

Sunday, May 1, 2016

FINAL HOUSE OF DELEGATES ACTION

REPORTS OF REFERENCE COMMITTEES

Ways and Means

A – Medical Care Delivery

E – Scientific and Educational Affairs

C – Internal Affairs and Bylaws

D – Public Health

B – Legislation

Rules and Order of Business

REPORT OF WAYS AND MEANS COMMITTEE

Dennis C. Szymanski, MD, Chair

May 1, 2016

(This Standing Committee also serves as the Reference Committee on Ways and Means)

Operating Fund

Through extensive cost containment, restructure and reduction efforts, the MSMS Operating Fund completed another successful year in 2015 with an operating surplus of \$124,179. These proactive expense reductions were in response to changes in the health care environment which has contributed to the declining long term dues and non-dues revenue trends. These trends and additional expense reductions have continued into 2016.

MSMS Board Task Force on Membership & Sustainability

Over a year ago, the MSMS Board took a close look at these long term dues and non-dues revenue trends and recognized that it was time to revisit the strategies that had helped the Society be financially successful over the past many years. The expense reductions in recent years have not impacted essential services. However, the Board and staff leadership understand that it can't continue to reduce expenses without it affecting services at some point in the future. Therefore, the Board established the Task Force on Membership & Sustainability to address these issues and develop a long term strategy. The Task Force expects to have some recommendations later this year which will be important as our long-term operating projections indicate deficits in a couple years.

Deficit projections are nothing new to MSMS. The only difference is how these deficits were handled in the past and how MSMS needs to handle them going forward.

In the distant past, deficit challenges were addressed primarily by increasing dues rates. Over the past 20 years these challenges were addressed by increasing non-dues revenue from MSMS' wholly owned subsidiary, MSMS Physician Services, Inc. (PSI), primarily related to the significant expansion of the insurance offerings. More recently, over the past six years, as the insurance product revenue has been in decline, MSMS and its subsidiaries have responded with operational expense reductions and restructurings including reducing employee expenses by 45 percent (\$3M) and overall expenses by 40 percent (\$5.3M)

As mentioned above, these changes were made without impacting essential services. However, significant operational expense cuts cannot continue without impacting essential services so in the future these challenges will need to be resolved differently.

We look forward to working with the Task Force and Board on solutions to these challenges by this time next year.

38 Reserve Funds

39
40 In light of these revenue challenges, the MSMS reserve funds remain strong. If time is needed
41 to implement long-term solutions, there is more than \$8M in total reserve funds that can be used
42 to supplement the operations short-term until long-term solutions are implemented.
43

44 Non-Dues Revenue

45
46 One way to grow non-dues revenue is when more MSMS members and their practices buy
47 products and services from MSMS owned subsidiary companies. Not only do they receive
48 competitive rates, value and physician focused customer service, but they also help protect their
49 profession by supporting the efforts of MSMS. This support comes in the form of non-dues
50 revenue to MSMS.

51
52 As more members use MSMS subsidiary companies products and services, non-dues revenue
53 to MSMS will increase which will allow the Society to keep dues rates down for its members.
54

55 M. Speaker, your Reference Committee recommends **Adoption** of this Report.

56
57 * * * * *

58
59 Members of the Ways and Means Committee include: *Dennis C. Szymanski, MD, Chair;
60 *Michael D. Chafty, MD, JD; *Robert C. Packer, MD; *Edward J. Rutkowski, MD; *Barbara A.
61 Threatt, MD; *Fred W. Whitehouse, MD.

62
63 Board Advisors: *Bassam Nasr, MD, MBA; *Venkat K. Rao, MD; *David A. Share, MD, MPH;
64 *John A. Waters, MD.

65
66 The Committee was staffed by: Lauchlin MacGregor, CPA

67
68 *Denotes members in attendance.

**REPORT OF
REFERENCE COMMITTEE A – MEDICAL CARE DELIVERY**
Megan M. Edison, MD, Chair

- 06-16 Hospital Consumer Assessment of Healthcare Providers and Systems Survey - **AMEND**
- 09-16 Discrimination Against Medicaid Beneficiaries Requesting Permanent Sterilization - **APPROVE**
- 16-16 Early Refills of Prescriptions for Glaucoma Eye Drops - **AMEND**
- 28-16 Conditions for Mandatory Vision Screening - **AMEND**
- 40-16 Prescription Availability for Weekend Discharges - **REFER**
- 43-16 Third Party Payer Responsibilities - **AMEND**
- 45-16 Pharmacy Benefit Managers and Compounded Medications - **REFER**
- 59-16 Hierarchical Condition Category Coding - **AMEND**
- 61-16 Single Tax Identification Number - **AMEND**
- 63-16 Dispensing Life Saving Medication in an Emergency - **AMEND**
- 68-16 Specified Wording for SOAP Notes - **AMEND**
- 71-16 Federally-required Patient Surveys - **AMEND**
- 74-16 Use of Out-of-Network Providers - **AMEND**
- 80-16 Define “Prevention” to Include High-Value Secondary Preventive Services – **REFER**
- 83-16 Prior Authorization and Tiering - **REFER**
- 85-16 Home Grown Alternative Payment Models - **AMEND**
- 91-16 Health Insurance Marketplace Expansion for DACA Recipients - **REFER**
- 93-16 Physician Decision Making - **AMEND**
- BAR #02-16 - Resolution 10-15 - “Managing Controlled Substance High-Utilizer Patients” - **APPROVE** the Board Action Report’s recommendation to **AMEND** this resolution.
- BAR #04-16 - Resolution 20-15 - “Challenges of Navigating Autism Treatment for Michigan Children” - **APPROVE** the Board Action Report’s recommendation to **APPROVE** this resolution.

REPORT OF REFERENCE COMMITTEE A

Megan M. Edison, MD, Chair

April 30, 2016

69 Reference Committee A was assigned Resolutions 06-16, 09-16, 16-16, 28-16, 40-16,
70 43-16, 45-16, 59-16, 61-16, 63-16, 68-16, 71-16, 74-16, 80-16, 83-16, 85-16, 91-16,
71 and 93-16 and Board Action Reports #02-16 and #04-16.

72

73 **06-16 - Hospital Consumer Assessment of Healthcare Providers and Systems** 74 **Survey - AMEND**

75

76 The Committee amended the resolved portion to read:

77

78 RESOLVED: That MSMS work with and utilize any resources necessary from
79 the American Medical Association to help reinforce that the utilization of the
80 Hospital Consumer Assessment of Healthcare Providers and Systems
81 (HCAHPS) survey by Michigan health systems and hospitals be consistent with
82 guidance issued by the Centers for Medicare and Medicaid Services.

83

84 The Committee believed that it was appropriate to expect MSMS to take action to
85 protect members from the inappropriate use of the HCAHPS survey by health systems
86 and hospitals to measure performance at the physician level and to evaluate individual
87 physicians. Therefore, members thought it was appropriate for MSMS to utilize AMA
88 resources such as the AMA Litigation Center to expedite the issue more. Additionally,
89 the AMA does have broad policy related to HCAHPS (e.g., D-450.958, D-450.960, and
90 D-450.962).

91

92

93

94 **09-16 - Discrimination Against Medicaid Beneficiaries Requesting Permanent** 95 **Sterilization - APPROVE**

96

97

98

99 **16-16 - Early Refills of Prescriptions for Glaucoma Eye Drops - AMEND**

100

101 The Committee amended the resolved portion to read:

102

103 RESOLVED: That MSMS work with the appropriate stakeholders to adopt
104 policies that would permit early refills of prescription eye drops for patients with
105 glaucoma.

106

107 The Committee clarified the desired action by MSMS.

108

109

110 **28-16 - Conditions for Mandatory Vision Screening - AMEND**

111

112 The Committee amended the resolved portion to read:

113

114 RESOLVED: That MSMS supports the current State of Michigan Vision
115 Screening Program (VSP) for infants and children which ensures follow-up and
116 collaboration with local health departments, primary care physicians, schools,
117 and the Michigan Department of Health and Human Services and opposes any
118 changes to the current VSP process that do not demonstrate added value.

119

120 The Committee clarified the language to reflect MSMS’s support of vision screening as
121 delivered under the current State of Michigan Vision Screening Program. Testimony
122 indicated that the process encourages collaboration amongst primary care physicians,
123 health departments, schools, and the Michigan Department of Health and Human
124 Services. Testimony indicated that the existing program is efficacious and works quite
125 well.

126

127

128

129 **40-16 - Prescription Availability for Weekend Discharges - REFER**

130

131 The Resolution directed MSMS to seek guidance that would allow pharmacies to
132 provide patients discharged by a health care facility on a weekend and holiday with a
133 supply of prescribed medications in an amount that will cover their needs until the
134 following second business day; thereby, providing the time necessary to allow the
135 prescribing physician or other physician in charge of the patient’s care to resolve any
136 coverage disputes with the patient’s health insurance company. It also asked for the
137 American Medical Association to address the issue on a national level.

138

139 The Committee did not believe that it had adequate information regarding the scope of
140 the problem. Therefore, they are recommending that the MSMS Board of Directors
141 study the issue further. MSMS has several channels in which to gather additional
142 information in order to better understand current practice and policies of third party
143 payer such as individual meetings with the payers and the MSMS Liaison Committee
144 with Third Party Payers.

145

146

147

148 **43-16 - Third Party Payer Responsibilities - AMEND**

149

150 The Committee amended the resolved portion to read:

151

152 RESOLVED: That MSMS strongly encourage third party payers to provide a
153 summary of their insurance benefits outlining, up-front, deductibles, co-pays, and
154 preventative coverage in simple terms that take into account recommended
155 reading grade levels and that is provided in the patient’s primary language within
156 30 days of policy activation.

157 The Committee viewed the modifications to be a friendly amendment that focuses on
158 the issues of transparency and patient understanding of out-of-pocket cost sharing
159 obligations. They believe that third party payers should educate their beneficiaries
160 about deductibles and other cost-sharing requirements.

161 *****
162

163
164 **45-16 - Pharmacy Benefit Managers and Compounded Medications - REFER**
165

166 The Committee believed this to be a very complex issue. Additionally, there is ongoing
167 litigation in federal court. Therefore, the decision was made to recommend referral to
168 the MSMS Board of Directors for further study in order to better assess the problem and
169 appropriate role for MSMS and the American Medical Association.

170 *****
171

172
173 **59-16 - Hierarchical Condition Category Coding - AMEND**
174

175 The Committee amended the resolved portion to read:

176
177 RESOLVED: That the Michigan Delegation to the American Medical Association
178 (AMA) ask our AMA to work with the Centers for Medicare and Medicaid
179 Services (CMS) to establish a new policy to revise the current Medicare
180 Advantage risk-adjustment process from one that results in the annual deletion of
181 hierarchical condition category (HCC) codes associated with Medicare
182 Advantage beneficiaries to one that permits past medical and surgical diagnoses
183 to automatically follow the beneficiary from year to year when the HCC codes
184 reflect chronic conditions that will never be totally resolved.

185
186 The Committee consolidated the two Resolved statements and provided further
187 direction to the AMA to establish new policy.

