

BYLAWS

**MEDICAL SOCIETY
OF
SEDGWICK COUNTY**

Hereinafter referred to as the Society

As Revised and Amended

January 19, 1937
November 15, 1938
November 19, 1940
April 7, 1942
March 6, 1945
November 11, 1947
December 7, 1948
November 8, 1949
January 9, 1951
November 5, 1952
March 17, 1953
December 1953
February 1955
December 1957
November 1958
November 1959
September 1962
September 196
November 5, 1963
January 4, 1966
May 10, 1966
October 3, 1967
December 2, 1969
February 5, 1973
October 1, 1974
May 11, 1976
December 7, 1976
January 4, 1977
May 6, 1980
May 5, 1981

November 9, 1982 - Section 12.0
January 13, 1987 - Sections 2.0, .01, .03 and 9.0, .02, .021
May 2, 1989 - Sections 16.01, .02, .03, .04
December 4, 1990 -Sections 3.03, .032, .033, .063, .071, .072
December 1, 1992 -Sections 2.01 and 12.01, .02, .02, .04
October 1, 1993 - Section 3.034
October 5, 1993 - Sections 4.0302, .0303, .0306 and 5.03, .05
Proposed changes submitted April 14, 2010 – Section 2.0, 3.0, 4.0, 5.0, 6.0, 7.0, 11.0, and Appendix A –
these changes were approved on December 7, 2010
February 27, 2013 – Sections 2.14, 2.15 and 6.0
August 31, 2016 – Section 5.0
September 28, 2016 – Section 2.09 & 2.10

FORWARD

The Medical Society of Sedgwick County received its charter from the Kansas Medical Society in 1903. Its charter members were the twenty-five members of the Wichita Academy of Medicine, which had functioned for several years prior to that time.

The Kansas Medical Society, of which this Society then became a part, had been incorporated by an act of the Governor and the Legislative Assembly of the Territory of Kansas, February 10, 1859, and is believed at this time to be the oldest existing corporation of the State. Its charter provides that it "shall have perpetual succession forever."

The Medical Society of Sedgwick County was reorganized and incorporated in 1931. At that time it was the ninth medical organization in the United States to employ and Executive Director.

The principles and details of the original Constitution and Bylaws adopted in 1903 have been kept intact but, with the broadening of the activities of the Society and its reorganization, additions and amendments have been made from time to time to conform to changing conditions and progress and to provide a detailed word picture of the working plan of the Society.

With this brief introduction we take pride in presenting this pamphlet.

-BYLAWS COMMITTEE

**Past Presidents of the
Medical Society of Sedgwick County**

1904	Jacob F. Gsell, MD	1951	Robert H. Maxwell, MD
1905	Jacob F. Gsell, MD	1952	Bruce P. Meeker, MD
1906	George C. Purdue, MD	1953	Howard C. Clark, MD
1907	John L. Evans, MD	1954	Harold F. O'Donnell, MD
1908	John D. Clark, MD	1955	George E. Cowles, MD
1909	Charles E. Scott, MD	1956	John Philip Berger, MD
1910	Arch D. Jones, MD	1957	Ernest W. Crow, MD
1911	George K. Purves, MD	1958	Edward S. Brinton, MD
1912	C. D. Forney, MD	1959	Norton L. Francis, MD
1913	F. S. Williams, MD	1960	Clyde W. Miller, MD
1914	Lloyd P. Warren, MD	1961	William J. Reals, MD
1915	John C. Brown, MD	1962	George F. Gsell, MD
1916	J. G. Dorsey, MD	1963	Hoyt C. Blaylock, MD
1917	David Walker Basham, MD	1964	Harold L. Low, MD
1918	Edwin D. Ebright, MD	1965	Robert P. Norris, MD
1919	H. H. Michener, MD	1966	Abraham E. Hiebert, MD
1920	Leo A. Sutter, MD	1967	Ben H. Buck, Jr., MD
1921	Erastus Smith Edgerton, MD	1968	J. Walker Butin, MD
1922	William P. Callahan, Jr., MD	1969	Warren E. Meyer, MD
1923	James W. Cheney, MD	1970	Ivan E. Rhodes, MD
1924	Alfred E. Gardner, MD	1971	William C. Swisher, MD
1925	Wilbur G. Gillett, MD	1972	Eugene G. Anderson, MD
1926	James E. Chipps, MD	1973	Thomas C. Hurst, MD
1927	Harold F. Hyndman, MD	1974	Ralph Hale, MD
1928	Clarence Avery Parker, MD	1975	Willard J. Kiser, MD
1929	Earl D. Carter, MD	1976	Curtis C. Drevets, MD
1930	C. H. Briggs, MD	1977	Charles R. Jackson, MD
1931	Henry N. Tihen, MD	1978	Richard J. Cummings, MD
1932	Henry N. Tihen, MD	1979	John J. Schlueter, MD
1933	Charles D. McKeown, MD	1980	Lew W. Purinton, MD
1934	Hal E. Marshall, MD	1981	Z. Rex Boyd, MD
1935	George F. Corrigan, MD	1982	Wilbur G. Cauble, MD
1936	George E. Milbank, MD	1983	Terry L. Poling, MD
1937	James W. Shaw, MD	1984	Norman K. Pullman, MD
1938	George B. Morrison, MD	1985	Katherine Pennington, MD
1939	Fred J. McEwen, MD	1986	Richard M. Skibba, MD
1940	Ray A. West, MD	1987	John Hered, MD
1941	Alonzo P. Gearhart, MD	1988	James I. Morgan, MD
1942	Charles R. Rombold, MD	1989	Jerry B. Cohlmiia, MD
1943	Hervey R. Hodson, MD	1990	William T. Braun, III, MD
1944	Arthur W. Fegtly, MD	1991	Clifton C. Schopf, MD
1945	Norris L. Rainey, MD	1992	Richard A. Ahlstrand, MD
1946	John L. Kleinheksel, MD	1993	George R. Randall, MD
1947	Joseph V. VanCleve, MD	1994	Richard C. Shaw, MD
1948	James S. Hibbard, MD	1995	Douglas L. Young, MD
1949	Arthur L. Ashmore, MD	1996	Joseph C. Meek, Jr., MD
1950	Earl L. Mills, MD	1997	Shaker R. Dakhil, MD

1998	John E. Schlicher, MD	2009	Ronald C. Brown, MD
1999	Michael D. Bates, MD	2010	George L. Lucas, MD
2000	Travis Stenbridge, MD	2011	Linda L. Francisco, MD
2001	Kevin C. Hoppock, MD	2012	Thomas H. Estep, MD
2002	Hewitt C. Goodpasture, MD	2013	Bart A. Grelinger, MD
2003	Joe D. Davison, MD	2014	Donna E. Sweet, MD
2004	Timothy M. Scanlan, MD	2015	Paul W. Huser, MD
2005	Thomas J. Bloxham, MD	2016	Estephan N. Zayat, MD
2006	James H. Gilbaugh, III, MD	2017	Denis D. Knight, DO
2007	Dennis L. Ross, MD	2018	James (Jed) E. Delmore, MD
2008	Steen E. Mortensen, MD		

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SECTION 1.0
PURPOSE

- 1.01 To maintain an organization of the physicians of Sedgwick County as a component society of the Kansas Medical Society and through it the American Medical Association.
- 1.02 To provide self-government and discipline within the framework of medical practice in Sedgwick County
- 1.03 To provide an open interchange of views at Society meetings to the end of informed unity within the profession for an effective group opinion in community affairs of scientific, legislative, public health, or other concern to the profession.
- 1.04 To maintain such channels of communication as to inform every member physician of the Society's policies and other matters affecting the practice of medicine.
- 1.05 To promote ever-increasing standards of patient care and to be as watchful to protect the welfare of the patient as the prerogatives of the membership.

