WASHINGTON STATE MEDICAL ASSOCIATION
OFFICIAL ACTIONS OF THE 2026 HOUSE OF DELEGATES

REFERENCE COMMITTEE B

BOARD OF TRUSTEES REPORTS

Report A – Auditor's Report (FILED)

Report B – Secretary-Treasurer's Report (FILED)

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Report E – Nominations, 2026-2027 WSMA Officers and Trustees (FILED)

Report F – Membership Report (FILED)

Report G – WSMA Policies Report (FILED) (See also Resolution B-7)

Report H – Reinforce and Clarify Residency and Practice Requirements (FILED) (See also Resolution B-1)

Report I – Supporting a Washington Future Fund (FILED) (See also Resolution B-2)

Report J – Restricting Non-Medical Switching of Biologic Medications (FILED) (See also Resolution B-3)

Report K – Halt the Use of Sewage Sludge (Biosolids) as Agricultural Fertilizer (FILED) (See also Resolution B-4)

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ARTICLE XIV— RECALL, REFERENDUM AND INITIATIVE

Section 1. Recall.

A. Grounds for Removal

~~Any officer of this Association may be recalled by a vote of two-thirds (2/3) of the House of Delegates in regular or special session. Any Committee member or chair other than those elected by the House of Delegates may be recalled by a vote of two-thirds (2/3) of the Board of Trustees.~~
Any Officer of this Association may be removed for conduct that is detrimental to the interests or reputation of the Association, including but not limited to:

1. Unprofessional Conduct – Conduct inconsistent with the WSMA Code of Ethics or other adopted standards of professional behavior; conduct that undermines the integrity, mission, or public standing of the Association; or conduct that disrupts effective governance.

2. Conflicts of Interest – Failure to disclose a material conflict of interest; engaging in unmanaged or unmanageable conflicts; misuse of the Officer's position for personal, professional, or organizational gain; or failure to comply with the Association's Conflict of Interest Policy.

3. Breach of Fiduciary Duty – Failure to uphold the duties of care, loyalty, or obedience required of Officers of this Association.

4. Violations of WSMA Policies – Repeated or material violations of the Association's Bylaws or other duly adopted policies.

B. Initiation of Proceedings

A removal proceeding may be initiated by:

1. The Executive Committee;

2. Any three (3) Officers acting jointly.

C. Notice and Opportunity to Respond

1. The Officer subject to removal shall receive written notice of the specific allegations at least fourteen (14) days prior to the Board of Trustees meeting at which the matter will be considered.

2. The notice shall include a summary of the conduct at issue and any supporting documentation.

3. The Officer shall be afforded a reasonable opportunity to submit a written response and to address the Board prior to any vote.

D. Voting Requirement

Removal of an Officer requires a two-thirds (2/3) vote of the Officers present at a meeting where a quorum is established. The Director subject to removal shall be recused from deliberation and voting.

E. Effect of Removal

A Director removed under this Section shall immediately cease to hold office. The resulting vacancy shall be filled in accordance with the procedures for vacancies set forth in these Bylaws.

F. Confidentiality and Due Process

All proceedings conducted under this Section shall remain confidential to the extent permitted by law. The Association shall ensure fair and consistent application of this process and compliance with RCW 24.03A.530.*

*RCW 24.03A.530: Removal of directors.

Report C – Proposed 2026 Bylaws Amendment (NOT ADOPTED)

Report D – Proposed 2026 Bylaws Amendment (ADOPTED)

ARTICLE VII—HOUSE OF DELEGATES

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.~~ **one delegate and one alternate for each one hundred members, or**

fraction thereof, of the Resident and Fellow Section.
f. [...]

RESOLUTIONS

B-1 - B-22 (A-25) REFERRED: B-20 (A-24) Reinforce and Clarify Residency and Practice Requirements (REFERRED) (NOT ADOPTED)

B-2 - C-6 (A-25) Supporting a Washington Future Fund (A-25) (REFERRED) (ADOPTED)

Authors: Board of Trustees, Washington State Medical Association

RESOLVED, that the Board of Trustees recommends that the following existing WSMA policies be reaffirmed in lieu of Resolution C-6 (A-25) (Reaffirm HOD Policy):

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)

B-3 - C-10 (A-25) Restricting Non-Medical Switching of Biologic Medications (REFERRED) (ADOPTED AS AMENDED)

Authors: Board of Trustees, Washington State Medical Association

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 supports legislation or regulatory policy requiring that any mandated switch to a biosimilar must utilize the copay structure that requires the patient to pay the least out-of-pocket 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)

B-4 - C-22 (A-25) Halt the Use of Sewage Sludge (Biosolids) as Agricultural Fertilizer (REFERRED) (ADOPTED)

Authors: Board of Trustees, Washington State Medical Association

RESOLVED, that the following existing WSMA policy be reaffirmed in lieu of Resolution C-22 (A-25). (Reaffirm HOD policy)

> 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)

B-5 - Bylaws Report C (A-25) (REFERRED) (NOT ADOPTED)

B-6 - Bylaws Report D (A-25) (REFERRED (NOT ADOPTED)

B-7 - Sunset Policy Review as Required by Article VII, Section 2 of the WSMA Bylaws (ADOPTED)

Authors: Board of Trustees, Washington State Medical Association

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

B-8 - Federal Oversight, Transparency, and Contractor Accountability in Medicare Prior Authorization (ADOPTED AS AMENDED)

Authors: Teresa Girolami, MD (KCMS) / Sravya Vajapey, MD (KCMS)

RESOLVED, that the WSMA adopts as policy support for federal legislation prohibiting any payment arrangement between the Center for Medicare & Medicaid Services and a utilization management contractor that compensates the contractor based on the volume, dollar value, or rate of denied claims (New HOD Policy).

B-9 - Fair Recoupment Standards for L&I Physicians (ADOPTED AS AMENDED)

Authors: Erik Brand, MD (KCMS) / Dan Brzusek, DO (KCMS)

RESOLVED, that the WSMA supports prohibiting the state Department of Labor and Industries from seeking physician payment recoupment, including refunds, offsets, or take-backs, more than one year after the date payment was made, rather than under general contract or account-receivable limitations periods, except in cases involving proven fraud or intentional misrepresentation (New HOD policy).

