Association of Life Insurance Medical Directors of America

1988 Annual Business Meeting Minutes

The Business Meeting of the 97th Annual Meeting of the Association of Life Insurance Medical Directors of America was called to order by President Hard at 9:45 a.m. on Monday, October 17, 1988, at the Omni Hotel in Charleston, South Carolina.

Dr. Hard welcomed all members, prospective members, guests, and attendees from foreign lands to the beautiful city of Charleston and to the 97th Annual Meeting of ALIMDA.

Secretary Jurkoic reported that the minutes of the last Business Meeting of October 12, 1987, at the Hyatt Hotel in Minneapolis, Minnesota, had been published. A motion was made, seconded, and without further discussion the membership approved the minutes of the 1987 Annual Business Meeting as published in the *Journal of Insurance Medicine*, Volume 19, Number 4.

The minutes of the Spring Meeting of the Executive Council held on May 1, 1988, in the Ontario Room of the Westin Hotel in Ottawa, Ontario, Canada, were published in Volume 20, Number 2, 1988, of the *Journal of Insurance Medicine* and appropriate corrections had been made. A motion was made and seconded to accept the minutes of that meeting as corrected. There was no further discussion, and the motion carried.

A slate of 55 candidates for membership were presented to the membership for acceptance. Six additional candidates not appearing on the list distributed to the membership were added to the list. These candidates had been screened by the Credentials Committee and approved for presentation for membership by the Executive Council. A motion was made, seconded, and without further discussion these candidates were voted in as members of ALIMDA. All new members of ALIMDA were asked to stand. They were welcomed by their colleagues with a round of applause.

Dr. Jurkoic completed his report reviewing ALIMDA's membership list. There were 15 emeritus candidates, 8 deaths, 4 reinstatements, and 24 resignations reported. ALIMDA has 609 active members, 229 emeritus members, for a total of 838 members. Dr. Jurkoic read the list of members recently deceased. The membership arose and honored the departed colleagues with a moment of silence. A list of deceased members will be published in the *Journal of Insurance Medicine*.

At the request of the Chairman of the Nominating Committee the report of this committee was deferred to the business of the final day.

Dr. John Carey reported the good health of ALIMDA’s treasury. He noted the increase in dues over the previous year, and noted a proposed dues increase for the ensuing year for a total of $200. Action regarding the proposed new increase would take place in the section of Business Submitted by the Executive Council.

Committee reports will be summarized and published in the *Journal of Insurance Medicine*.

Dr. Kretzschmar, Chairman of the Medical Management and Procedures Committee, reviewed the work of his committee and the deliberations currently going on regarding the dried-blood spot test and the committee’s meetings and deliberations regarding the test and its impact on various areas in the industry. A statement regarding this test and other technological evaluations by this committee will become available to the membership at large.

Dr. John Remsberg reported for the Board of Insurance Medicine. He mentioned an introductory course which would be initiated in conjunction with the 1989 meeting in Seattle, Washington. A written examination again would be conducted in 1989 in Seattle. The Triennial Course in Insurance Medicine will again be sponsored in 1991. The *Journal of Insurance Medicine* will publish the dates of these various activities proposed by the Board of Insurance Medicine. Dr. Remsberg announced ALIMDA Members who had passed their oral examinations in conjunction with the 97th Annual Meeting. The list is as follows: Gerard Armour, M.D., Gerald Foley, M.D., Brian R. Kay, M.D., Thomas Klepacki, D.O., Murray P. McKissick, M.D., Robert Pokorski, M.D., Sheila Sawyer, M.D., Jay D. Smith, M.D., and John O. Swanson, M.D. The following officers for the Board were announced: Chairman, Elliot A. Williamson, M.D.; Vice Chairman, Keith M. Pearson, M.D., and Secretary-Treasurer, Milan Bures, M.D.

The first portion of the Business Meeting adjourned at 10:05 a.m. and reconvened at 11:40 a.m. on Wednesday, October 19, 1988.

Dr. Warren Kleinsasser proposed a list of candidates recommended by the Nominating Committee. They were as follows: President, Roger Butz, M.D., assumed this office since he was elected previously; For President-Elect, Lawrence Jones, M.D.; Vice President, Joseph Jurkoic, M.D.; Secretary, William Baker, M.D.; Treasurer, John Carey, M.D. Editor of the Transactions is Charles Arnold. Executive Council candidates: for a three-year term from the Board of Insurance Medicine, John Remsberg plus three additional candidates; Elliot Williamson, Richard Bailey, and John Iacovino. To the Board of Insurance Medicine, Elliott Williamson, Milan Bures for a second term and for a first term, Thomas Bugg and Elizabeth Bennett. The AMA Delegate from ALIMDA is Roger Butz; Alternate Delegate
is Paul Metzger. The Representative to the Committee on Consumer and Professional Relations is Robert Katz with Alternate, William Guillette. There were no nominations from the floor, and the slate of candidates as proposed by the Nominating Committee was approved by the membership.

Dr. Hard acquainted the membership with the deliberations regarding an ALIMDA Mortality Study Center and headquarters. The need for additional revenue and a $50 dues increase for the ensuing year was communicated to the membership. A motion was made to increase the dues by $50 for the ensuing year. This motion was seconded. There was no further discussion, and the motion carried unanimously. The dues per year will be $200.

President Hard commented that a former, very active member of ALIMDA, Dr. Bob Papaioanou, had suffered a long illness. He wanted the membership to know that he currently was active and employed and in good health. He suggested that individual members of ALIMDA could communicate with Dr. Papaioanou offering their good wishes for continued good health.

The next item on the agenda had to do with changes in the Constitution and Bylaws.

Dr. Jurkoic reminded the membership that they all had been supplied with proposed changes for amendments to the Constitution well in advance of the Annual Meeting as prescribed by the Constitution. Dr. Jurkoic reviewed the current and proposed changes. The final form of the amendments to the Constitution which were proposed would be as follows:

a) Article II, Objective: "The objective of this association shall be to advance the science and practice of insurance medicine."

b) Article V, Executive Council: "The officers of the Association, former presidents who are active members, provided that none shall serve more than nine years from the termination of his term of presidency, nine elective members, and representative designated by the Board of Insurance Medicine shall constitute the Executive Council."