SECTION 2.0
MEMBERSHIP

- 2.01 Membership in the Society is a privilege, not a right, and depends on the compliance of each member with the provisions of these Bylaws in present form, and those changes, which shall be instituted through the procedures outlined in them. Every person admitted to membership must first meet all the requirements set forth in the category for which he/she applies. Membership in all categories requires membership in the Kansas Medical Society. American Medical Association (AMA) membership is voluntary.
- 2.02 Categories of membership:
- | | |
|------------------|--------------|
| (a) Active | (d) Honorary |
| (b) Associate | (e) Retired |
| (c) Probationary | (f) Courtesy |
- 2.03 Active Membership includes physicians engaged in the practice of medicine, principally in or near Sedgwick County, Kansas. (i.e.: Wichita metropolitan statistical area)
- 2.031 They must hold the degree of Doctor of Medicine from a school of medicine accredited by the Liaison Committee on Medical Education or hold the degree of Doctor of Osteopathic Medicine from a school of Osteopathic Medicine accredited by the Department of Education Affairs of the American Osteopathic Association.
- 2.032 They must be licensed to practice medicine in the State of Kansas.
- 2.033 They are entitled to all rights and privileges of membership including participation in all Society activities and the *right to vote and hold office*.
- 2.034 An Active member pays full dues until age seventy, (70). The year following the 70th birthday, the annual dues will be reduced to one-half.
- 2.04 Associate Member includes physician members of the armed forces on active duty or the United States Public Health Service, or those practicing medicine in other federal or state governmental agencies.
- 2.041 They must hold the degree of Doctor of Medicine from a school of medicine accredited by the Liaison Committee on Medical education or hold the degree of Doctor of Osteopathic Medicine from a school of Osteopathic Medicine accredited by the Department of Education Affairs of the American Osteopathic Association.
- 2.042 They may not vote or hold office in this Society.
- 2.043 The annual dues will be one-half that for Active members and the member is exempted from payment of sustaining dues. The year following the Associate members 70th birthday, the annual dues will be reduced to one-half.
- 2.044 They are eligible to attend all Society functions and serve on committees and commissions.

- 2.05 Probationary Membership includes the physicians actively engaged in the practice of medicine who must serve a probationary period before being admitted to Active or Associate membership in the Society. The period of *probation is one year from the time of membership approval by the Membership & Ethics Committee. If transferring membership from another society, the probationary period is six (6) months* ~~the submission of a completed membership application to the Society or the beginning of practice; whichever is the later. Following the completion of the Probationary term, application for Active or Associate, membership must be made in accordance with Section 2.10.~~
- 2.051 They must hold the degree of Doctor of Medicine from a school of medicine accredited by the Liaison Committee on Medical education or hold the degree of Doctor of Osteopathic Medicine from a school of Osteopathic Medicine accredited by the Department of Education Affairs of the American Osteopathic Association.
- 2.052 They must be licensed to practice medicine in the State of Kansas excepting an applicant for Associate membership.
- 2.053 They may serve on commissions and committees with vote, but may *not vote* at general membership meetings or hold office in this Society.
- 2.054 They are eligible to attend all Society functions.
- 2.055 A Probationary member is not eligible for Leave of Absence. If the member withdraws from practice for longer than ninety days, or does not enter practice within sixty days after submission of a membership application, the member must begin anew upon return.
- 2.056 If, under these terms, probation is revoked, the application fee (Section 2.092) is entered in the general fund.
- 2.06 Honorary membership includes physicians worthy of special honor, because of notable service to medicine or because of extraordinary service in the interest of this Society, may be recommended by a two thirds vote of the Board of Directors, at their **November December** meeting. The secretary will submit the name for consideration at the next regular meeting of the Society, at which a two-thirds affirmative vote of Active members present is required for election.
- 2.061 Honorary physicians named from outside the Active membership of this Society may *not vote or hold office* although they may attend all functions of the Society.
- 2.062 Honorary members elected from the Active membership in this Society may continue to exercise the privilege of voting and holding office.
- 2.063 The Honorary member *pays no dues or assessments.*
- 2.07 Retired Membership is a category that may be elected only from physicians who have been Active members of the Society for ten or more years and who have retired completely from professional activity. Exceptions to this category, such as illness or hardship, shall be reviewed and determined by the Membership and Ethics Committee. The specific requirements of membership are identical with those of the Active membership (all of Section 2.03).

- 2.071 Membership in this category terminates upon resumption of professional activity.
- 2.072 They are not eligible to hold office.
- 2.073 They are exempted from payment of dues or assessments.
- 2.08 Courtesy Membership includes residents receiving training in local hospitals; medical students attending a local accredited school of medicine; and members of the Armed Forces on active duty.
- 2.081 They must hold the degree of Doctor of Medicine from a school of medicine accredited by the Liaison Committee on Medical education or hold the degree of Doctor of Osteopathic Medicine from a school of Osteopathic Medicine accredited by the Department of Education Affairs of the American Osteopathic Association and are receiving training in local hospitals, or be medical students attending a local school of medicine accredited by the Liaison Committee on Graduate Medical Education.
- 2.082 They may serve on commissions and committees with vote, attend all Society functions, but may *not vote* at general membership meetings or *hold office* in this Society.
- 2.083 They are exempted from payment of dues or assessments.
- 2.084 A completed membership application ~~submitted through the~~ ~~along with a written report from the involved hospital~~ school of medicine or military installation will satisfy membership processing in lieu of a complete membership investigation. Upon completion of medical school training, residency program or military service, they are eligible to apply for Probationary membership if they remain in the local community.
- 2.09 Application for Membership
- 2.091 Applicants for membership in this Society will obtain the proper forms from the office of the Executive Director.
- 2.092 The completed application must be returned to the Executive Director with an application fee in the amount set by the Board of Directors.
- 2.093 The Executive Director, having received the application, will authorize the applicant to receive all publications distributed to the membership while the application is pending.
- 2.094 The Executive Director forwards the application with specified copies of diplomas, certificates of internship and residency, Kansas Licensure and/or letters of transmittal to the Membership and Ethics Committee.
- On applications from foreign medical graduates where it is impossible to obtain verification from the involved medical school, a written statement from the Education Council on Foreign Medical Graduates (ECFMG) verifying that the applicant has satisfactorily met all requirements for ECFMG certification will be accepted in lieu of a statement from the school of medicine where the applicant received his medical education, internship and/or residency training.

- 2.095 After investigation, the Membership and Ethics Committee orders publication, in a following issue of the MSSC News, of a synopsis of the application including the names of endorsers and requests further information from the membership concerning the applicant. If a majority of the Membership and Ethics Committee opposes the application, its chairman will notify the endorsers, who may withdraw their endorsements, thus creating an incomplete application.

Those applications not receiving approval of the committee but which are properly endorsed will be submitted along with the committee's report to the Board of Directors of the Society at its next meeting. The Board of Directors, after considering the committee report, may elect the applicant to Probationary Membership by a three-fourths (3/4) vote of the eligible voting members present.

In those instances in which the vote of the Board of Directors is not affirmative, the applicant may request in writing that the application be submitted to the general membership at the next regularly scheduled meeting of the Society. A three-fourths (3/4) affirmative vote of the eligible voting members present is required for election to Probationary Membership.

The applicant shall be notified in writing of the action taken by the Membership and Ethics Committee, Board of Directors and the general membership as soon as possible.

- 2.096 The Membership and Ethics Committee, having granted tentative approval to the applicant, shall instruct the Executive Director to notify the applicant and the general hospitals of the community that his/her credentials appear in order pending the completion of the investigation process.
- 2.097 Approval of applications for membership that are properly endorsed by the Membership and Ethics Committee shall be presented at the next regular meeting of the Board of Directors, which may elect, by a three-fourths (3/4) vote, the applicant to Probationary membership. If the vote of the Board of Directors is not affirmative, the application shall be considered at the next meeting of the Society. A three-fourths (3/4) affirmative vote of the Active members present is necessary for election of the applicant to Probationary membership. The new member shall be notified in writing as soon as possible of the action taken by the Board of Directors.