B-10 - Modernizing Product Liability for Clinical Artificial Intelligence Failures (ADOPTED AS AMENDED)

Authors: Teresa Girolami, MD (WSMA BOT) / Tony Quang, MD, JD (KCMS)

RESOLVED, that the WSMA advocates for state legislation to clarify that clinical artificial intelligence and machine learning software, including software incorporated into or constituting a medical device and software authorized for marketing by the U.S. Food and Drug Administration through an applicable regulatory pathway, constitute a "product" within the meaning of state law and that an entity meeting the definition of "manufacturer" is subject to applicable manufacturer liability except to the extent otherwise preempted by federal law; (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates for state legislation expressly preserving and applying an exclusion to physicians and other clinicians of professional services who select, prescribe, recommend, implement, configure for clinical use, access, or use clinical artificial intelligence or machine learning products within the legally authorized scope of their professional practice, and clarifying that such activities, without substantial participation in the design, development, manufacture, or modification outside the ordinary course of clinical implementation or use, do not render the physician or other professional a manufacturer, product seller, distributor, or other entity subject to product liability under state law (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates that a physician or other healthcare professional shall not, solely by reason of such use, be deemed a manufacturer, product seller, or distributor, or be subject to a heightened standard of professional care solely because the physician or professional uses a clinical artificial intelligence or machine learning product selected, procured, implemented, configured, or required by a healthcare institution, employer, payer, or other third party, provided that the physician or professional exercises independent clinical judgment consistent with the applicable standard of care (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates that the output, recommendation, risk score, prediction, or other determination of a clinical artificial intelligence or machine learning product shall not, standing alone, establish or determine the applicable standard of care, and that neither a physician's decision to follow nor a physician's decision to decline, modify, or override such output shall, standing alone, establish a presumption or inference of a departure from the applicable standard of care, provided that the physician exercises independent clinical judgment consistent with the standards otherwise applicable under state law and that the WSMA convey this position to the Washington Medical Commission as it develops policies concerning artificial intelligence in medical practice (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates that, when harm is proximately caused by a defect in the design, manufacture, testing, labeling, instructions, warnings, updating, maintenance, or performance of a commercial clinical artificial intelligence or machine learning product, responsibility attributable to an actionable product defect or other actionable conduct under state law should rest with the manufacturer or other entity legally responsible for such defect or conduct, and that a physician's use of such a product within its authorized or reasonably accepted clinical use, while exercising independent clinical judgment consistent with the applicable standard of care, should not transfer responsibility for the product defect to the physician or convert a product liability claim into a professional negligence claim against the physician, and that a physician or other healthcare professional should not be responsible for identifying or correcting a latent product defect that could not reasonably be detected through the exercise of the applicable standard of professional care (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates, to the extent consistent with and not preempted by applicable federal law, for state legislation requiring manufacturers and vendors of clinical artificial intelligence and machine learning products marketed for clinical use in Washington state to disclose to purchasers and physician users material information necessary for informed clinical use, including applicable regulatory authorization or approval status; intended use and intended patient population; known limitations, risks, and failure modes; reasonably available information concerning potential disparate performance or impact; validation data, including validation in the intended population and practice setting where available; external or ongoing validation addressing model drift, degradation, and material changes in performance; post-market surveillance activities; and reasonably available information concerning performance across relevant patient populations (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA will engage the Washington State Office of the Insurance Commissioner and advocate against exclusions that deny or materially restrict otherwise applicable professional liability coverage solely because a physician or other healthcare professional used an AI or machine learning product in providing professional services, and advocate that physicians and other healthcare professionals not bear uninsured exposure for liability attributable to defects in AI products for which they were not responsible (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA will direct its delegation to the American Medical Association to seek extension of AMA Policy H-480.939 to support state legislation clarifying that clinical artificial intelligence and machine learning software may constitute a product subject to applicable state product liability law and preserving appropriate state-law remedies against manufacturers and other entities responsible for product defects, while protecting physicians and other healthcare professionals from being deemed manufacturers or product sellers solely because they select, recommend, prescribe, implement, or use such products in the provision of professional services, preserving state remedies to the fullest extent

permitted under federal law for injuries proximately caused by defective AI-enabled medical products, and supporting federal legislation preserving appropriate state-law remedies for such injuries (Directive to Take Action).

B-11 - Biosimilar Cost Transparency (ADOPTED AS AMENDED)

Authors: Colin Fields, MD (WSMA BOT) / Amish Dave MD, MPH (WSMA BOT) / Peter Barkett MD, (KCMS)

RESOLVED, that the WSMA supports the development and implementation of evidence-based strategies to encourage the clinically appropriate use of lower-cost biosimilars when safe, effective, and fiscally prudent for the patient, when agreed upon by the patient and physician as the best course of treatment, and when such use does not create financial disadvantage to physician practices (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates for comprehensive transparency in drug pricing and coverage, including publicly accessible formulary information, patient-specific real-time benefit tools, and clear estimates of total out-of-pocket costs that incorporate deductible status and available financial assistance (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates for policies and reimbursement structures that cover medication administration and practice expenses and do not create disincentives to prescribing biosimilars (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates for expanded access to copay and coinsurance assistance programs, including the reduction or elimination of statutory and administrative barriers that limit access for Medicaid beneficiaries receiving biologic and biosimilar therapies (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports collaboration with the Washington State Office of the Insurance Commissioner to develop and deploy advanced cost-transparency tools, including digital and AI-enabled solutions, to assist patients, physicians, and advanced practice clinicians in understanding coverage, benefit design, and expected out-of-pocket costs in real time (Directive to Take Action)

B-12 - Increased Inclusion of Immunocompromised Patients in Clinical Trials (ADOPTED)

Authors: Danny Low, MD (KCMS) / Robert Geise, MD (IDSW)

RESOLVED, that the WSMA adopts as policy that clinical trial eligibility criteria should not categorically exclude immunocompromised individuals, specifically people living with HIV and those on immune-modulating medications, absent a specific scientific justification 1 documented for the individual trial (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA will advocate that academic research institutions and federally funded research programs adopt inclusive eligibility criteria that allow participation by immunocompromised individuals where scientifically appropriate (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA will direct its delegation to the American Medical Association to seek extension of AMA Policy H-460.875 to name immunocompromised populations explicitly, and to advocate that the U.S. Food and Drug Administration extend its 2020 guidance on cancer clinical trial eligibility for patients with HIV to other immunocompromised populations (Directive to Take Action).

B-13 - Facilitating Clinical Shadowing Opportunities for Washington Pre-Medical Students (ADOPTED AS AMENDED)

Authors: Michelle Terry, MD (KCMS) / Daniel Low, MD (KCMS)

RESOLVED, that the WSMA recognizes physician and physician assistant shadowing and clinical observation as important components of workforce development and equitable access to medical education, and supports the restoration and expansion of sustainable shadowing opportunities throughout Washington (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA will convene a statewide workgroup including the Washington State Hospital Association, hospital systems, county medical societies, medical schools, undergraduate institutions, compliance and liability stakeholders, and students, charged with identifying institutional barriers to clinical observation access, developing model onboarding, privacy, consent, and liability-allocation materials that organizations may adopt voluntarily, and recommending how to reach students without existing connections to healthcare institutions, with a report to the House of Delegates within 12 months of adoption (Directive to Take Action).