A motion was made to accept the Constitutional changes as proposed. This was seconded. There was no further discussion. On a voice vote there was unanimous approval since there was no opposition noted. The motion carried, and the above Constitutional changes will be appropriately made.

Three changes in the Bylaws were proposed. Bylaw changes do not require a pre-notice; however, two of the proposed changes were included in the mailing of the Constitutional changes. The current language and the proposed language was read to the membership in regard to each of the proposed changes.

The final form to be voted on is as follows:

a) Article I, Elections, 1, second paragraph, "Upon taking office, the President shall appoint a Nominating Committee consisting of not more than five of the most recent ex-presidents, regardless of activity, with the most recent active president as Chairman."

b) Article IV, Duties (g), "The Duties of the Editor of the Journal of Insurance Medicine shall be to prepare and cause to be published a journal of insurance medicine."

c) Article IV (d), The Membership and Credentials Committee.

d) Article IV, Duties (d), "The duties of the Membership and Credentials Committee shall be to actively solicit candidates for membership in ALIMDA, to review the credentials of prospective members, and nominate those who qualify to the Executive Council."

These three bylaws as presented in their proposed final form were moved for acceptance and appropriately seconded. There was no further discussion, and there was unanimous approval of the Bylaw changes by the membership.

President Hard reviewed his term of office. He expressed thanks to the officers, the committee chairmen, and all others who participated in making this meeting a very successful one. He particularly acknowledged the tremendous help and support provided by his wife June. He further thanked Henry Howe and George Bell for their efforts in presenting a superb scientific program. The membership acknowledged their contribution with a resounding round of applause. Stan Baran was thanked profusely for his fine work with the audiovisual materials. David Loy of Midland Mutual who participated in putting together the plans for this meeting and all social events was thanked for his efforts. His efforts were acknowledged by the membership with a resounding round of applause. The participating hotel staff was also thanked for their service.

Dr. Hard next turned his attention to the secretarial staff, Maureen Adams, Ginny Baclawski, Mary Flynn, and Dorothy Fuller, who had done a remarkable job in handling the multiple duties associated with making the meeting successful.

Maureen Adams, who has served as secretary to ALIMDA's secretary, would be terminating her involvement following the 97th Meeting. Her dedicated service to ALIMDA and its membership was acknowledged by a standing round of applause.

Dr. Hard next introduced Dr. Roger Butz, the new President of ALIMDA. He passed the gavel and Robert's Rules of Order to Dr. Butz as a symbol of the presidency of ALIMDA. Immediate Past President, Warren Kleinsasser, was introduced and presented gifts to Dr. and Mrs. Hard as a token of ALIMDA's appreciation of their service to ALIMDA and its membership.
President Butz then approached the lectern. He addressed the membership. In that address he reviewed some of the historic events as they relate to the evolution and growth of ALIMDA. Note was made of the planned meeting in Seattle, which will be our centennial year. That meeting will take place September 25-27, 1989, at the Sheraton Hotel in Seattle, Washington.

There was no further business before the Association, and Dr. Butz declared the 97th Annual Meeting adjourned.

Joseph R. Jurkoic, M.D.
Secretary, ALIMDA

Executive Council
Fall Meeting
October 15, 1988
Charleston
Minutes

The 1988 Fall Meeting of the Executive Council of the Association of Life Insurance Medical Directors of America was called to order by President Hard at 12:30 p.m. on Saturday, October 15, 1988, in the Jenkins-King room at the Omni Hotel, Charleston, South Carolina.

Members Present
Edward M. Hard, M.D.
Roger H. Butz, M.D.
Lawrence D. Jones, M.D.
Joseph R. Jurkoic, M.D.
John P. Carey, M.D.
William H. Alexander, M.D.
J. Dickson Cormack, M.D.
Jerzy Gajewski, M.D.
Rodolfo E. Fidelino, M.D.
Gary D. Graham, M.D.
Robert W. Gustafson, M.D.
Frank T. Mansure, M.D.
Neal A. Pickett, M.D.
Warren L. Kleinsasser, M.D.
Reginald D. Atkinson, M.D.
William A. Herbert, M.D.
Harold S. Kost, M.D.
Paul S. Metzger, M.D.

Members Not Present
John Tooman, M.D.

Also Present
Frederick E. Lewis, M.D., Chairman, Committee on Professional and Public Relations
Hanns O. Kretzschmar, M.D., Chairman, Committee on Medical Management and Procedures
William J. Baker, M.D., Chairman, Committee on CME
W. John Elder, M.D., Editor, Journal of Insurance Medicine
Charles B. Arnold, M.D., Editor, Transactions
Donald Chambers, M.D., Chairman, ACLI, Medical Section
John C. Robinson, M.D., Chairman, Development Committee for a Mortality and Morbidity Study Center
John R. S. Remsberg, M.D., Chairman, Board of Insurance Medicine
Robert Katz, M.D., Representative, Committee on Consumer and Professional Relations of the HIAA
George Bell, M.D., Co-Chairman, Program Committee 97th Annual Meeting
Henry Howe, M.D., Co-Chairman, Program Committee 97th Annual Meeting
Neil M. Day, Esq., MIB, Board of Directors
Joan Parks, Metropolitan Life Insurance Company, New York, NY
Richard Pollard, M.D., Representative, Joint Committee on AIDS for ALIMDA

President Hard welcomed all members, committee chairmen, society representatives, and other invited guests. Dr. Hard announced that Dr. Pollard would attend the Executive Council Meeting as representative to the Joint Committee on AIDS for ALIMDA.

A request from Ed Lew for permission to print from the Transactions was approved.

A letter from the Director of Claims at Berkshire Life and as a member of the International Claims Association requested that a medical director volunteer be sought to update Dr. Walter Clough's book "The Human Body — It's Function in Health and Disease." Discussion followed as to the need for such an update since the request for the update may have stemmed from review from an older volume of the text. Follow-up for clarification will be accomplished by the Committee on Professional and Public Relations.

