

PolicyManual

2018 Edition

*Official policies of the
Michigan State Medical Society*

MICHIGAN STATE MEDICAL SOCIETY OFFICIAL POLICIES

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You can find a complete Policy Manual with Addenda at www.msms.org

Michigan State Medical Society

Official Policies

2018

ADOPTION

(See also: Health Care Insurance)

Adoptions and Unintended Pregnancies

MSMS supports the distribution of adoption information as an option for unintended pregnancies and encourages the counseling of women with unintended pregnancies to the option of adoption. (Prior to 1990)

ADVERTISING

Advertising/Commercials

MSMS opposes organizations asserting that doctors belonging to their plan represent the best of all physicians. (Res47-96A)

Fetal Alcohol Syndrome

MSMS supports requiring a warning statement on all advertising for alcoholic beverages regarding fetal alcohol syndrome (FAS). (Board-May94)

Inclusion of Professional Title and License Type in Advertising

MSMS supports requiring that all health care advertising include the professional title and license type. (Res51-11)

Truth in Medical Advertising

MSMS supports the adoption of strict criteria to ensure "truth-in-advertising" related to the offering and delivery of health care services in order to prevent misguidance and/or harm to the general public. (Res29-16)

Unfair Advertising

MSMS opposes advertising practices that are potentially detrimental to the physician-patient relationship. (Res10-93A)

ARBITRATION

(See also: Medical Liability)

Arbitration Agreements

MSMS supports a "one time" sign-up of arbitration agreements between physician and patient, making such agreements binding for all areas of care in both office and hospital, and including arbitration as part of any health care contract. (Res102-93A)

Arbitration Panels

Criteria for lists of medical arbitrators and attorney arbitrators available for selection to an arbitration proceeding should be broadly representative of their respective disciplines. (Prior to 1990)

Binding Arbitration

MSMS endorses binding arbitration as one of the mechanisms for resolving physician grievances. (Board-July93)

AUTOPSIES

(See also: Medical Records, Confidentiality, and Privileged Communication; Organ Donation and Transplant)

Authorization to Retain Tissue

Hospital autopsy authorization forms should include permission to retain tissue. (Prior to 1990)
– Edited 1998

Autopsy Procedures

MSMS supports the formal autopsy of patients whose deaths are unexplained. (Res66-12)

Maternal Mortality and Autopsies

MSMS supports that an autopsy be performed when a death occurs that meets the Michigan state criteria for a pregnancy related death. (Board Action Report #1, 2011 HOD, re Res2-10A)

BIOTERRORISM

(See also: Medical Education and Training; Public Health)

Bioterrorism Education

MSMS supports guidelines of the Association of American Medical Colleges regarding "Training Future Physicians about Weapons of Mass Destruction: Report of the Expert Panel on Bioterrorism Education for Medical Students." (Res50-07A)

Physician Activism

MSMS supports the continued education of Michigan physicians in the clinical aspects of bioterrorism, their role in combating the spread of a population-threatening disease present through bioterrorism and the appropriate reporting requirements to county health departments and law enforcement. (Res10-02A)

CERTIFICATION AND MAINTENANCE OF CERTIFICATION

Definition of a Specialist

A specialist shall be a physician:

1. Certified by an appropriate specialty board, approved by the American Board for Medical Specialties and by the American Medical Association Council on Medical Education, or
2. Practicing as a specialist not possessing a specialty board certificate, but has completed an approved residency in that specialty, or
3. Recognized as a specialist by the staff of the hospital in which he/she practices provided it is an accredited hospital, and is a physician who is eligible for certification by his/her specialty board.

(Prior to 1990)

Recertification Requirements for Employment

MSMS opposes recertification as a condition of employment. (Res79-01A)

– Edited 2016

Quantity-based Physician Certification/Re-certification

MSMS opposes the use of quantity of services as the sole criterion for physician certification and re-certification.

(Board Action Report #3, 1994 HOD, re Res32-93A)

Review Board Recertification and Maintenance of Certification Process

MSMS supports Maintenance of Certification (MOC) only under all of the following circumstances:

1. MOC must be voluntary
2. MOC must not be a condition of licensure, hospital privileges, health plan participation, or any other function unrelated to the specialty board requiring MOC
3. MOC should not be the monopoly of any single entity. Physicians should be able to access a range of alternatives from different entities.
4. The status of MOC should be revisited by MSMS if it is identified that the continuous review of physician competency is objectively determined to be a benefit for patients. If that benefit is determined to be present by objective data regarding value and efficacy, then MSMS should support the adoption of an evidence based process that serves only to improve patient care.

(Res73-15)

CHILDREN AND YOUTH

(See also: Domestic Violence; Health Care Insurance; Immunizations; Public Health; Safety and Accident Prevention; Sports)

Adolescent Health Care

Medical Care for Children with Disabilities

MSMS opposes federal regulations that require all pediatric wards, nurseries and outpatient clinics to investigate within 24-hours any case where medical care is allegedly being withheld. (Prior to 1990)

– Edited 1998, 2016

Adolescent Health Services

MSMS supports the development of publicly funded pilot projects in areas of greatest need to establish school-based and community health programs for teens that address specific adolescent health needs including prevention of unintended pregnancies and sexually transmitted diseases, drug and alcohol abuse counseling, and suicide prevention. (Prior to 1990)

Prenatal Health Care for Minors

Parental consent need not be required for minors to obtain prenatal and pregnancy-related medical services.

(Prior to 1990)

Child Care

Child Care Centers at Medical Schools and Training Hospitals

MSMS advocates the provision of on-site childcare (day and night) by medical schools as well as training hospital facilities. (Res70-94A)

Home Alone

MSMS is opposed to children being left alone. (Res 86-93A)

Education

Establish Physical Activity Requirements for All Public School Students

MSMS supports requiring public schools to offer a physical activity program for all students during the regular school year consisting of at least 20 minutes per day or an average of 100 minutes per week for grades kindergarten through five and at least 150 minutes per week for grades six through 12 through any combination of physical education classes, athletic extra-curricular activities, recess, or other programs and physical activities deemed appropriate by the local school Board (Res 26-15)

High School Training in Basic Life Support and Automatic External Defibrillators

MSMS supports training in basic life support and automatic external defibrillators as a requirement for high school graduation. (Res76-05A)

Human Relations Programs for Children

MSMS supports the concept of comprehensive human relations skills development in schools for grades K through 12, with implementation to be left to local school districts. (Res98-97A)

Physical Education in Schools

MSMS believes regular exercise can develop a student's physical fitness and supports requiring schools to provide appropriate physical education for students in grades K-12 under supervision of qualified personnel. (Prior to 1990)

– Edited 1998

Risk Reduction for Sudden Infant Death

MSMS urges its members to educate parents of young infants and parents-to-be of the benefits of putting young infants to sleep on their backs, refraining from smoking around young infants and pregnant women, and avoiding all soft, cushion materials in the cribs of young infants.

(Res100-97A)

SIDS Alliance – Back to Sleep Campaign

MSMS supports the national "Back to Sleep" campaign to educate and reduce the risk of Sudden Infant Death Syndrome (SIDS). (Board-Nov94)

Sun Safety Education for School-Aged Children

MSMS encourages sun safety education and supports the distribution of education materials to primary and secondary school-aged children and their parents. (Res49-07A)

Teaching of Cardiopulmonary Resuscitation to High School Students

MSMS supports the incorporation of CPR classes as a compulsory part of the high school curriculum. (Prior to 1990)

– Edited 1998

Neglect

Child Neglect Offenders be Placed in LEIN

MSMS supports requiring child neglect offenders automatically being included in the Law Enforcement Information Network. (Res60-94A)

Nutrition

Infant Formula Advertising

MSMS supports the position of the American Academy of Pediatrics discouraging the advertising of infant formula products to the public. *(See Addendum B in website version)* (Board-90 Annual Report)

Physical Examinations

Annual School Physical Examinations

MSMS supports the following guidelines:

1. Complete physical examinations should be required for middle school and high school athletes.
2. Preparticipation physical evaluation guidelines should appropriately reflect concern about the use of performance enhancing substances by adolescents.
3. An updated statement by parent or physician must be on file for each student who has missed practice or a game(s) as a result of injury or illness.
4. The physical health and examination of the student are the responsibility of his/her parents.

(Prior to 1990)

– Edited 2017

Camp Physicals

A physical examination is adequate if 1) done within the previous six months, 2) the child's immunizations are current, and 3) a child has not been recently exposed to a recent communicable disease. This is not meant to exclude health inspection on the day the child enters camp. (Prior to 1990)

Prevention and Screening

Children's Vision Screening

MSMS supports the American Academy of Ophthalmology, the American Association of Pediatric Ophthalmology and Strabismus, and the American Academy of Pediatrics, to encourage vision screening by primary care physicians and establish vision screening programs. (Res46-07A)

Conditions for Mandatory Vision Screening

MSMS supports the current state of Michigan Vision Screening Program (VSP) for infants and children which ensures follow-up and collaboration with local health departments, primary care physicians, schools, and the Michigan Department of Health and Human Services and opposes any changes to the current VSP process that do not demonstrate added value. (Res28-16)

Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)

MSMS supports Early and Periodic Screening, Diagnosis and Treatment Programs to reach as many eligible children as possible. All qualified providers should have equal opportunities to participate in the program. (Prior to 1990)

Lead Screening for Young Children

MSMS urges all its members to screen children for their risk on contact with lead hazards and subsequent lead poisoning, and to complete a capillary or venous blood test for any child deemed to be at high risk for this serious health problem. (Res99-97A)

School Safety Inspections

MSMS supports regular inspection of all school buildings for health and safety violations, to be conducted by the local health departments and overseen by the Michigan Department of Health and Human Services or an appropriate governing body. This would include but not be limited to inspection of: malfunctioning heating systems, unsafe water contamination, toxic mold, structural hazards (i.e., falling ceiling tiles, unsafe flooring), rodent and insect infestations.

This also includes the need for the appropriate regulatory body to enforce the timely correction of these health and safety violations by either the school district in question or the state of Michigan, in order to protect the health and wellness of children in schools. (Res87-16)

COMMUNICATIONS

Calling Physicians by their First Name

MSMS discourages policies that require physicians to be called by their first names in professional settings such as their workplace. (Res42-16)

Collection and Use of Physician Specific Data

MSMS supports the "Principles on the Release of Physician Specific Data." (***See Addendum J in website version***) (Board-May94)

Communication, Documentation, and Professionalism

MSMS endeavors to educate physicians and other health care providers about the importance of careful and accurate verbal discussions and written documentation of care provided.

