

Sunday, May 7, 2017

FINAL ACTION OF THE HOUSE OF DELEGATES

Order taken

Ways and Means

B – Legislation

A – Medical Care Delivery

E – Scientific and Educational Affairs

C – Internal Affairs, Constitution & Bylaws

D – Public Health

Rules and Order of Business

RESOLUTION	TITLE	REFERENCE COMMITTEE	ACTION
01-17	Reimbursement for Care of Family Members	A	DISAPPROVE
02-17	Prescription Collaborative	A	AMEND
03-17	Immigration	E	APPROVE
04-17	Initiate Legal Action Against Hospitals and Insurers	C	AMEND
05-17	Minimize Conflict When Ordering Diagnostic Testing	A	APPROVE
06-17	Lead Concerns	D	AMEND
07-17	Food Safety Labeling	D	AMEND
08-17	Tissue Handling	D	AMEND
09-17	Medicare Cards and Identify Theft	A	DISAPPROVE
10-17	Regulations Regarding Medical Tool and Instrument Repair	E	APPROVE
11-17	Interstate Medical Compact for Licensure	B	DISAPPROVE
12-17	Excise Tax on Beverages Containing Added Caloric Sweeteners	D	SUBSTITUTE
13-17	Liquid Medication Dosing	E	AMEND
14-17	Remove Sales Tax Exemption for Sweetened Beverages and Candy	D	SUBSTITUTE
15-17	Tax Exemption Status for Over-The-Counter Medications	C	APPROVE
16-17	Elderly Physicians - Professional Risk and Prescriptions	E	DISAPPROVE
17-17	Human Trafficking Education and Awareness	E	AMEND
18-17	Reassess Reimbursement Guidelines for Teaching Physician Supervision	A	APPROVE
19-17	Discourage Unrealistic Graduate Medical Education Requirements	E	DISAPPROVE
20-17	Combination Clotrimazole/Betamethasone Dipropionate Cream Warning	E	APPROVE
21-17	Uncompensated and Burdensome Medical Record Reviews	A	APPROVE
22-17	Reaffirm the MSMS and AMA's Commitment to Diversity and Tolerance	C	AMEND
23-17	Standards for Initial Medical Licensure in Michigan	E	DISAPPROVE
24-17	Single-Payer Health Insurance	B	AMEND
25-17	Preventing Adolescent Use of Performance Enhancing Substances	D	APPROVE
26-17	Licensing Anesthesiologist Assistants	B	AMEND
27-17	Physician Oversight of Anesthesia Delivery	B	APPROVE

28-17	Disposal of Pharmaceuticals	D	APPROVE
29-17	Oppose Direct to Consumer Advertising of the ABMS MOC Product	B	AMEND
30-17	Public Access to Initial Board Certification Status of Time-Limited ABMS Diplomates	B	APPROVE
31-17	Timely Recording of Vaccines in MCIR	Reaffirmation Calendar	REAFFIRM
32-17	Vaccine Costs	D	APPROVE
33-17	Conscious Sedation Reimbursement	A	APPROVE
34-17	Surgery for Surgeons	B	AMEND
35-17	Insurance Requirements for Helmetless Motorcyclists	D	APPROVE
36-17	Prohibit Production and Sales of "Keepsake" Ultrasounds	E	AMEND
37-17	Medicare Reimbursement Formula for Oncologists Administering Drugs	A	REFER
38-17	Exemptions for Skilled Nursing Facility Admissions	A	APPROVE
39-17	Credentialing Delays and Third Party Payers	Reaffirmation Calendar	REAFFIRM
40-17	Repetitive Fingerprinting and Criminal Background Checks	E	APPROVE
41-17	Behavioral Health Confidentiality Standards	E	APPROVE
42-17	Reimbursement for Emergency Medical Services On-site Treatment and Transport to Non-traditional Destinations	A	REFER
43-17	Vaccinations and Pharmacists	D	DISAPPROVE
44-17	Waste Incinerator Ban	D	REFER
45-17	Medicare and Services Provided by Proctored Medical Students	A	APPROVE
46-17	Effects of Energy Pipelines and Fossil Fuel Waste on the Great Lakes	D	AMEND
47-17	Pay-for-Performance Incentives	A	APPROVE
48-17	Pain as a Vital Sign and the Opioid Epidemic	A	AMEND
49-17	Acceptance of ICD-10 Codes	A	DISAPPROVE
50-17	Radioactive Waste Disposal	D	APPROVE
51-17	Naloxone Price Increase	B	AMEND
52-17	Michigan Automated Prescription System Surveillance	B	DISAPPROVE
53-17	Inclusion of Veterans Health Administration and Methadone Clinics in the Michigan Automated Prescription System	B	AMEND
54-17	Medicaid Substance Use Disorder Coverage	A	APPROVE

55-17	Tinted Windows on Motor Vehicles	D	AMEND
56-17	Insurance Coverage for Medical Food Products	B	AMEND
57-17	Food Bank and Pantry Distribution of Nutrient-Dense Foods	D	AMEND
58-17	Advance Directive Planning Education for Medical Students	E	APPROVE
59-17	Coverage for Dispensing One Time Annual Oral Contraceptive Pills	B	APPROVE
60-17	Standardization of Family Planning Training Opportunities in OB-GYN Residencies	E	AMEND
61-17	Relieve Burden for Living Organ Donors	B	APPROVE
62-17	Increased Disposal Locations for Injectable Medical Waste	D	APPROVE
63-17	Service Pet Registration	B	DISAPPROVE
64-17	Comprehensive Sexual Education in Michigan Public Schools	E	AMEND
65-17	Identification of Non-Financial Conflicts of Interest	C	AMEND
66-17	Include Electronic Cigarettes in Smoke Free Legislation	Reaffirmation Calendar	REAFFIRM
67-17	Tax Rate for Electronic Cigarettes	D	AMEND
68-17	Maintain Working Relationship with US Secretary of Health and Human Services	C	AMEND
69-17	Consolidate CMS Quality Payment Programs	A	DISAPPROVE
70-17	Urge CMS to Release a White Paper on ACOs	A	AMEND
71-17	Sustain Patient-Centered Medical Home Practices	A	AMEND
72-17	Create New AMA Associate Membership Category	C	DISAPPROVE
73-17	Streamline Pre-authorization Process for Extended Care Facility Admissions and Transfers	A	AMEND
74-17	Repeal MACRA	A	AMEND
75-17	Create MACRA Opt-out Option	Reaffirmation Calendar	REAFFIRM
76-17	Preserve Women's Access to Contraceptives	D	APPROVE
77-17	Water Affordability Programs and Protection from Water Shutoffs	D	APPROVE
78-17	Discontinue Physician Statement for Use of Tinted Windows in Motor Vehicles	B	DISAPPROVE
79-17	Informed Consent and Public Disclosure of Part IV ABMS MOC Research Projects on Human Subjects	E	REFER

80-17	Medicaid Financing Policies	A	AMEND
81-17	Excise Tax on Sugar-Sweetened Beverages to Fund Nutrition and Obesity-Prevention Programs	D	SUBSTITUTE
82-17	Competency Examinations for International Medical Graduates	E	DISAPPROVE
83-17	Public Alert System Regarding Water Contamination	D	APPROVE
84-17	Sex and Gender Based Medicine in Clinical Medical Education	E	APPROVE
85-17	Modernization of Michigan's HIV Criminal Law	D	AMEND
86-17	Fresh Produce Access and Intake in Food Deserts	D	APPROVE
87-17	Insurance Coverage For Compression Stockings	A	APPROVE
88-17	Cultural Competence in Standardized Patient Programs within Medical Education	E	APPROVE
89-17	Prior Authorization Legislation	B	APPROVE
90-17	Addiction Medicine Continuing Medical Education	E	APPROVE
91-17	Timely Referral to Pain Management Specialist	A	AMEND
92-17	Opioid Tapering	E	APPROVE
93-17	Access to Safer Opioid Medications	B	AMEND
94-17	Medicaid Coverage of Tier 2 Medications	A	APPROVE
95-17	Report Naloxone to Prescription Drug Monitoring Program	B	WITHDRAWN
96-17 LATE		D	AMEND

BOARD ACTION REPORT	TITLE	REFERENCE COMMITTEE	ACTION
BAR #01-17	Resolution 3-16 (Section Representation on the Board of Directors)	C	APPROVE
BAR#02-17	Resolution 04-16 (Discontinue Sale of Cigarettes and Tobacco Products at Pharmacies)	D	APPROVE
BAR #03-17	Resolution 40-16 (Prescription Availability for Weekend Discharges)	A	APPROVE
BAR#04-17	Resolution 45-16 (Pharmacy Benefit Managers and Compounded Medications)	A	APPROVE

BAR #05-17	Resolution 80-16 (Define 'Prevention' to Include High-Value Secondary Preventive Services)	A	APPROVE
BAR #06-17	Resolution 81-16 (Electronic Availability of All Governmental Communications)	B	APPROVE
BAR #07-17	Resolution 83-16 (Prior Authorization and Tiering)	A	APPROVE
BAR #08-17	Resolution 90-16 (Certification of Medical School Graduates as Physician's Assistants)	B	APPROVE
BAR#09-17	Resolution 91-16 (Health Insurance Marketplace Expansion for DACA Recipients)	A	APPROVE
BAR#10-17	Revisions to the MSMS Policy Manual	C	APPROVE
BAR#11-17	Revisions to the MSMS Constitution and Bylaws	C	APPROVE

2nd Reading Resolutions	TITLE	REFERENCE COMMITTEE	ACTION
73-16	Amendments to MSMS Young Physicians Section Bylaws	C	APPROVE
78-16	Inter-Regional Membership for Non-Staffed Counties	C	APPROVE

**REPORT OF
REFERENCE COMMITTEE B – LEGISLATION**

Mildred J. Willy, MD, Chair

- 11-17 Interstate Medical Compact for Licensure - **DISAPPROVE**
- 24-17 Single-Payer Health Insurance - **AMEND**
- 26-17 Licensing Anesthesiologist Assistants - **AMEND**
- 27-17 Physician Oversight of Anesthesia Delivery - **APPROVE**
- 29-17 Oppose Direct to Consumer Advertising of the ABMS MOC Product - **AMEND**
- 30-17 Public Access to Initial Board Certification Status of Time-Limited ABMS Diplomates – **APPROVE**
- 34-17 Surgery for Surgeons - **AMEND**
- 51-17 Naloxone Price Increase - **AMEND**
- 52-17 Michigan Automated Prescription System Surveillance - **DISAPPROVE**
- 53-17 Inclusion of Veterans Health Administration and Methadone Clinics in the Michigan Automated Prescription System - **AMEND**
- 56-17 Insurance Coverage for Medical Food Products - **AMEND**
- 59-17 Coverage for Dispensing One Time Annual Oral Contraceptive Pills - **APPROVE**
- 61-17 Relieve Burden for Living Organ Donors - **APPROVE**
- 63-17 Service Pet Registration - **DISAPPROVE**
- 78-17 Discontinue Physician Statement for Use of Tinted Windows in Motor Vehicles - **DISAPPROVE**
- 89-17 Prior Authorization Legislation - **APPROVE**
- 93-17 Access to Safer Opioid Medications - **AMEND**
- 95-17 Report Naloxone to Prescription Drug Monitoring Program – **WITHDRAWN AT REQUEST OF AUTHOR**

BAR #06-17 - Resolution 81-16 - "Electronic Availability of All Governmental Communications" – **APPROVE** the Board Action Report's recommendation to **DISAPPROVE** this resolution.