A letter from Dr. Einar Perman, Trygg-Hansa, Stockholm, Sweden, suggested the formation of a committee of foreign members for input into ALIMDA functions and meetings. Discussion followed, and it was agreed that more information was needed; and the Advance Planning Committee should review the need and desirability of such a committee.

The scheduling of committee meetings prior to the Executive Council meeting was reviewed by Dr. Hard, and there were mixed reviews. The desirability of having information readily available for the Executive Council was weighed against other factors. No action was taken, and it was left up to the President and President-Elect to decide along with other members the most desirable way of handling the committee meeting function associated with the annual meeting and the meeting of the Executive Council.

Dr. Jurkoic presented the Secretary's Report. The minutes of the Spring Meeting of the Executive Council were published in Volume 20, Number 2, 1988, of the Journal of Insurance Medicine. Corrections had been made and were noted. The minutes were approved as corrected.
Dr. Jurkoic reported for the Credentials Committee. There were 55 candidates for membership and 15 emeritus candidates. Eight deaths were reported. Four reinstatements were reported, and there were 24 resignations reported. ALIMDA has 609 active members, 229 emeritus members for a total of 838 members. The report was accepted.

Dr. Carey presented a written Treasurer's Report. The treasury was reported as very healthy. The auditor's report was noted. Guidelines for ALIMDA travel reimbursement had previously been discussed and approved at the May 1, 1988, meeting.

An announcement was made that the next Journal of Insurance Medicine would contain a reply to Dr. Bradley's discussion regarding the roles of ALIMDA and the Medical Section of the ACLI. The need for two organizations will be addressed.

It was noted that Walter Clough, former Editor of the Transactions, had performed in superior fashion in the timely production of the hard cover volumes. At the wish of the Executive Council, the Secretary of the Association was instructed to prepare an inscribed plaque acknowledging Dr. Clough's dedicated service as Editor of the Transactions to ALIMDA.

Dr. Donald Chambers, Chairman of the Medical Section of the ACLI, noted that the next meeting will be at Hilton Head Island on June 11-14, 1989, and promises an exciting program.

J. Dickson Cormack, President of CLIMOA, announced that the 44th Annual Meeting of that association will take place in Vancouver, British Columbia, May 7-9, 1989. It will be at the Westin Bayshore Hotel.

Dr. Butz announced that all items referred to the Advance Planning Committee had been resolved.

At the request of the Chairman of the Nominating Committee the slate of candidates proposed for 1989 was deferred until the following day.

Dr. Charles Arnold requested that his report be deferred until the following day so that the managing editor could be present.

Dr. Paul Metzger presented a written report as Delegate of ALIMDA to the AMA. He briefly discussed the major items in his report, and that report will be published.

Dr. John Elder submitted a written report as Editor of the Journal of Insurance Medicine. In regard to ALIMDA committee reports, the editor suggested that each committee chairman be responsible for providing a summary version of the report for publication in the Journal. The Editor also suggested that the President of MIB prepare a summary of his report to the Executive Council for publication in the Journal.

The entire issue of whether minutes and committee reports should be reported in the Journal was discussed. The Journal has taken on a new face and is definitely a scientific journal which can compete with other scientific journals. There was sentiment that minutes, committee reports, and other business aspects should be communicated through some other vehicle and that the Advance Planning Committee address the feasibility of some communication device for these functions.

The next issue regarding the Journal related to the business of advertising. There was a great deal of discussion about advertising and the numerous ramifications of taking on this function. After this discussion a motion was made that "the Editor of the Journal of Insurance Medicine be given interim power to solicit and manage advertising in the Journal with questions referred to the President for resolution." This motion was seconded but was tabled so that the Executive Council could hear the report from the Implementation Committee chaired by Dr. Robinson for the Mortality Study Center. This motion did carry after Dr. Robinson's report and further discussion.

Dr. Baker presented a written report for the Committee on CME. He reported that six members attended the recent committee meeting. He noted that ALIMDA will co-sponsor the ICLAM Meeting at the Hague in 1989 and would be co-sponsoring the CLIMOA Meeting in May 1989 in Vancouver. Dr. Hard thanked Dr. Baker for "superb effort and results," and the Executive Council responded with a round of applause for the excellent work of Dr. Baker and his CME committee.

Dr. Lewis reported for the Committee on Professional and Public Relations. He reviewed the activities of the American Academy of Physician Executives and noted their Executive Vice president Roger Schenke attended the meeting of this committee. Lively discussion followed the established contact with this group, and it was the sentiment of the Executive Council that continued contact be encouraged and that a combined liaison with speaker exchanges should be considered. Dr. Lewis also reported that there is some confusion regarding risk evaluation as brought to his attention by the Cancer Society. This "simply illustrated the confusion that exists in some people's minds regarding how risks are evaluated for insurance purposes."

Dr. Larry Jones reported for the Mortality and Morbidity Committee. He noted that the Bethesda Conference #20 was an overwhelming success and resulted in concrete recommendations regarding evaluation of individuals with ischemic heart disease.

Dr. Jerzy Gajewski noted that this meeting was the highlight of productive contact of ALIMDA with other organizations, and it was anticipated that ALIMDA's participation in conferences such as this would continue to provide favorable publicity to ALIMDA and emphasize its importance as a specialty society.
At the Mortality and Morbidity Committee meeting six members were in attendance and Medical Risks II presented significant problems. The history of Medical Risks and the development of mortality and morbidity data was reviewed. It was pointed out that there was a need for current risk classification material. Contact with the Society of Actuaries highlighted new projects by the society. New staff had been added, and several projects were under way. None of these projects were medical in nature, and virtually all were actuarially directed. There appeared to be a good possibility for a joint venture with the Society of Actuaries. The Mortality Study Center was mentioned. It was noted that ALIMDA can develop volunteer help in abstract preparation. Dr. Jones clarified the use of the word abstract, which, for ALIMDA's purposes, should be interpreted as "medical risk analysis." Further activity was dependent upon the status of the Mortality Study Center and activities along that line.

