regional Section. The group discussed the joys and pains of practicing in rural communities and how to increase rural participation in WSMA. The attendees also received a brief presentation on the background of this section, the House of Delegates, and a forthcoming call for delegates to represent the new section at the HOD. Staff created an online community as a place for members to virtually gather and discuss issues. A well-attended and energetic rural roundtable was held at the Leadership Development Conference in Chelan. A call for HOD delegates went out to members in inactive counties the week of June 16 with a follow up in July. As of mid-August, the following WSMA members will represent the section at the 2026 HOD in Spokane:

- Dave Cundiff MD MPH, Ilwaco (Pacific County)
- Kim Emery, PA, Dayton (Columbia County)
- James K Rotchford, M.D., M.P.H., F.A.C.P.M. F.A.S.A.M., F.A.A.M.A Port Townsend (Jefferson County)
- Kate Schumacher, MD, MPH, Omak and Brewster (Okanogan County)

A meeting will be held in late August, open to all members of the Rural Regional Section, to discuss next steps for the section and develop policy proposals for the 2026 Annual Meeting.

B-19 - REFERRED: B-6 (A-24) Liability Protections and Mentorship Program for Physicians (ADOPTED)

Authors: WSMA Board of Trustees

RESOLVED, that the WSMA create a workgroup to study the issue of liability protections and mentorship programs and report back to the 2026 House of Delegates. The workgroup should be comprised of stakeholders who can identify any necessary legislative action and rule changes that are required to create an educational program for peer learning as contemplated by resolution B-6. These stakeholders could include: representatives from the Washington State Hospital Association, Physicians Insurance, the Centers for Medicare and Medicaid Services, surgeons, health care administrators, an attorney, and resolution authors. (Directive to Take Action)

Staff: Jeb (Policy)
Status: Staff reached out to authors to discuss setting up the required work group. Invitations have been sent to representatives at CMS, PI, WA-ACS, WAMSS, WMC and WSHA to participate on the work group. Work group participants include:

- Farrokh Farrokhi, MD: resolution author and co-chair of work group
- Rachel Lundgren, MD: resolution author and co-chair of work group
- Angela Bizzarri: Senior Global Physician Relations Program Manager at Medtronic
- David Carlson, DO: President and CEO of Physicians Insurance Company
- Barbi Donovan, CPCS, CPMSM: President, Washington Association of Medical Staff Services
- Darcy Jaffe, ARNP, FACHE: Senior Vice President, Safety and Quality at the Washington State Medical Association
- Terry Murphy, MD: Chair, Washington Medical Commission
- Ashby Wolfe, MD, MPP, MPH: Regional Chief Medical Officer at the Centers for Medicare and Medicaid Services
- Hillary Norris, JD, MPH: WSMA Policy analyst – staff to work group
- Jeb Shepard: WSMA Director of Policy – staff to work group.

At their meetings the group discussed various mentorship models. Mentorship models discussed included aspirational mentorship for skills development around a technology or surgical technique from a regional expert (as opposed to traveling to a distant and/or industry sponsored site), and corrective mentorship for targeted performance improvement. Aspirational is currently contemplated as a free service offered by the mentoring proceduralist, where the learner would scrub in with the mentor and can watch, feel, learn, and ask questions. *Example: Refreshing a surgeon on how to effectively remove the first rib for venous thoracic outlet syndrome.* Corrective is currently contemplated as a paid service contracted by the learner or their organization, where the mentor would watch, provide feedback and education, and write up whatever documentation is required for the learner. *Example: a neurosurgeon with concerning outcomes who needs technical mentoring.*

The group also discussed operationalizing a mentorship program would include creating and maintaining a regularly updated list of proceduralists who are willing to clinically and personally mentor participating learners. Mentors could opt into mentoring participants in either or both tracks. Proceduralists or organizations would have access to this list, enabling them to contact mentoring proceduralists and/or their organizations.

Other questions contemplated during their meetings included:

- What benefits could a mentorship program with appropriate liability protections offer to learners, mentors, organizations, and patients?
- What barriers exist to creating and sustaining such a program (e.g., credentialing, liability concerns, administrative burden, capacity)?
- What concerns would you as representatives from hospitals, health systems, or malpractice carriers raise, and how could those be addressed?
- Are policy, legislative, or regulatory changes needed to support mentorship while maintaining patient safety?

- What role, if any, could WSMA play in supporting or housing shared resources, such as a mentorship directory?

The group met in late March and worked between March and June to develop a draft report. The final report will be submitted to the HOD in 2026 for discussion.

B-20 - REFERRED: B-9 (A-24) Ensuring Effective Collaboration Between WSMA and County Medical Societies (ADOPTED)

Authors: WSMA Board of Trustees

RESOLVED, that the WSMA reaffirm its policy from 2010 regarding coordination between the association and county societies: *B-2 WSMA/County Society Coordination with Respect to Large Groups (2010)*

RESOLVED, it is important the WSMA and county medical societies, regardless of unification status, work together and not at cross purposes.