188 *****
189

190
191 **61-16 - Single Tax Identification Number - AMEND**
192

193 The Committee amended the resolved portion to read:

194
195 RESOLVED: That the Michigan Delegation to the American Medical Association
196 (AMA) ask our AMA to work with Centers for Medicare and Medicaid Services to
197 ensure that all valid claims for distinct services submitted under the same tax
198 identification number (TIN) or by providers within the same specialty on the same
199 day be reimbursed fairly without regard to the TIN.

200
201 The Committee removed the first two Resolved as they believe the third Resolved
202 statement succinctly covers the issue.

203 *****
204

205 **63-16 - Dispensing Life Saving Medication in an Emergency - AMEND**

206

207 The Committee amended the resolved portion to read:

208

209 RESOLVED: That MSMS review legislation recently passed in the state of Ohio
210 regarding temporary refilling of life-saving medications by a pharmacist without a
211 prescription.

212

213 The Committee was not comfortable recommending that MSMS advocate for passage
214 of legislation in Michigan prior to a thorough review of Ohio House Bill 188 (Section
215 4729.281) and its impact.

216

217

218

219 **68-16 - Specified Wording for SOAP Notes - AMEND**

220

221 The Committee amended the resolved portion to read:

222

223 RESOLVED: That the Michigan Delegation to the American Medical Association
224 (AMA) ask our AMA to lobby the Centers for Medicare and Medicaid Services to
225 discontinue denial of payments and effects of the RAC audits due to the absence
226 of specific words in the chief complaint when the note provides adequate
227 documentation of the reason for the visit and establish new AMA policy.

228

229 The Committee heard testimony about the negative impact of RAC audits and
230 expanded the scope of the Resolved to recognize those hardships.

231

232

233

234 **71-16 - Federally-required Patient Surveys – AMEND**

235

236 The Committee amended the resolved portion to read:

237

238 RESOLVED: That the MSMS supports the American Medical Association (AMA)
239 policy on Pain Medicine (D-450.958) as follows:

240

241 Our AMA: (1) continues to advocate that the Centers for Medicare & Medicaid
242 Services (CMS) remove the pain survey questions from the Hospital Consumer
243 Assessment of Healthcare Providers and Systems (HCAHPS); (2) continues to
244 advocate that CMS not incorporate items linked to pain scores as part of the
245 CAHPS Clinician and Group Surveys (CG-CAHPS) scores in future surveys; and
246 (3) encourages hospitals, clinics, health plans, health systems, and academic
247 medical centers not to link physician compensation, employment retention or
248 promotion, faculty retention or promotion, and provider network participation to
249 patient satisfaction scores relating to the evaluation and management of pain.

250

251 Much of the testimony focused on concerns with the pain-related questions on the
252 various consumer satisfaction surveys and how even a few negative comments from
253 patients can skew the results. The AMA's existing policy on this issue is more

254 prescriptive than that in the original Resolved statement. Therefore, the Committee did
255 not want to take action that might weaken the AMA’s position and instead believed it
256 more appropriate for MSMS to adopt the AMA policy.

257
258 *****

259
260 **74-16 - Use of Out-of-Network Providers - AMEND**

261
262 The Committee amended the resolved portion to read:

263
264 RESOLVED: That MSMS work with hospitals, other appropriate health care
265 facilities, and third party payers to encourage that all services for the patient be
266 coordinated as in-network or that the patient be notified when in-network is not
267 available, except in an emergency situation.

268
269 The Committee added a friendly amendment by directing that MSMS also work with
270 third party payers.

271
272 *****

273
274 **80-16 - Define “Prevention” to Include High-Value Secondary Preventive Services**
275 **- REFER**

276
277 This Resolution would have asked the American Medical Association (AMA) to
278 advocate for the expansion of the definition of “preventive care” to include evidence-
279 based secondary preventive services and treatments which have the purpose of
280 preventing the progression of, or associated complications from, chronic conditions,
281 illnesses, or diseases for Health Savings Account-eligible High Deductible Health Plans.

282
283 Because of necessary changes to federal tax rules, potential impact on premium costs
284 due enhanced benefits, and questions regarding the appropriateness of high deductible
285 plans for persons with chronic illnesses, Committee members preferred to have the
286 MSMS Board of Directors study the issue further.

287
288 *****

289
290 **83-16 - Prior Authorization and Tiering - REFER**

291
292 This Resolution proposed to encourage Blue Cross Blue Shield of Michigan (BCBSM) to
293 remove pre-authorization requirements for ordering tests and procedures for those
294 physicians demonstrating the ability to practice high quality medicine and control costs
295 as evidenced by the receipt of the maximum uplift for their specialty under the Physician
296 Group Incentive Program.

297
298 Although the Committee was supportive of the concept of unburdening physicians from
299 the task of obtaining prior authorizations, they recommended disapproval. They had
300 philosophical concerns about acquiescing to programs that support picking winners and
301 losers and therefore. Members viewed this as an issue that extends beyond BCBSM as
302 other health plans also have quality programs that measure and evaluate physician

303 performance. In fact, there were many concerns that measurements used to determine
304 quality were not consistent across health plans resulting in the potential to be
305 considered a high-performer by one plan but not by others.

306
307 The Resolution was extracted on the Floor and the House of Delegates voted to refer it
308 to the MSMS Board of Directors for further study.

309
310 *****

311
312 **85-16 - Home Grown Alternative Payment Models - AMEND**

313
314 The Committee amended the resolved portion to read:

315
316 RESOLVED: That MSMS and the American Medical Association (AMA) use
317 resources such as the AMA Litigation Center to lobby the Centers for Medicare
318 and Medicaid Services to recognize Blue Cross Blue Shield of Michigan's Patient
319 Centered Medical Home designation, Patient Centered Medical Home-
320 Neighborhood designation, and Organized Systems of Care designation as
321 fulfilling the requirements under the Medicare Access and CHIP Reauthorization
322 Act of 2015 Alternative Payment Model and Merit-based Incentive Payment
323 System initiatives.

324
325 The Committee consolidated the two Resolved statements.

326
327 *****

328
329 **91-16 - Health Insurance Marketplace Expansion for DACA Recipients - REFER**

330
331 This Resolution sought to have MSMS advocate for expanding access to and increasing
332 enrollment in state-funded comprehensive health care coverage, as well as to ask the
333 American Medical Association (AMA) to advocate for federal legislation permitting
334 undocumented immigrants with status under the Deferred Action for Childhood Arrivals
335 program to purchase health insurance from state or federal health insurance exchanges
336 and qualify for federal subsidies.

337
338 The Committee's recommendation was to disapprove. While the Committee
339 appreciated the Medical Student Section bringing this issue to the forefront, they
340 believed that existing MSMS policy supporting universal coverage and existing AMA
341 policy related to health care coverage and undocumented immigrants (H-290.983, H-
342 160.197, D-60.968, D-440.985, D-440.903, and D-65.992) are sufficient. Additionally,
343 concern was expressed about the current sustainability of the health insurance
344 exchanges, as well as premium costs versus out-pocket costs for policies most likely to
345 be affordable for this population. In a study published by the Mercatus Center, it was
346 reported that while "insurers collected an average of \$4,433.00 in premiums per
347 enrollee (much of which came from directly from the government in the form of
348 subsidies for low-income individuals), but paid an average of \$4,624.00 per enrollee in
349 medical claims."

350 The Resolution was extracted on the Floor and the House of Delegates voted to refer it
351 to the MSMS Board of Directors for further study.

352 *****

353
354
355 **93-16 - Physician Decision Making - AMEND**

356 The Committee amended the resolved portion to read:

357
358
359 RESOLVED: That MSMS advocate, by any means necessary, with the
360 American Medical Association and third-party payers that, in order to ensure
361 quality of care given to patients, physicians regardless of employment status
362 must maintain overall responsibility and leadership in decisions affecting the
363 health care received by patients and that the Michigan Delegation to the AMA
364 ask our AMA to establish this as new AMA policy.

365
366 Committee members modified the language to reflect existing MSMS policy on
367 physician leadership and to ask for AMA policy to be created.

368 *****

369
370
371 **BAR #02-16 - Resolution 10-15 - “Managing Controlled Substance High-Utilizer**
372 **Patients” - APPROVE** the Board Action Report’s recommendation to **AMEND** this
373 resolution.

374 *****

375
376
377 **BAR #04-16 - Resolution 20-15 - “Challenges of Navigating Autism Treatment for**
378 **Michigan Children” - APPROVE** the Board Action Report’s recommendation to
379 **APPROVE** this resolution.

380 *****

381
382
383 Members of the Committee include: *Megan M. Edison, MD, Chair; *Joshua Donkin;
384 *Narasimha Gundamraj, MD; *Mouhanad Hammami, MD; *Patricia A. Kolowich, MD;
385 *Jeanette M. Meyer, MD; and *Scott A. Monteith, MD.

386
387 Board Advisors were: *Anita R. Avery, MD; *John E. Billi, MD; *James C. Mitchiner,
388 MD, MPH; *F. Remington Sprague, MD; and *David P. Wood, Jr., MD.

389
390 AMA Delegation Advisors were: *Betty S. Chu, MD, MBA; *Alan M. Mindlin, MD;
391 *Krishna K. Sawhney, MD; and *David T. Walsworth, MD.

392
393 The Committee was staffed by: Stacey P. Hettiger and Stacie J. Saylor, CPC, CBC.

394
395 *Denotes members in attendance.

**REPORT OF
REFERENCE COMMITTEE E – SCIENTIFIC AND EDUCATIONAL AFFAIRS
John E. VanSchagen, MD, Chair**

- 08-16 FDA Regulations of Herbal Supplements - **AMEND**
- 14-16 Primary Care Physician Shortage - **AMEND**
- 17-16 Oppose Discrimination in Residency Selection Based on the Name of a Candidate's Medical School - **DISAPPROVE**
- 18-16 Assessing Health Care Needs of the General Population - **AMEND**
- 20-16 Standardizing the Allopathic Residency Match System and Timeline - **APPROVE**
- 27-16 Reinststitute the General Practice License - **DISAPPROVE**
- 29-16 Truth in Medical Advertising - **APPROVE**
- 35-16 Licensure: Pain Management CME Requirement - **AMEND**
- 37-16 Assessing Caregiver Stress and Burden - **AMEND**
- 75-16 Oppose Physician Participation in Court-Initiated Castration - **DISAPPROVE**
- 79-16 Clarifying the "Right" to Health Care – **DISAPPROVE**
- 94-16 Resident Duty Hour Guidelines – **AMEND**
- 95-16 - Oral Contraceptives Available Over-the-Counter - **AMEND**
- 98-16 Transfer of Jurisdiction over Required Clinical Skills Examinations to LCME-Accredited and COCA-Accredited Medical Schools in Michigan – **AMEND**
- BAR #08-16 - Resolution 56-15 - “Remove Patient Electronic Record Access Criteria from Meaningful Use Guidelines” - **APPROVE** the Board Action Report's recommendation to **SUBSTITUTE** this resolution - **APPROVE**

REPORT OF REFERENCE COMMITTEE E

John E. VanSchagen, MD, Chair

April 30, 2016

396 Reference Committee E was assigned Resolutions 08-16, 14-16, 17-16, 18-16, 20-16,
397 27-16, 29-16, 35-16, 37-16, 75-16, 79-16, 94-16, 95-16, and 98-16 and Board Action
398 Report #08-16.