BAR #08-17 - Resolution 90-16 - "Certification of Medical School Graduates as Physician's Assistants" – **APPROVE** the Board Action Report's recommendation to **DISAPPROVE** this resolution.

REPORT OF REFERENCE COMMITTEE B

Mildred J. Willy, MD, Chair

May 6, 2017

1 Reference Committee B was assigned Resolutions 11-17, 24-17, 26-17, 27-17, 29-17, 30-17, 34-17,
2 51-17, 52-17, 53-17, 56-17, 59-17, 61-17, 63-17, 78-17, 89-17, 93-17, 95-17, and Board Action
3 Reports #06-17 and #08-17.

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5 **11-17 - Interstate Medical Compact for Licensure - DISAPPROVE**

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7 This resolution asks that MSMS re-visit policy as it relates to the opposition of the Interstate
8 Medical Licensure Compact (IMLC). The current position of MSMS was premised upon concerns
9 over the requirement that physicians must participate in Maintenance of Certification (MOC) in
10 order to remain eligible to initially qualify for a compact license as well as a number of questions
11 arising from the lack of certainty that exists about the costs and scope of this proposal. The
12 perceived benefit of the IMLC is a shorter more streamlined process for physicians. While it is true
13 that physicians may see a short-term benefit in terms of the ease of submitting initial licensing
14 materials to other states. However, this benefit was outweighed by the sense of frustration with
15 the IMLC by physicians with respect to the use of MOC as a requirement for the compact.
16 Furthermore, the lack of certainty regarding the total cost of a compact license while still not
17 addressing issues such as aligning licensing cycles or renewal requirements is not enough of a
18 benefit for physicians to support IMLC at this time. Lastly, the Committee was informed that the
19 State of Pennsylvania has currently suspended their participation in the IMLC due to concerns
20 expressed by the Federal Bureau of Investigation over its ability to share information with a non-
21 governmental agency. For these reasons, the Committee concluded that the existing position of
22 MSMS still reflects the sentiments of the physician community; and therefore, recommends
23 disapproval of this resolution.

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27 **24-17 - Single-Payer Health Insurance - AMEND**

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29 The Committee amended the resolved portion to read:

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31 RESOLVED: That MSMS review various models for financing health care and report to the
32 2018 MSMS House of Delegates on its deliberations.

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34 The Committee agrees with the sense of the resolution that there is a fair amount of upheaval
35 within the state and federal governments that make a review of the various delivery models of
36 health care a timely exercise. However, the Committee found some of the specific aspects of the
37 resolution less compelling. Namely, the Committee did not believe that it is necessary to convene
38 a task force to conduct this function. Existing committee structure within MSMS currently has
39 enough capacity and expertise to address this issue. Previously, this process yielded a work
40 product that was well received and can likely be replicated. Secondly, the Committee did not
41 believe that "including, but not limited to..." was the appropriate way to identify the potential

42 scope of this review in that the range of options to be considered may need to be far more
43 diverse than a focus on single payer. The Committee discussed that a focus on single payer in the
44 context of the repeal and replacement of the Affordable Care Act may not be a realistic exercise.
45 Instead, the Committee recommends that a more comprehensive approach that may include
46 single payer, but that the focus be directed toward maintaining universal access at the state level
47 in the context of potential losses of coverage at the federal level. The Committee was not
48 comfortable conferring any sort of favorable view of single payer, or any other delivery model,
49 prior to the research and review by MSMS. However, the Committee did conclude that it is
50 important that MSMS study the issue of health care financing and report back to the House of
51 Delegates in 2018.

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55 **26-17 - Licensing Anesthesiologist Assistants - AMEND**

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57 The Committee amended the resolved portion to read:

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59 RESOLVED: That MSMS work with the Michigan Legislature to advocate for the passage of
60 legislation to require the licensure of anesthesiologist assistants in Michigan consistent
61 with other MSMS policy relative to scope of practice.

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63 The Committee heard compelling testimony regarding the relative expertise of Anesthesia
64 Assistants (AAs) and the potential role that AAs can fill in terms of addressing access in a manner
65 consistent with the policy of MSMS to assure that care is delivered by a physician-led team. The
66 Committee believed that licensure of AAs affords some protection for anesthesiologists currently
67 using AAs in their practice. In addition, legislation to license AAs has been drafted to assure that it
68 is consistent with the overarching principles of MSMS and other physician advocacy groups. The
69 Committee believed that it was important to add language to clarify that the goal is not licensure
70 of AAs at any cost, but rather, a properly drafted bill that would help to address access issues
71 without the types of scope of practice challenges that have been associated with other categories
72 of professionals.

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76 **27-17 - Physician Oversight of Anesthesia Delivery - APPROVE**

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78 The Committee recognizes that one of the key areas of advocacy MSMS is able to perform on
79 behalf of the public and MSMS physician members is to assure that only those with the
80 appropriate education and training are permitted to practice independently. Physician oversight
81 of anesthesia is crucial; therefore, the Committee recommends support.

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85 **29-17 - Oppose Direct to Consumer Advertising of the ABMS MOC Product - AMEND**

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87 The Committee amended the resolved portions to read:

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RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to oppose direct-to-consumer marketing of the American Board of Medical Specialties Maintenance of Certification (MOC) product in the form of print media, social media, apps, and websites that specifically target patients and their families including but not limited to the promotion of false or misleading claims linking MOC participation with improved patient health outcomes and experiences where limited evidence exists; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to amend existing AMA policy, Maintenance of Certification and Osteopathic Continuous Certification D-275.954, by addition (**bold type**) as follows:

36. Direct the ABMS to ensure that any publicly accessible information pertaining to maintenance of certification (MOC) available on ABMS and ABMS Member Boards websites or via promotional materials includes only statistically validated, evidence based, data linking MOC to patient health outcomes.

Conceptually, the Committee was overwhelmingly supportive of this resolution and agreed with the rationale of the author. The Committee reviewed the resolution in the context of the testimony that was provided and made some wording changes to better align with the intent. Specifically, the Committee was concerned that the original wording was ambiguous enough that a group like an ABMS board might choose to use data supporting their claim, that is not relevant or valid. In other words, the Committee wanted to strengthen the language so as not to provide a loophole for groups that might choose to misrepresent findings.

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30-17- Public Access to Initial Board Certification Status of Time-Limited ABMS Diplomates - APPROVE

The Committee was provided with an example of what occurs to a physician that fails to pay the fees associated with MOC and what the accompanying damage removal of information regarding board certification can impose on a physician. The Committee concluded that there is little justification in the behavior of the specialty boards to conceal initial board certification other than obvious financial motives.

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34-17 - Surgery for Surgeons - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS oppose any program that permits ocular surgery on patients by a clinician who has not completed an Accreditation Council for Graduate Medical Education (ACGME) approved residency program; and be it further

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RESOLVED: That MSMS actively work with legislators to oppose the creation of alternative boards of surgery by organizations representing and credentialing non-physician providers to perform ocular surgery.

The Committee heard compelling testimony regarding the lack of training and education of the profession of optometry as it relates to surgical procedures. However, as originally drafted, the resolution was exceedingly broad and would have also included professions such as podiatry and oral surgery. For this reason, the Committee elected to narrow the focus of the resolution to only address those aspects related to the eye and optometry.

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51-17 - Naloxone Price Increase - AMEND

The Committee amended the resolved portions to read:

RESOLVED: MSMS advocate for negotiating with pharmaceutical companies to lower prices for naloxone while maintaining needed supply; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to amend existing AMA policy, Increasing Availability of Naloxone H-95.932, by addition (**bold type**) and deletion (~~strike through~~) as follows:

1. Our AMA supports legislative, ~~and~~ regulatory, **and national advocacy** efforts ~~that~~to increase access to **affordable** naloxone, including **but not limited to** collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community based organizations, law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for naloxone delivery.

The Committee was familiar with the widespread problems associated with spiking drug costs that result in much higher costs to consumers generally, and specifically with the issues surrounding naloxone pricing. The Committee agrees that this is a far-reaching problem that can have significant implications on patient access and can be barriers to communities that pay for their first responders to carry naloxone. A corresponding problem to unfair drug pricing is often shortages. The Committee recognizes the problem of drug pricing but did not want to trade one problem for another. Consequently, the Committee amended the resolution as an attempt to balance the considerations of pricing and availability.

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52-17 - Michigan Automated Prescription System Surveillance - DISAPPROVE

The Committee spent a great deal of time discussing the appropriateness of requiring a MAPS check as well as the probability of such legislation moving in the near term. Overall, the

180 Committee is not supportive of mandates which reinforces existing policy of MSMS. However, the
181 Committee discussed that the legislature is likely to pursue a mandated use of the MAPS system
182 by physicians. Resolution 52-17 recommends a mandated MAPS check every six months for those
183 instances when a patient is receiving a schedule 2 medication. The Committee acknowledged
184 that, while the focus of the drug misuse and diversion epidemic is on hydrocodone and
185 oxycodone, the legislative interventions have often included all scheduled drugs. The Committee
186 agrees with the testimony that physicians should register and use MAPS, but that broad
187 mandates are likely to provide minimal clinical value for physicians and impose an undue burden
188 on physician workflow. The Committee discussed that the legislature is likely to undertake some
189 form of mandatory MAPS legislation, and that the result is likely to come from significant input
190 from the physician community and legislators. Consequently, the Committee was not compelled
191 to rewrite this resolution at this time and instead recommend maintaining our existing policy.