RESOLVED, the WSMA and county medical societies should mutually support membership in both organizations and whenever possible work to communicate the value of both to physicians.

RESOLVED, that the WSMA and the county medical societies should investigate ways to consolidate services and provide membership efficiencies at a saving to physician members.

(Reaffirm HOD Policy)

Staff: Susanna (Policy); Milana (Membership)
Status: Policy Compendium updated to reflect reaffirmed policy. WSMA Membership staff activities include:

October:
- Emailed county roster information to all CMS executives.
- Confirmed billing information for applicable counties
- Updated information across billing platforms when needed.
- Confirmed/updated information on website.

November:
- Included accurate billing information as well as county dues statement on all dues statements mailed to approx. 15,000 members and non-members.
- Included county dues when applicable on group invoices submitted to approx. 150 group invoices.
- Confirmed county dues billing information was accurate and functional for online payment system.

December:
- Included accurate billing information as well as county dues statement on all dues statements mailed to approx. 16,000 members and non-members.
- Mailed and emailed special communication to approx. 100 retired NWMS physicians for their retired county dues.

January:
- Included accurate billing information as well as county dues statement on all dues statements mailed to approx. 12,000 members and non-members.

February:
- Created a County Society Leadership online community forum to provide a convenient pathway for networking and collaboration. This group is open to county medical society

executives and their presidents and offers an opportunity to connect to discuss shared interests and challenges.

March:

- Sent targeted special message to physicians in counties w/o a CMS regarding the new 'Rural Regional Section' over Dr. Amy Ellingson's byline.
- Held informational "open house" for Rural Regional section.
- Online community for Rural Regional Section is in progress.

June/July/August

- Sent message to counties about process changes coming to the House of Delegates starting in 2026.
- Staff recorded a video overviewing the process changes coming to the House of Delegates and sent a link to counties and specialties.

Regularly:

- WSMA Finance Director sends spreadsheet and check for county dues collected the previous month.
- County dues are processed and applied systemwide as dues payments are processed.
- Additional membership information is provided to county executives per their request.
- Provide social media toolkits to county executives and presidents.
- Provide news items on WSMA events, CME, publications, and other opportunities of interest for inclusion in newsletters, websites, and other communications.

B-21 – REFERRED: B-17 (A-24) Reporting of Healthcare Access Metrics (NOT ADOPTED)

B-22 – REFFERED: B-20 (A-24) Reinforce and Clarify Residency and Practice Requirements (REFERRED)

Authors: WSMA Board of Trustees

RESOLVED, that the WSMA strictly enforce the existing bylaws requirement that members of the Board of Trustees must have their principal residence in Washington state and/or be actively practicing medicine within the state throughout their term of service. (Reaffirm HOD Policy)

RESOLVED, that any elected officer who does not meet these requirements shall be required to either relocate their principal residence to Washington state, meet the practice requirement, or step down from their position. (Directive to Take Action)

RESOLVED, that the WSMA HOD affirm the following Interpretive Policy Statements from the WSMA Judicial Council (Directive to Take Action):

Defining "residence" and "practice" requirements

i. Residence

The term "residence" and any variation thereof shall be defined in accordance with the definition of "principal place of residence" in Washington's property tax statute, RCW.84.36.383 (11):

(11) "Principal place of residence" means a residence occupied for more than six months each calendar year by a person claiming an exemption under RCW 84.36.381.

This means that to meet the "residence" requirement for Board of Trustees membership, a WSMA member must have Washington State as their "principal place of residence."

ii. Practice

The WSMA's members contribute to the health of Washingtonians in a variety of different ways. Accordingly, the term "practice" and any variation thereof shall be defined to include providing patient care, administration of health care, administration of public health, and medical education directly to the people of the State of Washington.

Medical "practice," if being done across multiple states—for example, in a telehealth practice—must be primarily for the benefit of the people living in the State of Washington. Here, "primarily" is defined in accordance with the WSMA's definition of "residence," meaning that to be considered "primarily for the benefit of the people living in the State of Washington" a physician or physician assistant must spend more than 50% of their time practicing for the direct benefit of Washingtonians.

Staff: Hillary (JC & Bylaws)
Status: The WSMA Board voted to recommend non-adoption at its November meeting. That recommendation was incorporated into a report for review at the May BOT meeting and will now go to the 2026 HOD.

RECOMMENDATIONS

The Board of Trustees recommends that the following be adopted in lieu of Resolution B-22 (A-25) and the remainder of the report be filed:

1. *WSMA engage outside counsel to conduct a comprehensive review to modernize the bylaws and clarify ambiguities regarding residency and practice requirements for members and officers (Directive to Take Action).*

FISCAL NOTE: $5,000-$7,000

B-23 – WSMA Policy Sunset Review (A-24) Sunset Review (ADOPTED)

Authors: WSMA Board of Trustees

RESOLVED, The WSMA reaffirms all existing policy noted in Board of Trustees Report G, Appendix A. (Reaffirm HOD Policy)

Staff: Susanna (Policy)
Status: Policy Compendium updated to reflect reaffirmations of policy.