399

400 **08-16 - FDA Regulations of Herbal Supplements - AMEND**

401

402 The Committee amended the resolved portions to read:

403

404 RESOLVED: That MSMS supports the American Medical Association's existing policy.
405 Dietary Supplements and Herbal Remedies 150.954.

406

407 The Committee believed that this resolution was covered by the current AMA policy and
408 that MSMS should support this existing policy.

409

410

411

412 **14-16 - Primary Care Physician Shortage - AMEND**

413

414 The Committee amended the resolved portions to read:

415

416 RESOLVED: That MSMS support current AMA policy around addressing
417 physician shortage including loan repayment residency positions, payment and
418 advocate for 1) generous loan repayment options for residents who go into
419 primary care specialties; and 2) expanding the number of primary care specialty
420 openings by increasing the overall number of residency position.

421

422 The Committee removed the second resolved because this resolution was covered by
423 the current AMA policy and that MSMS should support this existing policy.

424

425

426

427 **17-16 - Oppose Discrimination in Residency Selection Based on the Name of a 428 Candidate's Medical School - DISAPPROVE**

429

430 While the Committee supports nondiscrimination policies, it believed that there is no
431 significant evidence that this practice is systematically happening. The current MSMS
432 policy mainly focuses on discrimination against protected classes and medical school is
433 not a protected class.

434

435

436 **18-16 - Assessing Health Care Needs of the General Population - AMEND**

437
438 The Committee amended the resolved portions to read:
439
440 RESOLVED: That MSMS work with other appropriate agencies and professional
441 societies to study critical health care needs and limited health care resources in
442 the State of Michigan; and be it further

443
444 RESOLVED: That MSMS provide an update on their progress in studying the
445 critical health care needs of and availability of resources in the State of Michigan
446 at the 2017 MSMS House of Delegates meeting.

447
448 The Committee removed the first resolved because this is included in current AMA
449 policy H-200.954 U.S. Physician Shortage. The remaining resolve statements were
450 accepted because they fall under the purview of the MSMS.

451
452 *****

453
454 **20-16 - Standardizing the Allopathic Residency Match System and Timeline -**
455 **APPROVE**

456
457 *****

458
459 **27-16 - Reinstigate the General Practice License - DISAPPROVE**

460
461 While the Committee believed that addressing the primary care shortage and
462 encouraging more physicians to move to primary care is important, the Committee
463 decided to disapprove this resolution. The Committee believed that shortening the
464 training of physicians could put patient safety in jeopardy. Preserving the training and
465 experience a physician gains in residency is important to protecting the scope of
466 practice.

467
468 *****

469
470 **29-16 - Truth in Medical Advertising - APPROVE**

471
472 *****

473
474 **35-16 - Licensure: Pain Management CME Requirement - AMEND**

475
476 The Committee amended the resolved portion to read:
477
478 RESOLVED: That MSMS identify and inform physicians about continuing
479 medical education programs or courses in pain and symptom management that
480 focus on training in effective pain and symptom management, identification of
481 patients at high risk for substance abuse, counseling patients about side effects,
482 and the addictive nature and proper storage and disposal of prescription drugs.

483 The Committee removed the first resolved because the majority of the testimony was
484 against this resolution due to the reluctance for more mandates. The second resolved
485 was kept in place, and the Committee would like to recognize that MSMS currently has
486 a lot of education opportunities and materials in place.

487
488 *****

489
490 **37-16 - Assessing Caregiver Stress and Burden - AMEND**

491
492 The Committee amended the resolved portion(s) to read:

493
494 RESOLVED: That MSMS supports the ongoing education of medical students
495 and physicians on the importance of evaluating, assessing, and managing
496 caregiver stress and burden using standardized screening tools to detect
497 depressive symptoms within chronically stressed caregivers; and be it further

498
499 RESOLVED: That MSMS advocate for policies that encourage the use of a
500 standardized multi-system caregiver assessment tool to evaluate the physical
501 and psychological strain placed on caregivers to be used during routine health
502 care visits.

503 The Committee believed that the impact of stress on caregivers is important and
504 removed the second resolved because there are many tools currently available to use
505 and the creation of another tool would be redundant.

506
507 *****

508
509 **75-16 - Oppose Physician Participation in Court-Initiated Castration -**
510 **DISAPPROVE**

511
512 The Committee believed that due to the fact that it is not current law in Michigan, it is
513 not necessary to bring this policy to this body.

514
515 *****

516
517 **79-16 - Clarifying the "Right" to Health Care - DISAPPROVE**

518
519 The Committee believed that the resolution was unclear and lacked actionable items
520 that could be advocated for by the MSMS and the AMA.

521
522 *****

523
524 **94-16 - Resident Duty Hour Guidelines - AMEND**

525
526 The Committee amended the resolved portion(s) to read:

527
528 RESOLVED: That MSMS supports and will work to protect resident duty hour
529 guidelines that optimize patient safety and competency-based learning
530 opportunities; and be it further

- 531 RESOLVED: That MSMS encourages the Accreditation Council for Graduate
532 Medical Education (ACGME) to:
- 533 a) Decrease the barriers to reporting of both duty hour violations and resident
534 intimidation.
 - 535 b) Ensure that readily accessible, timely and accurate information about duty
536 hours is not constrained by the cycle of ACGME survey visits.
 - 537 c) Offer incentives to programs to ensure compliance with duty hour standards.
 - 538 d) Ensure that site visits include meetings with peer-selected or randomly
539 selected residents and that residents who are not interviewed during site
540 visits have the opportunity to provide information directly to the site visitor.
 - 541 e) Ensure that physicians receive education on sleep deprivation and fatigue;
542 and be it further

543
544 RESOLVED: That MSMS supports the AMA policy on Duty Hours, policy H-310-
545 907.

546
547 The Committee believed that this resolution was covered by the current AMA policy.

548
549 *****

550
551 **95-16 - Oral Contraceptives Available Over-the-Counter - AMEND**

552
553 The Committee amended the resolved portion(s) to read:

554
555 RESOLVED: That MSMS supports the ACOG committee opinion 544 which
556 supports making oral contraceptives available as over the counter medication.

557
558 The Committee supported the resolution; however, since the American College of
559 Obstetricians and Gynecologists (ACOG) created an opinion it was prudent to follow
560 this opinion especially since the opinion highlighted the importance of self screening for
561 most contraindications.

562
563 *****

564
565 **98-16 - Transfer of Jurisdiction over Required Clinical Skills Examinations to**
566 **LCME-Accredited and COCA-Accredited Medical Schools in Michigan - AMEND**

567
568 The Committee recommended disapproval. They believed that a better solution would
569 be to advocate for more testing sites and mitigating costs. Additionally, the Committee
570 was concerned that other states may not accept students for residency programs or
571 licensing if Step 2 CS was eliminated in Michigan. Committee testimony suggested a
572 better option would be to expand testing sites, lowering costs, and offering better
573 scheduling.

574
575 The Resolution was extracted on the Floor. The House of Delegates amended the
576 resolved portion(s) to read:

577 RESOLVED: That the Michigan Delegation to the American Medical Association
578 (AMA) ask the AMA to work with the Federation of State Medical Boards and
579 state medical licensing boards to advocate for the elimination of the United
580 States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) exam
581 and the COMLEX Level 2-PE (Performance Evaluation) as a requirement for
582 Liaison Committee on Medical Education-accredited and Commission on
583 Osteopathic College Accreditation-accredited medical school graduates who
584 have passed a school-administered, clinical skills examination; and be it further
585

586 RESOLVED: That the Michigan Delegation to the American Medical Association
587 (AMA) ask the AMA to amend D-295.998 by insertion (bold) and deletion
588 (strikethrough) as follows:
589

590 **Required** Clinical Skills Assessment During Medical School D-295.988
591 Our AMA will **advocate that** ~~encourage its representatives to~~ the Liaison
592 Committee on Medical Education (LCME) **and the American Osteopathic**
593 **Association Commission on Osteopathic College Accreditation (COCA)** ~~to~~
594 ~~ask the LCME, to~~ **1)** determine and disseminate to medical schools a description
595 of what constitutes appropriate compliance with the accreditation standard that
596 schools should "develop a system of assessment" to assure that students have
597 acquired and can demonstrate core clinical skills, **and 2) require that medical**
598 **students attending LCME-accredited or COCA-accredited institutions pass**
599 **a school-administered clinical skills examination to graduate from medical**
600 **school.**
601

602 *****

603
604 **BAR #08-16 - Resolution 56-15 - "Remove Patient Electronic Record Access**
605 **Criteria from Meaningful Use Guidelines" - APPROVE** the Board Action Report's
606 recommendation to **SUBSTITUTE** this resolution.
607

608 *****

609
610 Members of the Committee include: *John E. VanSchagen, MD, Chair; *Raza U.
611 Haque, MD; *Kyle Hildebrandt; *Asif Ishaque, MD; *Charles F. Koopmann Jr., MD,
612 FACS; *Rubin Raju, MD; and *Emily D. Smith, MD.
613

614 Board Advisors were: Debasish Mridha, MD; James H. Sondheimer, MD; J. Mark
615 Tuthill, MD; and Todd K. Van Heest, MD.
616

617 AMA Delegation Advisors were: *Paul D. Bozyk, MD; *Domenic R. Federico, MD;
618 Brenton Kinker, JD; and Sameer Avasarala, MD.
619

620 The Committee was staffed by: Dara J. Barrera and Virginia K. Gibson.
621

622 *Denotes members in attendance

**REPORT OF
REFERENCE COMMITTEE C – INTERNAL AFFAIRS AND BYLAWS
Donald P. Condit, MD, Chair**

- 03-16 Section Representation on the Board of Directors - **REFER**
- 21-16 Creation of a Fellowship Distinction within our American Medical Association - **DISAPPROVE**
- 41-16 Membership Dues for the Medical Student Section - **DISAPPROVE**
- 42-16 Calling Physicians by their First Name - **AMEND**
- 48-16 Medical Student Delegate Reallocation - **APPROVE**
- 64-16 Financial Support for Residents Attending Meetings - **AMEND**
- 67-16 Playing in the Sandbox Together - **AMEND**
- 73-16 Amendments to MSMS Young Physicians Section Bylaws - **APPROVE**
- 76-16 Medical Student Membership Assignment - **AMEND**
- 78-16 Inter-Regional Membership for Non-Staffed Counties - **AMEND**
- 92-16 Rescind Membership Categories Active Emeritus and Emeritus – **DISAPPROVE**
- BAR #01-16 - Resolution 09-15 - “MSMS Membership and Payment Reporting” - **APPROVE** the Board Action Report’s recommendation to **APPROVE** this resolution.
- BAR #05-16 - Resolution 21-15 - “Memorial Resolution in Memory of Harvey Halberstadt, MD” - **APPROVE** the Board Action Report’s recommendation to **AMEND** this resolution.
- BAR #10-16 - MSMS Policy Manual - **APPROVE** the Board Action Report’s recommendation to **APPROVE** the changes to the MSMS Policy Manual.