MSMS encourages physicians to demonstrate and maintain high ethical standards to avoid inadvertently discrediting other physicians or other health care providers; thereby, leading by example so that resident physicians and medical students can learn in a supportive environment while providing excellent care for our mutual patients. (Res67-16)

Dissemination of Practice Guidelines

Michigan Medicine shall disseminate information to Michigan physicians on a regular basis concerning medical practice guidelines developed by specialty societies. (Board-April93)

Gender-neutral Language

Gender-neutral language is to be incorporated into MSMS bylaws, policies and publications, during the normal process of updating/printing documents. (Res11-93A)

Physician Not Labeled as Provider

MSMS opposes the current custom by government and insurance companies of labeling physicians as providers and encourages proper identification of physicians and/or surgeons. MSMS supports physicians who request they be identified as "physicians" apart from other "providers" on any contracts or documents they are asked to sign. (Res38-90A)

– Amended 1993

– Edited 1998

Physician Utilization of Communication Modalities

All physicians should consider utilizing a variety of communication modalities for the advancement of information on the present system of delivery of medical services. Component societies are encouraged to establish local guidelines to assist with the dissemination of information. (Prior to 1990)

– Edited 2016

CONTINUING MEDICAL EDUCATION

(*See also: Elder Care; End of Life Care; Pain Management; Public Health*)

Continuing Medical Education for Opioid Prescribing

MSMS supports education to encourage physicians and other health care providers to co-prescribe naloxone when prescribing opiates. (Res51-16)

CME Credits in HIV/AIDS

MSMS advocates and encourages all physicians to earn continuing medical education (CME) credits in HIV infection prevention diagnosis, care and/or treatment but opposes requiring CME for physicians on any specific aspect of HIV. (Res24-94A)

Mission Statement of MSMS CME Program

Purpose: The purpose of the Michigan State Medical Society (MSMS) Continuing Medical Education (CME) Program is to help Michigan physicians meet their continuing medical education needs through the sponsorship of quality Category I CME activities.

Content Areas: The Committee will address educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public. All continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME.

Target Audience: The CME activities will address the needs of Michigan Physicians.

Types of Activities Provided: The MSMS Committee on CME Programming serves the CME needs of MSMS and of non-commercial, health related organizations that are not accredited to offer Category I credit. Jointly sponsored programs must comply with the MSMS CME Programming Committee's policies and meet its programming criteria in order to receive approval for Category I credit. The Committee on CME Programming shall assure proper needs assessment, development, conduct and supervision of MSMS sponsored CME activities.

Expected Results of Program: The Committee expects that the programs will contribute to cost effective care for the well being of patients and the public; stimulate clinical competency; and provide quality Category I CME activities that give practicing physicians educational opportunities which contribute significantly to the continuum of professional learning.
– Revised, Board-Oct01

Opposition to Compulsory Content of Mandated Continuing Medical Education

MSMS opposes any attempt to introduce compulsory content of mandated Continuing Medical Education (CME) in the state of Michigan. (Res67-07A)

Postgraduate Study for Physicians

MSMS endorses the principle of voluntary life-long postgraduate study for all physicians. (Prior to 1990)

Required Training for Appointed County Medical Examiners

MSMS supports a requirement for fundamental medicolegal death investigation training applicable to all county medical examiners and deputy medical examiners. (Res21-11)

Maintenance of Certification versus CME and Lifelong Commitment to Learning

MSMS opposes discrimination by hospitals and any employer, the Michigan Board of Medicine, insurers, Medicare, Medicaid, and other entities, which might restrict a physician's right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of

participation in prescribed corporate programs including Maintenance of Certification or expiration of time limited board certification. (Res85-13)

CONTRACTING AND EMPLOYMENT

Corporate Employed Physicians Reimbursement

MSMS encourages (1) all corporate employed physicians to be prospectively involved in the health and hospital negotiations for capitation and global billing contracts, (2) health and hospital organizations to inform corporate employed physicians regarding the actual fee that is the physician component of the contractual arrangement and (3) the Michigan Health and Hospital Association (MHHA) to recommend to its membership that corporate employed physicians be involved prospectively in negotiations for contractual arrangements. (Res7-97A)

Due Process and Termination-Without-Cause Contract Clauses

MSMS recommends that physicians not enter into any contract that does not include a due process clause and opposes physician termination-without-cause provisions in all physician contracts. (Res37-98A)

Employers' Professional Allowance

MSMS strongly urges physicians' employers to allocate a professional allowance to be spent on county, state, and AMA dues. (Res25-97A)
– Edited 2016

Job Security for Returning Soldiers

MSMS supports efforts that provide job protection to medical professionals who are military reservists while they are away on a tour of duty. (Res48-06A)

Sole Source Contracting

MSMS opposes sole source contracts. MSMS encourages competition and believes that any health care provider who can meet cost, quality and access standards should be afforded the opportunity to supply services. (Prior to 1990)
– Edited 1998

CREDENTIALING

Common Physician Credentialing Form

MSMS supports the concept of a common credentialing form. (Board-July97 & Res6-97A)
– Reaffirmed (Res39-17)
– Edited 2017

Credentialing or Exclusion of Physicians in Health Care Plans

MSMS opposes the use of board certification as the sole criterion for credentialing or exclusion of physicians in health care plans. (Board-July98)

Expand Promotion of the Professional Credentials Verification Service (PCVS)

MSMS supports the Professional Credentials Verification Service (PCVS). (Res20-95A)
– Edited 2005

Identical Rules for Physician Credentialing and Privileges

MSMS supports a requirement that all managed health care companies and health insurance companies have identical rules for physician credentialing and privileges by insurance type. (Res95-96A)
– Reaffirmed (Res39-17)

Insurance Companies Increasing the Limits of Liability for Credentialing

MSMS opposes mandating increased limits of professional liability insurance coverage at the time of re-credentialing. (Res41-11)

Release of Physician's Personal Medical Record for Hospital Credentialing

MSMS opposes any credentialing process that forces a physician to release his/her personal medical record. (Res38-11)

DISCRIMINATION

(See also: Hospital-Physician Relations; International Medical Graduates; Medical Education and Training)

Elimination of all Forms of Discrimination Against Women

MSMS supports the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). (Board Action Report #12, 2005 HOD, re Res78-04A)

MSMS Position on Discrimination

MSMS is committed to diversity and inclusion. MSMS condemns all attempts by agencies, be they government or private, to discriminate in licensure, licensure by endorsement, jobs, promotions, hospital privileges, reimbursement, residency medical staff and academic appointments, professional society memberships, financial aid and board certification, based on race, religion, sexual orientation, creed, sex, gender identity, disability, ethnic origin, national origin, or age. Additionally, MSMS supports current AMA Policies H-65.965, H-65.978; and D 160.988. (Res72-91A)

– Edited 1998

– Reaffirmed (Res16-98A)

– Edited 2017

Support of *LGBTQIA Anti-Discrimination Legislation

MSMS opposes discrimination based on gender identity and sexual orientation. (Res29-14)

**Lesbian; gay; bisexual; transgender; queer; intersex; asexual/ally (ally—a person who does not identify as LGBTQIA but supports the rights and safety of those who do)*

DOMESTIC VIOLENCE

(See also: Health Care Insurance; Safety and Accident Prevention)

Extension of Statute of Limitations

MSMS supports extending the statute of limitations to 10 years for actions brought by a victim of domestic violence pertaining to making a charge or recovering damages. (Board-Nov95)

Healthy Families America® Program

MSMS supports the concept of the Healthy Families America® Program or similar programs around the state. (Res81-94A)

– Edited 2016

Immunity for Reporting Suspected Domestic Violence

MSMS supports immunity for any health care provider who, in good faith, makes a report to law enforcement agencies regarding a suspected case of domestic violence inflicted on an adult. (Res22-97A)

Proposed Legal Action

MSMS supports (1) requiring police to make arrests when there is probable cause to believe abuse has occurred, (2) allowing a person to obtain an injunction prohibiting threats of death or serious harm, (3) requiring a prosecutor to prosecute those who violate an injunction, (4) increasing penalties for repeated

domestic assaults and (5) requiring the abuser to enter a counseling program. (Res91-92A)

ELDER CARE

(See also: Long-Term Care)

Educational Activities Addressing Needs of the Elderly

MSMS supports, through existing MSMS committees and programs, educational activities addressing the special medical, social and economic needs of the elderly. (Prior to 1990)

Improving Medical Care in Extended Care Facilities

MSMS supports a requirement for a qualified medical director in every skilled nursing home facility and encourages physicians to continue the care of their patients either directly or by delegation following admission to long term care facilities. (Prior to 1990)

Prevention of Elderly Abuse

MSMS urges implementation of current statutes that require providers of health services to report cases of abuse, neglect or exploitation of the elderly to the Michigan Department of Community Health, and urges the provision of appropriate immunity from legal action for those who report such cases in good faith. (Prior to 1990)

END OF LIFE CARE

(See also: Long-Term Care; Pain Management)

Appropriate End of Life Therapy

MSMS will continue to work at all levels for improved pain management and symptom control.

MSMS will continue education on recognition of depression and its adequate therapy.

MSMS will continue to promote advance directives.

MSMS will continue support for hospice including education about hospice and the use of hospice care. (Res94-97A)

Clergy Involvement with the Terminally Ill

MSMS encourages the inclusion of the clergy in providing care for the terminally ill and in meetings and discussions throughout the state to elicit their views and recommendations on the ethical and practical issues of care of terminal patients. (Res82-93A)

Compassionate Care and Comfort Guidelines

MSMS adopts the Compassionate Care and Comfort Guidelines as being in compliance with the standards of care. **(See Addendum A in website version)** (Res86-95A)

Creation of Electronic Do-Not-Resuscitate System

MSMS supports more rigorous efforts to promote advance care planning to ensure patient preference is known when end-of-life care decisions must be made including the need to address better knowledge, availability, and tracking of advance directives or other advisory documents. (Board Action Report 6 per Res53-13)

CXR for Patients at Home on Hospice

MSMS supports allowing a blood test to screen for tuberculosis to be an acceptable alternative to a chest x-ray for patients receiving at-home hospice care who may need to be placed in a nursing home. (Res74-15)

Death Notification

MSMS supports and encourages appropriate death notification by health care facilities in a timely fashion. (Board-July97)

Death with Dignity Law

An attending physician should be allowed legally to participate with the patient and/or the legally appointed agent in deciding the continuation of medical treatment when faced with terminal illness.

MSMS will work with interested groups to resolve and clarify the legal and ethical dilemmas surrounding the withholding and withdrawal of life support therapy. (Prior to 1990)

Declaring a Patient Dead/End-of-Life Care Training

MSMS supports implementation of curricula in end-of-life care, hospice, and declaration of patient death in residency training programs where appropriate and the development of continuing medical education programs in end-of-life care and sensitivity/communication training for physicians. (Res34-13)

Hospice Deaths as Crime Scenes

MSMS opposes attempts by local law enforcement agencies to regard expected hospice deaths as crime scenes.

MSMS opposes the routine deployment of criminal investigators to expected hospice death scenes. (Res45-03A)

Living Will

MSMS recognizes the validity of Living Will/Durable Power of Attorney forms in Michigan. (Res92-90A)

Oppose Legislative Interference in Patient/Physician Relationship

MSMS opposes any legislation passed in the area of assisted suicide that interferes with the proper patient/physician relationship, particularly as such legislation relates to pain control and the terminally ill, so that physicians may continue to provide compassionate care to their patients in accordance with principles of medical care and ethics. (Res70-93A)

Physician Assisted Suicide Legislation

MSMS supports legislation opposing physician assisted suicide, so long as such legislation includes safeguards to protect the legal and ethical rights of physicians and patients. (Res85-98A)

Position on Physician Assisted Suicide

MSMS adopts the following position of the American Medical Association on physician assisted suicide:

“Physician assisted suicide occurs when a physician facilitates a patient’s death by providing the necessary means and/or information to enable the patient to perform the life-ending act (e.g., the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide).