2.10 Elevation of Membership

- 2.101 One year from the date of submission of a the Membership and Ethics Committee approved the completed membership application to the Society, the Probationary member must apply for elevation to Active membership. Unless the application is received sixty days of the anniversary, the Probationary membership is automatically terminated.

~~2.102 Thirty days after the anniversary date, the Executive Director shall remind the Probationary member of the requirement if his/her application for Active membership has not been received.~~

~~2.103 If no derogatory information is found, the applicant's name will be added to a list of member names eligible for Active membership and presented to the Board of Directors~~

by the Executive Director for approval. Members eligible for Active membership will be published in the following issue of the MSSC News.

- 2.102 The MSSC Board of Directors considers the list of members eligible for elevation to Active Membership. The Board's recommendation may be:
- (a) Approval without dissent.
 - (b) Approval with dissent.
 - (c) Disapproval.

- 2.103 A three-fourths (3/4) affirmative vote of the Board is necessary for election to Active membership.

In instances in which the Board of Director's action is not affirmative, the rejected applicant may request in writing that the application be considered by the general membership at the next regularly scheduled meeting of the Society.

A three-fourths (3/4) affirmative vote of the eligible voting members present is required to elect the applicant to Active membership.

- 2.104 The Probationary membership is terminated at once if the applicant does not receive the necessary affirmative vote. The Executive Director will notify the applicant ~~and the administration of each general hospital in the community~~ of the change of status.

- 2.105 The Executive Director will retain the application with all documentation and shall then enroll the approved member in the roster of Active members.

- 2.106 ~~Reapplication of~~ A rejected applicant or a terminated Probationary member ~~or a withdrawn application may not be submitted less than~~ may be required to wait six months ~~after the action~~ to reapply.

2.11 Transfer of Membership, Leave of Absence

- 2.1101 Transfer of membership to this Society. A physician being an Active member in good standing of another chartered component medical society must serve a six (6) month Probationary period prior to elevation to Active membership, unless the physician was previously a member of this Society.

Application through transfer must be in accordance with Sections 2.091, 2.092, 2.093, 2.094, and 2.095. After investigation and approval, the Membership and Ethics Committee orders publication in a following issue of the MSSC News, of a synopsis of the application. ~~includes the names of the endorsers~~ Additional information concerning the applicants professional qualities may be obtained from the President of the Medical Staff of the hospital or hospitals which the applicant has privileges.

If a majority of the Membership and Ethics Committee approves the application, it will be submitted at the next regularly scheduled meeting of the Board of Directors for election to Active Membership. If a three-fourths (3/4) vote is not received, the application will then be processed in accordance with Section 2.095. Transfer of membership within the state must be in accordance with Section 11.5 and 11.6 of the Bylaws of the Kansas Medical Society.

- 2.1102 Transfer of membership from this Society. A member wishing to transfer to another society may do so providing he/she is free of indebtedness to this Society and that no charges are pending against him/her. The letter of transfer will state the effective date of transfer and the initial date of the member's association with the Society, attested by the Executive Director. A copy of the transferee's application to this Society will be furnished to another society that he/she wishes to affiliate upon written request. The transferee will be placed on Leave of Absence status until notification is received of his/her acceptance into the new society, subject to provisions of 2.1103. Petition for withdrawal of membership, for any reason, is received by the Board of Directors and entered into minutes of the Board.
- 2.1103 A member may request a Leave of Absence for any adequate reason that prevents his/her continued medical practice in Sedgwick County. The request will be addressed in writing to the Board of Directors, setting forth the reasons. Approval of the Leave of Absence by the Board may not exceed one year. Application for extension of the leave or reinstatement of membership must be made within of thirty days of the expiration of the leave or the earlier return of the member. Dues, assessments and all privileges of membership are suspended until reinstatement. Thirty days after expiration of the Leave of Absence and without written application for extension, the membership of the affected member is automatically terminated.
- 2.1104 Effective April 26, 1995, all members in membership categories other than active must serve a one year probation period prior to reinstatement to Active Membership if action has been taken by the Kansas State Board of Healing Arts that affects their licensure status. Following this one year probationary period, consideration will then be given to elevation to Active Membership, subject to review and approval by the society's Membership and Ethics Committee. Final action remains with the MSSC Board of Directors.

2.12 Disciplinary Actions

- 2.1201 Discipline. Members of the Society are bound to practice letter and spirit of the principles enumerated herein. Violation may be the subject of investigation and judgment by the Professional Investigation Committee upon receipt by the Society of a formal written and signed complaint from the President, a member or a non-member or information received from the Kansas Board of Healing Arts. Transmittal of a complaint to the Membership and Ethics Committee would be necessary only if the Professional Investigative Committee deemed it so or if a member of the Society appealed to the Membership and Ethics Committee within 10 days after disagreeing with a decision of the Professional Investigation Committee.
- 2.1202 Causes for punitive action.
- (a) Expulsion from membership in the Kansas Medical Society.
 - (b) Revocation or suspension of license to practice medicine by a regularly constituted state authority.
 - (c) Conviction of a felony or a morals charge.
 - (d) Action detrimental to this Society.
 - (e) Violation of the provisions of these Bylaws.
 - (f) Violations of the standards of professional conduct approved by this Society, including the principles of ethics of the American Medical Association.

(g) Entry of false information on the application for membership in this Society.

- 2.1203 Investigation. The Professional Investigation Committee shall investigate any cause or claim of cause brought to its attention and determine whether the matter shall be referred to the Membership and Ethics Committee of this Society for hearing. In cases where it is possible, the Professional Investigation Committee shall exert all reasonable efforts of correction and reformation.
- 2.1204 Notice. If the Professional Investigation Committee determines that the Membership and Ethics Committee shall hear the matter it shall prepare a notice, which will:
- (a) Set forth the matter in question with sufficient particularity that the member will be cognizant of the question to be heard.
 - (b) Inform the member that he/she will have an opportunity to be heard in his/her own defense before the Membership and Ethics Committee and that he/she will be notified of the date, time, and place of the hearing.
 - (c) Mail such notice to the member involved by registered mail and forward a copy to the Chairman of the Membership and Ethics Committee.
 - (d) Forward any supplemental reports on the matter to the Membership and Ethics Committee and at the same time mail copies to the member involved.
- 2.1205 Hearing. The Membership and Ethics Committee may make additional investigation and must give the cited member at least thirty days written notice of the date, time and place of hearing. At the hearing, the member shall have the opportunity to speak in his/her own defense, to present a written statement, and to produce documents and witnesses. (Exception: If the cited member is not medically competent to answer charges in a situation of sufficient urgency and gravity, the hearing may be held in his/her absence.)

Should the cited member fail to appear at the hearing, the Membership and Ethics Committee may consider the matter from the reports of the Professional Investigation Committee, written statements of the member involved, and the testimony of the plaintiff.

- 2.1206 **Hearing Report.** The Membership and Ethics Committee shall submit a written report to the Board of Directors of the Society stating:
- (a) The complaints listed in the notice prepared by the Professional Investigation Committee.
 - (b) The findings and conclusion of the Membership and Ethics Committee, and
 - (c) The recommendation of the Membership and Ethics Committee.
- 2.1207 Action. At the first meeting of the Board of Directors following receipt of the report of the Membership and Ethics Committee, the Board must determine whether the member involved should be disciplined and the nature of the disciplinary action.