REPORT OF REFERENCE COMMITTEE C

Donald P. Condit, MD, Chair

April 30, 2016

623 Reference Committee C was assigned Resolutions 03-16, 21-16, 41-16, 42-16, 48-16,
624 64-16, 67-16, 73-16, 76-16, 78-16, and 92-16 and Board Action Reports #01-16, #05-
625 16, and #10-16.”

626

03-16 - Section Representation on the Board of Directors - REFER

628

629 The Committee recognizes the work of physicians in leadership and understands that
630 the IMGs are well represented on the MSMS Board of Directors; however, the
631 Committee believed that this resolution should be included in the discussion with the
632 Task Force on Membership and Sustainability.

633

634

635

21-16 - Creation of a Fellowship Distinction within our American Medical Association - DISAPPROVE

638

639 The Committee was made aware that there are awards available through the American
640 Medical Association that exist that would be appropriate to honor AMA members.

641

642

643

41-16 - Membership Dues for the Medical Student Section - DISAPPROVE

644

645
646 The Committee recognizes, values, and appreciates the membership of the students;
647 however, the Committee believed that the financial burden upon MSMS does not justify
648 the costs of this resolution.

649

650

651

42-16 - Calling Physicians by their First Name - AMEND

653

654 The Committee amended the resolved portion to read:

655

656 RESOLVED: That MSMS discourages the policy of calling physicians by their
657 first names.

658

659 The author removed “under the aegis of improving patient safety” to clarify intent. The
660 Committee also recognized that this effort is consistent with existing MSMS policy and
661 legislative efforts.

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48-16 - Medical Student Delegate Reallocation - APPROVE

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64-16 - Financial Support for Residents Attending Meetings - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS implement a communications and marketing campaign to solicit additional donations to the MSMS Foundation Kevin A. Kelly fund to financially support residents to attend organized medical society meetings at the state, county, and federal level.

The Committee amended the resolution to clarify intent.

67-16 - Playing in the Sandbox Together - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS endeavors to educate physicians and other health care providers about the importance of careful and accurate verbal discussions and written documentation of care provided; and be it further

RESOLVED: That MSMS encourages physicians to demonstrate and maintain high ethical standards to avoid inadvertently discrediting other physicians or other health care providers; thereby, leading by example so that resident physicians and medical students can learn in a supportive environment while providing excellent care for our mutual patients; and be it further

RESOLVED: That MSMS dedicate an article in *Michigan Medicine* to educate physicians and other health care providers about the importance of careful and accurate verbal discussions and written documentation of care provided; and to have MSMS Legal Counsel discuss the relationship of medical liability cases to miscommunication.

The Committee strongly supported the intent of the resolution but added a third resolved to enhance the intent of the resolution. The Committee believed this is a vital issue and more work needs to be done to address the issue.

73-16 - Amendments to MSMS Young Physicians Section Bylaws - APPROVE

RESOLVED: That the MSMS House of Delegates approve on first reading the following amendments to the bylaws of the MSMS Young Physicians Section to bring them into conformance with other MSMS sections and, if approved, that these changes be brought back to the 2017 MSMS House of Delegates for second and final reading:

715 Deletions are indicated by ~~strikethroughs~~, additions are indicated in **bold type**.

716

717 MSMS YOUNG PHYSICIANS SECTION BYLAWS

718

719 1.00 YOUNG PHYSICIANS SECTION. There shall be a special section for physicians
720 under 40 years of age and/or professionally employed through eight years after
721 residency and fellowship training programs.

722

723 1.01 PURPOSE. The purpose of the Michigan State Medical Society Young
724 Physicians Section is to increase the involvement of young physicians in
725 organized medicine and to provide a forum within the organizational
726 structure of the Society for the study and consideration of matters of
727 special interest or significance to young physicians in Michigan. The
728 section will support the purpose of MSMS, as stated in its Constitution.

729

730 1.02 MEMBERSHIP. Membership is open to all MSMS members under 40
731 years of age and/or professionally employed through eight years after
732 residency and fellowship training programs. Professional employment
733 shall exclude postgraduate training and obligated military service. A
734 ~~Delegate and Alternate Delegate to the Annual Meeting of the MSMS-YPS~~
735 ~~(young physicians who are voting members of MSMS) will be appointed~~
736 ~~by society presidents of each of the component societies. Each specialty~~
737 ~~society recognized by the MSMS and AMA House of Delegates will be~~
738 ~~allowed by their society president the appointment of one Delegate and~~
739 ~~one Alternate Delegate.~~

740

741 1.03 GOVERNING COUNCIL. There shall be a Governing Council to direct the
742 programs and activities of the Section. A Governing Council member may
743 serve simultaneously in more than one of the positions listed in this
744 section, but shall have only one vote.

745

746 1.031 MEMBERS. The Governing Council shall consist of elected
747 officers, delegates, and at-large members elected by the MSMS-
748 YPS. The voting members of the Governing Council shall consist
749 of a Chair, Vice-Chair, Immediate Past Chair, Secretary, one
750 elected Delegate and one elected Alternate Delegate, and two At-
751 Large Members. These members shall be elected at the business
752 meeting of the Section as provided in 1.04 of these Bylaws. There
753 shall never be more votes than council members. Members may
754 serve out their term regardless of age, except for AMA YPS
755 Delegates and Alternate Delegates as described in 1.033.

756

757 1.032 OFFICERS. The officers of the Section will have the following
758 duties and responsibilities:

759

760 1.0321 Chair: The Chair will preside at the business meetings
761 and meetings of the Governing Council. These
762 responsibilities shall also include serving concurrently at
763 the AMA YPS meetings as an Alternate Delegate (or an

- 764 appointed designee) and as the MSMS YPS
765 representative to the MSMS Board of Directors for a two-
766 year renewable term to begin at the first Board of
767 Directors meeting after the MSMS House of Delegates.
768 If a vacancy in the YPS seat should occur during a term,
769 a representative chosen by the YPS Governing Council
770 may be appointed to fill the term, with the approval of the
771 Board of Directors.
772
- 773 1.0322 Vice-Chair: The Vice-Chair shall assist the Chair and
774 preside in the absence of the Chair or at the Chair's
775 request. Includes attendance at the AMA YPS meetings
776 as a Delegate (or an appointed designee).
777
- 778 1.0323 Immediate Past Chair: The Immediate Past Chair shall
779 attend all meetings of the Section and Governing Council
780 and shall assist and advise the Chair.
- 781 1.0324 Secretary: The Secretary shall maintain such records as
782 may be necessary or advisable for the conduct of the
783 activities of this section.
784
- 785 1.033 Two Delegates and Two Alternate Delegates to the AMA YPS
786 (Allocation from AMA varies by year). The AMA YPS Delegates
787 and Alternate Delegates shall represent the members of the
788 Section in the AMA YPS. The delegates and alternates to the AMA
789 YPS meetings must be active members of the AMA and cannot turn
790 40, or, if in their eight year in professional employment and over 40,
791 may not enter their ninth year of professional employment, during
792 their term as an AMA YPS Delegate or Alternate. The Chair and
793 Chair-Elect or designees of the Chair shall serve as the additional
794 Delegate or Alternate Delegate to the AMA YPS.
795
- 796 1.034 One Delegate and Alternate Delegate to the MSMS HOD. The
797 elected AMA YPS Delegate and Alternate Delegate shall represent
798 the members of the Section at the MSMS House of Delegates.
799
- 800 1.035 Two At-Large Members. The Members At-Large will participate in
801 all deliberations of the Governing Council and will perform other
802 duties as directed by the Governing Council.
803
- 804 1.036 Term. The Chair shall be elected to a two-year term, after which
805 the Chair shall become the Immediate Past Chair for a two-year
806 term. The Vice-Chair shall be elected to a two-year term,
807 automatically advancing to Chair the third year. The Secretary
808 shall be elected to a two-year term. One MSMS/AMA YPS
809 Delegate and one MSMS/AMA YPS Alternate Delegate shall be
810 elected to two-year terms. At-Large members shall be elected to
811 one-year terms.

812 Nominations are open to all members of the Section. Officers will
813 serve out terms regardless of changes in age or length of
814 professional employment that occur during their terms except as
815 described in Section 1.033 above. Governing Council members
816 shall serve their terms beginning at the conclusion of the annual
817 meetings at which they are elected and ending at the conclusion of
818 the next or second annual meeting as described above.
819

820 1.037 Vacancies. The Chair of the Governing Council has the power to
821 appoint interim replacements for vacancies that occur on the
822 Governing Council.
823

824 1.038 Authority. The Governing Council shall direct the programs and
825 activities of the YPS during the interval between meetings of the
826 Section. The Council will act on behalf of the Section in formulating
827 decisions relating to the development, administration, and
828 implementation of section activities, subject to approval by the
829 MSMS Board. The Governing Council shall have the authority to
830 debate and approve resolutions for submission to the AMA YPS
831 meetings.
832

833 1.039 Meetings. The Governing Council shall meet at least twice yearly
834 under the direction of the chair.

835 1.04 Business Meetings. The Section shall meet as a whole at least once a
836 year, the annual meeting to be called at the discretion of the Governing
837 Council. ~~A Delegate and Alternate Delegate, MSMS young physician~~
838 ~~members, appointed by society presidents of each of the 58 counties and~~
839 ~~recognized specialty societies, will be invited to participate at the Annual~~
840 ~~Meeting. Any other MSMS young physicians may attend and observe~~
841 ~~during the Annual Meeting, but will not have voting privileges; they will~~
842 ~~also be invited to participate in the educational part of the program.~~
843 Special meetings may be called by the Governing Council when it is
844 deemed that business so requires.
845

846 1.041 Voting Membership. The voting membership shall consist of all
847 physician members of the MSMS who qualify for membership in the
848 Section ~~and have been selected as Delegate representatives~~ or are
849 members of the Governing Council. If needed, the Secretary
850 and/or designated tellers (alternate delegates) shall count hand
851 written or standing votes and ballots.
852

853 1.042 Purpose. The purpose of the business meetings of the Section
854 shall be:
855 a) to hear such reports as may be appropriate;
856 b) to consider and vote upon such matters as may properly come
857 before the meeting;
858 c) to adopt resolutions for submission by the YPS to the House of
859 Delegates of the MSMS and/or the AMA YPS.

- 860 d) to elect, at the annual business meeting, the members of the
861 Governing Council; and
862 e) to conduct such other business as may properly come before
863 the meeting.
864

865 1.043 Quorum. A majority of the voting members present at any meeting
866 of the Section shall constitute a quorum.
867

868 1.044 Rules of Order. The rules of order for conduct of business shall be
869 the rules of order of the House of Delegates of the MSMS.
870

871 1.0441 Voting and Voice. Any member of the Section may
872 attend, introduce resolutions or reports, and debate
873 issues. ~~Only qualified members of the Section shall have~~
874 ~~the right to vote at business meetings of the Section, but~~
875 **Meetings shall be open to any member of MSMS who**
876 **qualifies for membership in the Section.** The meeting
877 shall be conducted pursuant to rules of procedure
878 adopted by the Governing Council of the Section and
879 approved by the MSMS Board. Any member of MSMS
880 may be permitted to speak at the Section meeting at the
881 discretion of the Chair.
882

883 1.0442 Notice. Notice of the meeting to be held shall be
884 provided to the membership of the Section at least 30
885 days prior to the meeting.