B-24 – Evidence-Based Preventative Services Recommendations (SUBSTITUTE RESOLUTION B-9 ADOPTED IN LIEU OF RESOLUTION B-24)

REFERENCE COMMITTEE C

RESOLUTIONS

C-1 – Changing the Inaccurate Dating Requirements for Fetal Demise (ADOPTED)

Authors: Judith M. Kimelman, MD (WACOG) / Vivienne Meljen, MD (WSMA BOT)

RESOLVED, that WSMA advocates revisions to state law to correct medical inaccuracies in the dating requirements for fetal demise and appropriately reflect evidence-based practices (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA supports updating the definition of "fetal death" in Revised Code of Washington 70.58A.010(12)(a)(b) to read: "(a) Has completed twenty or more weeks of gestation at the date of death based on the best clinically accurate gestational age; or (b) Weighs three hundred and fifty grams or more, if weeks of gestation are not known". (New HOD Policy)

Staff: Susanna (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. In the 2026 legislative session, WSMA successfully advocated for legislation developed by ACOG to update state statute related to fetal demise.

C-2 – Good Samaritan Medical Devices (ADOPTED)

Authors: Colin Fields, MD (WSMA BOT) / Mark Vossler, MD (KCMS)

RESOLVED, that WSMA support Good Samaritan legislation and other solutions for redistribution of surplus medical supplies for the purposes of resource stewardship and maximization of community health benefit while maintaining patient safety. (New HOD Policy)

Staff: Susanna (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. WSMA staff met with the authors in advance of the 2026 legislative session and will revisit this topic in the interim.

C-3 – Expanding Access to High Resolution Anoscopy (ADOPTED)

Authors: Colin Fields, MD (WSMA BOT) / Amish Dave, MD, MPH (WSMA BOT) / Bob Geise, MD (KCMS)

RESOLVED, that WSMA advocate for the development of further access to high resolution anoscopy in Washington state (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA partner with DOH and/or other key stakeholders to further develop training options for clinicians interested in learning high resolution anoscopy. (Directive to Take Action)

Staff: Susanna (Policy); Sean (GAP), Jeb (Policy)
Status: Policy Compendium updated to reflect new policy. The following plan is in place to implement directives of this resolution: Based on the feedback provided, staff will proceed with the following three-point plan:

Toolkit for health systems:

- WA state focused but pulling largely from IANSOC resources
- Resources, workflow, education

- Collaborate with DOH and HCA to promote/distribute

Webinar

- Held a CME webinar on April 3, leveraging Dr. Geise and his presentation, with 16 attendees total.
- Webinar highlighted toolkit, IANSOC resources, resources, workflow, education and how to set up preceptorship.
- Collaborated with DOH and HCA to promote webinar
- Webinar is hosted as an accredited enduring material on WSMA's website

Bree Collaborative

- Submit high resolution anoscopy to the Bree Collaborative for consideration as a 2026/27 work topic

WSMA staff brought this resolution to the attention of DOH leadership during a February 24 check-in. The Department has indicated a willingness to collaborate. Staff has curated resources and guidelines for WSMA website and has shared with work group for review and any additional items or information the group would like included. The HCA promoted the CPD webinar. At its June meeting, the WSMA Executive Committee approved a letter of support to the Bree Collaborative around selecting this procedure as a topic for 2026/27.

C-4 – HCA Reassume Control of State Medicaid Care (ADOPTED AS AMENDED)

Authors: Bruce L. Davidson, MD, MPH (KCMS) / Nancy Connolly, MD (KCMS)

RESOLVED, that WSMA supports that the Washington State Health Care Authority no longer contract out administration of Medicaid to private companies and instead return entire administration of the Medicaid program to State control (Directive to Take Action); and BE IT FURTHER

RESOLVED, that WSMA will help advise measures to improve attractiveness of caring for Medicaid patients by physicians, not merely by allied health professionals, although the latter's value in extending physician coverage is greatly valued (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA advises that the Washington Health Care Administration that oversees Medicaid, leadership and staff, focus on extending needed patient health care services and treatments, including medication, to eligible patients that need them, and adopt an internal culture that eschews outside additional paid employment. (New HOD Policy)

Staff: Susanna (Policy); Jeb (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. WSMA staff met with the lead author to discuss next steps. During the 2026 legislative session, Senate Bill 5955 was introduced to transition the state's Medicaid system to fee-for-service, though the bill was not considered. The final 2026 state operating budget moves the state's Apple Health Expansion program from managed care to fee-for-service.