B-14 - Provision of Toolkits for Physicians and Patients Regarding Law Enforcement Engagement (ADOPTED AS AMENDED)

Authors: Jose Carlos Flores Rodarte, MD (KCMS) / Mona Kathuria, MD (KCMS)

RESOLVED, that the WSMA will identify and disseminate educational materials regarding engagement with law enforcement in healthcare settings that address:

- Clinical protocols: Best practices for responding to requests by law enforcement for patient information or access to non-public clinical areas, including guidance on distinguishing judicial from administrative warrants and on delineating private clinical space.
- Personnel training: De-escalation strategies and practical guidance for physicians and clinical staff on maintaining the integrity of the clinical environment during law enforcement presence, consistent with the education encouraged by C-19 (A-25).
- Patient education: Culturally appropriate, multilingual materials to assist patients in understanding their rights, together with directories for legal assistance and local rapid-response resources. (Directive to Take Action)

B-15 - Repeal Resolutions Separate from Reports (A-18) (ADOPTED)

Authors: Matthew Hollon MD, MPH, FACP (WSMA EC) / Bridget Bush, MD, FASA (WSMA EC)

RESOLVED, that the WSMA House of Delegates rescinds Resolution B-1 (A-18), "Resolutions Separate from Reports," adopted in 2018:

> All policy matters brought before the WSMA House of Delegates for a vote be submitted in the form of a resolution, separate from committee reports, with supporting arguments presented in "Whereas" statements and proposed new policies presented as "Resolved" statements. (Res B-1, A-18)
>
> Committee reports are considered informational items and are designed to inform rather than change WSMA policy, with the exception of the Bylaws Committee reports, whose purpose is to propose amendments. (Res B-1, A-18)

(Rescind HOD Policy).

B-16 - Opposition to the Use of Political Appointees for Final Decisions on Federally Funded Research Grants (ADOPTED AS AMENDED)

Authors: Robert Geise, MD (IDSW) / Daniel Low, MD (KCMS)

RESOLVED, that the WSMA opposes the use of political appointees to make final decisions on federally funded scientific research, and supports the traditional method of placing research funding decisions in the hands of scientific experts through rigorous peer review methodology (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates that federal research funding policies not prohibit the use of federal grant funds for the publication, dissemination, or presentation of accurate, evidence-based research findings (New HOD Policy).

B-17 - Standardizing Inpatient Stabilization, Rapid MOUD Initiation, and Appropriate High-risk Reimbursement for Pregnant Patients with Fentanyl and Opioid Use Disorder (OUD) (ADOPTED AS AMENDED)

Authors: Vania Rudolf, MD, MPH (WSAM) / Colin Fields, MD (WSMA BOT) / Vivienne Meljen, MD (WSMA BOT)

RESOLVED, that the WSMA works with the Washington Society of Addiction Medicine to advocate for statewide inpatient admission or transfer pathways for pregnant patients with ongoing fentanyl and OUD exposure requiring withdrawal management, rapid stabilization with medications for opioid use disorder (MOUD) (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates that acute care facilities across Washington state operationalize evidence-based, rapid inpatient MOUD (methadone and buprenorphine) initiation protocols. (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates for hospitals to implement a compassionate-care and harm-reduction model (incorporating COMPASSION model principles) that guarantees non-punitive, barrier free multidisciplinary extended postpartum stays, prioritizing parental-infant bonding, dignity, and retention in care (New HOD Policy)

B-18 - Revising Washington Pain Rules into Recommendations (ADOPTED AS AMENDED)

Authors: James K. Rotchford, MD, MPH (RRS) / Kim Emery, PA-C (RRS)

RESOLVED, that WSMA supports changes to relevant state law and regulation to simplify the Washington pain rules and recommend periodic updates to the rules by a panel of suitable experts. (New HOD Policy).

B-19 - Differentiated Pathways, Referral Standards, and Structural Reform for the Washington Physicians Health Program (NOT ADOPTED)

B-20 - Continuity of Care for Established Patients Traveling Out of State (ADOPTED AS AMENDED)

Authors: Kristen Austin, MD, MPH (ACOG) / Vivienne Meljen, MD (WSMA BOT)

RESOLVED, that the WSMA supports federal legislation that would allow clinicians from individual states to care for established patients when they are temporarily out of state. This would include behavioral health, medical, and peri-operative care, including via telemedicine when clinically appropriate (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA will transmit this resolution to its delegation at the American Medical Association for consideration as national policy (Directive to Take Action).

B-21 – Ensuring Adequate Diagnostic Evaluation Before Prescribing Controlled Substances (NOT ADOPTED)

B-22 – Evidence Based Care for Those Incarcerated or Confined with Serious Mental Illness or Substance Use Disorders (ADOPTED AS AMENDED)

Authors: James K Rotchford, MD, MPH (RRS) / Kim Emery, PA-C (RRS)

RESOLVED, that the WSMA supports efforts to ensure that those with a Serious Mental Illness (SMI) or Substance Use Disorder (SUD) who are incarcerated or confined receive evidence-based medical and behavioral healthcare that is supervised by a qualified clinician and meets all professional and Constitutional standards (New HOD Policy).

B-23 – Ensuring Appropriate Clinical Evaluation and Follow-up for Direct-to-Consumer Prescription Medication Services for Erectile Dysfunction (REFERRED)

Authors: Isabel Iral-Dragich, MS (MSS) / Myranda Nguyen, MS (MSS)

RESOLVED, that the WSMA opposes the treatment of erectile dysfunction and prescribing of ED medications without a prior diagnosis or a clinically appropriate workup to prevent missing underlying pathologic diagnoses causing ED or contraindications to treatment (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports policies and practices requiring prescription medication services, including direct-to-consumer and telehealth services, to provide patients with appropriate counseling regarding ED medication administration, adverse effects, dose changes, safe discontinuation, and required monitoring and follow-up (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA opposes the marketing and prescribing of compounded drug products for ED, including multi-drug combinations, when the formulation or combination is not supported by evidence-based standards of care (New HOD Policy).

B-24 – Ensuring Appropriate Clinical Evaluation and Follow-up for Direct-to-Consumer Prescription Testosterone Replacement Therapy Medication Services (REFERRED)

Authors: Isabel Iral-Dragich, MS (MSS) / Myranda Nguyen, MS (MSS)

RESOLVED, that the WSMA supports the prescription of testosterone replacement therapy through direct-to-consumer companies for clinically appropriate, evidence-based indications, such as testosterone deficiency or hypogonadism, with appropriate evaluation and monitoring (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports legislation mandating that direct-to-consumer companies follow the guidelines set forth by the American Urological Association and the Endocrine Society of follow up visits and lab work every 6-12 months for the initial and continued prescription of TRT (New HOD Policy).