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195 **53-17- Inclusion of Veterans Health Administration and Methadone Clinics in the Michigan**
196 **Automated Prescription System - AMEND**

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198 The Committee amended the resolved portions to read:

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200 RESOLVED: That MSMS work with the Michigan Department of Licensing and Regulatory
201 Affairs to include prescriptions filled through Veterans Health Administration prescribers
202 or methadone clinic prescribers in the updated Michigan Automated Prescription System;
203 and be it further

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205 RESOLVED: That MSMS start with lobbying the West Michigan Veterans Coalition for
206 support of the inclusion of prescriptions filled through Veterans Health Administration
207 prescribers or methadone clinic prescribers in the updated Michigan Automated
208 Prescription System.

209 This is an issue of great importance to physicians in that the lack of reporting by the VA system as
210 well as the clinics that dispense methadone have information that is extremely important for the
211 clinical evaluation of a patient but is not available to the physician. Particularly for physicians
212 treating addiction or in identifying possible drug seeking patients, the lack of reporting is
213 problematic. To the extent that MAPS is intended to be a clinical tool to help physicians to
214 identify and treat substance use disorders, the inability of physicians to access this information is
215 troubling. The Committee amended the legislation to reflect that one avenue to achieve this goal
216 is to commence discussions with the West Michigan Veterans Coalition, but to fully implement
217 this change it will require a statewide effort.

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221 **56-17 - Insurance Coverage for Medical Food Products –AMEND**

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223 The Committee amended the resolved portion to read:

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225 RESOLVED: That MSMS advocate for health plan coverage of medical food products for
226 patients with inborn errors of metabolism regardless of age. Medical food products
227 should be exempt from deductibles and coinsurance and copayments should not exceed
228 50 percent.

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230 The Committee agreed with the conceptual framework of this resolution and that the costs
231 associated with these products can be excessively burdensome. However, the Committee found
232 the original wording of the resolution to be confusing. Consequently, the Committee opted to
233 amend the resolution in order to provide greater clarity to assure the wording aligned with the
234 intent.

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238 **59-17 - Coverage for Dispensing One Time Annual Oral Contraceptive Pills - APPROVE**

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240 The Committee amended the resolved portion to read:

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242 RESOLVED: That MSMS supports the passage of legislation that would require health
243 insurance policies delivered, issued for delivery, or renewed in Michigan that provide
244 coverage for prescription drugs to include coverage for the dispensing of a 365-day
245 supply of a covered prescription contraceptive at one time.

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247 The Committee was supportive of the idea of making contraceptives accessible for longer
248 durations. One piece of information that was particularly compelling was occasions when
249 patients are travelling overseas for extended periods of time are often unable to fill the necessary
250 prescriptions to last for the extent of their trip. In weighing the relative benefits, the Committee
251 agrees that this resolution would be beneficial to physicians and patients.

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254 **61-17 - Relieve Burden for Living Organ Donors - APPROVE**

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258 **63-17 - Service Pet Registration - DISAPPROVE**

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260 This proposal evoked a fair amount of discussion. However, the Committee struggled with the
261 connection this resolution has to the practice of medicine or the public safety generally. In other
262 words, while there may be merit in the idea that service animals are not properly regulated, it is
263 unclear what the appropriate intervention of physicians would be in addressing these concerns.

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267 **78-17 - Discontinue Physician Statement for Use of Tinted Windows in Motor Vehicles -**
268 **DISAPPROVE**

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270 The Committee agrees with the premise that physicians and optometrists should not be placed in
271 the position of justifying tinted windows, particularly when wraparound sunglasses and emerging
272 vehicle technologies are beginning to address this issue. However, the alternative remedy that
273 exists for patients with visual light sensitivity does not address those patient that may have skin
274 conditions that benefit from window tinting. Keeping the existing law would still allow physicians
275 optometrists to deny patients a medical reason for window tinting while preserving the option for
276 patients with dermatologic conditions.

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280 **89-17 - Prior Authorization Legislation - APPROVE**

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284 **93-17 - Access to Safer Opioid Medications - AMEND**

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286 The Committee amended the resolved portion to read:

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288 RESOLVED: That MSMS lobby the Michigan Legislature for the introduction and passage
289 of legislation eliminating tiered pricing in allowing coverage by all health insurers for
290 tapentadol (Nucynta) and buprenorphine for the management of pain.

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292 The Committee agrees with the intent of this legislation in that insurers, via their benefit designs,
293 have contributed to the drug diversion issue by putting in place unnecessary hurdles to the most
294 appropriate medications to manage the pain of a patient. The Committee amended the
295 resolution to be broadened to include all physicians and not just those board certified in pain
296 management. Furthermore, the Committee changed the term "access" to "pricing" as insurers
297 may be willing to claim that such products are considered covered benefits, when the difference
298 in cost between alternatives is so prohibitive that access is really not comparable. In many
299 respects cost equals access, so the Committee wished to be clear that such pricing disparities
300 should not be acceptable.

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304 **95-17 - Report Naloxone to Prescription Drug Monitoring Program - WITHDRAWN AT THE**
305 **REQUEST OF THE AUTHOR**

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309 **BAR #06-17 - Resolution 81-16 - "Electronic Availability of All Governmental**
310 **Communications" - APPROVE** the Board Action Report's recommendation to **DISAPPROVE** this
311 resolution.

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315 **BAR #08-17 - Resolution 90-16 - "Certification of Medical School Graduates as Physician's**
316 **Assistants" - APPROVE** the Board Action Report's recommendation to **DISAPPROVE** this
317 resolution.

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319 There was testimony provided in favor of the resolution which the Committee believed had
320 already been addressed previously during the board review.

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324 Members of the Committee include: *Mildred J. Willy, MD, Chair; *Robert M. Doane, MD;
325 *Deborah L. Duncan, MD; *Aliya C. Hines, MD, PhD; *Shannon L. Paquette; *Kimberly L. Rockwell,
326 MD, JD; *Brian A. Roelof, MD; and *James F. Szocik, MD.

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328 Board Advisors were: Craig T. Coccia, MD; *Jeffrey E. Jacobs, MD; *Donald R. Peven, MD; and
329 *Thomas J. Veverka, MD.

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331 AMA Delegation Advisors were: * John G. Bizon, MD, FACS; Michael D. Chafty, MD, JD; *Mark C.
332 Komorowski, MD; and Michael A. Sandler, MD.

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334 The Committee was staff by: Colin J. Ford.

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336 * Denotes members in attendance.

**REPORT OF
REFERENCE COMMITTEE A – MEDICAL CARE DELIVERY**

Barry I. Auster, MD, Chair

- 01-17 Reimbursement for Care of Family Members - **DISAPPROVE**
- 02-17 Prescription Collaborative - **AMEND**
- 05-17 Minimize Conflict When Ordering Diagnostic Testing - **APPROVE**
- 09-17 Medicare Cards and Identify Theft - **DISAPPROVE**
- 18-17 Reassess Reimbursement Guidelines for Teaching Physician Supervision - **APPROVE**
- 21-17 Uncompensated and Burdensome Medical Record Reviews - **APPROVE**
- 33-17 Conscious Sedation Reimbursement - **APPROVE**
- 37-17 Medicare Reimbursement Formula for Oncologists Administering Drugs - **REFER**
- 38-17 Exemptions for Skilled Nursing Facility Admissions - **APPROVE**
- 42-17 Reimbursement for Emergency Medical Services On-site Treatment and Transport to Non-traditional Destinations - **REFER**
- 45-17 Medicare and Services Provided by Proctored Medical Students - **APPROVE**
- 47-17 Pay-for-Performance Incentives - **APPROVE**
- 48-17 Pain as a Vital Sign and the Opioid Epidemic - **AMEND**
- 49-17 Acceptance of ICD-10 Codes - **DISAPPROVE**
- 54-17 Medicaid Substance Use Disorder Coverage - **APPROVE**
- 69-17 Consolidate CMS Quality Payment Programs - **DISAPPROVE**
- 70-17 Urge CMS to Release a White Paper on ACOs - **AMEND**
- 71-17 Sustain Patient-Centered Medical Home Practices - **AMEND**
- 73-17 Streamline Pre-authorization Process for Extended Care Facility Admissions and Transfers - **AMEND**
- 74-17 Repeal MACRA - **AMEND**
- 80-17 Medicaid Financing Policies - **AMEND**
- 87-17 Insurance Coverage For Compression Stockings - **APPROVE**
- 91-17 Timely Referral to Pain Management Specialist - **AMEND**
- 94-17 Medicaid Coverage of Tier 2 Medications - **APPROVE**

BAR #03-17 - Resolution 40-16 – “Prescription Availability for Weekend Discharges” - **APPROVE** - the Board Action Report’s recommendation to **AMEND** this resolution.

BAR #04-17 - Resolution 45-16 – “Pharmacy Benefit Managers and Compounded Medications” - **APPROVE** - the Board Action Report’s recommendation to **AMEND** this resolution.

BAR #05-17 - Resolution 80-16 – “Define ‘Prevention’ to Include High-Value Secondary Preventive Services” - **APPROVE** - the Board Action Report’s recommendation to **AMEND** this resolution.

BAR #07-17 - Resolution 83-16 – “Prior Authorization and Tiering” - **APPROVE** - the Board Action Report’s recommendation to **AMEND** this resolution.

BAR #09-17 - Resolution 91-16 – “Health Insurance Marketplace Expansion for DACA Recipients” – **APPROVE** - the Board Action Report’s recommendation to **AMEND** this resolution.

REPORT OF REFERENCE COMMITTEE A

Barry I. Auster, MD, Chair

May 6, 2017

337 Reference Committee A was assigned Resolutions 01-17, 02-17, 05-17, 09-17, 18-17, 21-17, 33-17,
338 37-17, 38-17, 42-17, 45-17, 47-17, 48-17, 49-17, 54-17, 69-17, 70-17, 71-17, 73-17, 74-17, 80-17,
339 87-17, 91-17, 94-17, and Board Action Reports #03-17, #04-17, #05-17, #07-17, and #09-17.

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341 **01-17 - Reimbursement for Care of Family Members - DISAPPROVE**

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343 The Committee understands that there are times when it may be appropriate to treat a
344 physician’s own family member. However, the Committee did not believe that it is appropriate to
345 bill a health plan and receive reimbursement for physician services in those instances.