~~2.12 — Censure, Suspension and Expulsion~~

- 2.1208 Censure. The Board of Directors may, upon consideration of the Membership and Ethics Committee's report, by three-fourths (3/4) vote, censure a member. Such censure shall be in a written form, over the signature of the Society's President, and shall express the Board's criticism and disapproval of the member's act or conduct under consideration. Such censure shall not, however, affect the censured member's

membership in the Society or his/her privileges and obligations as a member. The decision of the Board of Directors for censure of any member is final.

- 2.1209 Suspension. Suspension of a member is for a definite period of time and may, at the discretion of the Board of Directors, be commuted.

During the period of suspension, the member is not entitled to any of the rights or privileges of membership.

If the suspended member is an officer, member of the Board of Directors, or a member of the Membership and Ethics Committee, the Board of Directors may, at its discretion, declare his/her position vacant and direct a special election for his/her replacement.

Affirmation by three-fourths (3/4) of the Board of directors is required for expulsion or suspension of a cited member. The member may request in writing a hearing by the membership of the Society, and a three-fourths (3/4) vote of the seated Active members is required for expulsion or suspension. The accused member shall not have a vote.

- 2.1210 Expulsion. All rights and privileges in the Society cease upon termination of membership by expulsion, per provisions of Section 2.12.

Additionally, expulsion may be imposed by the Board of Directors on any member leaving the jurisdiction of this Society to avoid civil or criminal action without proper transfer procedure.

Affirmation by three-fourths (3/4) of the Board of Directors is required or expulsion or suspension of a cited member. The member may request in writing a hearing by the membership of the society and a three-fourths (3/4) vote of the seated Active members is required for expulsion or suspension. The accused shall not have a vote.

2.13 Reinstatement

A member of this Society who has been suspended for non-payment of dues for disciplinary action or expelled from membership may be reinstated provided:

- (a) The member makes application for his previous category of membership and pays any assessments in arrears.
- (b) One (1) year has elapsed since the date the member was expelled or his prior application for reinstatement was rejected, except as provided in Section 2.153.
- (c) The term or suspension, except for non-payment of dues, has been completed.

2.14 Annual Assessment

- 2.141 Active members. The amount of annual assessment shall be determined by the Board of Directors subject to approval by the membership of this Society.

A portion of the annual assessment shall be for subscription of the Society's official publication.

Each Active member of the Society (from and after January 1, 1953) shall pay sustaining membership fee to the Society in the amount of \$300.00. The first charge of membership dues will include the full amount of the sustaining dues.

- 2.142 Associate Members. The amount of the annual assessment shall be one-half (1/2) of the annual assessment for Active members.

If the applicant applies for membership before July 1, the full annual assessment shall be paid, if on or after July 1, the assessment shall be half of the full annual assessment. On January 1, of each succeeding year, an annual assessment will be made, according to membership status of that date.

The applicant's name will be reported to the Kansas Medical Society for inclusion on its membership rolls and will be assessed according to the Kansas Medical Society Bylaws.

- 2.143 Probationary Applicants and Members

When an applicant applies for membership, the full annual assessment shall be paid.

The applicant's name will be reported to the Kansas Medical Society for inclusion on their membership rolls and will be assessed according to the Kansas Medical Society Bylaws.

- 2.144 Honorary and Exempt Members shall not be required to pay annual assessments.

- 2.145 The President of the Society is exempt from the annual assessment for the year of his/her presidential tenure.

2.15 Payment of Annual Assessment

- 2.151 Dues. Annual assessments are due and payable on January 1 of each year and are delinquent on March 31.

- 2.152 A delinquent member shall be notified that he/she will be dropped from membership in this Society unless payment of his/her annual assessment is received by May 1.

- 2.153 A member dropped from membership for non-payment of any assessment may be reinstated:
- (a) By making application in his/her previous category of membership, and
 - (b) By paying all assessment in arrears, and
 - (c) The Board of Directors may, at its discretion, modify or waive the requirement for payment of the monies in arrears or reapplication.

- 2.154 Refunds. Annual assessments will not be refunded unless a member is granted a Leave of Absence or a transfer to another society prior to July 1 of a year in which the member has paid his/her dues in full. In that case, one-half (1/2) of annual due will be refunded by check. Paid special assessments will not be refunded.

SECTION 3.0
OFFICERS

- 3.01 The officers of this Society shall be the President, President-Elect, Secretary and Treasurer.
- 3.02 Requirements. No member shall be eligible to serve as an officer of this Society without having been a voting member in good standing of this Society for at least five (5) years.

3.03 Election

3.031 The Officers shall be elected by ballot annually in May to take office the first day of the year following.

3.032 Nominating Committee. The Board of Directors, at its February meeting, shall appoint a Nominating Committee of five (5) members of the Society. These members shall have served in the capacity of an officer or a member of the Board of Directors. The Executive Director of this Society shall furnish an eligibility list of names.

The Nominating Committee shall meet, and after reviewing the eligibility list, shall name two (2) candidates for the office of President-Elect. They shall also name at least two (2) candidates for each other elective office. They shall prepare and present their report at the March Board meeting. After the candidate list is approved by the Board, an official ballot and information on the candidates will be included in the April MSSC News. Additional nominations may be made from the floor.

3.033 Voting. MSSC active members vote using the official ballot. Ballots must be signed and returned to MSSC Offices by 5:00p.m. the day before the May membership meeting. Members may also vote at the May meeting. The Executive Director shall prepare ballots. A majority of the votes cast shall be necessary for election to a single office. In case of a tie vote, the President, who does not vote otherwise, may cast the tie-breaking vote or order another ballot.

~~If more than two (2) persons are nominated for an elective position through nominations from the floor and if no candidate receives a majority vote, all but two leading nominees are eliminated and a second ballot cast. In case of a tie vote, the President, who does not vote otherwise, may cast the tie breaking vote or order another ballot.~~

The results are reported to the President, who announces the voting results to the membership before the close of the meeting.

~~3.034 Absentee Ballot. An active member shall be entitled to vote an absentee ballot at any scheduled election. An absentee ballot must be obtained in person by the voting member in advance of a scheduled election and must be returned to the society before the election is held for the vote to be counted.~~

3.04 Terms of office. The terms of office of this Society shall be for one (1) year. The term ends December 31st, or when the officer has been properly replaced.

3.05 Limitation of terms. No members shall be elected to serve twice as President of this Society, but the President Elect elevated by a vacancy in the office is eligible to complete this position for the vacancy term as well as their year as President.

3.06 Duties of Officers

3.061 President. The President shall preside at the meetings of the Society and perform such other duties as custom and parliamentary usage may require. He/She shall be the head of the profession in the county during his/her term, and the chief protagonist of scientific attainments among the membership. He/She shall be an ex-officio member of all Commissions and Committees. He/She shall appoint all Standing Committees, hereinafter provided for, subject to the ratification of the Board of Directors. Such appointments shall be made so that a portion of the personnel of each Committee shall serve on the same Committee for two (2) or more successive years. The President shall fill any vacancies that may appear through departure, resignation or death of any Committee member for the unexpired term.

3.062 President-elect. The President-Elect shall attend all meetings of the Board; shall familiarize himself/herself with the personnel and work of the various Commissions and Committees of the Society; shall counsel with the President on matters affecting the future of this Society; and shall otherwise prepare himself/herself for assuming the leadership of this Society at the proper time.

3.063 Immediate Past-President. The Immediate Past-President shall provide continuity between the preceding year and the current year. He/She shall become a member of the Membership and Ethics Committee when the Presidential term expires. He/She shall also serve as a member of the Board of Directors without a vote for the year immediately following their term of office.