Dr. Kretzschmar reported for the Committee on Medical Management and Procedures. Dr. Kretzschmar and his committee were seeking direction from ALIMDA. It was clearly pointed out that a number of situations have arisen which have caused considerable concern in many areas. This included the dried blood spot tests and the problems presented by that technology. Another area of concern was related to genetic testing and the implications for the industry. In terms of direction for the committee, it was felt that this committee should be "beefed up." It should focus on new tests and technology as well as paramedical company performance. It was felt that the focus should be on new and questionable procedures and technologies and a method of referral to the committee should be established. (A report is due in June from the Ad Hoc Committee of the ACLI on Genetic Testing). The next agenda of this committee might consider a formal liaison with the Genetic Testing Committee. It became clear during the discussion regarding the role of this committee and the items before it that the role certainly has changed and will continue to change. This committee will assume an increasingly more important role in ALIMDA as it relates to new technologies and procedures and their impact on the industry. This committee would serve as a first contact. Information and reports would be transmitted by the Journal of Insurance Medicine. The chairman of this committee, Dr. Kretzschmar, will prepare and further refine methods of communicating findings to the membership.

The representative to the Committee on Consumer and Professional Relations of the HIAA had submitted two previous reports, and they have been published. Dr. Katz summarized his reports for the committee.

Dr. Remsberg presented a written report of the Board of Insurance Medicine. In that report he summarized the results of a meeting on April 19, 1988, at Bradley International Airport to review plans for the ALIMDA Morbidity Center and the role of the Board of Insurance Medicine. Another meeting on June 12, 1988, in conjunction with the Medical Section Meeting of the ACLI in Napa Valley, California, was held where consideration was given to bylaw changes of the Board and of requirements for Board certification, the term of office of chairman and the updating of the oral examination by members of the Board. Further recommendations would follow the Annual Meeting of the Board on October 14.

The meeting adjourned at 4:05 p.m. and reconvened at 8:00 a.m. on Sunday, October 16, 1988.

Dr. John Robinson reported on the proposed ALIMDA Mortality Center. He reviewed the history, evolution of the concept, and multiple visits made to various facilities and proposals that had been considered. He presented a written report with a budget and a description of the various avenues which could be pursued in establishing a Mortality Center. After active discussion, this issue was again referred to the Advance Planning Committee. Dr. Hard thanked John Robinson for his hard work and dedicated pursuit of this venture.

Neil Day summarized the report which he would provide to the membership. He was pleased to announce that Chapter 3 of Medical Risks, completed by Desktop Publishing was available. Copies of the 300-page overview text of Medical Risks will be released and will be available for a $20 service charge to members. He also reported that Medical Risks II should be "on the street" by September 1989. Except for moving insurance-in-force ahead, no increase costs should be anticipated by the membership. Neil also reviewed recent legislation and his disappointment in Colorado resulting from their complicated legislative code. He noted new services in the form of Health Claim Index and the insurance Activity Index. He also indicated that the MIB is looking at direct disclosure of findings to applicants except as they relate to mental health codes. This has already been in effect in California.

Neil also discussed a possible role of the MIB in the future of a mortality center. Continued dialogue between various interested groups was recommended. Dr. Hard pointed out that no firm conclusions could be made at this time but continuing dialogue should certainly be carried on.

At this point a motion was made that the Executive Council authorize Richard Singer to proceed with development of a coding procedural manual. This motion was made and seconded. An amendment to the motion to limit costs to $6,000 and to negotiate any additional expenses plus set a limit for completion at 18 months or less was made and seconded. The Executive Council approved the amendment. The motion was also approved. The final motion as amended reads as follows: The Executive Council authorizes Dr. Richard Singer to proceed with developing a coding and procedural manual to be completed within 18 months or less at a cost not to exceed $6,000 and any additional expenses are to be negotiated. Dr. Rudge Atkinson pointed out the objective of a study center; namely, 1) mortality and morbidity, 2) administrative aspects. He expressed concern about ALIMDA losing its identity. Further discussion regarding a mortality center, its make-up and management, as well as financing were discussed.
Dr. Jurkoic indicated to the membership that he had discussed with The Travelers the possibility of housing the Mortality Study Center at The Travelers with the provision of office space and telephone services as well as access to the National Library of Medicine Med Line, TOX Line, etc. He indicated that there was no assurance that this could be accomplished, but the indicators at the time of the meeting suggested that such was possible.

Dr. Kost made a motion to the effect that if Travelers did volunteer to provide space that this offer be accepted and communicated to the President. The motion was seconded and carried.

Dr. Carey discussed the needs for dues increase. The Executive Council had voted an increase in dues last year and had approved a dues increase for the ensuing year. After considerable discussion and with the potential for continued pursuit of a mortality center, a motion was made to reaffirm the $50 dues increase for the ensuing year. The total dues would be $200 per year. The motion, after seconding, carried unanimously.

The Committee for Liaison with the Society of Actuaries had not had a meeting, but the communication lines were wide open as reported by Dr. Robert Gustafson.

Dr. Kleinsasser provided the following report of the Nominating Committee: President, Roger Butz (previously elected); President-Elect, Lawrence Jones; Vice President, Joseph Jurkoic; Secretary, William Baker; Treasurer, John Carey; Editor of the Transactions, Charles Arnold. The Executive Council candidates for a three-year term; from the Board of Insurance Medicine, John Remsberg, and three additional candidates; Elliot Williamson, Richard Bailey, and John Iacovino. To the Board of Insurance Medicine; Elliot Williamson and Milan Bures for a second term and for a first term; Thomas Bugg and Elizabeth Bennett. The AMA Delegate from ALIMDA, Roger Butz; Alternate, Paul Metzger. The Representative to the Committee on Consumer and Professional Relations, Robert Katz with Alternate, William Guillelette. Dr. Gajewski and Dr. Mansure were thanked for their many years of services to ALIMDA.

Dr. Arnold presented a written report as new Editor of the Transactions. He introduced Mrs. Joan Parks, his Managing Editor. He reviewed some of the changes which might be considered in subsequent transactions. He reviewed the procedures for preparation and follow-up on papers. He stated a March goal for delivery of the Transactions. He indicated a 10-year index plan for the 1990 edition.

Dr. Gajewski presented a written report of the National High Blood Pressure Education Coordinating Committee. He reviewed some of the highlights of that report, and the reader is referred to the published copy of that report.

Dr. Pollard was an invited guest and had provided a written report as a member of ALIMDA to the AIDS Committee. He discussed his report.