B-25 Non-Compete Clauses Related to Health Professional Shortage Areas (SUBSTITUTE RESOLUTION ADOPTED IN LIEU OF B-25)

Authors: Dave Cundiff MD, MPH (RRS) / J. Kimber Rotchford MD, MPH (RRS)

The WSMA supports a ban on non-compete clauses for physicians and physician assistants in the state of Washington. (C-10, A-24) (Modify Current HOD Policy)

B-26 Prohibiting Geographic Restrictions on Specialty and Subspecialty Care (ADOPTED AS AMENDED)

Authors: Peter Grunert, MD (YCMS) / Stephanie Hansen, DO (WSMA BOT) / Katina Rue, DO FAAFP, FACOFP (WSMA BOT)

RESOLVED, that the WSMA opposes internal policies of clinics and hospital systems that deny care to patients solely because they reside in neighboring or other counties (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA opposes policies or practices by clinics and hospital systems that restrict referred patients' access to particular specialists or subspecialists based on payer status. (New HOD Policy).

B-27 Reimbursement for Prior Authorization Activities (ADOPTED)

Authors: Dave Cundiff MD, MPH (RRS) / J. Kimber Rotchford MD, MPH (RRS)

RESOLVED, that the WSMA will study mechanisms, by means of contracts and/or regulation, whereby physicians and members of physician-led teams can be reimbursed for the time, overhead costs, and emotional burden involved in prior authorization procedures, with appropriate financial and other penalties against insurers who are found to have instituted prior authorization procedures in bad faith or applied prior authorization when physicians and their teams have records of high-quality, cost-effective practice (Directive to Take Action).

B-28 Rural Network Adequacy in Medicare Advantage (ADOPTED)

Authors: Kim Emery, PA-C (RRS) / Dave Cundiff MD, MPH (RRS)

RESOLVED, that the WSMA advocates for federal legislation and/or regulatory changes to ensure that Medicare Advantage plans serving rural communities contract with available local healthcare professionals that are part of the community's prevailing pattern of care, including every officially designated Rural Health Clinic, and provide reimbursement that adequately supports the delivery and sustainability of healthcare in rural communities, matching or exceeding the Rural Health Clinic Comprehensive Rate (New HOD Policy).

B-29 Recognizing Differences in Education and Training in Payment and Prescriptive Authority Legislation (ADOPTED AS AMENDED)

Authors: Claire O. Brutocao, MD (WSPA) / Katherine A. Jong, MD (WSMA BOT)

RESOLVED, that the WSMA opposes the expansion of non-physician practitioners' prescriptive authority from current standards; (New HOD Policy) and BE IT FURTHER

RESOLVED, that the WSMA supports public policy that recognizes qualitative distinctions in education, training, skill, and expertise between physicians and other healthcare professionals. The WSMA opposes legislation or regulation requiring health carriers or public payers to reimburse non-physician healthcare professionals at rates equal to those paid to physicians for the same professional service; (New HOD Policy) and BE IT FURTHER

RESOLVED, that the WSMA, through its existing government relations activities, consults with the affected specialty society on legislation affecting practice authority, prescriptive authority, or reimbursement (New HOD Policy).

REFERENCE COMMITTEE C

BOARD OF TRUSTEES REPORTS

Report D – AMA Delegation (FILED)

EXECUTIVE COMMITTEE REPORTS

Report B – Government Affairs and Policy (FILED)

INFORMATIONAL REPORTS

Report 9 – WAMPAC (FILED)

RESOLUTIONS

C-1 – Psilocybin Safety Policy (ADOPTED AS AMENDED)

Authors: Rebecca Hoffman, MD (CCMS) / Vivienne Meljen, MD (WSMA BOT)

RESOLVED, that the WSMA supports policy guidelines for comprehensive, verifiable screening of all study participants with clear inclusion criteria to ensure safety in any setting using psilocybin or other psychedelics (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports legislation for a comprehensive regulatory structure for studying access to psychedelics such as psilocybin or other psychedelics and including for psilocybin-assisted psychotherapy (New HOD Policy).

C-2 – Sustainability and Retention for Child Abuse Medical Teams (ADOPTED AS AMENDED)

Authors: Rebecca D Mallo, MD (SCMS) / Michelle A. S. Drobny, DO (SPCMS)

RESOLVED, that the WSMA will explore culturally appropriate opportunities to collaborate with state agencies, health systems, and professional organizations to identify barriers and propose solutions to strengthen and stabilize Washington's child abuse medical workforce, such as through improved reimbursement including non-RVU activities and the development of long-term multidisciplinary child protection teams (Directive to Take Action).

C-3 – Prohibiting and Regulating 7-Hydroxymitragynine (Kratom) Products (NOT ADOPTED)

C-4 – WSMA to Publicly Oppose Initiative 645 to Repeal Tax on High Income ("Millionaire's Tax) (ADOPTED)

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

RESOLVED, that the WSMA publicly opposes Initiative I-645 that attempts to repeal the tax on high income ("Millionaire's Tax"), in order to improve the health of Washingtonians (New HOD Policy).

C-5 – Support Baby Bonds in Washington State (ADOPTED)

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

RESOLVED, that the WSMA publicly supports future policy and legislation for baby bonds (such as the Washington Future Fund), and provides education to its members and the public in support of the concept and rationale (New HOD Policy).

C-6 – Addressing the Health Impacts of Excessive Educational Technology (EdTech) Use in Washington Schools (ADOPTED AS AMENDED)

Authors: Kevin Johnson, MD (KCMS) / Danny Low, MD (KCMS)

RESOLVED, that the WSMA recognizes excessive and developmentally inappropriate educational screen exposure as a pediatric public health concern warranting further evaluation and evidence-based safeguards (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports policies encouraging age-appropriate limitations on non-essential screen-based educational activities in Washington K–12 schools (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates for limiting new student-facing EdTech deployments for grades K–2 until independent, longitudinal research confirms developmental safety and academic benefit (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates for the involvement of pediatric clinicians and developmental experts in the decision-making for the deployment of student-facing EdTech in public education (New HOD Policy).

C-7 – Washington Apple Health Prior Authorization Safeguards and Transparency Standards (ADOPTED AS AMENDED)

Authors: Amish Dave, MPH, MD (WSMA BOT) / Danny Low, MD (KCMS)

RESOLVED, that the WSMA supports legislation establishing patient-centered prior authorization standards for Washington Apple Health managed care programs (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports legislation extending protection of Chapter 157 Laws of 2026 to Washington Apple Health managed care organizations to include augmented intelligence (AI, machine learning support or others) be reviewed by a licensed clinician with relevant experience (New HOD Policy).