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349 **02-17 - Prescription Collaborative - AMEND**

350

351 The Committee amended the resolved portions to read:

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353 RESOLVED: That MSMS adopt policy that supports requiring health insurance companies,
354 in regards to their respective drug formularies, to comply with the following:

- 355 1. Manage the drug formulary through their computer database accessible by the physicians
356 at a fixed URL;
- 357 2. Utilize their computer database to notify physicians of changes on the formulary and of
358 covered alternatives via email or fax per the physician’s designation; and,
- 359 3. Include with any notification of non-formulary medication those alternatives that are
360 covered.

361

362 Although the Committee received no testimony on the resolution, members were concerned
363 about the need for real-time drug formulary data. The Committee eliminated the provision
364 requiring an in-house pharmacy department because health plans already have them. Also, they
365 added the provision that the database be accessible via a fixed URL and required notification per
366 the physician’s designated preference of either email or fax. The second resolved was removed
367 because it is included in item two of the first Resolved statement.

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371 **05-17 - Minimize Conflict When Ordering Diagnostic Testing - APPROVE**

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375 **09-17 - Medicare Cards and Identify Theft - DISAPPROVE**

376 The Committee agrees that the social security number should be removed from a Medicare
377 beneficiary's card. However, the American Medical Association already has policy on identity
378 fraud (H-190.963) and the Centers for Medicare and Medicaid Services is in process of
379 implementing this change as required under the Medicare Access and CHIP Reauthorization Act.

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383 **18-17 - Reassess Reimbursement Guidelines for Teaching Physician Supervision - APPROVE**

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387 **21-17 - Uncompensated and Burdensome Medical Record Reviews - APPROVE**

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391 **33-17- Conscious Sedation Reimbursement – APPROVE**

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395 **37-17 - Medicare Reimbursement Formula for Oncologists Administering Drugs - REFER**

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397 The Committee was sympathetic to the author's testimony, as well as testimony from other
398 delegates recommending the broadening of the Resolved statements. However, after much
399 discussion, Committee Members determined that more information was needed on this topic, as
400 well the potential impact on physician's providing infusion therapy. Since there was no testimony
401 from oncologists or other specialties that would be affected, the Committee believes it would be
402 appropriate to reach out to those physicians for input.

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406 **38-17 - Exemptions for Skilled Nursing Facility Admissions - APPROVE**

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410 **42-17 - Reimbursement for Emergency Medical Services On-site Treatment and Transport to**
411 **Non-traditional Destinations - REFER**

412

413 Resolution 42-17 was extracted by the House of Delegates. A motion was made and adopted to
414 refer to the MSMS Board of Directors.

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418 **45-17 - Medicare and Services Provided by Proctored Medical Students - APPROVE**

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422 **47-17 - Pay-for-Performance Incentives - APPROVE**

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425 **48-17 - Pain as a Vital Sign and the Opioid Epidemic - AMEND**

426

427 The Committee amended the resolved portions to read:

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429 RESOLVED: That MSMS recommend that “pain as the fifth vital sign” be removed from the
430 clinical practice environment and patient satisfaction surveys and assessments regarding
431 pain as it pertains to quality and payment metrics; and be it further

432

433 RESOLVED: That MSMS adopt as policy and advocate the position that “pain as the fifth
434 vital sign” be eliminated from professional standards and usage; and be it further

435

436 RESOLVED: That MSMS support and emphasize multidisciplinary/multimodality
437 physician-led care, insurance coverage for non-pharmacologic approaches to addressing
438 pain, and evidence-based methods for addressing acute and chronic pain.

439

440 The Committee was supportive of the resolution; however, was concerned that the language in
441 the second Resolved could be construed to imply that everyone in pain is making inappropriate
442 requests for pain management and treatment. Therefore, the language in the second Resolved
443 statement was replaced with language from American Medical Association’s policy, Pain as the
444 Fifth Vital Sign (D-450.956), in order to ensure consistency with MSMS and AMA policy.

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448 **49-17 - Acceptance of ICD-10 Codes - DISAPPROVE**

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450 There are times when an unspecified ICD-10 code is appropriate. If a health plan denies an
451 unspecified code, the claim needs to be appealed with medical documentation supporting the
452 use of the unspecified code. Additionally, many health plans list payable codes in their policy
453 manuals, which is more manageable than listing non-payable codes.

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457 **54-17 - Medicaid Substance Use Disorder Coverage - APPROVE**

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461 **69-17 - Consolidate CMS Quality Payment Programs - DISAPPROVE**

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463 Although the Quality Payment Program, which implements Medicare’s new reimbursement
464 policy under the Medicare Access and CHIP Reauthorization Act (MACRA), consolidates Medicare’s
465 legacy quality incentive programs, the structure of that program and the many ongoing initiatives
466 and demonstration projects supported by the Centers for Medicare and Medicaid Services are still
467 extremely complex. The Committee decided that the issue of simplifying MACRA was best

513 facilities and to eliminate policies whereby the pre-authorization's validity lasts only 24-
514 hours.

515 The Committee wanted to make sure that the Resolved statement included the author's desire, as
516 stated in the Whereas statements and his testimony, to eliminate the expiration of prior
517 authorizations for admissions and transfers to extended care facilities after 24-hours.

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521 **74-17 - Repeal MACRA - AMEND**

522
523 The Committee amended the resolved portion to read:

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525 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
526 our AMA to seek revision and simplification of the Medicare Access and CHIP
527 Reauthorization Act (MACRA) by highlighting the plight of small practices that will not be
528 financially sustainable because of the cash flow problems MACRA will generate.

529
530 The Committee did not believe it was realistic to assume that total repeal of MACRA was possible
531 at this time. However, they did agree that it is important to continue to work towards revisions to
532 improve MACRA that address concerns about functionality and financial sustainability for
533 practices, especially small practices. Therefore, they replaced "repeal" with "revise." Also, they
534 added the need to advocate for simplification as proposed in Resolution 69-17.

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538 **80-17 - Medicaid Financing Policies - AMEND**

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540 The Committee amended the resolved portion to read:

541
542 RESOLVED: That MSMS opposes Medicaid financing policies, such as block grants and per-
543 capita funding, that result in reduced funding for Medicaid in Michigan.

544
545 The Committee was supportive of the resolution but, added in a reference to per-capita funding
546 since that option is currently under consideration by Congress.

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550 **87-17 - Insurance Coverage For Compression Stockings - APPROVE**

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554 **91-17 - Timely Referral to Pain Management Specialist - AMEND**

555
556 The Committee amended the resolved portions to read:

557

558 RESOLVED: That MSMS urge the Michigan Quality Improvement Consortium to develop
559 evidence-based clinical practice guidelines on the management and treatment of pain;
560 and be it further

561 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
562 our AMA to urge the Centers for Medicare and Medicaid Services and the Medicare
563 Contractor Advisory Committee to endorse and adopt evidence-based clinical practice
564 guidelines on the management and treatment of pain; and be it further
565

566 RESOLVED: That MSMS advocate with the Michigan Legislature policies to promote and
567 not impede the adoption of evidence-based clinical practices for the management and
568 treatment of pain.
569

570 The Committee recognized the need for evidence-based clinical practice guidelines. However,
571 the Committee believed the Resolved statements were too prescriptive and that the guidelines
572 should not be predetermined. Therefore, references to the guidelines were removed.
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576 **94-17 - Medicaid Coverage of Tier 2 Medications - APPROVE**

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580 **BAR #03-17 - Resolution 40-16 - "Prescription Availability for Weekend Discharges" -**
581 **APPROVE** - the Board Action Report's recommendation to **AMEND** this resolution.

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585 **BAR #04-17 - Resolution 45-16 - "Pharmacy Benefit Managers and Compounded**
586 **Medications" - APPROVE** - the Board Action Report's recommendation to **AMEND** this
587 resolution.

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591 **BAR #05-17 - Resolution 80-16 - "Define 'Prevention' to Include High-Value Secondary**
592 **Preventive Services" - APPROVE** - the Board Action Report's recommendation to **AMEND** this
593 resolution.

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597 **BAR #07-17 - Resolution 83-16 - "Prior Authorization and Tiering" - APPROVE** the Board
598 Action Report's recommendation to **AMEND** this resolution.

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602 **BAR #09-17 - Resolution 91-16 - "Health Insurance Marketplace Expansion for DACA**
603 **Recipients" - APPROVE** - the Board Action Report's recommendation to **AMEND** this resolution.

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606 Members of the Committee include: *Barry I. Auster, MD, Chair; *Bradley Demijohn; *Evelyn L.
607 Eccles, MD; *Clara Hwang, MD; *Charles F. Koopmann, Jr., MD, FACS; *Scott A. Monteith, MD,
608 FAPA; and *David W. Whalen, MD.

609

610 Board Advisors were: *John E. Billi, MD; *James C. Mitchiner, MD, MPH; *James J. Rice, MD; and *F.
611 Remington Sprague, MD.

612

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

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616 The Committee was staffed by: Stacey P. Hettiger and Stacie J. Saylor.

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618 * Denotes members in attendance.

**REPORT OF
REFERENCE COMMITTEE E – SCIENTIFIC AND EDUCATIONAL AFFAIRS**

Raza U. Haque, MD, Chair

- 03-17 Immigration - **APPROVE**
- 10-17 Regulations Regarding Medical Tool and Instrument Repair - **APPROVE**
- 13-17 Liquid Medication Dosing - **AMEND**
- 16-17 Elderly Physicians - Professional Risk and Prescriptions - **DISAPPROVE**
- 17-17 Human Trafficking Education and Awareness - **AMEND**
- 19-17 Discourage Unrealistic Graduate Medical Education Requirements - **DISAPPROVE**
- 20-17 Combination Clotrimazole/Betamethasone Dipropionate Cream Warning - **APPROVE**
- 23-17 Standards for Initial Medical Licensure in Michigan - **DISAPPROVE**
- 36-17 Prohibit Production and Sales of "Keepsake" Ultrasounds - **AMEND**
- 40-17 Repetitive Fingerprinting and Criminal Background Checks - **APPROVE**
- 41-17 Behavioral Health Confidentiality Standards - **APPROVE**
- 58-17 Advance Directive Planning Education for Medical Students - **APPROVE**
- 60-17 Standardization of Family Planning Training Opportunities in OB-GYN Residencies - **AMEND**
- 64-17 Comprehensive Sexual Education in Michigan Public Schools - **AMEND**
- 79-17 Informed Consent and Public Disclosure of Part IV ABMS MOC Research Projects on Human Subjects - **REFER**
- 82-17 Competency Examinations for International Medical Graduates - **DISAPPROVE**
- 84-17 Sex and Gender Based Medicine in Clinical Medical Education - **APPROVE**
- 88-17 Cultural Competence in Standardized Patient Programs within Medical Education - **APPROVE**
- 90-17 Addiction Medicine Continuing Medical Education - **APPROVE**
- 92-17 Opioid Tapering - **APPROVE**

REPORT OF REFERENCE COMMITTEE E

Raza U. Haque, MD, Chair

May 6, 2017

619 Reference Committee E was assigned Resolutions 03-17, 10-17, 13-17, 16-17, 17-17, 19-17, 20-17,
620 23-17, 36-17, 40-17, 41-17, 58-17, 60-17, 64-17, 79-17, 82-17, 84-17, 88-17, 90-17, and 92-17.