886 1.05 ELECTIONS. Elections shall take place at every annual business meeting
887 according to the terms described in Section 1.36 of these Bylaws.
888

889 1.051 Nominations. Nominations for an office on the MSMS YPS
890 Governing Council shall take place using at least one of the
891 following procedures:

- 892 1) The current Governing Council may submit a slate of candidates
893 for open offices prior to the Section's annual business meeting.
894 2) A representative may nominate an individual physician or
895 him/herself to an open position prior to the business meeting.
896 3) A representative may nominate an individual physician or
897 him/herself to an open position at the business meeting from the
898 floor.
899

900 1.06 FINANCIAL RESPONSIBILITY. Funding: ~~dues, if needed, will be~~
901 ~~determined by the Governing Council.~~ Any necessary funding of the YPS
902 shall be the responsibility of the MSMS.
903

904 1.07 **AMENDMENTS.** These bylaws may be amended during any business
905 meeting of the Section by a majority vote and must be approved by the
906 **MSMS Board of Directors or by the MSMS House of Delegates if an**
907 **amendment affects the MSMS Constitution and Bylaws.**

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76-16 - Medical Student Membership Assignment - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS allow medical student members to also be members of the local component medical society that is within close proximity to the students' medical school and that provides expected membership services; and be it further

RESOLVED: That the county medical societies be encouraged to accept medical student as associate members within close proximity to the students' clinical clerkships.

The Committee agrees with the intent of the resolution and believed that student outreach is important. There is existing MSMS policy that allows the counties to offer associate memberships to students that move to another county during medical school. A second resolved was added to strengthen the intent of the resolution.

78-16 - Inter-Regional Membership for Non-Staffed Counties - AMEND

The Committee amended the title and the resolved portions to read:

TITLE: Membership for Non-Staffed Counties

RESOLVED: That MSMS supports the premise that organized medicine benefits from the perspectives of all practicing physician members; and be it further

RESOLVED: That MSMS encourage and allow physician members of non-staffed component medical societies to join a nearby county medical society.

This amendment would necessitate a change to the MSMS Bylaws, Section 4.20. Deletions are indicated by ~~strikethrough~~.

4.20 ADJOINING COUNTY—A doctor of medicine whose principal location of practice is near a county ~~may~~ may, with the permission of the Board of Directors of this society, and upon being duly elected thereto, hold membership in the component society most convenient for the member to attend.

If approved, this Bylaws change will come back to the 2017 MSMS House of Delegates for second and final reading.

952 **92-16 - Rescind Membership Categories Active Emeritus and Emeritus -**
953 **DISAPPROVE**

954
955 The Committee values the importance of membership and the support that many retired
956 physicians have given to organized medicine; however the Committee believed that the
957 current policy does not exclude anyone from being members, it only requires those that
958 are in leadership positions pay a reasonable amount of dues for membership. The
959 Committee believed that due to current financial constraints, for MSMS to lose \$20,000
960 in dues revenue is not wise at this juncture.

961
962 *****

963
964 **BAR #01-16 - Resolution 09-15 - “MSMS Membership and Payment Reporting” -**
965 **APPROVE** the Board Action Report’s recommendation to **APPROVE** this resolution.

966
967 *****

968
969 **BAR #05-16 - Resolution 21-15 - “Memorial Resolution in Memory of Harvey**
970 **Halberstadt, MD” - APPROVE** the Board Action Report’s recommendation to **AMEND**
971 this resolution.

972
973 *****

974
975 **BAR #10-16 - MSMS Policy Manual - APPROVE** the Board Action Report’s
976 recommendation to **APPROVE** the changes to the MSMS Policy Manual.

977
978 *****

979
980 Members of the Committee include: *Donald P. Condit, MD, Chair; *Barry I. Auster,
981 MD; *Gordon H. Beute, MD; *Kenneth F. Casey, MD; *Michael Chavarria; and *Joseph
982 L. Wilhelm, MD, FACS.

983
984 Board Advisors were: *T. Jann Caison-Sorey, MD, MSA, MBA; *Stephen N. Dallas,
985 MD, MA; *Amit Ghose, MD; and *Donald R. Peven, MD.

986
987 AMA Delegation Advisors were: *Cathy O. Blight, MD; *James D. Grant, MD; and
988 * S. Bobby Mukkamala, MD.

989
990 The Committee was staffed by: Jennifer L. Finney and Joshua C. Richmond.

991
992 *Denotes members in attendance.

**REPORT OF
REFERENCE COMMITTEE D – PUBLIC HEALTH**
Herbert C. Smitherman, Jr., MD, Chair

- 04-16 Discontinue Sale of Cigarettes and Tobacco Products at Pharmacies - **REFER**
- 10-16 Promote Designated Breastfeeding and/or Breast Pumping Areas in Places of Public Accommodation - **AMEND**
- 11-16 Ban Guns in Historically Off-Limit Areas - **APPROVE**
- 12-16 Rescind Public Act 98 of 2012 - **APPROVE**
- 13-16 Firearm-Related Injury and Death: Adopt A Call to Action - **APPROVE**
- 19-16 Data Tampering in Public Health Reporting - **AMEND**
- 22-16 Opposition to Vaccination Exemption Efforts - **APPROVE**
- 24-16 Child Passenger Safety - **APPROVE**
- 25-16 Coal-Tar-Based Sealcoat Threat to Human Health and the Environment - **APPROVE**
- 26-16 Establish Support Mechanism for Physicians Working with Troubled Persons in Public Agencies - **AMEND**
- 33-16 Ban E-cigarette Advertisements - **APPROVE**
- 39-16 Public Guardians for Incapacitated Patients - **APPROVE**
- 52-16 Assurance and Accountability for EPA's State Level Agencies - **APPROVE**
- 53-16 Ban Lead in Plumbing - **APPROVE**
- 54-16 Replace Municipal Lead Plumbing - **APPROVE**
- 56-16 Regular Monitoring of Water at School and Daycare Sites - **APPROVE**
- 58-16 Timely and Transparent Data Sharing for Drinking Water Testing - **APPROVE**
- 60-16 Oppose Imposition of Penalties on Local Units of Government and/or Officials and Staff for Restricting Guns - **APPROVE**
- 62-16 Establish and Maintain Stand-Alone Michigan Department of Public Health - **APPROVE**
- 70-16 MSMS Leadership on Issue of Lead Poisoning - **APPROVE**
- 77-16 Support AMA Climate Change Policies and Michigan Enactment of EPA Clean Power Plan Policies - **AMEND**
- 81-16 Electronic Availability of All Governmental Communications - **REFER**
- 82-16 Governmental Water Testing – **DISAPPROVE**
- 87-16 School Safety Inspections – **APPROVE**
- BAR #09-16 - Resolution 78-15 - "Remove Prohibition Pertaining to the Provision of Birth Control at School-based Health Clinics" - **APPROVE** the Board Action Report's recommendation to **APPROVE** this resolution.

REPORT OF REFERENCE COMMITTEE D

Herbert C. Smitherman, Jr., MD, Chair

April 30, 2016

993 Reference Committee D was assigned Resolutions 04-16, 10-16, 11-16, 12-16, 13-16,
994 19-16, 22-16, 24-16, 25-16, 26-16, 33-16, 39-16, 52-16, 53-16, 54-16, 56-16, 58-16, 60-
995 16, 62-16, 70-16, 77-16, 81-16, 82-16, and 87-16 and Board Action Report #09-16.”

996

997 **04-16 - Discontinue Sale of Cigarettes and Tobacco Products at Pharmacies –**
998 **REFER**

999

1000 The Committee strongly supports the intent of the resolution but heard testimony in
1001 opposition from delegates in rural areas who argued this policy may cause small town
1002 pharmacies to close due to lost revenue resulting in limited access for patients. The
1003 Committee acknowledges that large chain drug stores such as CVS have adopted this
1004 policy but recommends referral in order to study the unintended consequences on
1005 smaller retailers.

1006

1007

1008

1009 **10-16 - Promote Designated Breastfeeding and/or Breast Pumping Areas in**
1010 **Places of Public Accommodation - AMEND**

1011

1012 The Committee amended the resolved portion to read:

1013

1014 RESOLVED: That MSMS encourage places of public accommodation to provide
1015 designated breastfeeding areas to breastfeeding mothers in order to enhance the
1016 goals supported by Michigan’s “Breastfeeding Anti-Discrimination Act,” which is
1017 Public Act 197 of 2014.

1018

1019 The Committee strongly supports the “Breastfeeding Anti-Discrimination Act” but
1020 believed the mandate included in the original resolution would be difficult to implement
1021 and enforce in all settings. The Committee believed MSMS should do everything
1022 possible to support public accommodation for breastfeeding, including work with other
1023 relevant organizations to encourage its adoption.

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1027 **11-16 - Ban Guns in Historically Off-Limit Areas - APPROVE**

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1031 **12-16 - Rescind Public Act 98 of 2012 - APPROVE**

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1035 **13-16 - Firearm-Related Injury and Death: Adopt A Call to Action - APPROVE**

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19-16 - Data Tampering in Public Health Reporting - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS strongly opposes any intentional tampering, distortion, or manipulation of data used in preparation for an official report by public employees as they represent dangers to public health and unethical acts; and be it further

RESOLVED: That MSMS supports and will lobby for the criminalization of acts of intentional distortion, manipulation, or omission of data used in preparation for an official report by public employees, in an effort to dissuade such unethical actions and the danger they pose to public health.

Based on the testimony in support of the resolution, the Committee believed the resolved portions should not be limited to public health data due to the number of regulatory agencies involved. For example, it was not clear that data from the Michigan Department of Environmental Quality (MDEQ) would be officially classified as public health data. Therefore, the Committee recommends the resolution be amended to include any and all possible data for use in official government reports.

22-16 - Opposition to Vaccination Exemption Efforts - APPROVE

24-16 - Child Passenger Safety - APPROVE

25-16 - Coal-Tar-Based Sealcoat Threat to Human Health and the Environment - APPROVE

26-16 - Establish Support Mechanism for Physicians Working with Troubled Persons in Public Agencies - AMEND

The Committee amended the title and the resolved portions to read:

TITLE: Establish Support Mechanism for Physician Autonomy in Clinical Decisions

RESOLVED: That MSMS through its Executive Council of Physicians Organizations establish a forum for physicians to raise issues and seek input on

1085 challenges to physician’s autonomy with regard to clinical judgment in the
1086 practice of medicine; and be it further

1087
1088 RESOLVED: That the MSMS Board of Directors actively explore the creation of
1089 a mechanism to identify the issues that inhibit the autonomy of physicians’
1090 clinical decisions and to resolve those constraints so that physicians can provide
1091 optimal medical services to patients and share their medical expertise with the
1092 non-medical staff.

1093
1094 The Committee strongly supported the intent of the resolution but believed the title did
1095 not reflect the testimony from the author and the support from other delegates. The
1096 Committee amended the title and subsequent resolved clauses to reflect the testimony
1097 heard by its members.