“It is understandable, though tragic, that some patients in extreme duress---such as those suffering from a terminal, painful, debilitating illness, may come to decide that death is preferable to life. However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.

“Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined

that cure is impossible. Multidisciplinary interventions should be sought including special consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication.” (Res68-97A) (AMA Current Opinions-98)
– Edited 2016

Public Awareness of Terminally Ill Treatments

MSMS should continue and expand its campaign to bring to public attention the efforts by physicians to treat the terminally ill so that assisted suicide is not considered a necessary alternative to continued medical care. (Res77-93A)

ETHICS

(See also: *Discrimination; End of Life Care*)

AMA Principles

AMA Principles of Medical Ethics

MSMS supports the AMA Principles of Medical Ethics:

“PREAMBLE: The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, but also as well as to society, to other health professionals, and to self.

“The following Principles adopted by the American Medical Association are not laws, but standards of conduct, which define the essentials of honorable behavior for the physician.

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

(AMA Current Opinions, 2001) (Prior to 1990)

- Reaffirmed 1998
- Reaffirmed (Res30-14)
- Edited 2016

Bioethics

Stem Cells

MSMS respects the diversity of opinion amongst Michigan physicians regarding human embryonic stem cell research and adopts a neutral position regarding human embryonic stem cell research. (Res28-08A)

Cloning

MSMS supports laws and governmental policies that prohibit human reproductive cloning. (Res60-03A)

- Reaffirmed (Res70-06A)

“Baby Doe” and Other Handicapped Individuals

Handicapped individuals, if competent, have the right to choose among treatment alternatives. Incompetent individuals and those unable to express their own opinions have the right to have choices made for them.

In these circumstances, families provided with comprehensive information regarding alternatives can best represent the handicapped.

When questions with respect to the patient’s best interest are raised by the patient’s physician, or the hospital bioethics committee, protections provided by local agencies and courts may be invoked to evaluate fair choices.

Physicians and hospitals can aid by:

1. Providing counsel to patients, families, physicians and agencies charged with individual decisions.
2. Confidential review of decision-making experiences.
3. Aiding in the development of guidelines regarding this process.

(Prior to 1990)

Surrogate Parenting

MSMS endorses the need to define and protect the legal status and rights of a child born as a result of surrogate parenting. MSMS endorsement does not extend to the process of surrogate parenting. (Prior to 1990)

– Edited 1998

Collaboration

Standards for Due Process in Hospital Ethics Committees

MSMS will work with the Michigan Health and Hospital Association to create policy to ensure that the minimum standards for institutional Ethics Committees include input from the patient, and/or a representative chosen by the patient, and/or a guardian ad litem for the patient to protect the patient’s best interests. (Board-Jan09)

Medical Research

Humane Use of Animals

MSMS supports the humane use of animals for medical research. (Prior to 1990)

– Edited 1998, 2016

Practice of Medicine and Workplace

Chaperones in Exam Rooms

MSMS encourages the use of chaperones in exam rooms during examinations which could result in sexual misconduct

allegations in order to provide comfort to the patient and to protect against such allegations.

(Board Action Report #6, 1999 HOD, re Res83-98A)

Do Not Compete Clauses

It is unethical for a teaching institution to seek a non-competition guarantee from its residents or trainees.

(Res30-98A)

– Edited 2005

Integrity and the Values and Principles Embedded in the Tradition of Medicine

MSMS supports the 1996 House of Delegates resolution on “Statement on Integrity and the Values and Principles Embedded in the Tradition of Medicine.” (***See Addendum E in website version***) (Board Action Report #9, 1996 HOD)

Physician’s Definition of Terminal Illness

MSMS supports a treating physician defining a disease or condition as a terminal illness. (Board-Jan99)

Physician Participation in Patient Mutilation

MSMS declares that physician participating in punitive and/or coerced mutilations is unethical conduct.

(Board-Oct08)

– Reaffirmed (Res51-12)

Physician’s Rights in Treatment Decisions

Neither physicians, hospitals nor hospital personnel shall be required to perform any act that violates good medical judgment or is contrary to moral principles of the individual. In such circumstances, the physician or other professional may withdraw from the case as long as the withdrawal is consistent with good medical practice.

(Prior to 1990)

Racism and Sexism in the Practice of Medicine

MSMS opposes racism and sexism in our society. (Res113-99A)

Sexual Harassment Guidelines

MSMS advocates that guidelines for prevention of sexual harassment be integrated into the medical work place.

(Res12-93A)

– Edited 1998

Professionalism

Commercial or Political Exploitation of Officer Titles

Physicians who hold offices or have held offices in MSMS should guard against commercial or political exploitation of any position or title use in any manner that implies, directly or indirectly, endorsement of a commercial product or service by MSMS. (Prior to 1990)

Developing Due Process Standards for Institutional Ethics Committees in Michigan

MSMS supports that Institutional Ethics Committees in Michigan facilitate due process into their deliberations concerning extraordinary or unusual patient care questions by including the patient or a patient advocate unrelated to the patient, hospital, or physicians(s). (Board-Oct11)

Transparency

Conflict of Interest Policy

All members of the Michigan State Medical Society Board of Directors should act in the best interest of MSMS, MSMS members and patients. Any conflict of interest, including regulatory capture* should be disclosed and managed.

MSMS considers a potential conflict of interest to exist when a Director has a relationship with, or engages in any activity, or has any personal financial interest that might impair his or her independence or judgment or inappropriately influence his or her decisions or actions concerning MSMS matters. It is expected that conflicts of interest will be disclosed to the Board. The Board in its discretion will determine what, if any, limitations on activities with regard to the Director's conflict are required to protect MSMS.

The Board shall report any matter it has found to be a conflict of interest to the House of Delegates annually.

(Board Action Report #8, 1993 HOD)

- Edited 2017

**Regulatory capture refers to the corruption of the regulatory process such that the public good is sacrificed in favor of the commercial interests of the regulated entity. Retrieved at <https://www.cfapubs.org/doi/pdf/10.2469/ccb.v2016.n5.1>.*

The MSMS Board Chair, after reviewing officers' and directors' conflict of interest statements each year shall provide a formal report to the MSMS Speaker on the information disclosed.

Members at committee meetings shall identify themselves by geography, specialty, and any affiliations related to agenda topics that might constitute a conflict of interest.

(Board Action Report #6, 1995 HOD, re Res47-94A)

- Edited 1998

Ethical Guidelines for Physicians

MSMS supports the disclosure by physicians to their patients and their families any possible conflict of interest from the source of payment to the physician, incentive or reimbursement for services rendered in their care.

(Res132-99A)

- Reaffirmed (Res13-15)

House of Delegates Conflict of Interest Policy

All members of the Michigan State Medical Society House of Delegates should declare any conflict of interest, including regulatory capture* to the House of Delegates and its Reference Committees prior to testimony.

The MSMS House of Delegates considers a potential conflict of interest to exist when a Delegate, Alternate Delegate, other physician member or non-member testifying on the floor of the House of Delegate or in Reference Committee has a relationship, or engages in any activity, or has any personal financial or commercial interest that might impair his or her independence or judgment or inappropriately influence his or her decisions or actions concerning MSMS matters.

(Board Action Report #4, 2000 HOD, re Res10-99A & Res13-99A)

- Edited 2017

**Regulatory capture refers to the corruption of the regulatory process such that the public good is sacrificed in favor of the commercial interests of the regulated entity. Retrieved at <https://www.cfapubs.org/doi/pdf/10.2469/ccb.v2016.n5.1>.*

Improving Legislative Transparency

MSMS supports further transparency in the legislative process, including the source of legislation, language revisions, and each representative's vote. (Res69-15)

FAMILY PLANNING AND SEX EDUCATION

(See also: *Children and Youth; Health Care Delivery; Women's Health*)

Choice of Family Planning Method

Everyone in consultation with a physician should be free to choose his or her own method of family limitation, including

sterilization. MSMS supports the policy of third party payment for elective sterilization. (Prior to 1990)

- Edited 1998, 2005

Define 'Medically Accurate' in Sex Education Program Requirements

MSMS supports "medically accurate" information in sex education programs to be defined as information that satisfies all of the following:

1. Relevant to informed decision-making based on the weight of scientific evidence.
2. Consistent with generally recognized scientific theory, conducted under accepted scientific methods.
3. Published in peer-reviewed journals with findings replicated by subsequent studies.
4. Recognized as accurate and objective information by mainstream professional organizations such as AMA, American College of Obstetricians and Gynecologists, American Public Health Association, and American Academy of Pediatrics; government agencies such as Center for Disease Control, Food and Drug Administration, and National Institutes of Health; and, scientific advisory groups such as the Institute of Medicine and the Advisory Committee on Immunization Practices.

(Board Action Report #7, 2015 HOD, re Res53-14)

Family Planning Services

MSMS supports the concept that family planning services are a basic health service and funds should be earmarked to support those services.

Universal family planning is an essential element of responsible parenthood, stable family life and social harmony.

The very personal nature of advice and counseling in family planning makes it mandatory that consideration be given to the patient's wishes and desires, and to ethnic and religious background. The professional must be prepared to counsel on all aspects of family planning, either in assisting a couple to have a family, or postponing additions to their family. Expert counseling in all techniques, such as rhythm, barrier, hormone or tubal ligation must be available.

Consistent with responsible preventive medicine and in the interest of reducing the incidence of teenage pregnancy, the following is recommended:

- a. The teenage minor whose sexual behavior exposes her to possible conception should have access to medical consultation and the most effective contraceptive advice and methods consistent with her physical and emotional needs.
- b. The physician so consulted should be free to prescribe or withhold contraceptive advice in accordance with his or her best medical judgment in the best interests of the patient.