C-8 – State Oversight of Artificial Intelligence in Health Insurance Medical Necessity Decisions (ADOPTED AS AMENDED)

Authors: Amish Dave, MD, MPH (WSMA BOT) / Sravya Vajapey, MD (KCMS)

RESOLVED, that the WSMA adopts as policy support for legislation codifying the state Office of the Insurance Commissioner's Artificial Intelligence Advisory Board in statute and granting the Insurance Commissioner clear rulemaking authority governing the use of artificial intelligence, machine learning, algorithmic tools, and automated decision-support systems by state-regulated health carriers in utilization management, prior authorization, claims review, and medical necessity determinations (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA adopts as policy support for legislation building on the reporting requirements of RCW 48.43.0161 by requiring carriers to additionally disclose the categories of services subject to automated review and the clinical criteria applied, and requiring the state Office of the Insurance Commissioner to publish aggregated carrier data in a publicly searchable format that protects patient privacy and confidential patient information (New HOD Policy)

C-9 – Limit Aviation Fuel Health Harms (ADOPTED AS AMENDED)

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

RESOLVED, that the WSMA encourages expansion of regional trains for intercity transport (New HOD Policy).

C-10 – Common Sense Limits on Medical Debt Interest to Protect Both Patients and Clinicians (ADOPTED)

Authors: Charles Liu, MD (KCMS) / Leo S. Morales, MD, Ph.D. (KCMS)

RESOLVED, that the WSMA supports legislation to lower the prejudgment interest rate cap on medical debt to a level below 9% and above 0%, paired with a reasonable time-limited repayment window, and to prohibit medical debt interest from accruing while a hospital or physician practice is determining eligibility for financial assistance or charity care (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA opposes punitive collection practices against patients for unpaid medical debt, including wage garnishment, liens on primary residences, and civil lawsuits to collect medical debt balances below a reasonable minimum threshold (New HOD Policy).

C-11 – Restricting Student Cell Phone Use During Instructional Hours in Washington School (ADOPTED)

Authors: Kevin Johnson, MD (KCMS) / Danny Low, MD (KCMS)

RESOLVED, that the WSMA supports state legislation and school district policies restricting student cell phone use during instructional hours, with implementation and enforcement determined at the district level and required to include protocols preserving student and staff access to phones for emergency communication during safety incidents, and with exceptions for documented medical needs, including device-dependent monitoring and treatment, and for accommodations required under a student's individualized education program or Section 504 plan (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA will communicate its position recommending restriction of student cell phone use during instructional hours to the governor and the Superintendent of Public Instruction (Directive to Take Action).

C-12 – Patient Disclosure of Clinician Credentials and Informed Consent (REFERRED)

Authors: Kevin Johnson, MD (KCMS) / Zoe Taylor, MD (KCMS)

RESOLVED, that the WSMA supports policies requiring that patients, and the parents or guardians of minor patients, be informed both verbally and in writing, in their primary language and at an appropriate literacy level, when the provider they are seeing is a naturopath, what a naturopath is, and that a naturopath is not a physician (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports policies requiring that patients, and the parents or guardians of minor patients, be offered the choice, both verbally and in writing, in their primary language and at an appropriate literacy level, to be seen by another licensed physician (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA will advocate that the Washington State Legislature enact a law requiring informed consent from patients, and from parents or guardians, before care is provided by a naturopath in place of another licensed physician (Directive to take action); and BE IT FURTHER

RESOLVED, that the WSMA will work with the Washington Academy of Family Physicians to advocate that community health centers and federally qualified health centers in Washington change their policies and protocols to discourage the appointment of naturopaths as primary care physicians, and to improve informed consent for patients before they are assigned to a naturopath, whether for an individual visit or as a primary care physician (Directive to Take Action).

C-13 – Kratom and Kratom-Derived Products (ADOPTED AS AMENDED)

Authors: Colin Fields, MD (WSMA BOT) / Vania Rudolf MD, MPH (WSAM) / Northwest Medical Society Delegation / Spokane County Medical Society Delegation

RESOLVED, that the WSMA will collaborate with Washington Society for Addiction Medicine, public health, and other identified parties to work with the Washington State Legislature to adopt regulations that reduce and/or regulate the sale of kratom and its derivatives (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA will advocate to regulate synthetic and high-potency derivatives, chemical enhancements, and concentrated amounts of the alkaloid 7-OH Mitragyna speciosa (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA will work with WSAM to develop evidence-informed clinical education for the identification and management of kratom use disorder and ensure immediate referral pathways to addiction medicine experts (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA will advocate for the prohibition of marketing, packaging, and flavoring of kratom products that target youth and support public education campaigns warning parents and youth of risks of kratom and similar products (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA will advocate that any revenue generation from kratom and its derivatives be directed to substance use prevention, harm reduction, and public health education (similar to alcohol, nicotine, and cannabis products) (Directive to Take Action).

C-14 – Establishing Clinical Screening, Counseling, and Supervised Care Standards for Prenatal Kratom Exposure and Neonatal Abstinence Risk (ADOPTED AS AMENDED)

Authors: Vania Rudolf, MD, MPH (WSAM) / Colin Fields, MD (WSMA BOT)

RESOLVED, that the WSMA work with the Washington Society for Addiction Medicine and other organizations to develop evidence-based clinical guidelines for universal screening for Mitragynia speciosa (kratom) and associated herbal supplements during prenatal and postpartum care (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates for the use of person-first, non-stigmatizing language and non-punitive approach in medical documentation and policy regarding substance use disorders (including kratom) (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA collaborate with WSAM and other professional organizations to provide educational and clinical pathways to health professionals regarding the risks of Mitragynia speciosa (kratom) during pregnancy and postpartum period, including information on cessation, MOUD recommendations and potential for Neonatal Abstinence Syndrome (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA work with AMA, identified relevant professional societies and public health organizations to develop evidence-based guidelines and management of perinatal kratom use disorder and to ensure immediate referral pathways to addiction medicine experts; (Directive to Take Action) and BE IT FURTHER

RESOLVED, that the WSMA AMA delegation will bring a resolution to the AMA 2027 Annual Meeting to work with other relevant professional societies and public health to develop recommendations for standardized and evidence-based labeling of all Mitragynia speciosa (kratom) products including health warnings for pregnant and postpartum individuals. (Directive to Take Action)

C-15 – Strengthening Washington's Prior Authorization Law (REFERRED)

Authors: Amish Dave, MD (WSMA BOT) / Teresa Girolami, MD (WSMA BOT)