Dr. Kretzschmar had resigned as Chairman of the ICLAM Feasibility Study. Dr. Butz will pick up the mantle regarding this activity.

Dr. Entmacher was designated as ALIMDA's recipient for the Distinguished Physician's Award.

Dr. Butz gave a brief review of the activities of the Centennial Committee for the Seattle meeting, September 25-27, 1989, at the Sheraton Hotel. Dr. Butz asked the Executive Council to approve United Airlines as the official carrier for his meeting. The Executive Council approved United Airlines as the ALIMDA-designated carrier for that meeting.

The meeting adjourned at 12:10 p.m.

Joseph R. Jurkoic, M.D.
Secretary, ALIMDA

Editor's Note: The following reports are in the order discussed by the Executive Council so that reference to the above Minutes can be made more easily.

ALIMDA Delegate to the AMA Report

The Annual meeting of the AMA occurred in Chicago on June 26-30, 1988. ALIMDA was represented by this reporter as Delegate and by Dr. Roger Butz as Alternate Delegate.

Testimony supporting insurance industry views was also submitted by Dr. Robert Katz who was in attendance as an Alternate Delegate from the Occupational Physician section.

The most discussed and controversial item presented to the House was the concept of an RCT (Registered Care Technician). The Board of Trustees had developed this idea in response to the critical nursing shortage occurring all over the U.S. Obviously, nursing organizations were opposed and lobbied the AMA very aggressively. Many of the Delegates felt the plan was inappropriate.

The final House action was to approve the concept, provided it was implemented only in a pilot study. The study will be closely monitored.

The House passed resolutions supporting AIDS contact tracing; continued to aggressively debate the pros and cons of the Harvard RVS study; reviewed the status of physician's laboratories; recommended quality controls; continued to hear problems of Medicare's medical necessity program, and recommended elimination of this discriminatory aspect of participating/non-participating physicians under the program.

Resolution 122 could have implications for our industry. The resolution requested the mandating of a uniform health
insurance claim form for all third parties including HMO's, PPO's, etc. The House action substituted the mandatory nature to having the AMA aggressively pursue the development of such an instrument in cooperation with government and third parties.

The Blue Shield/ACP Diagnostic Testing guidelines were again debated and, in the end, the Council on Medical Services report on the subject was filed.

The continuing debate over insuring or financing long-term care received considerable attention. The House recommended a set of principles on financing which encouraged private financing with an appropriate role for government where indicated.

The Interim meeting will be in Dallas in December and, since the Harvard Study has now been released, it is predictable that the study will be the most controversial item.

The periodic review of the specialty organizations represented in the House has been initiated. ALIMDA will be reviewed in 1990. John Carey surveyed membership with the latest dues statement. His statistics are as follows:

- 566 statements were mailed
- 443 responses were received
- 245 were AMA Members
- U.S. 40 failed to answer
- 65 stated non-members
- Canada 8 failed to answer
- 44 are not AMA members.
- Other 41 non-members responded from countries other than U.S. and Canada.

The review by the AMA for continuing membership does not specifically call for at least 50% membership. However, in the House debates, an organization with less than 50% AMA members would have a high probability of losing their seat.

Paul S. Metzger, M.D.

Ad Hoc Development Committee for a Mortality and Morbidity Study Center October 16, 1988 Report to the Executive Council

This Committee was established by the President of ALIMDA in February, 1988 to research and recommend an operating structure and funding mechanism for a permanent office to maintain an ALIMDA mortality and morbidity study center and to assist the officers and committees of the Association with administrative duties. It was assumed that this support would be extended to the Board of Insurance Medicine and to the Editor of the Journal of Insurance Medicine.

In its May 1, 1988 report to the Executive Council, the Committee recommended that a staff person be hired and trained. This person would then take over further development of the Center with ALIMDA guidance. The ad hoc Development Committee was thereupon dissolved and reconstituted as an ad hoc Implementation Committee. The two main charges to this Committee were to come up with a budget and to negotiate a training fee with Doctor Richard Singer. The original concept of the Center was largely his idea.

During this past summer it became obvious that further thought must be given to the developmental aspects of a Center before anything could be implemented and the Committee in effect reverted to a Development Committee.

The Committee worked closely with Doctor Singer to understand more fully his concept. He convinced the Committee that he could indeed train a staff person but that a coding and procedural manual for the classification of medical impairments must be in place prior to the opening of the proposed Center.

The Committee also researched the concept of a Study Center with MIB, Inc. and its subsidiary the Center for Medico-Actuarial Statistics (CMAS) which has extensive experience with the production of mortality abstracts which is what our Center is all about.

At the same time cost estimates for the setting up and operation of a Center were developed. This led to three options. The first was that of a free-standing Center which would cost some $90,000 to $100,000 to open and perhaps $75,000 to operate. The second option was to have our staff housed in the MIB and the third was a joint venture. While these last two options would be far less costly, having our employee housed in the MIB was not a good idea and a joint venture was really not the best of ideas and was not compatible with the long range plans of the MIB.

With the foregoing history as a background, the Committee wishes to make some positive recommendations.

Regardless of the ultimate form of the Study Center, the Committee wishes to restate its recommendations of last May that the Committee on Mortality and Morbidity, probably with the help of the President of ALIMDA, recruit a cadre of some four or five volunteer abstract preparers, in addition to Doctor Singer, who will agree to make two or three medical mortality abstracts per year on an ongoing basis provided that they are provided with the necessary raw material by the staff of the Study Center.

Lacking a Study Center, or while it is being developed, a literature search committee of four or five people should set up to review some four or five journals on a continuing basis, a total of some twenty per year, for articles showing promise for abstract purposes. Selected articles would then be referred back to the Committee on Mortality and Morbidity, or a selection sub-committee, to select the most promising articles to be referred to the abstract writers.
The Committee also recommends that permission be given Doctor Singer, and funding be approved, to implement a medical coding and procedural manual. This is of utmost importance and will be needed no matter what direction the Center and abstract preparation ultimately take.

ALIMDA should at this point decide if it wishes to continue to pursue a dedicated Center or a less-than-dedicated Center with potential for the development of an administrative headquarters. These approaches need not be mutually exclusive.