(Res24-90A)

- Amended 1993

- Edited 1998, 2005

- Reaffirmed (Res05-16)

Parental Paid Leave

MSMS supports parental paid leave. (Res07-15)

Preserve Access to Contraceptives

MSMS supports the preservation of access to contraceptive services, including through Title X funds. (Res76-17)

Public Funding of Sex Education Programs

MSMS supports public funding of existing state and federal level sex and reproductive education programs including expanded use of the Michigan Model for Comprehensive School Health Education. (Prior to 1990)
– Reaffirmed (Res05-16)

Statement on Sex Education

The primary responsibility for family life education is in the home. At local option and discretion there should be complementary family life and sex education programs in the schools at all levels. Such programs should 1) be part of an overall health education program; 2) be presented in a manner commensurate with the maturation level of the students; 3) have professionally developed curricula; 4) include ample involvement of parents and other concerned members of the community; and 5) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training. (Prior to 1990)

GOVERNMENT PROGRAMS AND REGULATORY OVERSIGHT

(See also: Health Care Delivery; Managed Care; Medicaid; Medicare; Pharmacy and Pharmaceuticals; Workers' Compensation)

CMS Auditing of Medicare and Medicaid

MSMS opposes arbitrary assessment of audit monies by the Centers for Medicare & Medicaid Services (CMS). (Res49-98A)
– Edited 2005

Excessive Medical Administrative Costs

MSMS opposes additional regulatory requirements that place a financial burden on the physicians or hospitals without compensation. (Res81-90A)
– Edited 1998

Government Financed Health Care

The only purpose of government medical care programs for indigent patients is the delivery of needed quality health care. (Prior to 1990)
– Edited 1998

Limited Antitrust Exemption for Physicians

MSMS supports a limited physician antitrust exemption modeled after the "Quality Health Care Coalition Action" physician organization mechanisms to equilibrate the bargaining position between health care insurance companies and physicians. (Res51-07A)

Medical Tool and Instrument Repair

MSMS opposes any regulations regarding the repair or refurbishment of medical tools, equipment, and instruments that are not based on objective scientific data. (Res10-17)

Modernization of Michigan's HIV Criminal Law

MSMS believes the Michigan's criminal statutes pertaining to HIV should be updated to incorporate the following three guiding principles: 1) based on criminal intent to infect and conduct likely to transmit; 2) punishment that is proportionate to harm; and 3) avoid creation of new crimes or increased penalties for any disease and exclude diseases that are airborne/casually transmitted. (Res85-17)

National Health Care

MSMS supports voluntary, free-choice methods of medical and health care rather than a system dominated and controlled by the federal government. (Prior to 1990)
– Edited 1998

Physician Input for National Health Care Programs

MSMS supports physician input at all levels in the development of any national health care programs. (Res131-93A)

Physician Input in Michigan Department of Health and Human Services Regulations

Health-related activities should be retained by and within the Michigan Department of Health and Human Services. (Prior to 1990)
– Edited 2016

MSMS advocates appropriate specialty societies have input when the Michigan Department of Health and Human Services is developing regulations for the prevention, detection and treatment of various medical conditions. MSMS deems that such regulations should have sufficient flexibility to permit physicians to practice according to the accepted medical standards. (Res27-90A)
– Amended 1993
– Edited 1998, 2016

Unauthorized Files and Investigations by the Bureau of Occupational and Professional Regulations, Office of Health Services

MSMS is opposed to unauthorized investigations of physicians and the unauthorized development of files against physicians by the administration of Bureau of Occupational and Professional Relations (BOPR), Office of Health Services. (Res106-97A)

Use of Appropriate Terminology

MSMS encourages federation publications to reverse the trend of using inappropriate terminology when referring to physicians as "providers," patients as "clients" and medical practices as "businesses." (Res20-00A)

HEALTH CARE DELIVERY

(See also: Children and Youth; End of Life Care; Government Programs and Regulatory Oversight; Long Term Care; Physician Business and Legal Relations; Physician Fees and Reimbursement; Women's Health)

Access

Address Physician Shortage with Data Proven Methods

MSMS supports measures to incentivize physicians to practice in underserved areas. (Res89-16)

Denial of Medical Care to Indigents

Indigents should not be denied medical care that is available to the remainder of society. (Prior to 1990)
– Edited 1998

Direct Access to Specialists

MSMS supports direct access to specialty physicians when the specialty physician acts as a primary care physician, such as pediatricians and obstetrician/gynecologists. (Board-July99)

Ob/Gyn as Primary Care Physician

MSMS supports the designation of the obstetrician/gynecologist as a primary care physician. (Res26-95A)

Primary Care Physician Shortage

MSMS supports current American Medical Association's existing policy, Increasing the Availability of Primary Care Physicians H-200.973, addressing the primary care physician shortage through methods such as loan repayment options for residents who go into primary care specialties and expanding the number of primary care specialty openings by increasing the overall number of residency positions. (Res14-16)

Universal Coverage

MSMS supports comprehensive health system reform described in the MSMS Future of Medicine Report. (*See Addendum P "Guiding Principles for the Future of Medicine and Health Care" in website version*) (Res81-06A)

Clinical Integration and Transformation

Patient Centered Medical Home

MSMS presently accepts the Joint Principles and footnotes as originally proposed while working within the Michigan Primary Care Consortium to assure appropriate physician oversight of nurse practitioners and physician assistants is maintained as the Patient Centered Medical Home is promoted. (*See Addendum Q in website version*) (Board-April09)
– Reaffirmed (Res30-14)

Physician Organization Networks

MSMS supports formation of physician organizations (POs) and PO networks to facilitate the provision of high-quality, efficient care and the communication of information. (Res21-94A)

Sustain Patient-Centered Medical Home Practices

MSMS advocates that third-party payers should share in the cost of sustaining Patient-Centered Medical Home designated practices for practicing physicians. (Res71-17)

Continuity of Care

Continuity of Prenatal Care

All providers of prenatal care in Michigan are obligated to provide continuity of care for labor and delivery. (Prior to 1990)
– Edited 1998

Post-operative Care

MSMS supports the position that post-operative care should be provided by the operating surgeon or by a licensed physician trained in post-operative care. (Board Action Report #1, 1993 HOD, re Res29-91A)

Economics

CPT Coding

MSMS supports uniform CPT coding for all medical services provided within the state of Michigan. (Res46-92A)
– Reaffirmed (Res50-10A)

Domination of Health Care Delivery Market

MSMS opposes any single organization dominating the health care delivery market. (Prior to 1990)
– Edited 1998

Economic Aspects of Health Care Delivery System

Statement of Principles and Recommendations re Physician Involvement with Economic Aspects of the Health Care Delivery System:

Principles:

1. MSMS and its individual members share with the public a concern for the proper distribution, delivery and utilization of health care.
2. MSMS has an enduring commitment to the delivery of health care in the most cost-effective manner.
3. MSMS believes that physicians have a moral and vital obligation to inform, advise, or assist third parties in deliberations concerning the quality of health care, its utilization and cost.

(Prior to 1990)

Emergency Care

Emergency Care for Office Based Procedures

MSMS supports a requirement that a physician, who performs office based procedures, provide access to post-operative physician care consistent with appropriate standards of care (practice). (Res107-99A)

Facilities

Alternative Uses of Hospital Beds

MSMS supports alternative uses of hospital beds and space. (Prior to 1990)
– Edited 1998

Blue Cross Blue Shield of Michigan (BCBSM) Restrictions for Ambulatory Surgery Centers

MSMS advocates for the elimination of Blue Cross Blue Shield of Michigan Evidence of Need criteria for ambulatory surgery centers and promotes the more generally accepted guidelines for certification of ambulatory surgery centers set forth by Medicare. (Res48-07A)

Closing of Small Community Hospitals

MSMS supports the reduction of financial constraints on small rural hospitals in order to improve access to health care. (Res16-90A)
– Edited 1998

Funding of County Medical Care Facilities

MSMS opposes inappropriate reduction in funding for county medical care facilities. (Res43-91A)
– Edited 1998

Guidelines

Determination of Disability and Impairment

MSMS encourages appropriate agencies adopt the "AMA Guides to the Evaluation of Permanent Impairment" for determining disability and impairment. (Res65-96A)

Specialty Society Clinical Care Guidelines

MSMS supports the implementation of clinical care guidelines developed by recognized national medical specialty societies to enhance state-of-the-art, quality care for patients. (*See Addendum F in website version*) (Res76-90A & 1990 Board Annual Report)
– Edited 1998

Leadership

Physician Leadership Role in Health Care

MSMS accepts its role as an advocate of quality health care for all patients.

In order to ensure the quality of care given to patients, physicians must maintain overall responsibility and

leadership in decisions affecting the health care received by the public.

Physicians should be encouraged to strive for unity of purpose in this area of responsibility and leadership and participate in activities, both public and professional, that will serve to advance this goal. (Prior to 1990)
– Reaffirmed (Res 30-14)

Medical Necessity

Determination of Medical Necessity of Medical Case Management

The treating physician shall be the sole determinant of medical case management and medical necessity. MSMS believes that an insurer, a health care corporation or a government agency may not interfere with the patient/physician relationship by determining medical necessity or medical case management without a fair and reasonable appeals process and independent binding arbitration in a timely fashion.
(Board Action Report #14, 1994 HOD, re Res121-93A)

Quality of Patient Care

Medical services to the patient should be allocated based upon the physician's best medical judgment with regard to the patient's health and welfare. Financial consideration shall not alter the physician's best medical judgment and treatment of that patient. (Prior to 1990)
– Edited 1998
– Reaffirmed (Res30-14)

Prevention and Screening

Breast Thermography

MSMS accepts the American College of Radiology position that thermography has not been demonstrated to have value as a screening, diagnostic, or adjunctive imaging tool. (ACR Res33-90)
– Edited 1998

Lead Screening

MSMS supports the evidence-based performance of lead blood testing for all ages during doctor visits based on indication of lead exposure. (Res06-17)

Physician Support of Statewide Breast and Cervical Cancer Control Program

MSMS supports and endorses the Breast and Cervical Cancer Control Program and urges members to refer eligible patients to the Program for screening as part of ongoing care. (Res16-93A)

Support of Cholesterol Screening Programs

MSMS supports the AMA cholesterol-screening program. (Prior to 1990)

Quality Improvement

Continuous Quality Improvement (CQI) Programs

MSMS urges its members to participate in Continuous Quality Improvement (CQI) training programs. (Res111-95A)

Reporting

Collection and Use of Physician Specific Data

MSMS supports the amended "Principles on the Release of Physician-Specific and Physician Group Data." (**See Addendum J in website version**) (Board-May94)
– Reaffirmed (Board-March07)

Federally-required Patient Surveys

MSMS supports the American Medical Association (AMA) policy on Pain Medicine (D-450.958). (Res71-16)

HEALTH CARE INSURANCE

(See also: Credentialing; Managed Care; Medicaid; Medicare; Membership; Health Clinicians Other Than Physicians; Physician Fees and Reimbursement)

ACA Reform Principles

MSMS supports the AMA's "core principles" for reform of the Affordable Care Act (ACA) as follows:
"In considering opportunities to make coverage more affordable and accessible to all Americans, it is essential that gains in the number of Americans with health insurance coverage be maintained. Consistent with this core principle, we believe that before any action is taken through reconciliation or other means that would potentially alter coverage, policymakers should lay out for the American people, in reasonable detail, what will replace current policies. Patients and other stakeholders should be able to clearly compare current policy to new proposals so they can make informed decisions about whether it represents a step forward in the ongoing process of health reform."
(Board-March17)

Access to Psychiatrists

MSMS supports requiring qualified health plans to provide access to psychiatrists. (Res92-95A)

Accountability of Repricing Networks

MSMS supports a physician's right to withdraw participation from any insurance company that mandates participation in repricing networks or all products clauses. (Res4-11)

Automatic and Affordable Health Insurance Coverage for All

MSMS supports affordable health insurance coverage for Americans. (Res41-01A)

Childhood Obesity as a Covered Benefit

MSMS supports the treatment of childhood obesity a benefit covered by health insurance plans. (Res88-10A)

Children's Preventive Care

MSMS supports requiring insurance companies to cover well-baby check-ups, pediatric check-ups and child immunizations. (Board-Nov93)

Coverage of Immunization by Third Party Payers

MSMS urges all third party payers, especially fee-for-service health plans, to provide coverage of immunizations recommended by national authorities.