C-5 – Limit Aviation Fuel Harms (NOT ADOPTED)

C-6 – Support a Washington Future Fund (REFERRED)

Authors: John Van Buskirk, DO (PCMS) / Breck Lebegue, MD (PCMS) / Anthony Chen, MD (PCMS)

RESOLVED, that the WSMA publicly support the Washington Futures Fund (aka Baby Bonds) and provide education to its members and the public. (New HOD Policy)

Staff: Billie (Policy)
Executive committee: Dr. John Scott
Board of Trustees: Dr. Rajneet Lamba
Status: Draft report was reviewed and discussed by the WSMA Executive Committee at its March meeting. Recommendations were approved by the WSMA Board in May and will now go to the 2026 HOD for consideration.

RECOMMENDATIONS

The Board of Trustees recommends that the following existing WSMA policies be reaffirmed in lieu of Resolution C-6 (A-25) and the remainder of the report be filed:

The WSMA believes that a healthy Washington will require leadership and partnership of businesses, advocacy groups, community non-profits, environmental justice organizations, chambers of commerce, religious organizations, labor organizations, educational organizations, professional associations and others. (Res B-4, A-13)

The WSMA: 1) Supports the goal of addressing social determinants of health; 2) Supports the efforts of community initiated and driven action projects, private, non-profit and academic sectors independently and in collaboration with government to achieve health equity and eliminate racial/ethnic inequities in Washington; and, 3) Supports reaching out to diverse communities to assist them in addressing health inequities (Res B-4, A-13)

C-7 – Rest Requirements for Physicians (ADOPTED AS AMENDED)

Authors: Vivienne Meljen, MD (WSMA BOT) / Judith M. Kimelman, MD (WACOG)

RESOLVED, that the WSMA will review rest policies for physicians and physician assistants that exist in other states and countries (Directive to Take Action); and BE IT FUTHER

RESOLVED, that the WSMA supports adequate rest policies for physicians and physician assistants to support patient and physician/physician assistant safety. (New HOD Policy)

Staff: Susanna (Policy); Billie (Policy)
Status: Policy Compendium updated to reflect new policy. WSMA did not locate any state that specifically mandates rest breaks for practicing physicians. Some states, including Washington, require rest and meal breaks for certain health care employees, but these requirements generally do not apply to salaried physicians working in a professional capacity.

In Washington state, legislation enacted in 2023 established enhanced meal and rest break requirements for certain hospital employees, with key provisions taking effect July 1, 2024. Covered employees generally include those who are employed by a hospital, are involved in direct patient care activities or clinical services, and either receive an hourly wage or are covered by a collective bargaining agreement. Covered employees are entitled to scheduled and uninterrupted meal and rest periods, subject to limited exceptions for unforeseeable emergent or clinical circumstances. Because coverage is based on employment status rather than professional licensure, physicians are not categorically excluded; for example, a physician covered by a collective bargaining agreement could potentially fall within the law.

Separate work-hour requirements apply to resident physicians. In 2003, the Accreditation Council for Graduate Medical Education (ACGME) implemented an 80-hour-per-week limit for residents in accredited programs. The requirements have subsequently been revised, including significant changes that took effect in July 2017. Under the ACGME framework, residents generally may work no more than 80 hours per week averaged over four weeks, must receive one day free from clinical work and education in seven averaged over four weeks, may not be scheduled for in-house call more frequently than every third night averaged over four weeks, and may not be assigned more than 24 continuous hours of scheduled clinical work. Limited additional time is permitted for certain patient-safety, educational, and care-transition activities.

Internationally, several countries have statutory limits on working hours and minimum rest periods that apply broadly to employees, including physicians in some circumstances. For example, the European Union's Working Time Directive generally limits the average work week to 48 hours, requires a rest break where the working day is longer than six hours, provides for at least 11 consecutive hours of daily rest, and requires at least 24 hours of uninterrupted weekly rest in addition to the daily rest period. Individual countries may provide greater protections or allow exceptions through national laws or collective bargaining agreements. Similar work-hour protections exist in a number of other countries, although the applicability to physicians varies based on each country's employment laws and healthcare system.

C-8 – Updating CPT Code 99459 to Include all Physical Exams that Utilize Chaperones (ADOPTED AS AMENDED)

Authors: Jennifer Maxwell, MD, MPH (YCMS) / Katina Rue, DO (YCMS) / Stephanie Hansen, DO (WSMA BOT)

RESOLVED, that the WSMA support updating CPT CODE 99459 to include all physical examinations that require chaperones such as but not limited to rectal exams, breast exams, and male genitourinary exams (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocate to the AMA for submission of a CPT code change request with the CPT editorial panel for CPT Code 99459 to include all physical examinations that require chaperones such as but not limited to rectal exams, breast exams, pelvic and genitourinary exams regardless of the patient's gender or sex. (New HOD Policy)

Staff: Susanna (Policy); Jeb (Policy)
Status: Policy Compendium updated to reflect new policy. A letter was sent to the members of the AMA CPT editorial panel requesting a revision to code 99459 as noted in the above resolve.