Finally, as suggested by the executive officers of MIB, Inc. should we be looking at an insurance industry research center to coordinate all the various studies that have been carried out independently in the past?

John C. Robinson, M.D., Chairman
Reginald D. Atkinson, M.D.
William J. Baker, M.D.
John P. Carey, M.D.
Joseph R. Jurkoic, M.D.
John R. S. Remsberg, M.D.

Committee on Continuing Medical Education
1988 Interim Report

This year will prove to be one of the most productive yet in presenting scientific sessions with Category I AMA-PRA CME credits. Thus far, sponsorship or co-sponsorship for 124.5 hours of Category I CME credit has been authorized. This was the year of the Triennial Board of Insurance Medicine Course and the Mortality Methodology Seminars will be given at least 3 times.

Once again I would emphasize that issuing the CME Certificate, which seems to be all important, should not shield the need for accurate course descriptions, goal setting, attendance recording, and evaluation summaries for continued accreditation.

A listing of CME credit hours awarded thus far (August, 1988) by group or organization is as follows:

William J. Baker, MD
Chairman

Committee on Continuing Medical Education
ALIMDA

Sharylee Barnes, MD
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Representing: Canadian Life Insurance Medical
Officers Association

Representing: Insurance Medical Group of
New England
Committee on Professional & Public Relations
Report
October 1988

At the last committee meeting on 4/30/88 in Ottawa a recommendation was made to invite a representative of the American Academy of Medical Directors and the American College of Physician Executives to attend a future committee meeting so that we could learn more about this organization and possibly develop a liaison.

This seems appropriate as ALIMDA is probably the oldest professional organization of physician executives and insurance medical directors are being asked to assume more management related responsibilities and we have much in common with physician executives in hospitals, HMO's, industry and group practices.

The American Academy of Medical Directors is a rapidly growing organization which includes medical directors, vice presidents of medical affairs, chief executive officers, chiefs of service and department chairs and it sponsors professional development programs and medical management information services.
We are very pleased that Roger Schenke, Executive Vice President of the American Academy of Medical Directors and the American College of Physician Executives will be meeting with the Committee on Professional and Public Relations, ALIMDA on October 15 in Charleston.

Frederick E. Lewis, M.D.
Chairman

HIAA Committee on Consumer and Professional Relations
Report of the Representatives
October, 1988


I. The minutes of the June 9, 1988 meeting were accepted as submitted.

II. Review of Activities at the Federal Level

Major legislative activities dealt with the uninsured and long term care. The Senate Committee approved S-1265 (Kennedy) including some of HIAA's proposals for coverage of up to the 37 million uninsured in the United States. Hearings on this topic were also held by the House Education and Labor Subcommittee on HR-2508 (Waxman) which is the companion to the Kennedy proposal.

The Senate Finance Committee held hearings on a proposal submitted by Senator Mitchel. HIAA testified in the course of the hearings and also appeared recently at a meeting of a subcommittee of the House Ways and Means Committee. There does not appear to be a consensus regarding solutions of the issue of the uninsured.

With the help of such prominent legislators as Mr. Rostenkowski and Mr. Dingle, aspects of Senator Pepper's bill were defeated when it became evident that catastrophic Medicare coverage does not extend to long term care. HIAA opposed Senate Introductory 2305 calling for a two-year front end deductible.

HR-5145 (Gradison) provides for tax clarification for life insurance reserves and funds for long term care. Tax credits are recommended for out-of-pocket payments, increasing with the age of the applicant. This proposal is supported by HIAA. Policies under this program would have no cash surrender value, dividends are to be used to increase benefits or reduce premiums.

HIAA is planning a major public relations campaign and a revision of its pamphlet "Consumer Guide to Long Term Care."

III. Status report on Activities of the HIAA Board Task Force on Health Care Cost Containment

This Task Force consists of a parent group and a working group. The objectives of the Task Force are (a) education of the industry regarding the problem of provider cost inflation, and (b) development of an anti-inflationary mechanism.

The Task Force will consider two types of solution. (1) action with the insurance industry, and (2) public policy recommendations.

Industry efforts can be categorized into two general approaches. The first would involve those accomplished primarily by legislation and regulations. The other efforts—managed health care approaches, including among them are case management, second surgical opinion and wellness programs.

IV. Report of the Health Care Management Committee

Seven recommendations were submitted and approved by the Consumer and Professional Relations Committee.

1. Statement of Goals and Objectives for the Health Care Management Committee.

2. To continue communications with the New Jersey Commissioner of Insurance regarding precertification programs and hospital utilization review plans.

3. To support enhancement of the legislative authorization of the Washington State Hospital Commission.

4. To support domestic company approach in Connecticut and to await the Connecticut Hospital Association's proposed modifications for the DRG system before determining insurance industry strategy.

5. To maintain support for several key elements to be included in the Maine Blue Ribbon Commission's report on the state's hospital payment system.

6. To oppose the proposal by the Pennsylvania Health Care Cost Containment Council for Individual and Group Insurance for the uninsured population and to alert member companies to the lack of specific confidentiality guidelines pertaining to submission of patient identification and sensitive diagnosis information required by law under the Pennsylvania statute. The state law contains a penalty provision for non-compliance which could result in a $10,000 fine and/or five years in prison.

7. To continue membership in the National Association of Health Data Organizations (NAHDO) annual dues $5,000, and membership in the Massachusetts Health Data Consortium - annual dues $6,000.
It appears that hospitals have a majority representation on health care finance commissions while the industry is frequently only poorly represented, if at all participating. Carriers are urged to designate representatives to attend and voice our concerns, holding rate increases at a reasonable and justified level.

V. Report of the Advisory Committee on Health Care Technology

The Committee's request for support by the Consumer and Professional Relations Committee to establish the HIAA's Medical Practice Assessment Unit with a budget of $300,000 for 1989, was approved.

This unit is proposing:

1. Small area analysis studies with the assistance of Dr. Philip Caper of the Codman Research Group.

2. To establish a quality management resource clearing house for insurers to obtain timely, accurate information about quality of care and its measurement and assessment.