621

622 **03-17 - Immigration - APPROVE**

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626 **10-17 - Regulations Regarding Medical Tool and Instrument Repair - APPROVE**

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630 **13-17 - Liquid Medication Dosing - AMEND**

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632 The Committee and House of Delegates amended the resolved portion to read:

633

634 RESOLVED: That MSMS adopt policy supporting liquid medication dosing be expressed
635 only in metric system values; and be it further

636

637 RESOLVED: That MSMS adopt policy supporting the provision of dosing syringes with all
638 liquid medications whether prescription drugs or over-the-counter drugs; and be it further

639

640 RESOLVED: That MSMS seek legislation that would require pharmacies to provide liquid
641 dosing syringes, as well as face-to-face counseling and general education about the
642 importance and proper use of a standard dosing syringe; and be it further

643

644 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
645 our AMA to seek rules from the US Food and Drug Administration requiring that all liquid
646 over-the-counter medications have dosing listed only in milliliters and to have appropriate
647 dosing syringes provided with all liquid medication.

648

649 Originally, the Committee recommended that the resolution be amended by replacing "milliliters"
650 with "metric system values" and removing the last Resolved statement citing that it is existing
651 AMA Policy (D120.939). However, the House of Delegates extracted Resolution 13-17 and
652 reinserted the Resolved statement.

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656 **16-17 - Elderly Physicians - Professional Risk and Prescriptions - DISAPPROVE**

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658 While the Committee supported the intent of this resolution, the Committee heard testimony that
659 centered around creating these safeguards for all physicians regardless of age or practice setting.

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17-17 - Human Trafficking Education and Awareness –AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS encourage the State Board of Education, Michigan secondary schools and colleges, as well as other influential organizations to increase awareness of human trafficking and other awareness signs.

The Committee recognizes that this is a very important topic, yet the Committee believes that there are numerous educational materials available on this topic. Organizations looking to distribute educational pieces should be able to determine what materials best suit their needs.

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19-17 - Discourage Unrealistic Graduate Medical Education Requirements –DISAPPROVE

While the Committee appreciates the author’s concern regarding unrealistic expectations of assuring an individual’s well-being, the Committee believes there is not a need at this point due to the updated ACGME Common Program Requirements Section VI requirements, which will be effective July 1, 2017. The new requirements focus on ways to create environments to encourage resident and faculty well-being.

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20-17 - Combination Clotrimazole/Betamethasone Dipropionate Cream Warning - APPROVE

* * * * *

23-17 - Standards for Initial Medical Licensure in Michigan - DISAPPROVE

While the Committee supports the concept of having a higher standard for granting unrestricted licenses to practice medicine in Michigan, the Committee had concerns about unintended consequences that may evolve from any changes, including those to various subsets of residents in training.

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36-17 - Prohibit Production and Sales of "Keepsake" Ultrasounds - AMEND

The House of Delegates amended the resolved portion to read:

704 RESOLVED: That MSMS advocate with the Michigan Legislature that the use of ultrasound
705 equipment for non-medical purposes is potentially dangerous to a woman and her fetus
706 and should be prohibited.

707
708 The Committee recommended disapproval of Resolution 36-17 and it was extracted by the House
709 of Delegates. The HOD ultimately approved the resolution as amended.

710
711 In their rationale, the Committee indicated that it liked the spirit of this resolution and understood
712 the potential problem. However, the Committee viewed this as outside of a patient seeking care
713 and did not believe this would be considered a diagnostic tool by the patient. Additionally, there
714 was concern that a prohibition of these services could be considered restriction of trade.
715 Resolution.

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719 **40-17 - Repetitive Fingerprinting and Criminal Background Checks –APPROVE**

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722 **41-17 - Behavioral Health Confidentiality Standards - APPROVE**

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726 **58-17 - Advance Directive Planning Education for Medical Students - APPROVE**

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730 **60-17 - Standardization of Family Planning Training Opportunities in OB-GYN Residencies -**
731 **AMEND**

732
733 The Committee amended the resolved portions to read:

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735 RESOLVED: That MSMS supports the American Congress of Obstetricians and
736 Gynecologists’ family planning and contraceptive requirements and encourages better
737 standardization of these training opportunities in Michigan; and be it further

738
739 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
740 our AMA to petition the Accreditation Council for Graduate Medical Education to better
741 enforce compliance with the standardization of abortion training opportunities as per the
742 American Congress of Obstetricians and Gynecologists’ guidelines.

743
744 The Committee believes that the first Resolved would also accomplish the intent of the second
745 Resolved; therefore, it was removed. The Committee also believes that the testimony given
746 showed that the standardization of training is in place, but enforcement is lacking. Therefore, the
747 Committee amended the Third Resolved to reflect better enforcement.

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64-17 - Comprehensive Sexual Education in Michigan Public Schools - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS encourage the State Board of Education to change the “teaching [of] behavioral risk reduction strategies, including the use of condoms, within their sex education program” from “allowed content” to “required.”

The Committee agreed with the resolution but believes that while MSMS could encourage the idea of changing the sex education curriculum that working with the State Board of Education would be the best course of action. The State Board of Education then could leverage their relationships with other organizations.

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79-17 - Informed Consent and Public Disclosure of Part IV ABMS MOC Research Projects on Human Subjects – REFER

The Committee recommended that the resolution be approved. The House of Delegates extracted Resolution 79-17 and voted to refer to the MSMS Board of Directors for further study.

82-17 - Competency Examinations for International Medical Graduates –DISAPPROVE

The Committee understands the challenges of obtaining medical license when coming from another country, but believes that an exam would not cover all the required aspects of residency training in the United States, including but not limited to, cultural competency and total knowledge of Systems of Care.

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84-17 - Sex and Gender Based Medicine in Clinical Medical Education - APPROVE

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88-17 - Cultural Competence in Standardized Patient Programs within Medical Education - APPROVE

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90-17 - Addiction Medicine Continuing Medical Education - APPROVE

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92-17 - Opioid Tapering - APPROVE

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Members of the Committee include: *Raza U. Haque, MD, Chair; *Irene S. Danek, MD; *Kenneth A. Fisher, MD; *Sarah A. Gorgis, MD; *John Hebert III, MD; *Gunjan B. Malhotra, MD; *John E. VanSchagen, MD; and *Eric L. Walton.

Board Advisors were: *Bryan W. Huffman, MD; *M. Salim Siddiqui, MD; *James H. Sondheimer, MD; and J. Mark Tuthill, MD.

AMA Advisors were: Sameer Avasarala, MD; *Paul D. Bozyk, MD; Kate Dobesh, JD; and *Domenic R. Federico, MD.

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

* Denotes members in attendance

**REPORT OF
REFERENCE COMMITTEE C – INTERNAL AFFAIRS AND BYLAWS**

Donald P. Condit, MD, Chair

- 04-17 Initiate Legal Action Against Hospitals and Insurers - **AMEND**
- 15-17 Tax Exemption Status for Over-The-Counter Medications - **APPROVE**
- 22-17 Reaffirm the MSMS and AMA's Commitment to Diversity and Tolerance - **AMEND**
- 65-17 Identification of Non-Financial Conflicts of Interest - **AMEND**
- 68-17 Maintain Working Relationship with US Secretary of Health and Human Services - **AMEND**
- 72-17 Create New AMA Associate Membership Category - **DISAPPROVE**

BAR #01-17 - Resolution 3-16 - "Section Representation on the Board of Directors" - **APPROVE** the Board Action Report's recommendation to **DISAPPROVE** this Resolution.

BAR #10-17 - "Revisions to the MSMS Policy Manual" - **APPROVE**

BAR #11-17 - "Revisions to the MSMS Constitution and Bylaws" - **APPROVE**

BYLAWS SECOND AND FINAL READING:

- 73-16 Amendments to MSMS Young Physicians Section Bylaws - **APPROVE**
- 78-16 Inter-Regional Membership for Non-Staffed Counties - **APPROVE**

REPORT OF REFERENCE COMMITTEE C

Donald P. Condit, MD, Chair

May 6, 2017

811 Reference Committee C was assigned Resolutions 04-17, 15-17, 22-17, 65-17, 68-17, 72-17, and
812 Board Action Reports #01-17, #10-17, and #11-17. The Committee also considered Resolutions
813 73-16 and 78-16 that constitute changes to the Bylaws that were approved on first reading at the
814 2016 House of Delegates.

815

816 **04-17 - Initiate Legal Action Against Hospitals and Insurers - AMEND**

817

818 The Committee amended the resolved portions to read:

819

820 RESOLVED: That MSMS engage with MSMS Legal Counsel to determine whether a viable
821 cause of action exists against Michigan hospitals and/or insurers that require American
822 Board of Medical Specialties Maintenance of Certification as a requirement for (1) medical
823 staff membership, privileging, credentialing, or recertification or (2) insurance panel
824 participation, are in violation of anti-trust laws including the Sherman Act; and be it
825 further

826

827 RESOLVED: That MSMS work with our American Medical Association (AMA) and our AMA's
828 Litigation Center to determine whether the maintenance of certification programs and/or
829 policies of the American Board of Medical Specialties and/or any of the ABMS Medical
830 Boards are in violation of anti-trust laws including the Sherman Act.

831

832 The Committee amended the first Resolved to allow MSMS Legal Counsel to research and
833 investigate possible cause of action related to MOC and to evaluate the existing lawsuit being
834 pursued by the Association of American Physicians & Surgeons' ("AAPS") against the American
835 Board of Medical Specialties ("ABMS").