C-9 – Obesity Codes Language (ADOPTED)

Authors: June Bredin, MD (WAFP) / Lillian Wu, MD (WAFP)

RESOLVED, that the WSMA submit a resolution to the American Medical Association House of Delegates to advocate to the Centers for Medicare & Medicaid Services for equivalent, risk-adjusted payment for alternate codes with more patient-centered, neutral, and non-stigmatizing language in place of ICD-10 code E66.01. (Directive to Take Action)

Staff: Shannon (AMA Delegation)
Status: The AMA Delegation submitted a resolution for consideration at the AMA Annual Meeting in June, 2026 which was adopted by the AMA with the following language: RESOLVED, that our American Medical Association will advocate to the Centers for Medicare & Medicaid Services and other payers to utilize equivalent ICD-10-CM codes that are patient-centered, neutral, and non-stigmatizing for payment, quality measures, and risk adjustment.

C-10 – Restricting Non-Medical Switching of Biologic Medications (REFERRED)

Authors: Anthony Krajcer, MD (WRA) / Ellen Passloff, MD (KCMS)

RESOLVED, that the WSMA opposes non-medical switching of biologic medications when such changes result in increased out-of-pocket costs or increased clinical risk to the patient (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA support legislation or regulatory policy requiring that any mandated switch to a biosimilar must preserve the patient's existing co-pay structure and be clinically appropriate for their condition (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA advocates for physician authority in treatment decisions and opposes payer-driven policies that interfere with individualized, evidence-based care for patients receiving biologic therapies. (New HOD Policy)

Staff: Billie (Policy)
Executive Committee: Dr. Bindu Nayak
Board of Trustees: Dr. Amish Dave
Status: Draft report was reviewed and discussed by the WSMA Executive Committee at its March meeting. Recommendations were approved by the WSMA Board in May. The report will now be considered by the HOD at its 2026 meeting.

RECOMMENDATIONS

The Board of Trustees recommends that C-10 (A-25) be adopted and the remainder of the report be filed.

C-11 – Support for Deductible Credit for Out-of-Pocket Medical Expenses (ADOPTED AS AMENDED)

Authors: Kim Ha Wadsworth, DO (TMCMS) / Erin Rose Medina, MD (SCMS) / Lucinda Grande, MD (WSAM)

RESOLVED, that the WSMA support the introduction of future legislation in Washington state requiring health insurers to apply credit toward the enrollee's deductible and out-of-pocket maximum for amounts paid directly to providers, if the following conditions are met:

1. The service is medically necessary and covered under the enrollee's health plan;
2. The amount paid is less than the average in-network discounted rate for the same service or medication;
3. The enrollee uses a claim submission process as defined by the insurer or required by law (New HOD policy); and BE IT FURTHER

RESOLVED, that WSMA support the introduction of future legislation in Washington state requiring insurers to create a clear, accessible, and standardized submission process, including forms and documentation requirements, for patients seeking deductible credit for out-of-pocket medical expenses. (New HOD policy)

Staff: Susanna (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. While no relevant legislation was considered during the 2026 legislative session, the WSMA will monitor for opportunities to advance this policy moving forward.

C-12 – Bicycling Awareness (NOT ADOPTED)

C-13 – Bicycling for Health (ADOPTED AS AMENDED)

Authors: Robert Lang, MD (TMCMS) / Elia Cole, DO, MPH (TMCMS)

RESOLVED, that the WSMA promote the safe and accessible use of bicycles by supporting efforts of bicycling advocacy groups, such as Cascade Bicycle Club and Washington Bikes. (New HOD Policy)

Staff: Susanna (Policy)
Status: Policy Compendium updated to reflect new policy.

C-14 – No Fault Medical Professional Liability Insurance (ADOPTED AS AMENDED)

Authors: Margaret MacLeod, MD, FAAFP (TMCMS) / Kim Wadsworth, DO (TMCMS) / Robert Lang, MD (TMCMS)

RESOLVED, the WSMA, in the interest of maintaining an adequate medical workforce in Washington state and lowering the overall costs of medical care, supports initiating research and investigations into a no-fault medical professional liability insurance option with the purpose of sharing those findings with the WSMA membership. (New HOD Policy)

Staff: Susanna (Policy); Milana & Graham (Communications)
Status: Policy Compendium updated to reflect new policy. WSMA staff has spoken with our endorsed medical professional liability company, Physicians Insurance, and received input and references on the subject from their underwriting and risk-management experts. Staff has reached out to the Medical Professional Liability Association and the AMA for input/references. Once research is complete, staff will share with membership in WSMA communications.