MSMS encourages fee-for-service health plans, large businesses and labor organizations in Michigan to include health insurance coverage of recommended immunizations. (Res51-96A)

Discrimination by Health Insurance Carriers against Breast Reconstruction

MSMS supports the right for all women to have access to breast reconstruction after cancer surgery if they desire it, and that access should be available regardless of timing in relationship to the onset of the deformity or absence of their breast.

MSMS urges health insurance carriers to provide coverage of costs associated with all stages of the breast reconstruction. (Res96-96A)

Emotional Disorder as a Pre-existing Condition

MSMS believes no applicant should be denied an insurance policy for health care, sickness and accident, and/or life because the applicant has been treated for any current or previous emotional disorder. (Res88-95A)

Evaluation of Health Plan Performance

MSMS continues to evaluate overall performance of health insurance companies with particular emphasis on patient and provider satisfaction, as well as the proportion of premium dollars spent on administration. (Res28-95A)

Gender Equity for Prescription Drug Coverage

MSMS supports Michigan insurance carriers and employers to establish gender equity for prescription drug coverage, i.e. birth control pills. (Res4-03A)

Genetic Information Non-Discrimination in Insurance Coverage

MSMS encourages physicians to inform patients that their genetic test results may not be currently protected from discrimination by long-term care, disability, or life insurance providers and opposes the use of genetic information in decision-making for not only health insurance policies, but also long-term care, disability, and life insurance policies. (Res46-13)

Genetic Screening Affecting Insurance Policy Rates

MSMS supports prohibiting the health insurance industry from basing coverage and rates on knowledge of genetic risk. (Res36-95A)

Health Insurance for Adopted Children

There should be no discrimination in health insurance benefits between adopted and biological children. (Res11-91A)
– Edited 1998

Health Insurers: Domestic Assault Victims

MSMS supports the concept of prohibiting insurers, health maintenance organizations and life insurers, from using a person's status as a victim of domestic assault to deny or cancel coverage or charge special rates. (Board-July96)

Insurance Coverage

Medical insurance companies should make provision for adequate coverage of abortions. (Prior to 1990)
– Edited 1998

Insurance Coverage for Medical Food Products

MSMS supports health plan coverage of medical food products for patients with inborn errors of metabolism regardless of age. Medical food products should be exempt from deductibles and coinsurance and copayments should not exceed 50 percent. (Res56-17)

Long-term Care Insurance

MSMS supports the availability of insurance for long-term care for Michigan residents. (Prior to 1990)

Mental Health Insurance Benefits

Mental health benefits should be reimbursed on a par with other health care benefits. (Prior to 1990)

Misuse of Standard of Practice and Guidelines by Third Party Payers

MSMS opposes third party payer processes that delay timely recognition of advances made by clinical and/or basic research which improved the diagnosis and/or treatment of disease. (Res19-99A)
– Edited 2016

No-Fault Auto Insurance – Coordination of Benefits

MSMS supports the requirement that automobile insurance policies with a coordination of benefits clause pay reasonable charges for products, services and accommodations incurred by the insured that are not covered by his/her primary health care policy, if the services are provided by a qualified health care professional. (Board-July97)

No-fault Health Insurance

MSMS supports the concept that health insurance carriers cover the cost of treatment for illness or injury until the responsible payer is identified in order to ensure continuity of care. (Res60-95A)

Non-payment of "Authorized" Medical Services

MSMS supports that an insurer's authorization for specific service(s) is associated with payment for services rendered; that reimbursement for services rendered is received within 30 days; and that services with "authorization" cannot be denied retrospectively with request for return payment. (Res79-11)

Oral Anti-Cancer Therapy Drug Parity

MSMS supports state and federal legislation similar to that passed in a majority of states mandating parity between intravenous medications and oral anti-cancer therapy drugs. (Res64-15)

Over Utilization of Radiologic Studies

MSMS recommends that insurers reimburse radiologic procedures fairly and equitably and that over utilization be addressed not by decreasing fees, but by recommending appropriate utilization of radiologic procedures and appropriate credentialing of physicians performing these procedures. (Res67-94A)

Patient Choice Between Vaginal Birth after Cesarean Section (VBAC) and Repeat Cesarean Section Procedures

MSMS believes that the choice between Vaginal Birth after Cesarean Section (VBAC) and repeat cesarean section should be a decision between the patient, her partner and her doctor.

MSMS requests insurance companies to not withhold reimbursement for a repeat cesarean section if this alternative is the patient's informed decision. (Res93-94A)

Physician Penalties for Out-of-Network Services

MSMS vehemently opposes any penalties implemented by insurance companies against physicians when patients independently choose to obtain out-of-network services. (Res25-07A)

Pre-existing Conditions

MSMS supports prohibiting health and disability insurers and HMOs from denying coverage and from refusing to issue or renew coverage because of pre-existing condition. (Board-Nov93)

Preferred Provider Organizations

Preferred provider organizations should promote fee for service medicine, balance the marketing advantage of other financial mechanisms and encourage innovations to control health care costs. Physicians should analyze preferred provider organizations based on the following:

1. The PPO plan must assess and maintain quality care and ready access to the system by a peer review mechanism designed by and supported by practicing physicians. In order to assure quality care all PPO's must have independent outside peer review by physicians.

2. The PPO plan should address overall health care costs to the community including medical education, tertiary care facilities and catastrophic illness. It should not merely be a cost cutting mechanism within its selected population. Access and quality of care should not be sacrificed in favor of cost containment.
3. The PPO plan must assure the physician's role as the advocate of the needs of each patient. The physician should not be placed in an adversarial position by acting as an agent for the health plan.
4. PPO planning must recognize the role of the physician as the expert in selecting health care for patients. The doctor should select an overall cost-effective treatment plan rather than provide services based solely on the lowest costs.
5. The PPO plan should reinforce the concept of a continuing relationship between physician and patient.
6. Physicians must be actively involved in the planning, organization and management of all plans involving delivery of health care services.
7. Preferred provider plans should provide incentives for consumers to make cost effective choices for their own health care.
8. Physicians should have access to detailed information concerning their own "practice profile."
9. Advertising for any PPO must be fair, objective and truthful. It should clearly state any limitations in services to be delivered.
10. All PPO plans should make provisions for "freedom of choice" of physicians by the individual patients. This should be accomplished by including reasonable co-payments and deductibles for patients using physicians outside the plan.
11. Preferred provider legislation should be flexible so that innovation in PPO systems can be developed. It should encourage new organizations by health care professionals.
12. All provider-sponsored PPO's should be exempted from regulations imposed on third party carriers.

(Prior to 1990)

Edited 1998, 2015

Prescription Availability for Weekend Discharges

MSMS supports the availability of pharmacy benefit managers, health insurers, and pharmacists on holidays and weekends to resolve issues of coverage and/or formulary to protect patient safety and prevent readmissions.

(Board Action Report #03-17; 2017 HOD re Res40-16)

Prescription Collaborative

MSMS believes health insurance companies, regarding their respective drug formularies, should be required to:

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

(Res02-17)

Prescription Drug Coverage for Contraception

MSMS supports requiring all health plans to provide (1) outpatient coverage for prescription contraceptive drugs without a higher co-pay or deductible than for other drugs and (2) coverage for the dispensing of a 365-day supply of a covered

prescription contraceptive at one time in policies that provide coverage for prescription drugs. (Res29-00A)

- Edited 2017

Prior Authorization for Delivery

MSMS opposes the current practice/rule requiring prior authorization for elective delivery of any patient. (Res74-99A)

Prior Authorization for Surgical Procedures

MSMS supports requiring Michigan health plans to finalize their decisions on "prior authorization" at least one calendar week before the scheduled procedure. (Res28-13)

Prior Authorization Reform

MSMS supports the American Medical Association's 21 guiding principles to reform prior authorization requirements and will utilize the principles as a guide for prior authorization reform. (Res89-17)

Promotion and Sale of Medical and Disability Insurance Policies

Medical and/or disability insurance policies that contain deceptive exclusionary devices should not be promoted or sold. (Prior to 1990)

Prostate Cancer Screening

MSMS supports third party coverage of prostate cancer screening. (Board-July97)

Protect HealthCare.gov Consumers' Personal Data

MSMS supports prohibiting the inappropriate sharing of personal health information obtained from state and federally facilitated Health Insurance Marketplaces such as HealthCare.gov. (Res16-15)

Second Opinion

MSMS endorses the concept of "second opinion" when requested by the patient or his or her physician.

Mandatory second surgical opinion programs are not in the best interest of the public. (Prior to 1990)

Tax Deductible Insurance Premiums

All health insurance premiums should be tax deductible. (Prior to 1990)

- Edited 1998

Third Party Payer Responsibilities

MSMS strongly encourages third party payers to provide a summary of their insurance benefits outlining, up-front, deductibles, co-pays, and preventative coverage in simple terms that take into account recommended reading grade levels and that is provided in the patient's primary language within 30 days of policy activation. (Res43-16)

Uniform Claim Form

MSMS supports implementation of a uniform claim form for all third party payers. (Prior to 1990)

- Edited 1998

Uniform Claim Reporting Requirements

MSMS supports standardized claims reporting requirements that would:

- Require licensed health care providers to use the Centers for Medicare & Medicaid Services (CMS) 1500 claim form to bill third party payers.
- Require payers doing business in Michigan to accept data based on the CMS instructions for completion of the CMS 1500.

- For electronic claims submission, require health care providers to submit and payers to accept, directly or through use of a clearinghouse, either the Medicare National Standard Format or the American National Standards Institute (ANSI) 837 standards until further requirements are made by the Centers for Medicare & Medicaid Services requiring a single format for Medicare claims.
- Require use of CPT and CMS modifiers and use of standardized criteria for additional modifiers needed to accommodate policies of specific payers.
- Require use of ICD-10-CM codes to report all diagnoses and reasons for encounters and require payers to accept the current ICD-10 diagnosis codes October 1 of each year.
- Assure that AMA interpretations of CPT procedure codes supersede interpretations by payers.
- Mandate that payers reimburse professional services according to fees and procedure codes in effect as of the date of service rather than the date received.
- Enforce payer conformity with uniform reporting requirement through the imposition of penalties for noncompliance.

(Board-Jan96)

– Edited 2005, 2016

Waiting Period for Pre-existing Conditions

MSMS supports coverage of pre-existing conditions by third party payers without a waiting period. (Board-Nov97)

HEALTH CLINICIANS OTHER THAN PHYSICIANS

(See also: Hospital-Physician Relations; Licensure; Scope of Practice)

Acupuncture: Licensure

MSMS opposes the licensure of acupuncturists. (Res30-90A)
– Amended 1993

Certified Anesthesiologist Assistants

MSMS supports the licensure of "certified anesthesiologist assistants" (CAA), who would practice anesthesiology under the supervision of an anesthesiologist, consistent with other MSMS policy relative to scope of practice. (Board-Oct17)

Evaluation of Allied Health Professionals

MSMS supports the evaluation of allied health professional methods of practice. (Prior to 1990)

Licensure and Reimbursement for Certified Genetic Counselors

MSMS supports the licensure of certified genetic counselors. (Res36-16)

Medical Staff Privileges for Allied Health Professionals

MSMS urges (1) Michigan physicians to examine the credentials and privileges of allied health professionals and (2) hospital medical staffs to periodically review their bylaws to ensure they include the appropriate language describing the credentialing of allied health professionals. (Res26-94A)

Midlevel Provider Use Rules

MSMS supports daily physician supervision of all midlevel providers who provide care to hospitalized patients as documented by a signature.