RESOLVED, that the WSMA adopt as policy support for legislation prohibiting any payment arrangement between a state-regulated carrier and a utilization management contractor that compensates the contractor based on the volume or dollar value of denied claims (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA adopt as policy support for legislation amending RCW 48.43.830 to require automatic approval of any prior authorization request when a state-regulated health carrier fails to render a decision within the statutory time frames for electronic standard requests, electronic expedited requests, nonelectronic standard requests, and nonelectronic expedited requests; (Insurance: Prior Authorization, B-14, A-20) (Modify Current HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA adopt as policy support for legislation requiring that all medical necessity denials, peer-to-peer reviews, and grievance and appeals reviews by state-regulated carriers be conducted by a physician with active clinical expertise in the same or similar specialty as the requesting physician, and that peer-to-peer review discussions be available to physicians in the case of any adverse benefit determination (Insurance: Prior Authorization, C-17, A-24) (Modify Current HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA adopt as policy support for legislation requiring automatic 12-month renewal of prior authorization approvals for the treatment of chronic conditions when the treatment plan is unchanged and the treating physician certifies compliance with the treatment plan (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA adopt as policy support for legislation prohibiting state-regulated carriers from imposing prior authorization restrictions on therapies for the treatment of advanced cancer (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA adopt as policy support for legislation prohibiting state-regulated carriers from adjusting prior authorization policies and procedures more than once annually, and requiring not less than four months' advance written notice to physicians of any new or amended prior authorization requirement (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA adopt as policy support for legislation establishing a step therapy exceptions process under which a treating physician may request an exception when the required drug has previously failed, is contraindicated, is reasonably expected to be ineffective, or will cause harm or adverse reaction to the patient, without diminishing the WSMA's existing support for the elimination of fail-first protocols from the prior authorization process (Insurance: Prior Authorization, B-14, A-20) (Modify Current HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA pursue the introduction of comprehensive prior authorization reform legislation in the 2027 legislative session, taking Alaska Senate Bill 133 as a model where appropriate (Directive to Take Action).

C-16 – Universal Primary Care (ADOPTED)

Authors: Nancy Connolly, MD (KCMS) / Drew Oliveira, MD (KCMS)

RESOLVED, that the WSMA supports the establishment in Washington of a Universal Primary Care program, defined as a program guaranteeing timely access to comprehensive primary care services for all Washington residents (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports financing a Universal Primary Care program in Washington through public dollars, assessments on insurers, or other broad-based financing mechanisms that deliver care without point-of-service financial barriers and preserve patients' reasonable choice of primary care clinician (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports prospective, risk-adjusted payment under a Universal Primary Care program in Washington, at rates sufficient to sustain primary care practices, with accountability measures focused on quality, access, patient experience, and health outcomes rather than volume of services (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports governance of a Universal Primary Care program in Washington that includes meaningful representation from patients, primary care physicians, other health professionals, and community advocates (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA shall advocate for state and federal policies that reduce administrative burden in primary care and advance implementation of a Universal Primary Care program in Washington (Directive to Take Action).

C-17 – Over the Counter Use of Tianeptine (ADOPTED AS AMENDED)

Authors: Myranda Nguyen, MS (MSS) / Clint Hauxwell, MD (SCMS)

RESOLVED, that the WSMA supports appropriate regulation of tianeptine, including banning over the counter sales of tianeptine (New HOD Policy).

C-18 – Expanding Behavioral Health Access Through Primary Care Physician Training (ADOPTED)

Authors: Lillian Wu, MD (WAFP) / Angela Sparks, MD (WAFP)

RESOLVED, that the WSMA will support the development of one or more post-graduate primary care psychiatry and behavioral health fellowship programs in Washington state (Directive to Take Action).

C-19 – Supporting Family Physicians in the Provision of Prenatal and Obstetric Care (ADOPTED AS AMENDED)

Authors: Lillian Wu, MD (WAFP) / Angela Sparks, MD (WAFP)

RESOLVED, that the WSMA will advocate for the role of family physicians as obstetrical clinicians, (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA will support legislation and reimbursement models that incentivize family physicians to provide prenatal and obstetrical patient care (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA will advocate against the scope of practice limitations imposed by employers that prevent qualified family physicians who are appropriately trained and desire to practice prenatal and obstetric care from doing so (Directive to Take Action).

C-20 – Use of Over-the-Counter Male Sexual Enhancement Supplements Containing PDE5 Inhibitors and/or Sibutramine (ADOPTED)

Authors: Myranda Nguyen, MS (MSS) / Clint Hauxwell, MD (SCMS)

RESOLVED, that the WSMA opposes the sale and use of any over-the-counter supplements or products containing PDE5 inhibitors, PDE5 inhibitor analogs, and/or sibutramine (New HOD Policy).

C-21 – Improved Medicare for All (ADOPTED)

Authors: Sarah Weinberg, MD (KCMS) / Frederick Chen, MD (KCMS)

RESOLVED, that the WSMA expresses its support for universal access to comprehensive, affordable, high-quality healthcare through a publicly funded national healthcare program, including similar legislation at the state level (New HOD Policy).

C-22 – Protecting Adolescent Access to Gender-Affirming Care from Federal Preemption and Funding Restrictions (ADOPTED AS AMENDED)

Authors: Robert Geise, MD (IDSW) / Daniel Low, MD (KCMS)

RESOLVED, that the WSMA affirms that decisions regarding medically necessary gender-affirming care for adolescents should be made through individualized, guideline-concordant shared decision-making among the adolescent patient, their family or guardian as appropriate, and their physician, consistent with

established clinical standards, rather than by categorical governmental prohibition (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA will oppose federal legislation, executive orders, and rulemaking that would preempt or override Washington's statutory protections for access to gender-affirming care, and will oppose the use of conditions on federal financial assistance to restrict, penalize, or defund such care (Directive to Take Action)

C-23 – Psilocybin-Assisted Psychotherapy (NOT ADOPTED)

C-24 – Prioritizing Child Safety in Custody Decisions (REFERRED)

Authors: Mya Leonhard, BA (MSS) / Myranda Nguyen, BS (MSS)

RESOLVED, that WSMA supports legislative efforts to strengthen child custody laws in a manner that prioritizes physical and psychological child safety in cases of family violence, including but not limited to the use of qualified expertise, evidence-based practices, trauma informed training, and consideration of prior abuse or neglect in child custody cases (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports the longitudinal monitoring and public reporting of child safety and well-being outcomes following court-ordered reunification interventions and family reunification in child welfare proceedings, including subsequent reports of abuse or neglect, re-referral to Child Protective Services, recurrence of family violence, psychological well-being, and other appropriate measures of child safety and welfare (New HOD Policy).

C-25 – Title Transparency in the Telemedicine Setting (ADOPTED AS AMENDED)

Authors: Elia R. Cole, DO, MPH (TMCMS) / Margaret MacLeod, MD (TMCMS)

RESOLVED, that the WSMA will advocate for policy requiring physicians and healthcare practitioners, serving patients virtually within the state of Washington, to display practitioner credentials during virtual patient visits and on the associated virtual platform (Directive to Take Action).