C-15 – Support for Rapid Methadone Inpatient Stabilization and Linkage to Care (ADOPTED AS AMENDED)

Authors: Lucinda Grande, MD (WSAM) / Dave Cundiff, MD, MPH (Pacific County) / Vania Rudolf, MD, MPH (WSAM)

RESOLVED, that the WSMA endorse appropriate implementation of a rapid methadone stabilization pathway for treatment of opioid use disorder in pregnant patients, with higher-than-traditional doses given twice daily, and linkage to care at time of discharge along with dispensing of naloxone and 72 hours of methadone (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA bring a resolution to the American Medical Association House of Delegates to endorse and advocate for appropriate implementation of a rapid methadone inpatient stabilization pathway for treatment of opioid use disorder in pregnant patients, with higher-than-traditional doses given twice daily, and linkage to care at time of discharge along with dispensing of naloxone and 72 hours of methadone. (Directive to Take Action)

Staff: Susanna (Policy); Shannon (AMA Delegation)
Status: Policy Compendium updated to reflect new policy.
The AMA Delegation submitted a resolution for consideration at the AMA Annual Meeting in June 2026 which was adopted with the following language: RESOLVED, that our American Medical Association will advocate for removal of barriers to the development and implementation of pregnancy-specific treatment pathways for pregnant patients with Opioid Use Disorder, including: a. Encouraging treatment

tailored for pregnancy and the individual patient (i.e. choice of medication, dosage, and frequency of dosing) informed by clinical evaluation, history, available resources, and patient and physician preference; b. Advocating for medication take home flexibilities for pregnant patients; c. Ensuring that institutions have care pathways in place to dispense adequate medication for 72 hours to allow time to link to ongoing treatment; d. Encouraging the development of hospital-based medication initiation protocols that allow for faster dose titrations due to medical monitoring; e. Advocating for coverage for tailored treatment of opioid use disorder in pregnant patients; and f. Ensuring linkage to prenatal care as well as addiction treatment (level of care based upon patient need) prior to discharge.

C-16 – Response to Impact of Federal Medicaid Funding Cuts (SUBSTITUTE RESOLUTION C-16 ADOPTED IN LIEU OF RESOLUTION C-16)

Authors: Lucinda Grande, MD (WSAM) / David Cundiff, MD, MPH (Pacific County)

RESOLVED, that the Washington State Medical Association will support use of a portion of its Rural Health Transformation Program funding to incentivize and reward rural hospitals for implementing evidence-based treatment of substance use disorders and linkage to care in the community. (New HOD Policy)

Staff: Susanna (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. The WSMA supported the state's application to the Rural Health Transformation Program through CMS. Washington state submitted a successful application. Per CMS abstract, the plan includes "expand(ing) and sustain(ing) the rural behavioral health system. The WSMA met with the Director of the Health Care Authority (HCA), Ryan Moran and his leadership team to receive an update on implementation of the Rural Health Transformation Program and learn about opportunities for WSMA to engage. Bindu Nayak, MD has been appointed to the RHTP Community Advisory Committee to represent the medical profession. The RHTP Community Advisory Committee includes 18 representatives from rural Washington who can provide expertise and perspectives to form recommendations for investments in future years of the program. The WSMA partnered with staff from the HCA to conduct a webinar of June 24 to cover HR 1 implementation timelines, operational impacts and provide an opportunity for stakeholder feedback.

C-17 – Prohibiting the Use of Artificial Intelligence (ADOPTED AS AMENDED)

Authors: Teresa Girolami, MD (WSMA BOT) / Daniel Low, MD (KCMS)

RESOLVED, that the WSMA opposes the use of artificial intelligence, machine learning systems, or algorithm-based tools to make final determinations regarding prior authorization or coverage of healthcare services without the involvement of a licensed physician or appropriately credentialed health care professional (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports and advocates for state legislation in Washington to prohibit the use of artificial intelligence in rendering final prior authorization denials without the meaningful and accountable involvement of a licensed physician or appropriately credentialed health care professional, in order to safeguard patient access to timely, clinically appropriate care and uphold the integrity of the physician-patient relationship. (New HOD Policy)

Staff: Susanna (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. In the 2026 legislative session, WSMA successfully advocated for the passage of Senate Bill 5395, which prohibits insurance carriers from utilizing AI to render prior authorization denials, among other provisions. Over the previous year, the WSMA has engaged extensively with the administration, Washington's Congressional, and the media to raise concerns about the CMS CMMI WISeR Model, which, starting January 2026, subjects physicians

and patients in Washington and five other states to AI driven prior authorization in traditional Medicare for a set of services CMS has deemed low value, underscoring its potential impact on Washington physicians and Medicare patients. The WSMA has hosted two webinars with the AI vendor to help members that are subject to the program navigate challenges. The WSMA supports legislation in Congress that would repeal the program.

C-18 – Protecting Access to HIV Prevention and Treatment Services (ADOPTED AS AMENDED)

Authors: Bob Geise, MD (KCMS) / Rajneet S. Lamba, MD (WSMA BOT)

RESOLVED, that the WSMA supports efforts to increase access to comprehensive, evidence-based HIV prevention and treatment strategies, including PrEP, PEP and ART (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates for legal, regulatory, and insurance protections that ensure affordable, stigma-free, and continuous access to HIV-related care, especially for medically underserved populations (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA actively oppose any direct or indirect federal efforts to restrict access to HIV prevention and treatment services in Washington state and where feasible to engage regionally or nationally (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports interprofessional provider education, community-based outreach, and state-level funding mechanisms to expand access to biomedical HIV prevention in both clinical and pharmacy settings. (New HOD policy)

Staff: Susanna (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. During the 2026 legislative session, WSMA successfully advocated for the passage of Senate Bill 6183 to mandate insurance coverage for HIV antiviral drugs.