(Board Action Report #7, 2011 HOD, re Res74-10A)

Midwifery: Protection from Unqualified Practitioners

MSMS supports protection of Michigan women from unqualified practitioners of obstetrics. (Prior to 1990)

– Edited 1998

Nursing: Direct Reimbursement of Certified Nurse Midwives

MSMS supports permitting direct reimbursement to certified nurse midwives if the regulations stipulate the following:

- An expense-incurred, medical or surgical policy, conversion policy or indemnity policy, that provides coverage for maternity services, shall offer to provide coverage for such services whether performed by a physician or a nurse midwife acting within the scope of his or her license. A certified nurse midwife must include evidence of a collaborative relationship with a physician with obstetrical privileges at the same institution.
- A group or non-group certificate or conversion certificate that provides coverage for maternity services, shall offer to provide or shall provide, coverage for such services whether performed by a physician or a nurse midwife acting within the scope of his or her license. A certified nurse midwife must include evidence of a collaborative relationship with a physician with obstetrical privileges at the same institution.

(Board-Sept94)

Nursing: Education

Hospital nursing schools should not be "phased out." The integration of hospital nursing schools and community and state colleges into a unified academic program should be considered. (Prior to 1990)

Nursing: Scope of Practice

MSMS opposes the practice of medicine by independent nurse practitioners.

MSMS supports the establishment of written protocols between the physician and nurse practitioner. (Res33-91A)

– Edited 1998

– Reaffirmed (Board-Oct12)

Opposing the Establishment of an Assistant Physician Program

MSMS opposes special licensing pathways, including the "assistant physician" pathway, for physicians who are not currently enrolled in an Accreditation Council for Graduate Medical Education or American Osteopathic Association training program, or who have not completed at least one year of accredited post-graduate U.S. medical education. (Res45-15)

Optometry: Scope of Practice Expansion

MSMS opposes allowing optometrists to expand their scope of practice to include the use of therapeutic drugs, and to expand the area that they may examine from the eyeball to the area surrounding the eye. (Board-Jan93)

Pharmacy: Cooperation to Insure Patient Medication Safety

MSMS works with the Michigan Pharmacists Association to assure patient safety, confidentiality, and continuity of care. (Res88-93A)

Physician Assistants (PAs): Prescribing Controlled Substances

MSMS supports changing the Board of Medicine administrative rules so physician assistants (PAs) can write orders for controlled substances in the hospital setting upon verbal order of his or her collaborating physician. (Res59-97A)

Physician Assistants and Nursing: Prescription Drugs

MSMS supports the concept of permitting physician assistants and registered nurses to order, receive and dispense complimentary starter doses of non-controlled substances. (Board-July95)

Physician's Relationship with Limited Practitioners

A physician should at all times practice a method of healing founded on a scientific basis. A physician may refer a patient for diagnostic or therapeutic services to another physician, licensed limited practitioner, or any other provider of health care services permitted by law to furnish such services whenever the physician believes that this will benefit the patient. As in the case of referrals to physician specialists, referrals to limited practitioners should be based on their individual competence and ability to perform services needed by the patient.

Testimonials should not be used in advertising as such claims tend to mislead the public. In addition, the Society supports Section 16265 of the Michigan Public Health code which states:

"1) An individual licensed under this article to engage in the practice of chiropractic, dentistry, medicine, optometry, osteopathic medicine and surgery, podiatric medicine and surgery, psychology, or veterinary medicine shall not use the terms doctor or dr. in any written or printed matter or display without adding thereto of chiropractic, of dentistry, of medicine, of optometry, or of osteopathic medicine and surgery, of psychology, of veterinary medicine or a similar term, respectively."

(Prior to 1990)

– Edited 1998

Physical Therapy: Direct Reimbursement

MSMS opposes direct reimbursement to physical therapists. (Board-July95)

Physical Therapy: Reimbursement

MSMS opposes requiring commercial payers to directly reimburse physical therapists for their services. (Board-Nov93)

Psychology: Prescribing Medications

MSMS opposes psychologists prescribing medications. (Res87-95A)

Psychology: Hospital Staff Privileges

MSMS opposes hospitals credentialing a psychologist to practice independently. (Board-July96)

Surgical Assistants: Role and Reimbursement

MSMS supports the role and reimbursement of surgical assistants in the delivery of health care. (Res115-90A)

– Edited 1998

HEALTH INFORMATION TECHNOLOGY

Barriers to Connectivity

MSMS supports governmental authorities and purchasers of care to compel health systems to cooperate by developing electronic interfaces with physician offices and supports the Centers for Medicare and Medicaid Services to compel and/or incentivize health systems to work with physician practices to achieve interconnectivity through interfaces. (Res18-13)

e-Visit Reimbursements

MSMS supports and advocates reimbursement of e-visits that involve encounters relating to a patient's care as a part of

ongoing management and maintains appropriate elements of quality, physician accountability, and confidentiality. (Board-April06)

Mandating e-Prescribing

MSMS encourages the AMA to work with representatives of pharmacies, pharmacy benefits managers, and software vendors to expand the ability to electronically prescribe all medications. (Board Action Report #1, 2013 HOD, re Res8-12)

Repeal Penalties for Non-adoption of EHR

MSMS supports the current AMA policy that "Our AMA will continue to advocate that, within existing AMA policies, the Centers for Medicare & Medicaid Services suspend penalties to physicians and health care facilities for failure to meet Meaningful Use criteria. (Res. 222, A-10; Reaffirmation I-10; Reaffirmation A-14; Appended: Res. 210, I-14)." (Res30-15)

Revise Meaningful Use Stage 3 Guidelines

MSMS supports the American Medical Association's eight priorities for improving electronic health record (EHR) usability announced in 2014 in order to benefit eligible professionals and patients and to structure a federal Meaningful Use program that reflects the reality of medical practice and promotes the rationale use of EHRs. (Res57-15)

Support Patient Empowerment Controlled Health Records

MSMS supports the development of functional patient-centric information exchange systems to and from a patient-accessible health record that gives patient control to share with others, protects their individual rights to privacy, and supports continuity of care, provider work flow, and provider fulfillment of meaningful use. (Res80-10A)

HEALTH PLANNING

Certificate of Need

MSMS supports repeal of Certificate of Need legislation and repeal of Certificate of Need Standards, specifically those addressing physician ownership of or investments in ambulatory surgery centers, rudimentary or advanced imaging centers, extracorporeal shockwave lithotripsy, laboratories, and advanced radiotherapy treatment centers. (Prior to 1990)

– Edited 1998

– Edited 2013 (Res60-13)

Regionalization

The private physician and local medical societies should be involved in planning for regionalization of medical services. (Prior to 1990)

HOSPITAL BOARDS

Amending Medical Staff Bylaws

MSMS will assist medical staffs by providing legal help and support, if determined appropriate by the MSMS Board of Directors, when a hospital board of directors unilaterally changes the medical staff bylaws. (Res27-94A)

Physician Representation on Hospital Boards of Trustees

MSMS supports the principle that all physicians seated on hospital boards of trustees be elected to their position by the hospital medical staff members. (Res51-06A)

Physician Representation on Hospital Governing Boards

MSMS encourages all physicians to participate on their hospital governing boards and/or boards of trustees, and recommends

in addition that elected chiefs of staff be voting members of their hospital governing boards. (Res22-93A)

– Edited 1998

HOSPITAL-PHYSICIAN RELATIONS

(See also: *Autopsy; Certification and Maintenance of Certification; Health Care Delivery; Licensure; Medical Liability; Medicare; Peer Review*)

Arbitrary Denial or Termination of Medical Staff Privileges

MSMS recognizes hospital medical staff bylaws as a contract that affords due process to all members of the medical staff. (Res14-95A)

Consolidation of Medical Staff and Departments

MSMS supports the concept that consolidation of medical staff and departments and associated bylaws and departmental policies and procedures must require the approval of all medical staffs and/or departments so involved. (Res15-95A)

Guidelines – Applications for Hospital Medical Staff Privileges

MSMS endorses the Guidelines on Applications for Hospital Medical Staff Privileges. (**See Addendum G in website version**) (Prior to 1990)

Guidelines for Medical Staff Funds

1. Participation in such funds shall be voluntary.
2. Control of the use of medical staff funds shall be limited to the physicians who have contributed to the fund.
3. The constitution, bylaws or other governing rules of the fund shall provide that all elections and votes on major decisions by the membership shall be by secret written ballot.

(Prior to 1990)

Guidelines for Physician-Hospital Relations

1. Hospital-employed physicians should be included as members of the medical staff and should be subject to its bylaws, rules, and regulations. The following provisions should be included in medical staff bylaws:
“The credentials committee (or other appropriate committee) shall cooperate with the governing board in reviewing the credentials of all physician applicants for employment by the hospital to assure that such employees qualify for regular membership on the medical staff. The procedures followed in processing applications for regular medical staff appointment and for continued staff privileges shall be applicable to and have control over such employed physicians.”
2. The medical staff should include proper safeguards in all appropriate sections of the medical staff bylaws, rules and regulations to make certain that they apply to all physicians serving on the medical staff, including those employed by the hospital.
3. While medical staff bylaws must be approved by the governing board and, for this reason, are considered to be binding on the governing board, it would appear desirable to include a provision in any contracts with physicians, as well as in the medical staff bylaws, to assure the desired result. The following is suggested:
“In accordance with and subject to the procedures of the organized medical staff, Doctor _____ is granted and accepts appointment as a member of the medical staff. This Agreement shall terminate automatically if the staff

privileges of Doctor _____ are revoked upon recommendation of the organized medical staff.”

4. If there is no organized democratic departmental structure which allows for communication and input, the medical staff should establish an advisory committee to counsel and assist the administrator in carrying out his or her responsibilities.
5. Where the employment of a full-time physician to carry out departmental administrative and operational functions is being considered, it is recommended that consideration be given to employing this physician as an administrative assistant to the elected chief with the delegated functions appropriately spelled out in the medical staff or departmental bylaws.
6. Medical staffs in all types of non-federal hospitals should be alert to the potential dangers of governing board dominance over the executive committee and the need for careful bylaw structuring of the executive committee to prevent this.
7. The American Medical Association should firmly oppose the specific proposals of the American College of Hospital Administrators and the Catholic Hospital Association concerning medical staff structure and medical staff-administrator-board relationships. (Note: The Board has concerned itself only with those specific sections of the documents.)
8. It is emphasized that medical staffs should take a firm stand against governing board control of medical staff activities related to patient care.
9. State and local medical societies are urged to supplement AMA's effort to assist and offer support to hospital medical staffs involved in negotiations with governing boards and administrations.