3.064 Secretary. The Secretary shall:

- (a) Record the minutes of meetings and care for all records and papers belonging to the Society, including its charters;
- (b) Notify each member of the Society as to the time and place for each meeting;
- (c) Keep account of, and promptly turn over to the Treasurer, all funds of this Society which he receives;
- (d) Maintain a list of the members of the Society in good standing, including his/her name, address, place and date of graduation, and the number and date of the certificate entitling him to practice medicine in this state;
- (e) Send a copy of this list on forms provided by the Secretary of the Kansas Medical Society at the time designated by the state Society;
- (f) Transmit to the Kansas Medical Society annual dues of all members of this Society.
- (g) Notify the Kansas Medical Society of membership changes and other pertinent data.

3.065 Treasurer. The Treasurer shall be responsible for all dues and monies belonging to this Society. They shall be deposited in the bank of choice of the Board of Directors. All disbursements of more than \$50.00 other than routine expenses must have the signatures of two (2) persons, including the Executive Director or

any elected officer. The Treasurer shall submit the books for review to the Society's consulting accountant at the end of each fiscal year or at the request of the Board of Directors. The Treasurer shall be bonded in an amount determined upon by the Board of Directors. The Treasurer shall present monthly reports to the Society's Board of Directors and assist the in-coming President in developing the Society's annual budget.

3.07 Vacancies. If the incumbent in any elective office becomes unable or unwilling to perform the functions of his/her office or is removed from office or moves his/her principal professional activity from Sedgwick County, the office shall be declared vacant. Vacancies shall be filled in the following manner.

3.071 President. The President Elect shall immediately assume the office. In this instance, the president elect shall serve until the end of the term to which he/she was originally elected.

3.072 President-Elect. The office of the President Elect shall remain vacant until the next election and assumption of office.

3.073 Secretary. The Board of Directors shall appoint a Secretary until the next election and assumption of offices.

3.074 Treasurer. The Board of Directors shall appoint a Treasurer until the next election and assumption of offices.

3.08 Travel Expenses.

3.081 The Presidents shall receive reimbursement for all expenses incurred in the performance of their official duties.

3.082 All other officers shall receive reimbursement toward travel expenses incurred in the performance of their official duties to the extent determined by the Board of Directors, except for annual sessions of the Kansas Medical Society.

SECTION 4.0
BOARD OF DIRECTORS

4.01 The Board of Directors of this Society, here-in-after referred to as the Board, is composed of:

The President, President-Elect, Secretary, Treasurer, ~~President of MSSC Foundation~~, Immediate Past-President and nine (9) elective members from this Society, three (3) of whom are elected each year for a three (3) year term. The MSSC's representative on the ~~Kansas Medical Society Board of Trustees~~ ~~Councilor of this District~~ and any member of the Society elected Delegate to the American Medical Association shall be members of the Board, without vote (this does not preclude concomitant service on the Board as an elected member).

4.02 The Board shall manage the business and financial affairs of the Society and act in the interim between meetings upon matters, which would otherwise require special meetings.

4.03 General Powers and Duties

4.0301 General Powers. The Board shall have:

- (a) Authority to transact the business of the Society and negotiate contracts in its behalf.
- (b) The power to delegate its authority to the Society's officers, to Commissions and Committees of the Society.

4.0302 Budget. At the November Joint Board of Directors meeting, the Judicial and Business Commission shall present a budget for the next fiscal year based on the recommendations of the Executive Directors, and the Treasurer's report of anticipated income and expenditures. The budget, and the recommended assessment, as approved by the Board shall be submitted to the membership at the December meeting for approval by a majority vote of those present.

4.0303 Changes in Budget. The Board may, by a two-thirds (2/3) vote of its entire membership, change the budget to meet the urgent needs of the Society.

4.0304 Unbudgeted Expenditures. Any recommendation or motion requiring the expenditures of funds not previously budgeted shall be referred to the Judicial and Business Commission. The Commission shall submit its recommendations to the Board.

Any member of the Society may call for a report of any matter considered under this section at the next regular Society meeting.

4.0305 Inspections. The Board shall inspect all financial records and accounts of this Society at least annually.

4.0306 Committees. The Board may create committees from its membership and augment such committees by appointing additional Society members who are not Board members.

- 4.0307 Other duties. The Board shall perform such duties as are delegated to it by membership of this Society and specifically provided in these Bylaws.
- 4.0308 Limitations of Power. The Board may not:
- (a) Elect Honorary members of this Society;
 - (b) Elect officers (as distinguished from filling vacancies);
 - (c) Give final approval of the annual Budget;
 - (d) Change location of the Executive Office of this Society;
 - (e) Amend these Bylaws.
- 4.0309 Executive Committee. The Board at their December meeting shall appoint an executive committee to include the President, President Elect, Secretary, and Treasurer, which shall serve for one (1) year. This committee shall meet at the request of the President and manage the affairs of the Society between the monthly Board of Director's meetings. All actions of the Executive Committee shall be reported at the next regular meeting of the Board. The Executive Committee may take no action relating to the expenditures of Society funds.
- 4.04 Meetings. The Board shall meet at a designated place and on a designated date each month to conduct the business and financial affairs of the Society. The November Board meeting will be a joint meeting, out-going and in-coming Board members.
- 4.041 Presiding Officer. The President is the presiding officer of the Board except as otherwise provided in these Bylaws.
- 4.042 Quorum. A majority of the voting Board members shall constitute a quorum for the transaction of business.
- 4.043 Notice. Written notice of the time and place of each meeting of the Board shall be mailed to each member of the Board at least one (1) week prior to the proposed time of the meeting.
- 4.044 Special Meetings. Other meetings may be called by the President, and shall be called by the President upon petition of five (5) members of the Board subject to notice provisions of Section 4.043.
- 4.05 Vacancies. Any vacancy occurring in Board membership at any time shall be filled in the following manner: The remaining members shall submit two (2) names of members of the Society for each vacancy, and at the next meeting of the Society there-after, one (1) of these shall be elected for the unexpired term of the consecutive three (3) year terms of member of the Board.

SECTION 5.0

Kansas Medical Society Board Representation and Participation

NOTE: In 2015 the Kansas Medical Society Board of Directors changed its Bylaws to restructure the composition of the KMS Board of Directors and eliminate the House of Delegates process. Instead KMS has implemented a Town Hall meeting as the method of receiving input from Kansas physicians.

5.01 Current KMS Bylaws stipulate that the Medical Society of Sedgwick County is allocated one permanent seat on the KMS Board of Directors. The MSSC Representative to the KMS Board of Directors will be elected by the MSSC Board of Directors and will serve a two-year term. The representative can serve three 2-year terms as the MSSC Representative to the KMS Board of Directors.

5.02 In the month prior to the KMS Annual meeting, the MSSC Board of Directors will consider relevant issues pertaining to the practice of medicine that should be presented at the annual KMS Town Hall meeting. Relevant issues will be presented to the KMS Board of Directors at the Town Hall by the President of the MSSC Board of Directors or his/her designee.