C-26 – Protecting the Title "Physician" and "Physician Assistant" from Artificial Intelligence Misrepresentation and Impersonation (ADOPTED AS AMENDED)

Authors: Elia R. Cole, DO, MPH (TMCMS) / Kim Ha Wadsworth, DO (TMCMS)

RESOLVED, that the WSMA advocates for legislation prohibiting artificial intelligence from misrepresenting or impersonating physicians and physician assistants (New HOD Policy); and BE IT FUTHER

RESOLVED, that the WSMA will pursue updates to Washington's Medical Practice Act, modeled on the protections established by House Bill 2155 (2026), to protect the title "physician," "physician assistant," and related abbreviations for licensed human professionals (Directive to Take Action).

C-27 – Bicyclist-Safety Training for Bus Drivers (NOT ADOPTED)

C-28 – Out-of-Network PCP Referral and Care Coordination Protections (ADOPTED AS AMENDED)

Authors: Kim Ha Wadsworth, DO (TMCMS) / Laura Marshall, DO (PCMS)

RESOLVED, that the WSMA will support legislation ensuring that patients may receive coverage for otherwise covered healthcare services, including specialty care, imaging, laboratory, screening, diagnostic, and procedural services, based on referrals or orders from their chosen primary care clinician regardless of whether the primary care clinician participates in the patient's health insurance network, while preserving health plans' otherwise applicable coverage, medical necessity, and utilization-management requirements (Directive to Take Action).

C-29 – Universal Pediatric Care (ADOPTED)

Authors: Hal Stockbridge, MD (TMCMS) / Robert Lang, MD (TMCMS) / Margaret MacLeod, MD (TMCMS)

RESOLVED, that the WSMA will support and pursue passage and enactment of legislation for Universal Pediatric Care through collaboration with Washington elected officials, the American Medical Association, and other organizations (Directive to Take Action).

C-30 – Patient Access to Medical Care in Ferry-Served Communities (ADOPTED)

Authors: Katherine A. Jong, MD (WMSA BOT) / Amish Dave, MD, MPH (WSMA BOT) / Breck Lebegue MD, MPH (PCMS)

RESOLVED, that the WSMA recognizes reliable Washington State Ferries service as a condition of access to medical care for residents of ferry-served communities, and supports state investment in vessels, crew recruitment and retention, and service levels sufficient to provide reliable ferry transportation consistent with the goals identified in the Washington State Ferries' long-range plan (New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA supports the following changes to Washington State Ferries policy, including amendments to WAC 468-300-700 where appropriate, governing travel to and from medical care:

a) extending preferential loading on routes with reservations to patients traveling to medically necessary, time-sensitive care where failure to board the planned or next available sailing would risk materially delaying that care, on terms no less favorable than those available to patients returning from such care;
b) allocating a portion of vehicle reservation space for scheduled medical travel, including same-day space and space on the evening before and the day following a confirmed appointment;
c) accepting documentation the patient already holds, including an appointment confirmation, wherever clinical certification of medical risk is not necessary, and establishing multi-year eligibility for recurring qualifying medical travel;
d) waiving reservation no-show fees where a patient documents that a medical appointment was cancelled or materially rescheduled after the applicable free-cancellation deadline; and
e) evaluating and, where operationally feasible, deploying or contracting for passenger-only service as a contingency when vehicle-ferry capacity is unavailable for an extended period

(New HOD Policy); and BE IT FURTHER

RESOLVED, that WSMA will request that Washington State Ferries and the Washington State Department of Transportation consult the WSMA in developing and revising medical preferential loading policy, and will submit comment when public comment is solicited on ferry rulemaking or service policy affecting access to medical care (Directive to Take Action).

C-31 – Imposing a Statewide Excise Tax on the Distribution of Sweetened Beverages (ADOPTED AS AMENDED)

Authors: Matthew Hollon, MD (WSMA BOT) / Rebecca Mallo, MD (SCMS)

RESOLVED, that the WSMA advocates for a statewide sweetened beverage excise tax that directs tax revenues into programs that support nutrition incentives, such as those that subsidize the purchase of fruits and vegetables by people with low incomes and/or limited access to affordable fruits and vegetables, that fund the provision of free schools meals in all primary and secondary public schools, that support farm to school food programs, or other programs that address issues of food insecurity, food swamps and deserts or heathy food policy (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports ongoing research into the impact of sweetened beverage taxes on consumption and sales of sweetened beverages and health outcomes associated with sweetened beverage consumption (New HOD Policy).

C-32 – Supporting Policies that Promote a Play-Based Childhood for Thriving Children (ADOPTED)

Authors: Peter Grunert, MD (YCMS) / Akira Kobayashi, MD (YCMS) / Jennifer Maxwell, MD, MPH, FAAFP (YCMS)

RESOLVED, that the WSMA supports and advocates for evidence-based legislation and public policies that protect children and adolescents from the harms associated with use of screen-based technologies (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports policies that establish developmentally appropriate limits on children's access to personal mobile devices in schools and other child-serving environments such as after school programs and day cares when such policies are supported by evidence and include appropriate accommodations (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports policies and public-health initiatives that promote a play based, movement-rich childhood by increasing children's opportunities for active play (New HOD Policy).

C-33 – Ensuring Appropriate Clinical Evaluation and Follow-Up for General Direct-to-Consumer Prescription Medication Services (REFERRED)

Authors: Isabel Iral-Dragich (MSS) / Myranda Nguyen (MSS)

RESOLVED, that the WSMA opposes the dispensing or prescribing of prescription medications through direct-to-consumer healthcare platforms when such services do not provide an appropriate clinical evaluation sufficient to establish medical necessity, assess contraindications and risks, and determine that the prescribed treatment is appropriate for the individual patient (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA support policies and practices requiring prescription medication services, including direct-to-consumer and telehealth services, to provide patients with appropriate counseling regarding medication administration, adverse effects, dose changes, safe discontinuation, and required monitoring and follow-up (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA support policies requiring DTC providers to independently determine the appropriateness of the requested medication based on the patient's clinical circumstances and established standards of care, using patient questionnaires as tools making up one piece of clinical decision-making,

rather than relying on them solely to automate prescription approvals in predetermined eligibility algorithms (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocate for DTC prescription medication services to establish a mechanism for longitudinal follow-up and continuity of care, including appropriate reassessment of treatment efficacy, adverse effects, medication interactions, and continued medical necessity (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA support legislation requiring telemedicine ("the delivery of clinical health care services through real-time interactive audio and video technology") rather than telehealth ("the use of synchronous or asynchronous telecommunications technology by a healthcare provider to deliver health care services") as described by ESSB 5481, the 2024 Uniform Telehealth Act, for intake visits with patients first establishing care (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA support legislation requiring that DTC companies use applicable evidence-based standards of care, informed by relevant specialty society guidelines and relevant FDA labeling, in prescribing medications and conducting follow up (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA support legislation that any standard of care prescribing guidelines requiring objective data such as labwork or BMI, be obtained from reliable clinical sources to prevent falsification of data and unnecessary prescriptions (New HOD Policy).