836

837 The second Resolved was removed as a friendly amendment by the author.

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841 **15-17 - Tax Exemption Status for Over-The-Counter Medications – APPROVE**

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845 **22-17 - Reaffirm the MSMS and AMA's Commitment to Diversity and Tolerance - AMEND**

846

847 The Committee and House of Delegates amended the resolved portion to read:

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849 RESOLVED: That MSMS reaffirms its commitment to diversity and inclusion and condemns
850 all attempts by agencies, be they government or private, to discriminate based on race,
851 religion, sexual orientation, creed, sex, gender identity, disability, ethnic origin, national

852 origin, or age as stated in "MSMS Position on Discrimination;" and supports current AMA
853 Policies H-65.956, H-65.978; and H-160.988.

854
855 The Committee agreed with the intent of the resolution and believed the statement was well
856 stated by current AMA Policies and MSMS Policy as referenced above. The House of Delegates
857 extracted Resolution 22-17 and further amended the Resolved statement.

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861 **65-17 - Identification of Non-Financial Conflicts of Interest - AMEND**

862
863 The Committee amended the resolved portion to read:

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865 RESOLVED: That MSMS amend its current conflict of interest policies to explicitly
866 recognize regulatory capture as a conflict of interest.

867
868 The Committee requested that MSMS ask MSMS Legal Counsel provide an educational piece to
869 describe regulatory capture as a conflict of interest and how it can be a potential conflict of
870 interest which will be shared with MSMS membership.

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873
874 **68-17 - Maintain Working Relationship with US Secretary of Health and Human Services -**
875 **AMEND**

876
877 The Committee amended the resolved portion to read:

878
879 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
880 our AMA to continue to work closely with US Department of Health and Human Services
881 in advancing and advocating for policies important to patients and physicians.

882
883 The Committee was supportive of working with the existing secretary of Health and Human
884 Services. By naming Doctor Price, it limits the duration of the Resolved.

885
886 * * * * *

887
888 **72-17 - Create New AMA Associate Membership Category - DISAPPROVE**

889
890 The Committee supports the concept of team care; however, was opposed to adding health
891 clinicians other than physicians as an associate member category at the American Medical
892 Association.

893
894 * * * * *

895
896 **BAR #01-17 - Resolution 3-16 - "Section Representation on the Board of Directors" -**
897 **APPROVE** the Board Action Report's recommendation to **DISAPPROVE** this Resolution.

898 **BAR #10-17 - "Revisions to the MSMS Policy Manual" - APPROVE**

899

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902 **BAR #11-17 - "Revisions to the MSMS Constitution and Bylaws" - APPROVE**

903

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905

906 **RESOLUITON #73-16 – Amendments to MSMS Young Physicians Section Bylaws - APPROVE,**
907 **2nd and Final Reading**

908

909 The 2016 MSMS House of Delegates approved on first reading the following changes to the MSMS
910 Bylaws. Deletions are indicated by ~~strikethroughs~~; additions are indicated in **bold type**.

911

912 MSMS YOUNG PHYSICIANS SECTION BYLAWS

913

914 1.00 YOUNG PHYSICIANS SECTION. There shall be a special section for physicians under 40
915 years of age and/or professionally employed through eight years after residency and
916 fellowship training programs.

917

918 1.01 PURPOSE. The purpose of the Michigan State Medical Society Young Physicians
919 Section is to increase the involvement of young physicians in organized medicine
920 and to provide a forum within the organizational structure of the Society for the
921 study and consideration of matters of special interest or significance to young
922 physicians in Michigan. The section will support the purpose of MSMS, as stated in
923 its Constitution.

924

925 1.02 MEMBERSHIP. Membership is open to all MSMS members under 40 years of age
926 and/or professionally employed through eight years after residency and fellowship
927 training programs. Professional employment shall exclude postgraduate training
928 and obligated military service. ~~A Delegate and Alternate Delegate to the Annual
929 Meeting of the MSMS YPS (young physicians who are voting members of MSMS)
930 will be appointed by society presidents of each of the component societies. Each
931 specialty society recognized by the MSMS and AMA House of Delegates will be
932 allowed by their society president the appointment of one Delegate and one
933 Alternate Delegate.~~

934

935 1.03 GOVERNING COUNCIL. There shall be a Governing Council to direct the programs
936 and activities of the Section. A Governing Council member may serve
937 simultaneously in more than one of the positions listed in this section, but shall
938 have only one vote.

939

940 1.031 MEMBERS. The Governing Council shall consist of elected officers,
941 delegates, and at-large members elected by the MSMS-YPS. The voting
942 members of the Governing Council shall consist of a Chair, Vice-Chair,

943 Immediate Past Chair, Secretary, one elected Delegate and one elected
944 Alternate Delegate, and two At-Large Members. These members shall be
945 elected at the business meeting of the Section as provided in 1.04 of these
946 Bylaws. There shall never be more votes than council members. Members
947 may serve out their term regardless of age, except for AMA YPS Delegates
948 and Alternate Delegates as described in 1.033.

949
950 1.032 OFFICERS. The officers of the Section will have the following duties and
951 responsibilities:

952
953 1.0321 Chair: The Chair will preside at the business meetings and
954 meetings of the Governing Council. These responsibilities shall
955 also include serving concurrently at the AMA YPS meetings as
956 an Alternate Delegate (or an appointed designee) and as the
957 MSMS YPS representative to the MSMS Board of Directors for a
958 two-year renewable term to begin at the first Board of Directors
959 meeting after the MSMS House of Delegates. If a vacancy in the
960 YPS seat should occur during a term, a representative chosen by
961 the YPS Governing Council may be appointed to fill the term,
962 with the approval of the Board of Directors.

963
964 1.0322 Vice-Chair: The Vice-Chair shall assist the Chair and preside in
965 the absence of the Chair or at the Chair's request. Includes
966 attendance at the AMA YPS meetings as a Delegate (or an
967 appointed designee).

968
969 1.0323 Immediate Past Chair: The Immediate Past Chair shall attend all
970 meetings of the Section and Governing Council and shall assist
971 and advise the Chair.

972
973 1.0324 Secretary: The Secretary shall maintain such records as may be
974 necessary or advisable for the conduct of the activities of this
975 section.

976
977 1.033 Two Delegates and Two Alternate Delegates to the AMA YPS (Allocation
978 from AMA varies by year). The AMA YPS Delegates and Alternate Delegates
979 shall represent the members of the Section in the AMA YPS. The delegates
980 and alternates to the AMA YPS meetings must be active members of the
981 AMA and cannot turn 40, or, if in their eight year in professional
982 employment and over 40, may not enter their ninth year of professional
983 employment, during their term as an AMA YPS Delegate or Alternate. The
984 Chair and Chair-Elect or designees of the Chair shall serve as the additional
985 Delegate or Alternate Delegate to the AMA YPS.
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- 1.034 One Delegate and Alternate Delegate to the MSMS HOD. The elected AMA YPS Delegate and Alternate Delegate shall represent the members of the Section at the MSMS House of Delegates.
- 1.035 Two At-Large Members. The Members At-Large will participate in all deliberations of the Governing Council and will perform other duties as directed by the Governing Council.
- 1.036 Term. The Chair shall be elected to a two-year term, after which the Chair shall become the Immediate Past Chair for a two-year term. The Vice-Chair shall be elected to a two-year term, automatically advancing to Chair the third year. The Secretary shall be elected to a two-year term. One MSMS/AMA YPS Delegate and one MSMS/AMA YPS Alternate Delegate shall be elected to two-year terms. At-Large members shall be elected to one-year terms.
- Nominations are open to all members of the Section. Officers will serve out terms regardless of changes in age or length of professional employment that occur during their terms except as described in Section 1.033 above. Governing Council members shall serve their terms beginning at the conclusion of the annual meetings at which they are elected and ending at the conclusion of the next or second annual meeting as described above.
- 1.037 Vacancies. The Chair of the Governing Council has the power to appoint interim replacements for vacancies that occur on the Governing Council.
- 1.038 Authority. The Governing Council shall direct the programs and activities of the YPS during the interval between meetings of the Section. The Council will act on behalf of the Section in formulating decisions relating to the development, administration, and implementation of section activities, subject to approval by the MSMS Board. The Governing Council shall have the authority to debate and approve resolutions for submission to the AMA YPS meetings.
- 1.039 Meetings. The Governing Council shall meet at least twice yearly under the direction of the chair.
- 1.04 Business Meetings. The Section shall meet as a whole at least once a year, the annual meeting to be called at the discretion of the Governing Council. ~~A Delegate and Alternate Delegate, MSMS young physician members, appointed by society presidents of each of the 58 counties and recognized specialty societies, will be invited to participate at the Annual Meeting. Any other MSMS young physicians may attend and observe during the Annual Meeting, but will not have voting privileges; they will also be invited to participate in the educational part of the program.~~ Special meetings may be called by the Governing Council when it is deemed that business so requires.

- 1033 1.041 Voting Membership. The voting membership shall consist of all physician
1034 members of the MSMS who qualify for membership in the Section ~~and~~
1035 ~~have been selected as Delegate representatives~~ or are members of the
1036 Governing Council. If needed, the Secretary and/or designated tellers
1037 (alternate delegates) shall count hand written or standing votes and
1038 ballots.
1039
- 1040 1.042 Purpose. The purpose of the business meetings of the Section shall be:
1041 a) to hear such reports as may be appropriate;
1042 b) to consider and vote upon such matters as may properly come before
1043 the meeting;
1044 c) to adopt resolutions for submission by the YPS to the House of
1045 Delegates of the MSMS and/or the AMA YPS.
1046 d) to elect, at the annual business meeting, the members of the
1047 Governing Council; and
1048 e) to conduct such other business as may properly come before the
1049 meeting.
1050
- 1051 1.043 Quorum. A majority of the voting members present at any meeting of the
1052 Section shall constitute a quorum.
1053
- 1054 1.044 Rules of Order. The rules of order for conduct of business shall be the rules
1055 of order of the House of Delegates of the MSMS.
1056
- 1057 1.0441 Voting and Voice. Any member of the Section may attend,
1058 introduce resolutions or reports, and debate issues. ~~Only~~
1059 ~~qualified members of the Section shall have the right to vote at~~
1060 ~~business meetings of the Section, but~~ Meetings shall be open to
1061 any member of MSMS **who qualifies for membership in the**
1062 **Section**. The meeting shall be conducted pursuant to rules of
1063 procedure adopted by the Governing Council of the Section
1064 and approved by the MSMS Board. Any member of MSMS may
1065 be permitted to speak at the Section meeting at the discretion
1066 of the Chair.
1067
- 1068 1.0442 Notice. Notice of the meeting to be held shall be provided to
1069 the membership of the Section at least 30 days prior to the
1070 meeting.
1071
- 1072 1.05 ELECTIONS. Elections shall take place at every annual business meeting according
1073 to the terms described in Section 1.36 of these Bylaws.
1074
- 1075 1.051 Nominations. Nominations for an office on the MSMS YPS Governing
1076 Council shall take place using at least one of the following procedures:
1077 1) The current Governing Council may submit a slate of candidates for
1078 open offices prior to the Section's annual business meeting.