3. To establish a clearing house on emerging and new technologies, and

4. Monitor and identify potentially harmful or obsolete technologies. A draft report has been developed. It will be finalized shortly for distribution to member companies as an initial product of the Unit.

VI. Report of the Claim Procedures and Forms Committee

The Committee's statement of goals dealing with impending changes in claims and procedures and liaison with national entities active in claim issues was approved by the Committee on Consumer and Professional Relations. Similarly our Committee approved a draft of the HIAA Position Statement on Claims Fraud:

"Health insurance claim fraud has a direct bearing on the rising cost of health care and on the insurance that protects consumers. Some types of fraud schemes can jeopardize the health or safety of the patient. It is important to make serious efforts to stop claim fraud and abuse.

The HIAA, therefore, supports actions that deter health insurance claim fraud. It further supports vigorous public and private action, both criminal and civil, against individuals or organizations who perpetrate such fraud."

It was recommended that the following fraud and abuse language be included on the revised HCFA 1500/Physician Claim Form:

"Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties."

VII. Report of the Dental Relations Committee

The goals of this Committee such as assistance to member companies to more effectively market and administer their dental insurance products and to increase their knowledge of the dental delivery system were approved by the Consumer and Professional Relations Committee.

The Universal Coding and Nomenclature Committee consisting of representatives of HIAA, the Delta Plan Association and the Blue Cross/Blue Shield Association met and will address itself to a Universal Dental Code and Nomenclature system which would add stability, but would allow for changes when deemed appropriate by the parties participating in the system.

VIII. Report of the State Council Advisory Committee

The goals of this Committee to assist state councils and their members to more effectively represent the interests of HIAA, were approved. The 1989 State Council meeting is scheduled to begin on March 15, 1989 in Chicago, Illinois.

IX. Report of the Medical Relations Committee

This informational report covered the AMA Annual Meeting, June 26-30, 1988, highlighting the following issues:

A. Registered Care Technologists (RCT)

This proposed new category of bedside care givers encountered opposition from nursing groups.

B. Expansion of Medicaid

AMA recommends that the number of people eligible be increased from the current 19 million to 49 million people.

C. Health Insurance Issues

AMA recommends language changes in communications with patients so as not to lead the patients to believe that physicians charges are 'unreasonable.' The AMA also recommended that physicians be paid a fair fee for case management services required by third-party payors that it is more costly, complex, and time-consuming than simple administrative services such as completing a standard claim form.

The AMA looks to relevant organizations and federal agencies to develop a uniform definition for experimental therapies and procedures, to make insurance benefits
available for diagnosis and treatment for male and female infertility, and favor legislation requiring employers to provide employees with a choice of types of health insurance.

The AMA will study physicians' problems with administrative requirements, "imposed on them by third-party payer review programs, including — but not limited to — the issues of reimbursement for physician and staff time and resources expended to comply; the confidentiality of patient information disclosed to third-party review; and the legal accountability of physicians and other personnel employed by third-party reviewers."

Delivery of the relative value scale (Harvard RVS study) to the Physician Payment Review Commission has been delayed. It may become available late this year or early in 1989.

X. Report of the Allied Health Services Committee

This informational report refers to Home Health Accreditation Programs (CHAP) established by the National League of Nursing (NLN) revised Home Health Agency accreditation standards. A notice in the Federal Register stated the intention of the Health Care Financing Administration (HCFA) to grant "deemed status" to health agencies accredited either by the JCAHO or NLN. This would permit requirements as an alternative to certification performed by state agencies. HIAA supported this approach.

The Pharmaceutical Subcommittee has reacted to legislative initiatives which prohibit third-party payers from providing financial incentives to consumers using mail order pharmacy or designated pharmacies or add cumbersome requirements to insurers regarding administration of third party prescription programs.

The Medicare Catastrophic Act adds a new outpatient prescription drug benefit. Home I.V. therapy and immunosuppressive drugs will be covered in 1990. In 1991, after a $600 deductible, coverage for outpatient prescription drugs will begin.

HR-2168 (Wyden) which would limit dispensing of prescription drugs by physicians, has not progressed in the House of Representatives.

XI. Unfinished Business

As a result of a survey dealing with a seminar on managed care, response was such that there appears to be considerable interest by member companies. The Committee on Consumer and Professional Relations will recommend that managed care be covered within or in addition to the Group Forum scheduled for April 1989.

XII. New Business

There was no New Business to consider.

XIII. Next Meeting

The next meeting of the Consumer and Professional Relations Committee will be held in Northern Florida near the end of January 1989.

Robert Katz, M.D.

Board of Insurance Medicine Report October 1988

This report provides information since that provided in the May 1, 1988 report to the Executive Council.

On April 19, 1988, the Chairman met with the co-directors of the Triennial Course, Drs. Atkinson and Spellman, to review the most recent course in detail. This meeting was held at the Sheraton Hotel, Bradley International Airport. Also attending was Dr. Paul Robinson who will replace Dr. Atkinson as co-director for the next course. The meeting was very productive. In the afternoon, Dr. John Robinson and Dr. Bill Baker also met to review plans for the ALIMDA "Center" and the role of the Board of Insurance Medicine.

An Interim Meeting of the Board was held on June 12, 1988 in conjunction with the meeting of the Medical Section of ACLI in Napa, California. At that meeting a number of items were discussed which will be gone over in more detail at the ALIMDA Meeting. These items include consideration of updates and changes of the Constitution and By-Laws of the Board, modification of the requirements for Board certification, the duties of the officers, the term of office of the Chairman, and updating of the oral examination by members of the Board.

The report of the Seventh Triennial Course was distributed to members. Dr. Atkinson's proposal for an "Introductory Course" for new medical directors to be sponsored by ALIMDA was also provided to the members—a starting date for the ALIMDA Meeting in 1989 is anticipated.

The Annual Meeting of the Board on October 14 will consider these many issues noted above. In addition, there will be discussion of the Mortality and Methodology Analysis Seminar with the Director, Dr. Bob Pokorski. Dr. Roger Butz was a participant in the Seminar in June of this year and provided his review and comments for the course which will also be addressed.