C-34 – Ensuring Appropriate Clinical Evaluation and Follow-Up for Direct-to-Consumer Prescription Medication Services for Weight Loss and Off-label Medications (REFERRED)

Authors: Isabel Iral-Dragich (MSS) / Myranda Nguyen (MSS)

RESOLVED, that the WSMA support legislation mandating that DTC companies require documentation of lab work and BMI through reliable clinical sources for patients seeking prescriptions for weight loss medications in order to confirm compliance with FDA eligibility criteria (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA support legislation requiring that any prescription of a medication for off-label use through DTC companies require follow up frequency consistent with standard of care, with thoughtful consideration for more frequent check ins during titration/taper periods, and for drugs that carry the possibility of more serious side effects (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA support legislation requiring DTC companies to offer audio-video visits between patient-providers for the initiation and discontinuation of off-label medications, in order to ensure proper communication of information, prevent adverse effects, and ensure patient safety (New HOD Policy).

C-35 – Full Repeal of the Certificate of Need Program (ADOPTED)

Authors: Edward Cates, MD (TMCMS) / Margaret MacLeod, MD (TMCMS) / Penelope Goode, MD (TMCMS)

RESOLVED, that the WSMA will advocate for legislation to fully repeal Washington state's Certificate of Need program (Directive to Take Action).

C-36 – Support for County-Level Extreme Heat Response and Risk Mitigation Plans (ADOPTED AS AMENDED)

Authors: Robert Lang, MD (TMCMS) / Margaret MacLeod, MD (TMCMS)

RESOLVED, that the WSMA will support state legislation requiring Washington state to develop and maintain an Extreme Heat Response Plan that encompasses both emergency response and risk mitigation to be implemented in all counties (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA will support measures to ensure that vulnerable populations have access to cooling in at least one room (refuge cooling), allowing "shelter in place" survival during extreme heat events, and such measures be directed toward low-income, heat illness vulnerable populations (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA will support the education of vulnerable populations and healthcare clinicians in Washington state regarding the danger of extreme heat events for human health, and how to mitigate the morbidity and mortality of our future extreme heat events (Directive to Take Action).

C-37 – Protect Our Communities from Health Impacts of Data Center Development and Operation (ADOPTED AS AMENDED)

Authors: Rajneet Lamba, MD (WSMA BOT) / Amish Dave MD, MPH (WSMA BOT) / Carrie Horwitch, MD (WSMA BOT) / Kat Jong, MD (WSMA BOT)

RESOLVED, that the WSMA supports efforts to further study the impacts of data center development and operation on human health and inequities, community well-being, natural resource utilization, and critical infrastructure (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocates for enforceable standards to protect our communities from adverse health and environmental impacts of data center development and operation (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA supports efforts to pause data center development in our state until sufficient transparency requirements and safeguards to protect public health and environmental safety are enacted (New HOD Policy);

RESOLVED, that the WSMA will direct its delegation to the American Medical Association to study the impacts of data center development and operation on human health and inequalities, community well-being, natural resource utilization, and critical infrastructure (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA will direct its delegation to the American Medical Association to advocate for enforceable standards to protect our communities from adverse health and environmental impacts of data center development and operation (Directive to Take Action).

2026-2027 OFFICERS AND TRUSTEES

The following members were elected (unless otherwise noted):

President	Matt Hollon, MD, MPH, MACP	Spokane
Past President	Bridget Bush, MD, FASA	Snohomish
President-Elect	Bindu Nayak, MD	Chelan-Douglas
Vice President	John Scott, MD, M.Sc	King
Secretary-Treasurer	Colin Fields, MD	King
AMA Delegate	Amish Dave, MD, MPH*	King
AMA Delegate	Colin Fields, MD[1]	King
AMA Delegate	Teresa Girolami, MD*	King
AMA Delegate	Matthew Grierson, MD	King
AMA Delegate	Erin Harnish, MD	Cowlitz-Wahkiakum
AMA Delegate	Rajneet Lamba, MD	King
AMA Delegate	Elizabeth Peterson, MD	Pierce
AMA Alternate	Peter Barkett, MD	Kitsap
AMA Alternate	Matt Hollon, MD, MPH, MACP[1]	Spokane
AMA Alternate	Carrie Horwitch, MD*	King
AMA Alternate	Kat Jong, MD*	San Juan
AMA Alternate	Vivienne Meljen, MD	Clark
AMA Alternate	Libby Parker, MD	King
AMA Alternate	Tony Quang, MD, JD[1]	King
Finance Cmte Member	Steve Schiebel, MD, CPE, FAAP[2]	King
DEIB Cmte Chair	Jose Flores-Rodarte, MD	King
Speaker of House	Matthew Grierson, MD	King
Vice Speaker	Ray Hsiao, MD	King
Trustee	Avanti Bergquist, MD	King
Trustee	Naomi Busch, MD	King
Trustee	Hans Cassagnol, MD*	King
Trustee	Dave Cundiff, MD, MPH	Pacific
Trustee	Herbie Duber, MD*	King
Trustee	Stephanie Fosback, MD*	Whitman
Trustee	Ingrid Gerbino, MD	Snohomish
Trustee	Alexander Hamling, MD, MBA, FAAP*	King
Trustee	Stephanie Hansen, DO	Yakima
Trustee	John Howington, MD, MBA	Kitsap
Trustee	Garrett Jeffery, DO, FAAFP	Whatcom
Trustee	Trace Julsen, MD, MBA	Spokane
Trustee	Tanya Keeble, MD[1]	Spokane
Trustee	Rebecca Kulgren, MD*	King
Trustee	Alan Melnick, MD, MPH	Clark
Trustee	Christine Pizzute, MD	King
Trustee	Keren Rosenblum, MD	Clark
Trustee	Sheree Sharpe, MD*	Pierce
Trustee	Hunter Wessells, MD	King
Trustee	Kristen Wyrick, MD*	Snohomish
Trustee	Áine Yore, MD	Snohomish
Trustee (Young Physician)	Blake Kruger, MD	Kitsap
Trustee (Resident)	Gabriella Girolami	King
Trustee (Student)	Madelyn Hartrim-Lowe	Spokane

*Holdover; position open for election in 2027.

[1] To fill the second year of a term expiring in 2027.

[2] Elected to the Finance Committee; not a member of the Board. The Finance Committee elects its own chair who serves on the Board. The Chair of the Finance Committee is Don Benz, MD.