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1101 **33-16 - Ban E-cigarette Advertisements - APPROVE**

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1105 **39-16 - Public Guardians for Incapacitated Patients - APPROVE**

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1109 **52-16 - Assurance and Accountability for EPA’s State Level Agencies - APPROVE**

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1113 **53-16 - Ban Lead in Plumbing - APPROVE**

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1117 **54-16 - Replace Municipal Lead Plumbing - APPROVE**

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1119 *****

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1121 **56-16 - Regular Monitoring of Water at School and Daycare Sites - APPROVE**

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1123 *****

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1125 **58-16 - Timely and Transparent Data Sharing for Drinking Water Testing -**
1126 **APPROVE**

1127
1128 *****

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1130 **60-16 - Oppose Imposition of Penalties on Local Units of Government and/or**
1131 **Officials and Staff for Restricting Guns - APPROVE**

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62-16 - Establish and Maintain Stand-Alone Michigan Department of Public Health - APPROVE

70-16 - MSMS Leadership on Issue of Lead Poisoning - APPROVE

77-16 - Support AMA Climate Change Policies and Michigan Enactment of EPA Clean Power Plan Policies - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS supports the Environmental Protection Agency’s authority to promulgate rules to regulate and control greenhouse gas emissions in the United States; and be it further

RESOLVED: That MSMS supports the following policy:

Our MSMS:

1. Supports the findings of the Intergovernmental Panel on Climate Change’s fourth assessment report and concurs with the scientific consensus that the Earth is undergoing adverse global climate change and that anthropogenic contributions are significant. These climate changes will create conditions that affect public health, with disproportionate impacts on vulnerable populations, including children, the elderly, and the poor.
2. Supports educating the medical community on the potential adverse public health effects of global climate change and incorporating the health implications of climate change into the spectrum of medical education, including topics such as population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and potable water supplies.
3. Recognizes the importance of physician involvement in policymaking at the state, national, and global level and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and recognizes that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes.
4. Encourages physicians to assist in educating patients and the public on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability.
5. Encourages physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to more efficiently.

1181 6. Supports epidemiological, translational, clinical and basic science research
1182 necessary for evidence-based global climate change policy decisions related
1183 to health care and treatment; and be it further
1184

1185 RESOLVED: That MSMS supports increased physician participation in regional
1186 and state decision-making regarding air pollution across the United States; and
1187 be it further
1188

1189 RESOLVED: That MSMS supports (1) state legislation and regulations that
1190 meaningfully reduce power plant emissions of carbon dioxide and nitrogen oxide;
1191 and (2) efforts to limit carbon dioxide emissions through the reduction of the
1192 burning of coal in the state’s power generating plants, efforts to improve the
1193 efficiency of power plants, and continued development of alternative renewable
1194 energy sources; and be it further
1195

1196 RESOLVED: That MSMS supports national enactment of the U.S.
1197 Environmental Protection Agency’s Clean Power Plan and the implementation of
1198 the Plan’s policies in Michigan.
1199

1200 The Committee heard testimony in favor of the resolution to support current American
1201 Medical Association (AMA) policy. The final resolved clause was amended to reflect the
1202 concerns about taking any actions contrary to court rulings.
1203

1204 *****
1205

1206 **81-16 - Electronic Availability of All Governmental Communications - REFER**
1207

1208 The Committee understood the rationale of the resolution and supports its intent but
1209 believed it would be difficult to enforce. The Committee recommends referral to the
1210 Board of Directors for further study, specifically on the issue of availability at “no cost”
1211 and the existing FOIA exemptions for specific government officials or agencies.
1212

1213
1214 **82-16 - Governmental Water Testing – DISAPPROVE**
1215

1216 The Committee spoke with the author and acknowledged the similarities to Resolution
1217 58-16 which was approved.
1218

1219 *****
1220

1221 **87-16 - School Safety Inspections - APPROVE**
1222

1223 *****
1224

1225 **BAR #09-16 - Resolution 78-15 - “Remove Prohibition Pertaining to the Provision**
1226 **of Birth Control at School-based Health Clinics” - APPROVE** the Board Action
1227 Report’s recommendation to **APPROVE** this resolution.
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Members of the Committee include: *Herbert C. Smitherman, Jr., MD, MPH, FACP, Chair; *Virginia R. Dedicatoria, MD; *Sherwin P.T. Imlay, MD; *Eric L. Larson, MD; *Gunjan Malhotra; *Annette M. Mercatante, MD, MPH; Gerald D. Natzke, Jr., DO, FAAEM; and *Thomas J. Veverka, MD.

Board Advisors were: *Peter Baumann, MD, MPA; *Adrian J. Christie, MD; Sandro K. Cinti, MD; and Lynn S. Gray, MD, MPH.

AMA Delegation Advisors were: *Cheryl Gibson Fountain, MD and * Richard E. Smith, MD.

The Committee was staffed by: Caryl S. Markzon and Joseph M. Neller.

*Denotes members in attendance.

**REPORT OF
REFERENCE COMMITTEE B – LEGISLATION**
Deborah L. Duncan, MD, Chair

- 15-16 Repeal Michigan’s Certificate of Need Statute - **APPROVE**
- 23-16 Action to Address Illegal Methamphetamine Production - **AMEND**
- 30-16 Educate Prescribers to Limit the Number of Narcotic Pills Prescribed - **AMEND**
- 34-16 Increase Awareness of DEA Prescription Drug Take Back Programs - **APPROVE**
- 36-16 Licensure and Reimbursement for Certified Genetic Counselors - **APPROVE**
- 38-16 Maintenance of Certification and Hospital Bylaws - **APPROVE**
- 46-16 Oppose MAPS Mandate - **APPROVE**
- 47-16 Rescind Mandatory Parental Consent Re: Pregnancy Options of Minors - **DISAPPROVE**
- 49-16 Opioid Overdose Deaths and Naloxone Co-Prescribing - **APPROVE**
- 50-16 Opioid Overdose Deaths and Use of MAPS - **AMEND**
- 51-16 Opioid Overdose Deaths and Continuing Medical Education for Opioid Prescribing - **AMEND**
- 55-16 Penalties for Assaulting Medical Personnel - **APPROVE**
- 57-16 Maintenance of Certification and State Medical Licensure - **APPROVE**
- 65-16 Over-the-Counter Sale of Naloxone - **APPROVE**
- 66-16 Home Health Care Agency Licensure - **APPROVE**
- 89-16 Oppose Scope of Practice Expansion for Allied Health Care Professionals and Address Physician Shortage with Data Proven Methods - **AMEND**
- 90-16 Certification of Medical School Graduates as Physician's Assistants – **REFER**
- 96-16 - Opioid Abuse and Overdose Death Epidemic – **AMEND**
- BAR #03-16 - Resolution 14-15 - “Physician Care for Michigan’s Increased Medicaid Population” - **APPROVE** the Board Action Report’s recommendation to **AMEND** this resolution.
- BAR #06-16 - Resolution 24-15 - “Hospitals Should No Longer Remain Tax Free” - **APPROVE** the Board Action Report’s recommendation to **AMEND** this resolution.
- BAR #07-16 - Resolution 38-15 - “Improve Medicaid Affordability and Access in Michigan” – **APPROVE** the Board Action Report’s recommendation to **DISAPPROVE** this resolution.

REPORT OF REFERENCE COMMITTEE B

Deborah L. Duncan, MD, Chair

April 30, 2016

1245 Reference Committee B was assigned Resolutions 15-16, 23-16, 30-16, 34-16, 36-16,
1246 38-16, 46-16, 47-16, 49-16, 50-16, 51-16, 55-16, 57-16, 65-16, 66-16, 89-16, 90-16,
1247 and 96-16 and Board Action Reports #03-16, #06-16 and #07-16.

1248

1249 **15-16 - Repeal Michigan's Certificate of Need Statute - APPROVE**

1250

1251 The Committee heard a great deal of testimony expressing frustration with the
1252 persistent shortcomings of the CON program in terms of limiting services in Michigan.
1253 Furthermore, the Committee heard testimony that the experience of patients and
1254 physicians in Michigan has largely seen CON as a mechanism to deter competition and
1255 limit the delivery of services covered to preferred entities essentially creating franchises.
1256 The Committee therefore recommends adopting this resolution as submitted.

1257

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1259

1260 **23-16 - Action to Address Illegal Methamphetamine Production - AMEND**

1261

1262 The Committee amended the resolved portions to read:

1263

1264 RESOLVED: That MSMS supports the replacement of over-the-counter products
1265 containing pseudoephedrine, ephedrine, phenylpropanolamine, and other like
1266 products used to produce methamphetamine with their tamper- or meth-resistant
1267 counterparts; and be it further

1268

1269 RESOLVED: That the Michigan Delegation to the American Medical Association
1270 (AMA) ask our AMA to support a national ban on over-the-counter sales of
1271 pseudoephedrine, ephedrine, phenylpropanolamine, that are not tamper or meth-
1272 resistant and any other current or future products that are able to be used to
1273 produce methamphetamine; and be it further

1274

1275 RESOLVED: That the Michigan Delegation to the American Medical Association
1276 (AMA) ask our AMA to support the replacement of over-the-counter products
1277 containing pseudoephedrine, ephedrine, phenylpropanolamine, and other like
1278 products used to produce methamphetamine with their tamper- or meth-resistant
1279 counterparts; and be it further

1280

1281 RESOLVED: That MSMS work with the pharmaceutical and retail industries to
1282 encourage the voluntary removal of or requirement for a prescription for non-
1283 tamper-resistant pseudoephedrine, ephedrine, phenylpropanolamine, and other
1284 like products from businesses that sell such products over-the-counter until such
1285 time as a ban on the sale of these products is implemented; and it be further

1286

1287 RESOLVED: That the Michigan Delegation to the American Medical Association
1288 (AMA) ask our AMA to work with the pharmaceutical and retail industries to

1289 encourage the voluntary removal of or requirement for a prescription for non-
1290 tamper-resistant pseudoephedrine, ephedrine, phenylpropanolamine, and other
1291 like products from businesses that sell such products over-the-counter until such
1292 time as a ban on the sale of these products is implemented.
1293

1294 The Committee expressed support for this resolution as it seeks to protect patient
1295 access to these important medications while alleviating the unintended consequences
1296 of containing compounds that can be converted into an illicit substance. The production
1297 and use of meth has been a blight and public health problem in many communities.
1298 This resolution asks for a reasonable middle ground between banning access to
1299 pseudoephedrine and other useful drugs with their counterparts that cannot be easily
1300 altered. The Committee recommended a minor edit in order to clarify that the AMA not
1301 seek the ban of these drugs, but merely the ban of drugs that are not tamper or meth
1302 resistant.
1303

1304 *****

1305
1306 **30-16 - Educate Prescribers to Limit the Number of Narcotic Pills Prescribed -**
1307 **AMEND**
1308

1309 The Committee amended the resolved portion to read:
1310

1311 RESOLVED: That MSMS offer educational programming designed to provide
1312 physicians with current information, including any relevant guidelines or best
1313 practices, regarding reducing the number of potential leftover narcotics, and that
1314 MSMS work with other stakeholder prescriber groups to reduce opioid diversion.
1315

1316 The Committee agrees with the author that excess medications are a point of entry for
1317 many individuals that become dependent upon opiates, and that physicians and other
1318 prescribers play a crucial role in reducing the number of unused medications that could
1319 ultimately lead to dependency. The Committee did amend the resolution to more
1320 precisely reflect the intent as it references leftover medication in the body of the
1321 resolution but refers to over-prescribing in the resolved portion. Subsequent resolutions
1322 deal with the issue of over/inappropriate prescribing, whereas the issue of quantity of
1323 pills is a distinct issue that can be addressed via some specific educational interventions
1324 by an organization such as MSMS.
1325

1326 *****

1327
1328 **34-16 - Increase Awareness of DEA Prescription Drug Take Back Programs -**
1329 **APPROVE**
1330

1331 Within the context of the broader discussion about drug diversion, this concept is a
1332 relatively obvious avenue for physicians to support. Additionally, the nature of how the
1333 resolution is worded is a concise and constructive approach toward dealing with the
1334 issue of raising awareness of opportunities for physicians and patients to dispose of
1335 unused medications.