(Prior to 1990)

Hospital Admissions by Allied Health Professionals

Only physicians and surgeons with staff privileges may admit patients. Allied health professional services may be available, within limits of skill and law, only under direction and supervision of a member of the medical staff qualified in that field. Such services are to be under direction of the department or section responsible for that type of service. (Prior to 1990)
– Edited 1998

Hospital Medical Staff Credentialing of Physicians who Provide Electronic and Other Telemedicine Services for Hospital Patients

MSMS supports the requirement of physicians who provide diagnostic or therapeutic services on a regular, ongoing or contractual basis via electronic or other communications to patients in a hospital setting within Michigan to be fully credentialed by that hospital's medical staff in accordance with the medical staff bylaws.

MSMS supports the requirement of physicians who provide diagnostic or therapeutic services on a regular ongoing or contractual basis to patients in a hospital setting within Michigan solely via electronic or other distant communications (and so would not otherwise ever have any direct personal interaction with the remainder of the medical staff) be credentialed as active members of that hospital's medical staff and be held to the same standards of requisite responsibilities as other active members of the medical staff. (Board Action Report #3, 1997 HOD, re Res29-96A, Res97-96A, & Res98-96A)

Medical Doctors and Department Heads of Hospital Staffs

It is inappropriate for hospital medical departments in acute care general hospitals to be chaired by persons other than licensed physicians or, when appropriate, dentists.

(Prior to 1990)

– Edited 1998

Medical Staff Reappointment

Reappointment of doctors to the active medical staff should not be denied except for medical ineptitude, character deficiency or conviction of unethical conduct, revocation of license by the state, or violation of the hospital medical staff bylaws that have been approved by the medical staff. (Prior to 1990)

Medical Staff Self-rule

All hospital medical staffs should have the right to formulate and implement their constitution, bylaws, rules and regulations with the understanding that they are subject to the hospital corporate body. (Prior to 1990)

– Edited 1998

National Practitioner Data Bank

MSMS supports repeal of the National Practitioner Data Bank.

(Res7-90A)

– Amended 1993

– Edited 1998

Oppose Mandatory “Hospitalist” Care

MSMS opposes mandatory requirements that a patient’s physician turn over inpatient care to “hospitalists.” (Res15-99A)

Physician Rights Regarding Performance-Based Reporting

MSMS supports a physician’s right to prompt notification, review, and comment regarding any complaint made to a hospital pertaining to the physician’s professional behavior; that a physician shall be given an adequate opportunity to provide written comment in response to the specific complaint; and that a physician’s comments shall be included adjacent to the specific complaint in any hospital-generated report.

MSMS supports a fair process of physician collaboration in the development of professional behavior programs or reporting by hospitals. (Res7-14)

Qualifications for Chief of Medical Staff

MSMS encourages medical staffs to include in their bylaws a provision that all physicians be eligible for election to chief of staff unless the physicians serve in a major medical administrative position at the hospital. (Res12-97A)

Required Physical Exams of Physicians by Hospitals

MSMS opposes hospital medical staff policy that mandates all physicians of a particular age undergo physical and neuropsychological exams in order to remain on staff.

(Res16-12)

Staff Privileges: Commensurate with Training and Skill

Every ethical licensed physician should have admitting and staff privileges commensurate with their training and skill.

(Prior to 1990)

– Edited 2016

Staff Privileges: Non-Board Certified Physicians

MSMS supports hospital medical staffs granting privileges to non-board certified physicians. (Res59-01A)

– Edited 2016

Unfair Competition by Non-profit and Tax-exempt Organizations

MSMS opposes the unfair privilege of non-profit and tax-exempt organizations providing medical care in competition with the private and taxed physicians providing the same services.

(Prior to 1990)

IMMUNIZATIONS

(See also: *Health Care Insurance; Public Health*)

Adequate Vaccine Reimbursement

MSMS encourages work with local payers to ensure that the supply of all vaccines recommended by the Centers for Disease Control is available at a reasonable cost and the practice is fully reimbursed if unable to find a supplier charging lower than the reimbursement fee. (Res69-07A)

Administration of Immunizations

The immunization of children and adults for prophylaxis against infectious diseases is best performed at the direction of physicians involved in continuing care of the individual, taking into account the risks and benefits accruing to the individual. A concerted effort should be made by physicians to ensure that patients begin pediatric immunizations at the earliest medically appropriate time and that patients finish their series. Guidelines and schedules produced by scientific groups and/or governmental agencies, while often helpful, should not be regarded as overriding the exercise of informed decision-making by the physician where the welfare of his or her patient is involved.

Recognizing that circumstances occur in which immunization should be given under other auspices, the common good should be served with due regard for the concerns of the individual. Immunization programs thus carried out under other auspices should be developed with appropriate input from physicians and in concert with the laws regulating medical practice.

Mass programs should, to the greatest possible degree, defer to successful and affordable approaches to immunization, which do not remove individuals from regular sources of care and should not scatter the individual’s immunization record.

A uniform statewide record should be utilized and the parent/guardian should be provided with a cumulative copy of the record. An entry should be made into this record at the time of each immunization. (Prior to 1990)

Childhood Immunization Waivers

MSMS opposes immunization waivers for childhood immunizations based on non-medical exemptions. (Res05-15)

– Reaffirmed (Res07-16)

Immunizations and Preventive Health Care for Children

MSMS supports coverage for preventative health care visits and immunizations for all children. MSMS also supports immunization records being kept by the child’s physician, parents and schools. (Res91-90A and 54-92A)

– Edited 1998

– Reaffirmed (Res56-01A)

Insurance Coverage for Immunizations

MSMS urges employers to provide health coverage that includes coverage of all immunizations that are recommended by the Centers for Disease Control and the Advisory Committee on Immunization Practices for persons living in the U.S. (Board Action Report #3, 2009 HOD, re Res27-08A)

Mandatory Entry of Adult Immunization in MCIR

MSMS supports the entry of all immunizations administered to adults into the Michigan Care Improvement Registry within three business days. (Res19-13)
– Reaffirmed (Res31-17)

Mandatory Immunizations: Physicians Held Harmless

MSMS supports physicians being held harmless in the event of a maloccurrence not involving negligence encountered during the administration of immunization to patients as required by federal or state governmental agencies. (Prior to 1990)
– Edited 1998

Opposition to Vaccination Exemption Efforts

MSMS opposes legislation or regulations that prevent local public health officials from excluding unvaccinated children from schools in the event of a disease outbreak.

MSMS supports the requirement in Michigan that parents or guardians who request a nonmedical immunization waiver for their child must first complete mandatory health education from a county health department regarding the benefits of vaccination and the risks of disease before obtaining such waiver. (Res22-16)

Priority Vaccine Distribution to Physician Offices

MSMS supports physicians receiving their orders for seasonal vaccine before delivery to non-medical venues or retail/urgent care clinics. (Res65-10A)

Report Immunizations to Primary Care Physicians and MCIR

MSMS supports the requirement that pharmacies and other entities providing immunizations to patients report such action and enter all immunizations administered to patients into the Michigan Care Improvement Registry and, if feasible, to the patient's primary care physician either electronically or via fax. (Res03-15)

Universal Access to Child Immunizations

MSMS supports a policy of universal access to immunizations for all Michigan children. It further supports a strategy whereby the immunizations are purchased by the state at the lowest possible price and made available to all health care providers administering immunizations. (Board-Nov93)

INFORMED CONSENT

(See also: Public Health)

Elimination of Informed Consent for HIV Testing

MSMS supports (1) elimination of the informed consent requirements for HIV testing and (2) the ability of physicians to perform HIV tests on patients as they feel it is appropriate for proper medical management of the patient. (Res2-92A & Res95-92A)
– Reaffirmed (Res98-01A)
– Reaffirmed (Board-Oct2009)

MSMS Position on Informed Consent

MSMS strongly endorses the principle of informed consent for medical treatment. Patients have a right to participate in decisions regarding their health care to the extent that they wish; and they have a right to the information necessary for meaningful participation.

However, a right to the information necessary to participate to the extent that the patient desires does not imply that patients should be forced to accept information deemed relevant by an outside party. Respect for patient's rights entails respecting a patient's desires to receive or not receive particular items of information.

In order to respect patients' rights in a compassionate manner, information disclosure should be tailored to the particular needs and desires of the particular patient. MSMS opposes regulatory interference in the physician-patient relationship, either to prohibit the physician from discussing certain information, or requiring that certain information be disclosed in all cases regardless of patient circumstances.

MSMS also believes that current law requires informed consent for all medical treatment and offers adequate recourse if consent is not obtained. Therefore, the Society sees no need for specific legislation mandating informed consent for particular procedures or diseases. (Board-Sept91)

INTERNATIONAL MEDICAL GRADUATES

(See also: Discrimination; Hospital-Physician Relations; Licensure; Medical Education and Training)

Educational Commission for Foreign Medical Graduates (ECFMG) Credentials Verification

Educational Commission for Foreign Medical Graduates (ECFMG) verification should be the primary source for granting permanent state licensing and hospital privileges for international medical graduates. (Res63-94A)

Equality of Graduates of Foreign Medical Schools

MSMS is concerned and sensitive toward issues facing international medical graduates in Michigan. It will work with the AMA to provide, profess and propagate its intention to work for equality of IMGs with United States medical graduates in training and work places. (Res98-90A)
– Amended 1993
– Edited 1998

J1 Visa Waivers for Specialists

MSMS supports the distribution of J1 Visa waivers between primary care and specialists depending on their own need. (Res5-05A)

Selection of Residents Based on Skills and Qualifications

MSMS opposes policies that discriminate against international medical graduates for postgraduate medical training programs. (Res58-96A)

Visa Status Changes for International Medical Graduates

MSMS supports the position that IMG resident physicians with H-1B status be allowed to keep their H-1B visas for the duration of their current graduate medical education in the United States. (Res22-95A)

LABORATORY MEDICINE

Laboratory as a Medical Practice

The operation of a medical laboratory represents the practice of medicine and should be actively supervised and directed by a licensed physician. (Prior to 1990)

Signatures for Diagnostic Laboratory Test Requisitions Creates Inefficiency, Increased Costs and Patient Safety Risks

MSMS opposes requiring signatures for diagnostic laboratory test requisitions. (Res39-11)

LICENSURE

Educational Loans-Physician Licensure

MSMS opposes using non-payment of student loans to place physicians' licensure at risk. (Board-Nov97)

Examination for State Re-licensure

MSMS opposes mandatory examination for re-licensure by the state of Michigan except for re-licensure after forfeiture of the original license. (Res41-96A)

Fees to be Returned

All medical licensing fees should be returned to the Michigan Board of Medicine. (Prior to 1990)

Interstate Practice of Medicine

MSMS supports requiring out-of-state physicians treating Michigan patients to be fully licensed by the state of Michigan; however, MSMS does support occasional and irregular medical consultations that are requested by out-of-state physicians who are not licensed in the state of Michigan. MSMS policy is that an out-of-state physician treating a patient within Michigan be subject to jurisdiction at the patient's location. (Board Action Report #3, 1997 HOD, re Res29-96A, Res97-96A, & Res98-96A)