Amended: August 31, 2016

SECTION 6.0
COMMISSIONS AND COMMITTEES

- 6.01 The Judicial and Business Commission. The Judicial and Business Commission shall recommend and/or carry out policy relating to the internal and business affairs of this Society.
- 6.02 The Public Relations and Public Policy Commission. The Public Relations and Public Policy Commission shall recommend and/or carry out policy relating to initiating or interpreting legislation in the interest of public health and medical care and services, and shall inform the public of the goals, programs, positions and accomplishments of the Society and the medical profession to cultivate intelligent public understanding of medical facts and friendly relationships between the public and the medical profession.
- 6.03 Unless otherwise provided, the above Commissions shall consist of **at least five (5) fifteen (15)** members elected to service for three (3) years. In addition, the President may appoint a member or members of the Board to serve as ex-officio members of any Commission.
- 6.04 Quorum. One-third (1/3) of the membership of the Commissions or Committees constitutes a quorum for transaction of business.
- 6.05 Election of Commission Members.
- 6.051 The President-Elect shall submit to the Board of Directors at their **November December** meeting for final approval a listing of physicians to fill all vacancies. The Board may make additions and/or deletions.
- 6.052 Members of the Commissions shall be elected by a majority vote of the Board at their **November December Joint** meeting. **Five (5) Commissioners shall be elected to each Commission each year.**
- No Commissioner shall serve for more than two (2) consecutive three (3) year terms.
- 6.053 Vacancies. The Board shall fill vacancies in the Commissions as soon as practical after the vacancy occurs.
- 6.06 Duties of the Commissions
- 6.061 Commissions shall act under instruction of the Board.
- 6.062 Commissions may also act through their own initiative, subject to the approval of the Board. Each commission may appoint subcommittees.
- 6.063 Chairman. The President shall designate the chairman of each commission from its membership.
- 6.07 Standing Committees
- 6.071 Committee on Membership and Ethics.
Composition: Nine (9) members, elected by the membership for a three (3) year term, 1/3 each year, provided one (1) member be the retiring President. No members

shall serve more than two (2) consecutive terms. Interim vacancies shall be filled by special election at the next Society meeting after the vacancy occurs for the remainder of the unexpired term.

- 6.0712 Qualification for election.
Past elected officers of the Society (including past members of the Board) who have been Active members in good standing for ten (10) years or longer.
- 6.0713 Chairman of the Committee. Its members at its first meeting shall elect the Chairman annually.
- 6.0714 Duties: The Committee shall examine the credentials and qualifications of all applicants for membership in the Society, making such inquiry as it deems necessary. A majority vote of those present for acceptance of the applicant following investigation shall be followed by a report to the Board recommending the applicant to the membership for election. Failure to obtain a majority vote for acceptance shall be followed by a report to the Board setting forth the reasons for rejection (Section 2.096). The committee shall sit in hearing and judgment of charges referred to it by the Professional Investigation Committee, reviewing the record and testimony as necessary for clarification of the problem. Any member of the Committee with valid reason to doubt his/her ability to judge impartially a given case should disqualify himself/herself. Any member of the committee who is a party to a given action must be disqualified. Either party to a charge may exercise two (2) preemptive challenges disqualifying Committee members. The President shall replace disqualified members by appointment from the Board for that given action, subject to the same requirements as elected members.

In the event a change of membership status of any member of this Society shall result from disciplinary action under these Bylaws, the Executive Director shall notify the Kansas Medical Society, and the Kansas State Board of Healing Arts therefore, in writing, upon formal request, the Committee shall make its files and records pertaining to the disciplinary action available for examination by the designated officials of the Kansas Medical Society and the Kansas State Board of Healing Arts. Whenever, in the opinion of the Committee, the best interests of the medical profession and the Society demand, notification shall also be given to local hospitals, and the Committee is authorized to ask for and receive from such hospitals any available information regarding completed disciplinary action by such hospitals against any member or proposed member of this Society.

The Committee is authorized to ask for and receive from the Kansas Medical Society information pertaining to change in membership status of any of its members or prospective members which has resulted from disciplinary action, and to take such action as it deems appropriate in the performance of its function as set out in these Bylaws.

6.8 Committee on Professional Investigation.

Composition: Five (5) members selected from Active members of the Society in good standing for five (5) years or more. The incumbent President shall name the Chairman for the year. No members shall be named to more than two (2) consecutive full terms. Interim appointment for incomplete terms shall be made as vacancies arise.

Duties: The Committee shall hear disagreements based on alleged violations of the provisions of Section 2.1201 between members: or disagreements between members and non-members or their representatives. The Committee shall consider facts and hear testimony regarding such complaints. It shall make recommendations to the involved parties for the solution of disagreements between members or between members and non-members or their representatives. If the recommendations are not acceptable to the involved parties, a written report of findings shall be referred to the Membership and Ethics Committee for final disposition.

- 6.81 Procedures. Charges brought in behalf of the Society shall be introduced and signed by the President for the Society, which shall nevertheless be designated collectively as the plaintiff. All such complaints before receiving consideration must be in written form.

When such a written complaint is received, it shall immediately be acknowledged and the acknowledgment accompanied by a release form to be signed by the complainant allowing the Society to conduct such investigation as may be necessary to ascertain facts and reach conclusions regarding them. This is to include investigation of hospital records and any other information, which would ordinarily be kept confidential.

When such release is received from the complainant, a copy of the complaint is to be sent to the member doctor in question, together with a request that his written version regarding the complaint be sent within a specified period of time to the Professional Investigation Committee. This written answer to the complaint is to be accompanied by a signed release from the member authorizing the Society to investigate any records necessary to reach a fair and equitable decision regarding the merit of the complaint.

When the member physician to the Society transmits this material, it is delivered along with the original copy of the complaint, to the Chairman of the Professional Investigation Committee who, in turn, proceeds, if indicated, to further investigate the matter. He/she may carry out such investigation himself/herself or designate a member of the Committee to do so. When such an investigation is completed, copies of the original complaint and the member's reply, together with the findings of the investigation, should be transmitted to the Chairman of the Professional Investigation Committee. The entire Professional Investigation Committee then makes a decision as to the proper disposition of the complaint.

When such a decision can be rendered, a letter is to be prepared by the Committee, through its Chairman, for transmittal to the complainant, the doctor involved and to the President of the Society. This letter is to be signed by the Executive Director, acting for the Chairman of the Professional Investigation Committee. If the

Professional Investigation Committee can render no decision regarding the proper handling of the complaint, the matter is automatically referred to the Membership and Ethics Committee for their consideration.

6.9 Special Committees

6.91 The President shall appoint any Special Committees of this Society for specific purposes during his term of office, or by the Board, or the Commission for a specified time and purpose.

6.92 They shall not receive assignments that duplicate the functions of any Standing Committee.

6.10 Reports

6.101 Annual Report. Each Commission or Standing Committee shall submit a written report of its activities and recommendations to the Board by December 1 of each year. This report to be filed by the Chairman to include:

- (a) A brief and factual summary of the report; and
- (b) The complete detailed report.

6.102 They shall submit such other reports as the Board may require.

6.11 Expenses

6.111 The expenses of Commissions and Committees, whenever possible, shall be anticipated and included in the Budget of this Society.

6.112 Authorization. No expenditures shall be made nor financial obligation be incurred by a Commission or Committee, unless entered in the Budget of this Society or authorized by the Board.

6.113 Certification. Request for payment of authorized expenses shall be certified by the Chairman of the Commission or Committee and forwarded to the Executive Office of this Society.

SECTION 7.0
PARLIAMENTARY AUTHORITY

- 7.01 The transactions of this Society shall be governed by Dr. James E. Davis' Rules of Order as the official authority, also used by KMS House of Delegates, except as otherwise provided in the Articles of Incorporation or these Bylaws. The Executive Director shall maintain an additional copy.

SECTION 8.0
FUNDS AND EXPENDITURES

8.01 Funds.

8.011 Annual Assessment. Annual Dues in each applicable category of membership shall be made as provided in Section 2.15.

8.012 Special Assessments. Additional funds may be raised by special assessments proposed to the membership at any meeting and approved by a two-thirds (2/3) vote of those present and voting.

8.013 Other sources. Funds may be derived from voluntary contributions, bequests, patents, copyrights, income from publications of this Society, interest on bank accounts or investments, and any other source approved by the Board.

8.02 Expenditures

8.021 Authority. The Board may appropriate funds:

- (a) Within the limits of the annual Budget approved by the Society and;
- (b) In accordance with the provisions of these Bylaws.

8.022 Payment. Vouchers of the Society shall be signed by an elected officer and the Executive Director or in the absence of the latter by two (2) elected officers.

8.03 Bonds

8.031 Such officers and employees of this Society shall be bonded to the extent and in the amounts established by the Board, and the cost paid by the Society.