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36-16 - Licensure and Reimbursement for Certified Genetic Counselors - APPROVE

The Committee discussed the important role of genetic counselors in providing credible information to patients regarding very complex and potentially devastating genetic conditions. The Committee also discussed that the lack of licensure has created employment and reimbursement barriers to utilizing the services of genetic counselors. Consequently, physician practices are expected to provide an unfunded mandate to patients to provide a crucial service to patients, or patients may lose access by not being able to access this type of professional. MSMS has been supportive of similar efforts in prior years, and this resolution continues to recognize the importance of this issue.

38-16 - Maintenance of Certification and Hospital Bylaws – APPROVE

The Committee reviewed the AMA policy as it relates to Maintenance of Certification (MOC) and acknowledged that it does not sufficiently address the specific concern as it relates to hospital bylaws. Physician concerns regarding the issue of MOC continue to be brought forward with an increasing sense of urgency. MSMS should represent to the AMA the same level of intensity that MSMS members have demonstrated with respect to MOC in Michigan and encourage the AMA to update their policy.

46-16 - Oppose MAPS Mandate - APPROVE

The discussion can perhaps best be summarized by one of the physicians that testified that “this is a simple response to a very complex issue.” In other words, physicians absolutely need to be at the forefront of addressing the issue of drug diversion in Michigan; however, simply adding the burden of looking up every prescription in MAPS is likely to create new problems, solve some problems, and deter many physicians from prescribing certain types of medications altogether. In addition to these concerns, the Committee discussed that the current MAPS system is not user friendly and could represent a cumbersome requirement on many physicians with an unclear benefit in terms of reducing drug diversion. The Committee therefore recommends that MSMS support this resolution which means opposing a MAPS mandate.

47-16 - Rescind Mandatory Parental Consent Re: Pregnancy Options of Minors - DISAPPROVE

The Committee discussed broadly the issue of consent as it relates to minors on a variety of health related issues. The Committee recognizes that the authors

1384 appropriately identify that the parental consent procedure for abortion is inconsistent
1385 from other services and procedures. Furthermore, the Committee recognizes that there
1386 are circumstances whereby requiring a patient to obtain consent from a potentially
1387 abusive or unsupportive parent could be troublesome for the minor patient. However,
1388 the Committee also discussed instances when parental consent and involvement
1389 proved beneficial to the patient and could help to forgo issues should medical
1390 complications arise after a procedure. Furthermore, the Committee expressed concern
1391 that while parental consent may result in hardship for patients in certain circumstances,
1392 it may actually create hardship in other instances or empower other figures such as a
1393 significant other, or friend that may be predisposed to providing information that is not in
1394 the patient's best wishes. Parental consent could protect the wishes of patients in
1395 certain instances. In other words, there is hardly a bright line where parental consent is
1396 not needed and although the requirement may be viewed as overly restrictive, the
1397 Committee believed that abolishing that law might provide too little guidance of what
1398 might be required. The Committee also acknowledges that the legal process for
1399 allowing a patient to obtain consent may be cumbersome; however, if that is the
1400 justification for changing the law, perhaps it would be more appropriate to better define
1401 the responsibilities of the courts to act in a timely fashion as opposed to amending the
1402 consent law because the courts are too slow. Lastly, the Committee discussed that
1403 much of this issue is academic in nature as the current configuration of the legislature
1404 for the foreseeable future is unlikely to revisit this issue. This resolution asks several
1405 important questions; however, many of these answers are unclear and the proposed
1406 solution does not assuredly alleviate all of the problems alleged to be caused by the
1407 current law. Consequently, the Committee recommends opposing this resolution.

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1411 **49-16 - Opioid Overdose Deaths and Naloxone Co-Prescribing – APPROVE**

1412
1413 Naloxone is an important tool in dealing with the drug diversion epidemic in Michigan.
1414 This resolution asks for MSMS to serve our members by providing information about co-
1415 prescribing naloxone to patients in order to help avoid overdose. The Committee
1416 repeatedly heard from physicians during testimony that education is a crucial element in
1417 alleviating the drug diversion epidemic, to that end this resolution helps to achieve the
1418 goal of educating physicians.

1419
1420 *****

1421
1422 **50-16 - Opioid Overdose Deaths and Use of MAPS - AMEND**

1423
1424 The Committee amended the resolved portion to read:

1425
1426 RESOLVED: That MSMS supports education to encourage physicians and other
1427 health care providers to check the Michigan Automated Prescription System
1428 when prescribing controlled substances.

1429
1430 MAPS is an important tool in dealing with the drug diversion epidemic in Michigan. This
1431 resolution asks for MSMS to serve our members by providing information about how

1432 physicians can integrate MAPS into their practice. The Committee repeatedly heard
1433 from physicians during testimony that education is a crucial element in alleviating the
1434 drug diversion epidemic, to that end this resolution helps to achieve the goal of
1435 educating physicians. The resolution was edited slightly to broaden the use of MAPS
1436 beyond just opioids and to remove the term “before” as there may be instances when it
1437 is more appropriate for a physician to check during the course of treatment as opposed
1438 to before. With these changes the Committee was supportive.

1439

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1442 **51-16 - Opioid Overdose Deaths and Continuing Medical Education for Opioid**
1443 **Prescribing - AMEND**

1444

1445 The Committee amended the resolved portion to read:

1446

1447 RESOLVED That MSMS supports education to encourage physicians and other
1448 health care providers to co-prescribe naloxone when prescribing opiates.

1449

1450 Naloxone is an important tool in dealing with the drug diversion epidemic in Michigan.
1451 This resolution asks for MSMS to serve our members by providing information about co-
1452 prescribing naloxone to patients in order to help avoid overdose. The Committee
1453 repeatedly heard from physicians during testimony that education is a crucial element in
1454 alleviating the drug diversion epidemic, to that end this resolution helps to achieve the
1455 goal of educating physicians. This resolution was amended to retain the intent to
1456 educate without stipulating that such efforts were mandatory components of CME
1457 required to maintain licensure in Michigan. With these changes made, the Committee
1458 was supportive.

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1462 **55-16 - Penalties for Assaulting Medical Personnel - APPROVE**

1463

1464 The Committee recommended that the Resolved portions be amended to included
1465 “assault and battery” instead of just “assault” as they believed this to be the more
1466 appropriate legal reference. The Committee supported the idea of increased efforts
1467 from law enforcement to respond to allegations of assault and battery against health
1468 care personnel in the emergency department. The Committee recognized that there
1469 were some concerns raised that the unintentional outcome of this policy is that persons
1470 with limited mental capacity or psychologically impaired individuals might be victimized
1471 by overly aggressive prosecutors. The Committee was informed by MSMS Legal
1472 Counsel that the current definition of assault and battery should suffice and would
1473 include such actions against health professionals regardless of the setting. However,
1474 this is inconsistent with the personal experience of many of the physicians who have
1475 firsthand knowledge of these types of altercations. For whatever reason, law
1476 enforcement or hospital administrations tend to be reluctant to press charges in these
1477 circumstances. For this reason, the Committee believes that if the law sought by this
1478 resolution were enacted, physicians and other health care workers might enjoy

1479 additional protections while still preserving the discretion of law enforcement to not seek
1480 charges against those patients that may be impaired.

1481
1482 The Resolution was extracted on the Floor. The House of Delegates voted to approve
1483 the original Resolution.

1484
1485 *****

1486
1487 **57-16 - Maintenance of Certification and State Medical Licensure - APPROVE**

1488
1489 Maintenance of Certification is a significant burden on physicians without providing a
1490 commensurate benefit in terms of quality, safety, or effort. MSMS has existing policy on
1491 MOC; however, the specific provision as it relates to physician licensure is a new
1492 wrinkle and was broadly supported by the physicians on the Committee and among the
1493 physicians that testified.

1494
1495 *****

1496
1497 **65-16 - Over-the-Counter Sale of Naloxone - APPROVE**

1498
1499 Many communities are beginning to track the number of lives saved by naloxone
1500 preventing drug overdoses. Relatively speaking, the use of naloxone is fairly safe and
1501 unlikely to result in severe complications. For these reasons, the Committee was
1502 supportive of the efforts to reduce barriers and broaden access to this medication.

1503
1504 *****

1505
1506 **66-16 - Home Health Care Agency Licensure - APPROVE**

1507
1508 The Committee was surprised that companies that play such an important role in the
1509 lives of many patients are completely unregulated in the state of Michigan. Michigan is
1510 one of only four states with no such requirements which makes patients in Michigan
1511 subject to fraud and abuse without any sort of recourse or safeguards generally
1512 afforded via licensing.

1513
1514 *****

1515
1516 **89-16 - Oppose Scope of Practice Expansion for Allied Health Care Professionals
1517 and Address Physician Shortage with Data Proven Methods - AMEND**

1518
1519 The Committee amended the resolved portions to read:

1520
1521 RESOLVED: That MSMS continues to oppose any legislation that seeks to
1522 expand the scope of practice for allied health care professionals beyond the level
1523 of their education and training; and be it further

1524
1525 RESOLVED: That MSMS supports legislative and financial measures to
1526 incentivize physicians to practice in underserved areas.

1527 The Committee agrees with the sentiment that education should be the exclusive
1528 criteria for scope of practice and that the legislature should not act unilaterally to
1529 increase scope of practice without similarly requiring a profession to increase their
1530 education. However, this resolution paradoxically asks that MSMS “support the repeal
1531 of state and federal laws that expand...” MSMS generally opposes all efforts by health
1532 professions to expand their scope without first increasing their education. Furthermore,
1533 MSMS has been quite successful in opposing such efforts. The author does not identify
1534 specific examples where it is believed that a specific profession has exceeded their
1535 level of training and what law should be repealed to bring our laws more in line with their
1536 training and education. Consequently, the Committee recommends that these resolved
1537 portions be removed. Keeping the remaining resolved portions maintains the intent of
1538 this resolution but places the focus on the prospect that non-physicians will continue to
1539 seek legislation to increase their scope and that MSMS should stand in opposition to
1540 such efforts. Furthermore, MSMS should also support efforts to help physicians locate
1541 in underserved areas. For these reasons the Committee supports the resolution as
1542 amended.