**REPORT OF
REFERENCE COMMITTEE D – PUBLIC HEALTH**
Patrick J. Droste, MD, Chair

- 06-17 Lead Concerns - **AMEND**
- 07-17 Food Safety Labeling – **AMEND**
- 08-17 Tissue Handling -**AMEND**
- 12-17 Excise Tax on Beverages Containing Added Caloric Sweeteners - **SUBSTITUTE**
- 14-17 Remove Sales Tax Exemption for Sweetened Beverages and Candy - **SUBSTITUTE**
- 25-17 Preventing Adolescent Use of Performance Enhancing Substances - **APPROVE**
- 28-17 Disposal of Pharmaceuticals - **APPROVE**
- 32-17 Vaccine Costs - **APPROVE**
- 35-17 Insurance Requirements for Helmetless Motorcyclists - **APPROVE**
- 43-17 Vaccinations and Pharmacists - **DISAPPROVE**
- 44-17 Waste Incinerator Ban - **REFER**
- 46-17 Effects of Energy Pipelines and Fossil Fuel Waste on the Great Lakes - **AMEND**
- 50-17 Radioactive Waste Disposal - **APPROVE**
- 55-17 Tinted Windows on Motor Vehicles - **AMEND**
- 57-17 Food Bank and Pantry Distribution of Nutrient-Dense Foods - **AMEND**
- 62-17 Increased Disposal Locations for Injectable Medical Waste - **APPROVE**
- 67-17 Tax Rate for Electronic Cigarettes - **AMEND**
- 76-17 Preserve Women’s Access to Contraceptives - **APPROVE**
- 77-17 Water Affordability Programs and Protection from Water Shutoffs - **APPROVE**
- 81-17 Excise Tax on Sugar-Sweetened Beverages to Fund Nutrition and Obesity-Prevention Programs - **SUBSTITUTE**
- 83-17 Public Alert System Regarding Water Contamination -**APPROVE**
- 85-17 Modernization of Michigan's HIV Criminal Law - **AMEND**
- 86-17 Fresh Produce Access and Intake in Food Deserts – **APPROVE**
- Late Resolution 96-17 Oppose Circumcision Legislation – **AMEND**

BAR #02-17 - Resolution 04-16 - “Discontinue Sale of Cigarettes and Tobacco Products at Pharmacies” – **APPROVE** the Board Action Report’s recommendation to **AMEND** this resolution. –

REPORT OF REFERENCE COMMITTEE D

Patrick J. Droste, MD, Chair

May 6, 2017

1116 Reference Committee D was assigned Resolutions 06-17, 07-17, 08-17, 12-17, 14-17, 25-17, 28-17,
1117 32-17, 35-17, 43-17, 44-17, 46-17, 50-17, 55-17, 57-17, 62-17, 67-17, 76-17, 77-17, 81-17, 83-17,
1118 85-17, 86-17, and Board Action Report #02-17.

1119

1120 **06-17 - Lead Concerns - AMEND**

1121

1122 The Committee amended the resolved portions to read:

1123

1124 RESOLVED: That MSMS continue to pursue programs, recommendations, and education
1125 for health care professionals and patients designed to provide public protection and
1126 safety from lead toxicity; and be it further

1127

1128 RESOLVED: That MSMS supports the performance of lead blood testing for all ages during
1129 doctor visits based on indication of lead exposure from any number of sources.

1130

1131 The Committee heard testimony in support of the resolved, but it was agreed that lead blood
1132 testing should encompass all ages and MSMS does not establish guidelines stating what
1133 constitutes lead toxicity in blood levels. It was also concluded that health care providers and
1134 patients should have access to education designed to provide public protection and safety from
1135 lead toxicity.

1136

1137 * * * * *

1138

1139 **07-17 - Food Safety Labeling - AMEND**

1140

1141 The Committee amended the resolved portion to read:

1142

1143 RESOLVED: That MSMS ask the appropriate state of Michigan department or agency to
1144 promulgate rules requiring any market or store selling fish for home preparation and
1145 consumption for which there is a risk of parasitic infestation to affix a warning label
1146 indicating that eating raw or undercooked fish could be hazardous to one’s health.

1147

1148 The Committee concluded that the broader term “parasitic infestation” should be used on
1149 warning labels so that it encompasses a diverse number of diseases that could occur from eating
1150 raw or undercooked fish.

1151

1152 * * * * *

1153

1154 **08-17 - Tissue Handling - AMEND**

1155 The Committee amended the resolved portions to read:

1156
1157 RESOLVED: That MSMS adopt policy supporting that the tissues removed while
1158 terminating pregnancies be handled no differently than stated in the Michigan Public
1159 Health Code Act 333.2836 of 1978 (Disposal of Remains); and be it further

1160
1161 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
1162 our AMA to adopt policy supporting that the tissues removed while terminating
1163 pregnancies be handled no differently than other tissues that are removed during a
1164 medical procedure; and be it further

1165
1166 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
1167 our AMA to strongly oppose any proposed laws or regulations that would require the
1168 handling of the tissues obtained from termination of pregnancies differently than other
1169 tissue removed during a medical procedure.

1170
1171 The Committee removed resolveds two and three of the resolution as these issues are already
1172 included in Michigan Public Health Code 333.2836 of 1978 (Disposal of Remains).

1173
1174 * * * * *

1175
1176 **12-17 - Excise Tax on Beverages Containing Added Caloric Sweeteners –SUBSTITUTE (see**
1177 **resolution 81-17)**

1178
1179 * * * * *

1180
1181 **14-17 - Remove Sales Tax Exemption for Sweetened Beverages and Candy –SUBSTITUTE**
1182 **(see**
1183 **resolution 81-17)**

1184
1185 * * * * *

1186
1187 **25-17 - Preventing Adolescent Use of Performance Enhancing Substances - APPROVE**

1188
1189 * * * * *

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1191 **28-17 - Disposal of Pharmaceuticals - APPROVE**

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1193 * * * * *

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1195 **32-17 - Vaccine Costs - APPROVE**

1196
1197 * * * * *

1198
1199 **35-17 - Insurance Requirements for Helmetless Motorcyclists - APPROVE**

1200
1201 * * * * *

1202 **43-17 - Vaccinations and Pharmacists - DISAPPROVE**

1203
1204 The Committee was sympathetic to the resolved but recognized that access to vaccinations is the
1205 priority regardless of where vaccines may be administered. The Committee also recognized the
1206 importance of proper vaccine documentation for all age groups.

1207
1208 * * * * *

1209
1210 **44-17 - Waste Incinerator Ban - REFER**

1211
1212 The Committee believes that this resolution is too complex and vast and supports further study of
1213 the issues.

1214
1215 * * * * *

1216
1217 **46-17 - Effects of Energy Pipelines and Fossil Fuel Waste on the Great Lakes - AMEND**

1218
1219 The Committee amended the resolved portions to read:

1220
1221 RESOLVED: That MSMS support rigorous maintenance and regulation of current oil/oil
1222 byproduct and natural gas pipelines, as well as the shutdown of pipelines that do not
1223 meet regulatory standards or pose imminent risk of contaminating the Great Lakes; and
1224 be it further

1225
1226 RESOLVED: That MSMS oppose the disposal of waste that is a byproduct of fossil fuel
1227 transport and/or usage into our water systems.

1228
1229 The Committee appreciated the resolution presented but believes the first resolve is beyond the
1230 scope of MSMS.

1231
1232 * * * * *

1233
1234 **50-17 - Radioactive Waste Disposal - APPROVE**

1235
1236 * * * * *

1237
1238 **55-17 - Tinted Windows on Motor Vehicles - AMEND**

1239
1240 The Committee and House of Delegates amended the resolved portion to read:

1241
1242 RESOLVED: That MSMS opposes the tinting of motor vehicle windows, except as
1243 medically indicated, beyond the legally accepted limits and that MSMS work with
1244 appropriate state agencies to enforce the current law as written.

1245

1246 The Committee amended the resolution to because it believed the Resolved statement as
1247 originally written required a clear action statement. The House of Delegates extracted Resolution
1248 55-17 for further refinement.

1249 * * * * *

1250

1251 **57-17 - Food Bank and Pantry Distribution of Nutrient-Dense Foods - AMEND**

1252

1253 The Committee amended the resolved portions to read:

1254

1255 RESOLVED: That MSMS advocate for programs that incentivize and provide resources for
1256 food banks and pantries to design and institute translatable nutrient-driven food
1257 distribution methodologies, initiatives that promote sustainable sourcing of healthier
1258 food options, and dissemination of user-friendly resources and education on healthier
1259 eating; and be it further

1260

1261 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
1262 our AMA to advocate for programs that incentivize and provide resources for food banks
1263 and pantries to design and institute translatable nutrient-driven food distribution
1264 methodologies, initiatives that promote sustainable sourcing of healthier food options,
1265 and dissemination of user-friendly resources and education on healthier eating; and be it
1266 further

1267

1268 Based on the testimony given, the Committee concluded that the priority of food banks and
1269 pantries is to feed those in need and that MSMS does not have the resources to support the
1270 implementation of nutrition incentivized programs.

1271

1272 * * * * *

1273

1274 **62-17 - Increased Disposal Locations for Injectable Medical Waste - APPROVE**

1275

1276 * * * * *

1277

1278 **67-17 - Tax Rate for Electronic Cigarettes - AMEND**

1279

1280 The Committee amended the resolved portion to read:

1281

1282 RESOLVED: That MSMS work with Michigan Legislature and the Governor to formulate an
1283 excise tax in Michigan.

1284

1285 The Committee removed "at a lower rate than other tobacco products in Michigan." The
1286 Committee recognized that the resolve as written could be interpreted as electronic cigarettes do
1287 not pose the same risks as other tobacco products. The author agreed to a friendly amendment
1288 during testimony.