SECTION 9.0
EXECUTIVE DIRECTOR

- 9.01 Purpose. The Executive Office is the official headquarters and business office of this society located in a place approved by the membership of the Society.
- 9.02 The Executive Director shall be an employee of the Society under the direction and supervision of the Board.
- 9.021 Duties: The Executive Director shall:
- (a) Act as general administrative officer and business manager of the Society and its affiliated organizations;
 - (b) Supervise and be responsible for the functions of the Executive Office of the Society;
 - (c) Attend all meetings of the Society: All commission, the Board of Directors, the annual meeting of the Kansas Medical Society, and Committee meetings when possible;
 - (d) Serve as liaison with the legal counsel, public relations counsel, and special assistants of the Society.
- 9.022 Reports. The Executive Director shall submit such reports as the officers and Board of the Society may request.
- 9.03 Special Assistants
- 9.031 Legal firms, public relations consultants, public accountants and other special assistants may be employed to the extent approved by the Board.
- 9.04 Salaries and Fees
- 9.041 Remuneration of all employees of this Society shall be in accordance with policies determined by the Board. The Board shall approve fees and retainers for special assistants.
- 9.05 Travel Expense
- 9.051 Reimbursement for travel expenses of the Executive Director, other employees, and special assistants to the Society, shall be approved to the extent authorized by the Board.
- 9.06 Audit
- 9.061 The financial records of this Society shall be revised and evaluated annually by a certified public accountant selected by the Board. The Board if deemed necessary may order a formal audit. It is approved to have an outside CPA firm (other than the company's CPA firm) conduct a financial audit every five (5) years.

SECTION 10.0
SEAL

10.01 This Society shall have an official Seal, with such wording as may be required by law or approved by the Board.

The Seal shall be kept in the Executive Office in the custody of the Executive Director.

SECTION 11.0
PRINCIPLES OF MEDICAL ETHICS

11.01 The Principles of Medical Ethics of the American Medical Association, KMS and enactments of the membership as provided shall govern this Society.

American Medical Association
Principles of Medical Ethics

Preamble: The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

Principles of medical ethics

- I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
- II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
- V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
- VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
- VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
- VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
- IX. A physician shall support access to medical care for all people.
 - I. Adopted by the AMA's House of Delegates June 17, 2001.

SECTION 12.0
MEETINGS

- 12.01 This Society shall convene a minimum of four (4) times per year as determined by the program committee and/or board of directors. One meeting shall be annual business meeting and one shall be for the annual election of officers. Additional meeting(s) may be held provided ample announcement is made to the membership.
- 12.02 Ten percent (10%) of the Society's active members shall constitute a quorum for conducting business at the membership meetings and at special meetings.
- 12.03 The President or the Board may call special meetings at any time. The Secretary may call special meetings, on a filed written request of five percent (5%) of the Society members and by giving written notice to each member at least five (5) days prior to the date. A call for a special meeting shall state its purpose and no business except that stated in the call shall be transacted.

SECTION 13.0
ORDER OF BUSINESS

- 13.01 Order of Business at all meetings shall be:
1. Call to order.
 2. Reading and approval of the minutes of the last meeting.
 3. Unfinished business.
 4. Reports of Commissions and Committees.
 5. New Business.
 6. Announcements.
 7. Scientific papers and discussion.
 8. Adjournment.

SECTION 14.0
AMENDMENTS

- 14.01 Proposed amendments may be introduced at any meeting, for information only. The Bylaws may be amended at any regular meeting of the Society subsequent to the first reading.
- 14.02 After the first reading, the proposal shall be published in the official publication of the Society Newsletter at least five (5) days in advance of the meeting at which final action is to be taken.
- 14.03 At the meeting following the first reading, the proposal shall be introduced for final action.
- 14.031 The society may, by majority vote, amend the form of the first reading in any manner not exceeding the challenge by a majority vote of those seated.
- 14.04 Vote. A three-fourths (3/4) vote of the Society seated is necessary to amend the Bylaws.
- 14.05 Emergency Action. These Bylaws may be amended at any regular or special meeting (for the purpose); provided the emergency nature of the proposed amendment is announced, and the amendment is approved by a vote of three-fourths (3/4) of the Society seated at the meeting.

SECTION 15.0
DISSOLUTION

15.01 No part of the Society assets will inure to the benefit of the individual members. Upon dissolution of the society, all assets remaining after satisfaction of outstanding obligations will be transferred to a qualified charitable organization, to be determined by the Board of Directors in accordance with applicable Internal Revenue codes.

SECTION 16.0
INDEMNIFICATION

- 16.01 To the fullest extent authorized by Corporate Law, the Corporation shall indemnify any Corporate Servant who was or is a party or is threatened to be made a party to any Proceeding by reason of the fact that such person was or is a Corporate Servant, if he/she acted in good faith and in a manner he/she reasonably believed to be in or not opposed to the best interests of the Society, and with respect to any criminal action or proceeding, had no reasonable cause to believe his/her conduct was unlawful.
- 16.02 The Board of Directors is authorized, to the extent permitted by Corporate Law, to cause the corporation to pay expenses incurred by Corporate Servants in defendant Proceedings and to purchase and maintain insurance on their behalf whether or not the Corporation would have the power to indemnify them under the provisions of 16.0 or otherwise.
- 16.03 Any right or privilege conferred by or pursuant to the provisions of 16.0 shall not be exclusive of any other rights to which any Corporate servant may be entitled. No repeal or modification of the foregoing provisions of 16.0 shall adversely affect any right existing at the time of such repeal and modification.
- 16.04 As used in 16.0 the term “Corporate Servant” means any natural person who is or was a director, officer, trustee, committee person, employee, or agent of the corporation, or is or was serving at the request of the Corporation as a director, officer, trustee, committee person, manager, partner, employee, or agent of another corporation, partnership, joint venture, trust or other organization or enterprise, nonprofit or otherwise, including an employee benefit plan. The term “corporate law” means the general corporation code of the state of Kansas as from time to time amended. The term “indemnify” means to hold harmless against expenses (including attorneys’ fees), judgments, fines (including excess taxes assessed with respect to an employee benefit plan) and amounts paid in settlement actually and reasonable incurred by the Corporate Servant in connection with a Proceeding. The term “proceeding” means any threatened, pending or completed action, suit proceeding, whether civil, criminal or administrative.

SECTION 17.0
APPROVAL

17.01 These Bylaws shall be approved as provided at any regular meeting of the Society and shall be binding on the membership as of the date of approval, and shall supersede all previous Bylaws.

Date of Approval

James (Jed) E. Delmore, MD – 2018 President

Jason R. Taylor, MD – 2018 Secretary

APPENDIX A

KANSAS MEDICAL SOCIETY PHYSICIAN'S RECORD RETENTION GUIDE

Physician's Record Retention Guide Updated April 16, 2010

Contents & Documentation of a Medical Record

Records should show the patient's progress both positive and negative, during the course of treatment. Documentation of an adverse result is necessary to preserve the integrity of the record. Incidents should not be emphasized, nor should they be concealed or understated. It must be accurate and remain confidential.

The patient's medical record must be maintained. Minimal general information such as the patient's name, address, telephone numbers, emergency contacts, and insurance information should be included. Medical histories should be taken by a physician or designated nurse. An adequate medical history includes information such as current medications, past illnesses, operations, allergies, past lab and radiology reports, and reports from other physicians.

Generally, the medical record should reflect the following information for each visit:

The reason for the appointment; the scope of the examination; the exam findings; the diagnosis; treatment recommendations; prescription information; patient instructions, and a recommendation for a return office visit.

All consent forms, lab records, and radiology reports should be kept in the patient's record. It is important to update the record regarding allergy information with a date prior to prescribing a medication.

Financial records should be kept separate from medical records.