C-19 – Protecting Patient Access to Care Regardless of Immigration Status (ADOPTED)

Authors: Joy Bucher, MD (KCMS) / Alan Boyd, DO (KCMS)

RESOLVED, that the WSMA recognizes immigration enforcement and policy as a public health issue that negatively impacts access to care, trust in medical providers, and overall health outcomes (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA advocate for legal and policy protections that prohibit immigration enforcement actions within or targeting health care facilities and their data systems (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA support expanded funding and infrastructure for telehealth services, especially for immigrant and undocumented communities, as a means of improving access and minimizing risk of exposure to enforcement activities (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA encourage education for medical providers and staff on patient privacy rights, emergency preparedness in the face of enforcement actions, and culturally safe communication with immigrant patients. (New HOD Policy)

Staff: Susanna (Policy); Sean (GAP)

Status: Policy Compendium updated to reflect new policy. At the state level, during the 2026 legislative session the WSMA worked in coalition with patient groups, state agencies, hospitals, community health centers and other stakeholders to ensure continued access to health care services and insurance coverage for all our state's residents. The final 2026 state operating budget continues financial support for the state's Apple Health Expansion program, continuing funding for undocumented residents of the state to access care.

At the federal level WSMA sent a letter to Washington state's members of Congress to curb enforcement measures at health care settings that deter patients from receiving care and ensure safe and sanitary conditions at holding facilities, including access to medical care. As a result of that letter, WSMA staff and four physicians met with Congresswoman Emily Randall's staff to discuss immigration enforcement experiences at practices in Vancouver and Yakima. These issues were also discussed with health care staff belonging to Democratic offices of Washington's Congressional Delegation.

In tandem with our congressional outreach, the WSMA issued a press statement urging Congress to curb ICE enforcement and uphold health standards in detention facilities: WSMA Urges Congress to Curb ICE Enforcement, Uphold Health Standards in Detention Facilities. The statement was disseminated to media statewide, to WSMA members, to partners in organized medicine, to other health care stakeholders, pushed out via social media. WSMA is working with Elise Takahama, the health reporter for The Seattle Times, to give her background on our congressional outreach, and to put her in contact with physicians who have seen impact on patient care in their communities resulting from ICE. Story TBD.

The WSMA offers resources to educate medical professionals and staff on patient privacy rights, emergency preparedness in the face of enforcement actions, and culturally safe communication with immigrant patients on a dedicate webpage on its website: Immigrant Welfare.

The WSMA's Continuing Professional Development webinar series offered a live webinar on Friday, May 1, noon-1 p.m., Immigration Law Enforcement and Patient Access to Care. Toren Davis, DO, and Genoveva O'Neill, MD, discuss the impacts of immigration law enforcement on their patients' access to care in southwest Washington. The webinar is now available on demand as enduring CME, along with a 2025 CME webinar, Immigration Law Enforcement, Clinic, and Patient Rights. Both enduring CME webinars can be accessed here: Immigrant Welfare - WSMA.

C-20 – Reducing Health Impacts of Maritime Emissions in Washington Ports (NOT ADOPTED)

C-21 – Support for Legislation that Improves Health Via Tax on Extreme Wealth (ADOPTED AS AMENDED)

Authors: Charles Mayer, MD (KCMS) / Mark Vossler, MD (KCMS) / Leo Morales, MD, PhD, MPH (KCMS)

RESOLVED, that the WSMA reinforced by prior WSMA resolutions (Res 28, C-87; Res 9, C-88, reaffirmed at A-23), support legislation for a state wealth tax on intangible property, specifically publicly traded stocks and bonds only (not homes, retirement plans or other assets), which exempts the first $50 million where the resources will be directed toward social programs including nutritional, educational, homelessness support, immigrant support, and prevention and health care programs, in order to improve the health of all Washingtonians. (New HOD Policy)

Staff: Susanna (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. WSMA staff has met with the authors and in the 2026 legislative session, WSMA supported legislation to support the establishment of a wealth tax in alignment with the policy. The bill did not pass, but separate legislation was adopted to establish an income tax on millionaires in our state.