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76-17 - Preserve Women’s Access to Contraceptives - APPROVE

* * * * *

77-17 - Water Affordability Programs and Protection from Water Shutoffs –APPROVE

* * * * *

**81-17 - Excise Tax on Sugar-Sweetened Beverages to Fund Nutrition and Obesity-
Prevention Programs –SUBSTITUTE**

Resolutions 12-17, 14-17, and 81-17 were considered together. The Committee drafted the following substitute resolution:

Title: Tax Policy on Sweetened Beverages and Candy

Whereas, it has been shown that taxing sweetened beverages and candy can decrease consumption and

Whereas, the addition of a sales tax and excise tax to sweetened beverages and candy can discourage the sale of sweetened beverages and candy and

Whereas, sugar-sweetened beverages (SSB) are defined as any beverage with added caloric sweeteners, including soda and certain fruit-flavored or sports drinks, and

Whereas, SSB consumption causes a rapid spike in blood glucose due to added sugars and high-fructose corn syrup, followed by high insulin response, which consequently decreases satiety, and

Whereas, drinking SSBs gives individuals a higher caloric intake from liquid calories, without the compensatory satiety that accompanies consumption of solid food, and

Whereas, this mechanism promotes both weight gain and risk for Type 2 Diabetes Mellitus (T2DM) in children and adults^{1,2}, and

Whereas, 34.9 percent of adults were overweight in Michigan in 2014, and 30.9 percent were obese. Amongst youth, 15.5 percent of Michigan high school students were overweight and 13.1 percent were obese in 2013. Children and youth who consumed more SSBs had higher body weight than those who drank less SSBs³, and

Whereas, a reduction in SSB consumption will reduce intake of excess sugars, reducing the prevalence of obesity and obesity-related diseases such as metabolic syndrome, coronary artery disease, T2DM, hypertension, and stroke⁴, and

Whereas, several US cities have or will soon implement excise taxes on SSBs, including Berkeley, CA, San Francisco, CA, Philadelphia, PA, Boulder, CO, and Cook County, IL^{5,6}. The country

1337 of France implemented an excise tax (11 euro-cent/1.5 liter) on SSB in 2012, and Mexico
1338 implemented a similar tax (1 peso/liter) on SSB in 2013^{5,6,7}, and

1339 Whereas, a meta-analysis including several studies in the US, as well as in France and
1340 Brazil, found that an increase in price of SSBs was associated with decreased demand for SSBs and
1341 lower SSB consumption⁸. Following implementation of the excise tax (\$0.01/ounce) in Berkeley,
1342 CA, SSB consumption decreased by 21 percent and water consumption increased by 63 percent⁹.
1343 Those who changed beverage consumption due to the tax reported decreasing frequency and
1344 portion-size of SSB consumption⁹, and

1345
1346 Whereas, evidence suggests that a nationwide penny-per-ounce excise tax on SSBs would
1347 reduce consumption by 15 percent among adults, thereby preventing 2.4 million diabetes
1348 person-years, 95,000 coronary heart events, 26,000 premature deaths, and avoiding \$17 billion in
1349 medical costs¹⁰, and

1350
1351 Whereas, existing American Medical Association (AMA) policy (150.975) supports
1352 educating physicians and patients about the role of SSBs in obesity, and removing SSBs from the
1353 Supplemental Nutrition Assistance Program (SNAP), and

1354
1355 Whereas, existing AMA policy (D-150.987) also promotes the consumption of nutritious
1356 beverages as a healthy alternative to high-calorie, low-nutritional-content beverages (such as
1357 carbonated sodas, fruit-flavored drinks) in schools; therefore be it

1358
1359 RESOLVED: That MSMS seek and support legislation to institute an excise tax that would
1360 be added at the wholesale or manufacturing level on sweetened beverages; and be it
1361 further

1362
1363 RESOLVED: That MSMS seek and support legislation for the elimination of the sales tax
1364 exemption for sweetened beverages and candy; and be it further

1365
1366 RESOLVED: That MSMS advocate for the income generated from an excise tax on
1367 sweetened beverages, if enacted, to be used to fund programs that encourage healthy
1368 nutrition and obesity prevention, such as the Supplemental Nutrition Assistance Program.

1369
1370 The Committee heard testimony on all three resolutions together. The Committee appreciates all
1371 of the work that Doctor Robert Levine and Ms. Nithya Vijayakumar put into their resolutions. The
1372 committee believes that combining the three resolutions will result in comprehensive policy for
1373 MSMS regarding the taxation of sugar sweetened beverages and candy. Additionally, the
1374 Committee supported the inclusion of language supporting the use of the tax dollars for
1375 programs that promote healthy nutrition and obesity prevention. The House of Delegates
1376 extracted the resolution and approved the substitute with a technical amendment.

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1379
1380 **83-17 - Public Alert System Regarding Water Contamination - APPROVE**

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85-17 - Modernization of Michigan's HIV Criminal Law - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS endorses legislation that modernizes Michigan’s HIV criminal law to incorporate three guiding principles: 1) HIV criminal law must be based on criminal intent to infect and conduct likely to transmit; 2) HIV criminal law must have punishment that is proportionate to harm; and 3) HIV criminal law must not create new crimes or increased penalties for any disease and must exclude diseases that are airborne/casually transmitted; and be it further

The Committee amended the resolution by removing the last resolved. MSMS is not familiar with the Michigan Coalition for HIV Health and Safety nor their policies; and, therefore, did not feel comfortable endorsing the Coalition.

* * * * *

86-17 - Fresh Produce Access and Intake in Food Deserts - APPROVE

Late Resolution 96-17 – Oppose Circumcision Legislation - AMEND

The Committee amended the Oppose Circumcision Legislation to read:

Title: Oppose Male Circumcision Legislation

RESOLVED: That MSMS vehemently oppose any new legislation or regulations regarding male circumcision.

After listening to testimony and recognizing that female circumcision is already banned by federal laws the committee determined the importance of specifying that this resolution focus on male circumcision. The committee omitted the second resolve because the intent was included in the first resolved.

* * * * *

BAR #02-17 - Resolution 04-16 - “Discontinue Sale of Cigarettes and Tobacco Products at Pharmacies” - APPROVE the Board Action Report’s recommendation to **AMEND** this resolution.

* * * * *

Members of the Committee include: *Patrick J. Droste, MD, Chair; *Laura Carravallah, MD; *Talat Danish, MD, MPH FAAP; *Sherwin P. Imlay, MD; *Mohammad Y. Khan, MD; *Loretta M. Leja, MD; Joshua Meyerson, MD; and *Andrew J. Shadrach.

Reference Committee D - 05/06/17 - 8

- 1427 Board Advisors were: Adrian J. Christie, MD; *Sandro K. Cinti, MD; and John J. H. Schwarz, MD.
1428
1429 AMA Delegation Advisors were: *Mohammed A. Arsiwala, MD; Cheryl Gibson Fountain, MD; and
1430 *Richard E. Smith.
1431 The Committee was staff by: Trisha L. Keast and Caryl S. Markzon.
1432
1433 * Denotes members in attendance.

**REPORT OF
COMMITTEE ON RULES AND ORDER OF BUSINESS**
Owen M. Berow, MD, Chair

Late Resolutions

96-17 Oppose Circumcision Legislation - **APPROVE**

Existing Policy Reaffirmation Calendar

31-17 Timely Recording of Vaccines in MCIR

39-17 Credentialing Delays and Third Party Payers

66-17 Include Electronic Cigarettes in Smoke Free Legislation

75-17 Create MACRA Opt-out Option

REPORT OF COMMITTEE ON RULES AND ORDER OF BUSINESS

Owen M. Berow, MD, Chair

May 6, 2017

1434 The Committee on Rules and Order of Business considered one late resolution submitted after the
1435 45-day deadline. Copies of the resolutions are in the electronic version of the handbook located
1436 on the MSMS website and in the App.

1437
1438 The Committee’s criteria for considering these resolutions were:

- 1439 • Could the resolution have been submitted before the deadline?
- 1440 • Did new developments after the deadline justify the acceptance of the resolution?
- 1441 • Were there any extenuating circumstances?
- 1442 • Are there any other resolutions that cover the same logic?

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1444 * * * * *

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1446 **Late Resolution 96-17- Oppose Circumcision Legislation - APPROVE**

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1448 The Committee believed this resolution did meet the criteria for late resolutions for new
1449 developments after the deadline. The Committee believed this resolution could be
1450 addressed by the members of the House of Delegates and referred it to Reference Committee
1451 D.

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1453 * * * * *

1454
1455 The Committee then reviewed the Existing Policy Reaffirmation Calendar. The House of
1456 Delegates received four resolutions that contained existing policy:

- 1457
- 1458 31-17 - Timely Recording of Vaccines in MCIR
- 1459
- 1460 39-17 - Credentialing Delays and Third Party Payers
- 1461
- 1462 66-17 - Include Electronic Cigarettes in Smoke Free Legislation
- 1463
- 1464 75-17 - Create MACRA Opt-out Option

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1466 * * * * *

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1468 Members of the Committee include: Owen M. Berow, MD*, Chair; Jaime V. Aragonés, MD*; Taylor
1469 S. Boehler*; and Kenneth F. Casey, MD*.

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1471 Ex-Officio Members were: Pino D. Colone, MD* and Theodore B. Jones, MD*.

1472
1473 The Committee was staffed by: Rebecca J. Blake.

1474

Reference Committee D - 05/06/17 - 2

1475 * Denotes members in attendance.
1476
1477

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³ Michigan Department of Health and Human Services, Lifecourse Epidemiology and Genomics Division. Overweight and Obesity in Michigan : Surveillance Report. February 2016:19.

⁴ Hu FB. Resolved: There is sufficient scientific evidence that decreasing sugar-sweetened beverage consumption will reduce the prevalence of obesity and obesity-related diseases. *Obes Rev*. 2013;14(8):606-619. doi:10.1111/obr.12040.

⁵ Sanger-Katz M. Yes, Soda Taxes Seem to Cut Soda Drinking. *The New York Times*. <https://www.nytimes.com/2015/10/13/upshot/yes-soda-taxes-seem-to-cut-soda-drinking.html>. Published October 13, 2015.

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⁸ Cabrera Escobar M a, Veerman JL, Tollman SM, Bertram MY, Hofman KJ, Escobar M a C. Evidence that a tax on sugar sweetened beverages reduces the obesity rate: a meta-analysis. *BMC Public Health*. 2013;13(1):1072. doi:10.1186/1471-2458-13-1072.

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¹⁰ Wang YC, Coxson P, Shen YM, Goldman L, Bibbins-Domingo K. A penny-per-ounce tax on sugar-sweetened beverages would cut health and cost burdens of diabetes. *Health Aff*. 2012;31(1):199-207. doi:10.1377/hlthaff.2011.0410.