Release of Medical Records

Medical Records can be released to persons, other than the patient, who are outside the clinic for purposes of payment, treatment, or health care operations. Absent an applicable exception or release for payment, treatment, or health care operations, medical records should not be released without a signed authorization from the patient or a court order. The original records should not be released. The original medical records are the property of the physician's office. Although the physician or the physician's office owns the medical record, a patient has the right to obtain copies of his/her medical records and to review them in most circumstances. Copies of medical records may be released upon receipt of the patient's authorization, court order, or in those situations in which an exception to confidentiality applies.

When considering disclosure of medical records without a court order, an authorization, or for purposes of payment, treatment, or health care operations, a physician's office should confirm that the disclosure is permitted under both HIPAA and Kansas law. Below are common exceptions to confidentiality in which disclosure is allowed under HIPAA and Kansas law. In the following situations information from medical records may be disclosed without an authorization or court order, even though disclosure is for purposes other than treatment, payment, or health care operations:

- 1) Child abuse reports;
- 2) Disclosure for workers compensation purposes; or.
- 3) Infectious disease reports.

Although other exceptions may exist, members should contact their legal adviser to resolve disclosures that involve the interplay between Kansas law and HIPAA.

Retention of Medical Records

In general, a patient's medical record should be maintained by the physician for period of ten (10) years from the last date a physician treated the patient. Accordingly, a retiring physician shall keep his/her records in a storage facility for a period of ten (10) years from the date of the last treatment for each of his/her patients. In addition, a physician should keep a deceased patient's records for a period of ten (10) years from the date of last treatment.

Patient records may be stored by an electronic data system, microfilm, or similar photographic means. A health care professional may destroy original paper records stored in this manner if the stored records can be reproduced without alternation from the original. Each electronically stored record shall identify existing original documents or information not included in that electronically stored record K.A.R.. 100-24-2.

Terminating Active Practice in Kansas

In general, a patient's medical record should be maintained by the physician for a period of ten (10) years from the last date the physician treatment the patient. Accordingly, retiring physicians should either find a secure facility in which to store patient records or find another individual or entity, i.e., the clinic where the physician practiced, to act as the custodian of the records. In the case of the latter, the physician should enter into an agreement with the custodian whereby the physician is allowed access to the records in the event of litigation, audits, etc.

Pursuant to K.A.R. 100-2403, each licensee of the KBHA, who terminated active practice in Kansas, must, within thirty (30) days, notify the KBHA of the following:

- 1) the location where the patient records are to be stored;
- 2) if the licensee designated an agent to maintain the records, the name, address, and telephone number of the agent; and,
- 3) the date on which the records are scheduled to be destroyed.

A physician may designate an entity, another physician, or a health care facility to retain the records for the required retention period. In addition, physicians terminating their practice should notify patients regarding the termination of the practice. Notification by letter is preferable. The physician should retain a copy of the letter and a list of those to whom the letter was sent. As an alternative, a physician can publicize the closing of his/her practice in a newspaper of general circulation. The notice should be published three (3) times for three (3) consecutive weeks. The physician should transfer patients who are in the midst of a course of a treatment to the care of another physician. K.A.R. 100-24-2; K.A.R. 100-24-3.

Upon a patient's request, a copy of the records may be sent to a physician of the patient's choice. A fee for the duplication of these records may be charged if the fee is consistent with K.S.A. 65-4971.

Medical record copying cost update

State law, K.S.A. 65-4971(b), requires the Kansas Secretary of Labor to annually update the amount health care providers may charge for record duplication. The amount is adjusted based on changes in the Consumer Price Index. **Effective January 1, 2010 the charges may not exceed \$18.11 for supplies and labor, plus \$.60 per page for the first 250 pages, and \$.43 per page thereafter.**

Keep in mind, however, that according to K.S.A. 65.2837, it is "unprofessional conduct" for a physician to fail to transfer records to another licensee when requested to do so by a patient or his or her representative. Therefore, if a patient requests medical records be copied and sent to another health care professional, the records should be copied and sent without waiting for payment from the patient. The

patient may be billed for the copies, but delivery of the records to another health care professional should not be delayed. A provider should not condition the furnishing of records upon payment of copying charges.

Medical records related to Workers Compensation are not included in the medical records copying charges codified as K.S.A. 65-4971(b). Reimbursement for the reproduction of an employee's medical records should be at the health provider's billed charge, not to exceed the following: Up to 10 pages \$16.00, 11-50 pages \$28.00, above 50 pages \$28.00 plus \$.35 per page above 50 the maximum allowable payment for the copying of medical records is applicable to any health care provider, business, or other entity providing any forms of copying services.

Record Retention Guidelines (Alphabetical)

Alcohol (tax-free) records	6 years
Applications: employees (Five (5) years after termination)	5 years
Applications: non-employee	2 years
Attendance records	5 years
Audit reports (financial)	Permanent
Balance Sheets (may be disposed of if general ledger is maintained)	Permanent
Bank deposits	5 years
Bank statements	5 years
Benefit programs	Permanent
Birth certificates	Permanent
Blood borne pathogen exposure (Duration of employment plus thirty (30) years when the employers ceases to do business with a successor, record should be transferred to the Director of the NIOSH).	30 years
Board minutes (corporate)	Permanent
Budgets	5 years
Cash receipts	10 years
Cashier's tapes from bookkeeping machine	5 years
Charge clips to patients	5 years
Check register	6 years
Check stubs (may be disposed of if other record of checks is maintained)	7 years
Checks: payroll	5 years
Checks: vouchers	10 years
Communicable disease reports required by state & federal health departments	3 years
Construction contracts	Permanent
Controlled substances: disposition records, inventory records, prescriptions	3 years
Corporation constitution and bylaws, together with all amendments	Permanent
Correspondence (routine)	5 years
Credit and collection correspondence	5 years
Death certificates	Permanent
Depreciation records	Permanent
Earnings records	Permanent
Employee handbooks	Permanent
Engineering: blueprints of building	Permanent
Engineering: equipment records, by location	Permanent
Equipment leases (ten (10) years after expiration)	10 years
Financial statements	Permanent
Health records (five (5) years after termination of employment)	5 years
HIPAA related documents	6 years
Income tax returns and supporting documents	6 years

Income tax returns and supporting documents (if unusual circumstances exist Where spending patterns may need to be documented or if any question of tax fraud)	Permanent
Income, daily summary	5 years
Insurance policies	19 years
IRS exemption letters	Permanent
Job classifications	Permanent
Journals (general)	Permanent
Ledger cards (patient)	7 years
Ledgers (general)	Permanent
Licenses and permits	Permanent
Medicaid cost reports, billing material, etc. (Five (5) years after final settlement)	5 years
Medical record index number	Permanent
Medical records	10 years
Methadone records	3 years
OSHA logs	5 years
Pathology reports (NOTE: Lab slides are not pathology reports; therefore, Lab slides are not subject to the ten (10) year retention rule).	10 years
Patient appointment books	3 years
Patient register	Permanent
Pension plans (records supporting entitlement)	Permanent
Pension program	Permanent
Property: deeds, titles and leases	Permanent
Purchase orders	6 years
Register of tests: laboratory, therapy and x-ray	10 years
Summary of medical records destroyed – hospitals only (K.A.R. 28-34-9(a)(d)(3))	25 years
Survey and inspection reports (three (3) years o until next inspection)	3 years
Time cards	5 years
Tracings:	
Electrocardiogram (EKG)	10 years
Electroencephalogram (EEG)	10 years
Electromyelogram (EMG)	10 years
Unemployment compensation claims and reports	5 years
Vouchers: capital expenditures	Permanent
Vouchers: cash	10 years
Vouchers: travel expenses	15 years
Withholding:	
Federal and state income tax	Permanent
FICA taxes	Permanent
FUTA taxes	Permanent
X-ray films	10 years