C-22 – Halt the Use of Sewage Sludge (Biosolids) as Agricultural Fertilizer (REFERRED)

Authors: Robert Wohlman, MD (KCMS) / Teresa Girolami, MD (WSMA BOT)

RESOLVED, that the WSMA supports a moratorium on the use of sewage sludge (biosolids) as fertilizer on agricultural lands in Washington state until independent, peer-reviewed, and state-funded research demonstrates that the practice poses no risk to human health or the environment (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA advocate for legislation requiring comprehensive testing and public reporting of PFAS and other emerging contaminants in all biosolids used for land application (New HOD Policy); BE IT FURTHER

RESOLVED, that WSMA urge the Washington State Department of Ecology and Department of Agriculture to establish enforceable limits for contaminants of concern in biosolids, aligned with the most protective national and international standards (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA promote investment in PFAS remediation research, development of safer alternatives to biosolids in agriculture, and emergency relief funding for farms affected by toxic sludge contamination. (New HOD policy)

Staff: Jeb (Policy)
Executive Committee: Dr. Matthew Hollon
Board of Trustees: Dr. Carrie Horwitch
Status: Draft report was reviewed and discussed by the WSMA Executive Committee at its March meeting. Recommendations were approved by the WSMA Board in May. They will now be considered by the 2026 HOD.

RECOMMENDATIONS

The Board of Trustees recommends that the following existing WSMA policies be reaffirmed in lieu of Resolution C-22 (A-25) and the remainder of the report be filed:

The WSMA is committed to working with the state's congressional delegation to support legislation encouraging appropriate behavior by individuals and companies to reduce the risks inherent in our industrialized society. (Res 47, A-89) (Reaffirmed A-23)

C-23 – Ensuring Physician Oversight of Artificial Intelligence (ADOPTED AS AMENDED)

Authors: Joel Carey, MD (KCMS)/Teresa Girolami, MD (WSMA BOT)

RESOLVED, that the WSMA advocate that clinical decision-making AI systems deployed in health care settings be supervised and overseen by fully licensed physicians (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA support the development of policies, regulations, and/or legislation requiring meaningful and accountable physician oversight of AI applications used in diagnosis, treatment planning, and patient care (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA encourages health care institutions to prioritize physician-led evaluation, supervision, and governance in integrating AI technologies into clinical environments. (New HOD Policy)

Staff: Susanna (Policy)
Status: Policy Compendium updated to reflect new policy.

C-24 – Establishing the Washington State Commission of Boys and Men (ADOPTED)

Authors: WSMA Board of Trustees

RESOLVED, that WSMA supports the establishment of a Washington State Commission on Boys and Men to study and address the health disparities and socially related consequences disproportionately affecting boys and men. (New HOD Policy)

Staff: Susanna (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. In the 2026 legislative session, WSMA supported House Bill 1266, House Bill 2401, and Senate Bill 5446, which would establish a Washington state commission on boys and men. The bills did not pass but the issue is expected to be revisited in the 2027 legislative session.

C-25 – Legislation that Improves Health (NOT ADOPTED)

C-26 – Legal Immunity to Physicians for Good Faith Reporting of Impaired Drivers (ADOPTED)

Authors: WSMA Board of Trustees

RESOLVED, that the WSMA supports appropriate legal protections for physicians, acting in good faith who report impaired drivers to the Department of Licensing. (New HOD Policy)

Staff: Susanna (Policy)
Status: Policy Compendium updated to reflect new policy.

C-27 – Enhancing and Expanding Financial Support for Medical Education in Washington State (ADOPTED)

Authors: WSMA Board of Trustees

RESOLVED, that the WSMA advocate for the Washington State Legislature to consider implementing a public-private partnership to increase financial support for medical education, encouraging collaboration with local businesses, corporations, philanthropic organizations, and individual donors (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA encourages the Washington State Legislature to explore additional incentives for large donations, including but not limited to: • Matching Grant Programs: The state could match private donations, amplifying the impact and increasing the funds available for medical education. • Tax Incentives: Explore tax credits or other state-level tax benefits for donors who contribute to medical education. • Legislative Support: Advocating for policies that promote long-term funding initiatives, including state-supported matching funds and tax-exempt status for large contributions. (New HOD Policy)

Staff: Susanna (Policy); Sean (GAP)

Status: Policy Compendium updated to reflect new policy. While no relevant legislation was considered during the 2026 legislative session, the WSMA will monitor for opportunities to advance this policy moving forward. Additionally, WSMA supported the state's successful application to the Rural Health Transformation Program through CMS, which includes initiatives related to physician workforce development.

C-28 – Preventing Insurance Company Retaliation Against Physician Advocacy (ADOPTED)

Authors: Adam Panzer, MD (SCMS) / Carrie Horwitch, MD (WSMA BOT) / Stephanie Fosback, MD (WCACP)

RESOLVED, the WSMA opposes attempts by insurance companies to retaliate against physicians for patient advocacy in communications with patients, insurance company employees and representatives or the general public; (New HOD Policy); and BE IT FURTHER

RESOLVED, the WSMA will advocate for state legislation that prohibits retaliation by insurance companies against physicians for patient advocacy and that empowers the Washington Office of the Insurance Commissioner to receive, investigate, and act upon complaints of such retaliation. (Directive to Take Action)

Staff: Susanna (Policy); Sean (GAP)
Status: Policy Compendium updated to reflect new policy. While no relevant legislation was considered during the 2026 legislative session, the WSMA will monitor for opportunities to advance this policy moving forward.