Four candidates passed the oral examination of the Board in Ottawa in May of this year, and seven passed the examination in Napa. As usual, there will be a number of oral examinations given at the meeting in Charleston.

The board looks forward to a very good year and an active role with ALIMDA.

John R.S. Remsberg, M.D.
Chairman
Transactions
Report of Editor
October, 1988

As the newly appointed editor of Transactions I feel fortunate to have Dr. Walter Clough as my predecessor. As a fellow editor-writer, I am deeply appreciative of his fine work and the excellent condition in which he left the publication.

Planning for the spring 1989 Edition has included the following developments:

(1) Managing Editor appointment. Ms. Joan Parks, Senior Health Education Administrator, at Metropolitan Life will serve as Managing Editor. Ms. Parks is a talented editor, who brings a rich and varied background in publishing to this assignment. Among her several current assignments at Met Life, she is Managing Editor of the Statistical Bulletin. I am very pleased that she will also be working on Transactions.

(2) "Instructions to Authors." In order to introduce as much editorial quality control into the production of Transactions, "Instructions to Authors" were drafted this spring, reviewed and commented upon by Program Chairs Bell and Howe, and approved by Dr. Hard. They were subsequently sent in July to all 1988 meeting speakers. With assistance from Ms. Adams in Dr. Jurkoic's office, speakers were also sent a copy of the 1988 edition.

(3) Expeditious publication. We endorse Dr. Clough's policy of mailing each year's Edition within six months of the annual meeting. To assist us achieve that goal, we will introduce only essential production changes. Accordingly, we plan to continue using the same printer and binder. Ms. Parks has been in contact with them. Whether that relationship and the one with the binder continue in future years will be re-evaluated next year.

(4) Editorial quality. Editorially we intended to maintain Transactions at the same or higher quality level (if achievable) as during Dr. Clough's tenure.

(5) Medical/technical editorial consultation will be sought periodically from selected insurance medicine colleagues.

(6) Index. We endorse Dr. Clough's suggestion, made in his April 1988 Report to Executive Committee Meeting, that a five year index be included in the 1990 edition. Unless there are expressed reasons for not doing it, we will plan for it.

(7) Expense management. The presence of an expense budget would enhance financial management of Transactions. In a discussion with Dr. Clough I learned that the publication presently does not have one. I would, however, like to begin preparing one for the spring 1990 publication. Please advise me of the procedure.

In closing, I wish to convey my pleasure and the sense of challenge that I feel in serving as Transactions' Editor. I look forward to working with you.

Charles B. Arnold, M.D., M.P.H.

ALIMDA Representative to the National High Blood Pressure Coordinating Committee Report
October, 1988

With the consolidation of the national Cholesterol Education Program and the National Cigarette Smoking Education Program along with this National Blood Pressure Program the overall direction has now a clear goal to influence risk factors. Previously outlined objectives for the year 2,000 have been slightly adjusted now to read:

1. At least 95% of all persons with high blood pressure should be aware that they have hypertension.

2. To attain adequate blood pressure control at 75% of all persons with high blood pressure.

3. To decrease the prevalence of significant overweight among the hypertensive U.S. population from the 1976-80 baseline by 10% of men and 17% of women.

4. To reduce the death rate from stroke through treatment of high blood pressure by 75% compared to the 1972 age adjusted death rate (this objective has not been changed).

5. To reduce the death rate from hypertension associated heart disease by 50% compared to the 1972 age adjusted death rate (this objective unchanged).

6. To reduce by 25% compared to the 1985 incidence rate the number of individuals reaching end-stage kidney disease.

The rest of the objectives remain unchanged as compared to what was reported at the previous meeting.

It should be of particular interest to the insurance industry that a special task force has been created to study the entrepreneurial and financial aspects of blood pressure monitoring devices.

Jerzy Gajewski, M.D., Ph.D.
AIDS Committee Report
October, 1988

The ACLI Medical Section AIDS Committee last met on June 15 and 16 at Silverado following the ACLI Medical Section annual meeting. Topics discussed were important and timely, but were subsequently rapidly overtaken by events. Of primary concern were indeterminate results from the DuPont Western Blot confirmatory test and changes on the legislative scene. Little purpose would be served by a detailed report of those discussions at this point. It is sufficient to say that largely as a result of that meeting and efforts by the Testing subcommittee our support laboratories now have in place procedures which virtually eliminate indeterminate results.

On the legislative side the picture is not as favorable. Questions of the validity of testing are no longer the focus of attention. Rather, now states are dealing with questions of informed consent, counselling, and confidentiality. Events are occurring and situations are changing nearly every day, and we can only hope that ACLI and HIAA attorneys are able to keep abreast of things. It is my feeling that the need for medical expert testimony from members of the Public and Government Relations Subcommittee has decreased, but the responsibility to insure confidentiality and informed consent are increasing. In my Company, and quite likely in others, this growing responsibility falls to the Medical Department.

Of more importance to this Executive Council is a mass restructuring of the AIDS Committee. Dr. Don Chambers, as the new Chairman of the ACLI Medical Section, resigned as Chairman of the AIDS Committee and was replaced by Dr. Dick Bailey. Dr. Bailey's previous position as head of the Testing Subcommittee was assumed by Dr. Neil Pickett. Dr. Bob Gleeson continues as head of the Public and Government Relations Subcommittee. Heading up the Education Subcommittee are Dr. Henry Howe and Dr. Thomas Bugg as Co-chairmen.

Dr. Bailey disbanded the general membership and a new committee was appointed with membership based on prevailing interest. The number of members will be limited to 20 with at least 6 assigned to each of three subcommittees. This should provide a more efficient and workable committee. I have attached a copy of the new list of Committee members and their Subcommittee assignments. The Committee will meet next on October 19 and 20 at the conclusion of the ALIMDA annual meeting here in Charleston, S.C.

In my judgement the ACLI Medical Section AIDS Committee is serving very well the needs of all of insurance medicine. The membership successfully includes representation from all affected groups, and there continues to be no need to create additional committees to deal with the AIDS issue. I recommend the ALIMDA Executive Council continue its support of the ACLI Medical Section AIDS Committee.

Richard A. Pollard, M.D.
ALIMDA Representative to the ACLI Medical Section AIDS Committee