1543 *****

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1545
1546 **90-16 - Certification of Medical School Graduates as Physician's Assistants -**
1547 **REFER**

1548
1549 The Committee recommended to amend the Resolved statements by replacing the
1550 original statements with direction to MSMS to investigate the factors associated with the
1551 growing number of both domestic and international medical school graduates that are
1552 unable to find residency positions and report back to the MSMS House of Delegates.
1553

1554 The Committee agreed that unmatched medical school graduates is a serious problem.
1555 However, the Committee expressed significant reservations in making the leap from that
1556 reality to the premise that simply certifying these individuals would be appropriate or
1557 truly alleviate the problem of unmatched medical students. Further study is warranted,
1558 other potential solutions may be identified but the Committee could not support the
1559 resolution as initially worded.

1560
1561 The Resolution was extraction on the Floor and the House of Delegates voted to refer it
1562 to the MSMS Board of Directors for further study.

1563 *****

1564
1565
1566 **96-16 - Opioid Abuse and Overdose Death Epidemic - AMEND**

1567
1568 The Committee amended the resolved portions to read:

1569
1570 RESOLVED: That MSMS take the lead in educating Michigan physicians about
1571 the ways in which multiple physician prescribers may worsen the current
1572 epidemic of opioid abuse and the extent to which the simple addition of a
1573 Michigan Automated Prescription System check prior to prescribing can diminish
1574 opiate-related disability and death; and be it further

1575 RESOLVED: That MSMS encourage all physicians to register for the Michigan
1576 Automated Prescription System; and be it further

1577
1578 RESOLVED: That MSMS add continuing medical education classes on the
1579 usage of the Michigan Automated Prescription System to select and appropriate
1580 upcoming continuing medical education conferences, and include relevant
1581 articles on this topic in Michigan Medicine and on-line alerts to MSMS members,
1582 and be it further

1583
1584 RESOLVED: That MSMS strongly support the State of Michigan’s plans to
1585 enhance both the Michigan Automated Prescription System (MAPS) efficiency
1586 and interface with electronic health records in order to make routine checking of
1587 MAPS feasible in a busy practice.

1588
1589 MAPS is an important tool in dealing with the drug diversion epidemic in Michigan. This
1590 resolution asks for MSMS to serve our members by providing information about how
1591 physicians can integrate MAPS into their practice. The Committee repeatedly heard
1592 from physicians during testimony that education is a crucial element in alleviating the
1593 drug diversion epidemic, to that end this resolution helps to achieve the goal of
1594 educating physicians.

1595
1596 *****

1597
1598 **BAR #03-16 - Resolution 14-15 - “Physician Care for Michigan’s Increased**
1599 **Medicaid Population” - APPROVE** the Board Action Report’s recommendation to
1600 **AMEND** this resolution.

1601 *****

1602
1603 **BAR #06-16 - Resolution 24-15 - “Hospitals Should No Longer Remain Tax Free” -**
1604 **APPROVE** the Board Action Report’s recommendation to **AMEND** this resolution.

1605
1606 *****

1607
1608 **BAR #07-16 - Resolution 38-15 - “Improve Medicaid Affordability and Access in**
1609 **Michigan” – APPROVE** the Board Action Report’s recommendation to **DISAPPROVE**
1610 this resolution.

1611
1612 The Committee respects the work completed by the MSMS Board in reviewing this
1613 subject and accepts BAR #07 as written.

1614 *****

1615
1616 Members of the Committee include: *Deborah L. Duncan, MD, Chair; *Shubhangi
1617 “Nonie” Arora; *Jimmy Belotte, MD; *Sandra K. Dettmann, MD; *Kenneth A. Fisher, MD;
1618 *Mildred J. Willy, MD; and *Kim K. Yu, MD, FAAFP.

1619
1620 Board Advisors were: Craig T. Coccia, MD; *Jeffrey E. Jacobs, MD; *James J. Rice,
1621 MD; and *Richard C. Schultz, MD.

Reference Committee B – 04/30/16 - 10

1622 AMA Delegation Advisors were: *Mohammed A. Arsiwala, MD; *John G. Bizon, MD,
1623 FACS; *Michael D. Chafty, MD, JD; * Mark C. Komorowski, MD; and *Michael A.
1624 Sandler, MD.

1625

1626 The Committee was staffed by: Colin J. Ford.

1627

1628 *Denotes members in attendance.

**REPORT OF
COMMITTEE ON RULES AND ORDER OF BUSINESS**
Donald B. Muenk, MD, Chair

Late Resolutions

- 94-16 Resident Duty Hour Guidelines - **APPROVE**
- 95-16 Oral Contraceptives Available Over-the-Counter – **APPROVE**
- 96-16 Opioid Abuse and Overdose Death Epidemic - **APPROVE**
- 97-16 Participation in PDMPs by Federally Funded Health Facilities – **DISAPPROVE**
- 98-16 Transfer of Jurisdiction over Required Clinical Skills Examinations to LCME Accredited and COCA-Accredited Medical Schools in Michigan - **APPROVE**
- 99-16 Dangerous Newborn Baby Photos – **DISAPPROVE**

Existing Policy Reaffirmation Calendar

- 01-16 Reinvigorate Haptention and Hypersensitivity Disorders Communication – **REAFFIRM**
- 02-16 Reverse Onus in the Manufacture and Use of Chemicals - **REAFFIRM**
- 05-16 Responsible Parenting and Access to Family Planning - **REAFFIRM**
- 07-16 Ending Non-Medical Exemptions for Immunization in Michigan - **REAFFIRM**
- 31-16 Raise the Minimum Age of Legal Access to Tobacco to 21 Years - **REAFFIRM**
- 32-16 Enact Rules and Payment Mechanisms to Encourage Appropriate Hospice and Palliative Care Usage - **REAFFIRM**
- 44-16 Maintenance of Certification and Insurance Plan Participation - **REAFFIRM**
- 69-16 Human Trafficking Education - **REAFFIRM**
- 72-16 Development of Alternative Competency Assessment Models - **REAFFIRM**
- 84-16 Raise Minimum Age of Legal Access to Tobacco and Nicotine Products in Michigan - **REAFFIRM**
- 86-16 Banning Maintenance of Certification - **APPROVE**
- 88-16 Alternative Maintenance of Certification - **APPROVE**

REPORT OF COMMITTEE ON RULES AND ORDER OF BUSINESS

Donald B. Muenk, MD, Chair

April 30, 2016

1629 The Committee on Rules and Order considered six late resolutions submitted after the
1630 45-day deadline. Copies of the resolution are in the electronic version of the handbook
1631 located on the MSMS website and in the App.

1632
1633 The Committee's criteria for consider these resolutions were:

- 1634
- 1635 • Could the resolution have been submitted before the deadline?
 - 1636
 - 1637 • Did new developments after the deadline justify the acceptance of the
 - 1638 resolution?
 - 1639
 - 1640 • Were there any extenuating circumstances?
 - 1641
 - 1642 • Are there any other resolutions that cover the same logic?

1643
1644 *****

1645 1646 **Late Resolution 94-16 – Resident Duty Hour Guidelines - APPROVE**

1647
1648 The Committee believed this resolution did meet the criteria for late resolutions for new
1649 developments after the deadline. The Committee believed this resolution could be
1650 addressed by the members of the House of Delegates and referred it to Reference
1651 Committee E.

1652
1653 *****

1654 1655 **Late Resolution 95-16 – Oral Contraceptives Available Over-the-Counter -** 1656 **APPROVE**

1657
1658 The Committee believed this resolution did meet the criteria for late resolutions for
1659 extenuating circumstances. The Committee believed this resolution could be addressed
1660 by the members of the House of Delegates and referred it to Reference Committee E.

1661
1662 *****

1663 1664 **Late Resolution 96-16: – Opioid Abuse and Overdose Death Epidemic –** 1665 **APPROVE**

1666
1667 The Committee believed this resolution did meet the criteria for late resolutions for new
1668 developments after the deadline. The Committee believed this resolution could be
1669 addressed by the members of the House of Delegates and referred it to Reference
1670 Committee B.

1671
1672 *****

1673 **Late Resolution 97-16: – Participation in PDMPs by Federally Funded Health**
1674 **Facilities – DISAPPROVE**The Committee did not receive any testimony on this
1675 resolution and was not aware of the rationale for being submitted after the deadline.
1676 For this reason, the Committee believed this resolution did not meet the criteria for late
1677 resolutions.

1678
1679 *****

1680
1681 **Late Resolution 98-16: – Transfer of Jurisdiction over Required Clinical Skills**
1682 **Examinations to LCME-Accredited and COCA-Accredited Medical Schools in**
1683 **Michigan - APPROVE**

1684
1685 The Committee believed this resolution did meet the criteria for late resolutions for new
1686 developments after the deadline. The Committee believed this resolution could be
1687 addressed by the members of the House of Delegates and referred it to Reference
1688 Committee E.

1689
1690 *****

1691
1692 **Late Resolution 99-16: – Dangerous Newborn Baby Photos – DISAPPROVE**

1693
1694 The author was not able to provide testimony on this resolution. Therefore, the
1695 Committee was not aware of the rationale for being submitted after the deadline. For
1696 this reason, the Committee believed this resolution did not meet the criteria for late
1697 resolutions.

1698
1699 *****

1700
1701 The Committee then reviewed the Exiting Policy Reaffirmation Calendar. The House of
1702 Delegates received twelve resolutions that contained existing policy:

1703
1704 01-16 Reinvigorate Haptention and Hypersensitivity Disorders Communication

1705
1706 02-16 Reverse Onus in the Manufacture and Use of Chemicals

1707
1708 05-16 Responsible Parenting and Access to Family Planning

1709
1710 07-16 Ending Non-Medical Exemptions for Immunization in Michigan

1711
1712 31-16 Raise the Minimum Age of Legal Access to Tobacco to 21 Years

1713
1714 32-16 Enact Rules and Payment Mechanisms to Encourage Appropriate Hospice and
1715 Palliative Care Usage

1716
1717 44-16 Maintenance of Certification and Insurance Plan Participation

1718
1719 69-16 Human Trafficking Education

- 1720 72-16 Development of Alternative Competency Assessment Models
1721
- 1722 84-16 Raise Minimum Age of Legal Access to Tobacco and Nicotine Products in
1723 Michigan
1724
- 1725 86-16 Banning Maintenance of Certification – This Resolution was extracted and the
1726 House of Delegates voted to **APPROVE**.
1727
- 1728 88-16 Alternative Maintenance of Certification - This Resolution was extracted and the
1729 House of Delegates voted to **APPROVE**.
1730
- 1731 Members of the Committee include: *Donald B. Muenk, MD, Chair; *Jaime V.
1732 Aragoles, MD; *Owen M. Berow, MD; and *Rama D. Rao, MD.
1733
- 1734 Ex-Officio members include: *Pino D. Colone, MD and *Theodore B. Jones, MD.
1735
- 1736 The Committee was staffed by: Rebecca J. Blake.
1737
- 1738 *Denotes members in attendance.