Language Fluency as Requirement for Licensure

MSMS opposes requiring individuals to pass a spoken English proficiency test to receive a medical license in Michigan. (Res57-92A)
– Edited 1998

Licensing Non-physicians

MSMS opposes extending to non-physicians the right to practice medicine or surgery without physician supervision. (Res30-90A)
– Amended 1993
– Edited 1998

Licensure for Health Plan Medical Directors

MSMS supports licensure by the state of Michigan for health plan medical directors, even if they are located outside of the state of Michigan and are not engaged in active clinical practice. (Board-Sept98)

Licensure of Medical Technologists

MSMS opposes licensure of medical technologists. (Board-July97)

Maintenance of Licensure

MSMS supports the present requirement for licensure of 50 credits per year of Continuing Medical Education as adequate to maintain a medical license and opposes adoption of additional requirements. (Res38-13)

Opposing the Federation of State Medical Boards Interstate Medical Licensure Compact

MSMS opposes participation with the Federation of State Medical Boards' Interstate Medical Licensure Compact. (Res48-15)

Pharmacy Licensing Fee

MSMS opposes the physician pharmacy license fee in Michigan. (Res59-90A)
– Edited 1998

Repetitive Fingerprinting and Criminal Background Checks

MSMS supports efforts by appropriate state agencies and other relevant organizations, as a shared serviced, to standardize the requirement for the fingerprinting and criminal background check of physicians and advanced practice professionals. (Res40-17)

Specialty Re-certification Tied to Licensure

MSMS opposes any proposal whereby a physician's license will not be renewed because he or she has not been re-certified in his or her specialty. (Res66-90A)

Suspension of a Physician's License Following Conviction of a Misdemeanor Involving Possession or Use of Alcohol

MSMS is opposed to the discriminatory summary suspension of health professionals' licenses or registrations upon their conviction for a misdemeanor involving alcohol. (Res5-95A)

Transparency Within the Board of Medicine

MSMS support efforts to protect the citizens of Michigan by assuring transparency within the Michigan Board of Medicine by strengthening policies against conflicts of interest by requiring attestation of the lack of any conflict on a case by case basis, and other efforts to assure that conflicts of interest of this nature do not occur. (Board-April13)

LONG-TERM CARE

Definition of Nursing Home

MSMS believes a nursing home should be a facility providing inpatient care for persons requiring nursing care and related services not available at home, but not requiring the services of acute general hospital care. (Prior to 1990)
– Edited 1998

No Cardiopulmonary Resuscitation (CPR) Orders in Adult Foster Care and Assisted Living Settings

MSMS supports do-not-resuscitate orders, as well as other advanced directives, for residents of adult foster care facilities, nursing homes and other non-hospital settings. (Res24-97A)

Nursing Facility Preadmission Screening Requirements

MSMS supports legislative, regulatory and administrative action to update the Preadmission Screening and Resident Review requirement for nursing facility placement to provide more consistent enactment among states and to allow more reasonable and cost-effective approaches to this mandatory screening process while maintaining appropriate protections for persons with mental illness and intellectual disabilities. (Res38-17)

Separation of Physician Services from Day Rates

All fees for physicians' services and medicines should be kept entirely separate from day rates for nursing home care, since the establishment of an all-inclusive rate might lead to poor and inadequate medical care and tend to separate the patient from his/her physician. (Prior to 1990)

Shortage of Nursing Home Beds

MSMS supports attempts to resolve the shortage of basic and skilled nursing home beds. (Res89-90A)
– Edited 1998

Streamline Pre-authorization Process for Extended Care Facility Admissions and Transfers

MSMS supports a streamlined pre-authorization process for admission and transfer to extended care facilities and an extension of a pre-authorization's validity beyond 24-hours. (Res73-17)

Therapeutic Intervention

MSMS supports regulations regarding therapeutic interventions for nursing home patients accommodating patient and family choice for treatment of an individual on a case by case basis. (Res92-96A)

MANAGED CARE

(See also: Advertising; Credentialing; Health Care Delivery; Health Care Insurance; Maternal and Infant Health; Medicaid; Medicare)

Cesarean Section Rates

MSMS opposes the C-section rate as the only measure of quality. (Res127-99A)

Gag Orders and Hold Harmless Clauses

MSMS opposes any form of gag orders, hold harmless clauses and pejorative treatments arising out of contractual stipulations. (Res10-96A)

Guidelines for Managed Care

MSMS advocates the following managed care guidelines:

1. Medical facilities must be physician-oriented and their medical services be physician-directed.
2. Physicians' services must be clearly differentiated and separated from hospital services.
3. The patient's physician should be free of controls and restrictions that interfere with providing the highest quality of medical care.
4. The physician-patient relationship is the keystone to good medical practice, which means that each patient must have freedom of choice of physician and each physician freedom of choice of patient.
5. Frequency of use and criteria for medical care are and must continue to be the responsibility of physicians.
6. Governmental agencies may provide medical service and/or medical facilities only when they cannot be purchased or are not available from private sources.

(Prior to 1990)

– Edited 1998

Health Maintenance Organizations

MSMS reaffirms its support of a pluralistic health care and reimbursement system and opposes the domination of the HMO industry by any one financial entity. MSMS will continue to carefully monitor the ownership, development and growth of HMOs within Michigan. (Prior to 1990)

Long-Term Psychotherapy

MSMS opposes arbitrary establishment of the number of long-term psychotherapy sessions a patient may receive. (Res93-95A)

Managed Care Contract Panel

MSMS supports elimination of medical staff membership/privileges as a requirement for participation in a managed care contract panel, as long as the organization has in place a process of providing continuity of care. (Res11-97A)

Medical Director Oversight

MSMS supports Board of Medicine jurisdiction over health plan medical directors. (Board-Jan99)

MSMS opposes using medical liability as a legal remedy against medical directors of health maintenance organizations. (Board-Jan99)

– Edited 2005

Non-physician Gatekeepers Pre-empting Medical and Treatment Plans of Emergency Room Physicians

MSMS opposes protocols that allow non-physician gatekeepers to pre-empt the medical decisions and treatment plan of emergency medical situations. (Res58-94A)

Periodic Interim Payments for Prenatal Care

MSMS supports a system for periodic interim payments from major managed care companies and other third party payers for prenatal care. (Res15-90A)

– Edited 1998

Responsibility to Explain Health Care Contracts

MSMS supports requiring all health insurance and managed care plans to explain in clear and familiar terms all pertinent information about the health plan to prospective purchasers and enrollees. (Res14-97A)

MATERNAL AND INFANT HEALTH

(See also: Health Care Delivery; Health Care Insurance; Immunization; Health Clinicians Other Than Physicians; Public Health; Substance Abuse and Addiction)

Alcohol, Tobacco and Other Drugs (ATOD) Screening of Pregnant Women by Primary Physicians

MSMS encourages physicians to conduct alcohol, tobacco and other drug (ATOD) assessment of pregnant women as a health initiative in Michigan. (Res101-97A)

Drive-through Deliveries

MSMS supports post delivery, inpatient hospital services for a mother and her newly born child for a minimum of 48 hours following a vaginal delivery and 96 hours following a cesarean section, unless determined otherwise by the mother, her physician or other health care provider. (Res49-96A)

Free-Standing Birth Centers

MSMS opposes freestanding birth centers in Michigan. (Res34-99A)

"Keepsake" Ultrasounds

MSMS opposes the use of obstetric ultrasound equipment for non-medical purposes. (Res36-17)

Promote Designated Breastfeeding and/or Breast Pumping Areas in Places of Public Accommodation

MSMS encourages places of public accommodation to provide designated breastfeeding areas to breastfeeding mothers in order to enhance the goals supported by Michigan's Public Act 197 of 2014, "Breastfeeding Anti-Discrimination Act." (Res10-16)

Vaginal Birth After Cesarean (VBAC) Safety

MSMS is opposed to mandatory trials of labor for all women with previous cesarean births. (Res126-99A)

MEDICAID

(See also: Government Programs and Regulatory Oversight; Medical Education and Training; Medical Liability; Taxes; Women's Health)

Coverage of Approved Medications

MSMS supports that Medicaid Health Plans in Michigan cover all medications on the Michigan Medicaid's Preferred Drug List, without having to repeat prior authorization or step-therapy that has already been documented on the patient. (Res2-12)

Equitable Medicaid Reimbursement

MSMS opposes all cuts in Medicaid reimbursement budgets and supports an increase in payments to a level that covers physician and hospital costs. (Res99-91A)
– Amended 1993
– Edited 1998

Medicaid Coverage for Women with Molar Pregnancy

MSMS supports administrative and legislative remedies to require Medicaid in Michigan to cover the surveillance and treatment of women with newly diagnosed gestational trophoblastic disease. (Res27-13)

Medicaid Expansion

MSMS supports the expansion of Medicaid under the Affordable Care Act. (Board-Jan13)
– Reaffirmed (Board-March17)

Medicaid Financing Policies

MSMS opposes Medicaid financing policies that result in reduced funding for Medicaid in Michigan. Such policies could include block grants and per-capita funding. (Res80-17)

Medicaid Funding

The state of Michigan should fund abortions for Medicaid patients deemed necessary by a physician. (Prior to 1990)
– Edited (Board Action Report #5, re Res63-11)

Medicaid Substance Use Disorder Coverage

MSMS supports Medicaid payment coverage for the medical management and treatment of all substance use disorders. (Res54-17)

Oppose Discrimination Against Medicaid Beneficiaries Requesting Permanent Sterilization

MSMS supports the legislative or regulatory elimination of the federal requirement of a 30-day interval between informed consent and a permanent sterilization procedure for mentally competent individuals aged 21 or older (42 CFR 441.253) and will work with the Michigan Department of Health and Human Services to remove such requirement from the Michigan Medicaid manual should the federal requirement be rescinded. (Res09-16)

Physician Care for Michigan's Increased Medicaid Population

MSMS encourage Michigan physicians to accept Medicaid beneficiaries as their practice allows. (Board Action Report 6 per Res14-15)

Preventive Services

Preventive health services such as physical examinations, well-baby visits, necessary immunizations and family planning services should be included in the Medicaid program. (Prior to 1990)
– Edited 1998

Tuberculosis as Qualifying Condition for Medicaid

MSMS supports making tuberculosis a qualifying condition for Medicaid and other health care coverage in the state of

Michigan and supports requiring the Michigan Department of Community Health to support the financial costs of treating tuberculosis in each county and advocate for the availability of negative pressure rooms in non-hospital settings for persons with infectious tuberculosis. (Res16-13)

Uniform Statewide Medicaid Rules

MSMS supports implementation of uniform statewide Medicaid contract rules. (Board-Sept97)

MEDICAL EDUCATION AND TRAINING

(See also: Elder Care; Licensure; Public Health)

Adopting Alternative Sources of Graduate Medical Education Funding

MSMS supports the principle or concept of an all-payer fund that would distribute the cost of training physicians across Medicare, Medicaid, and private health insurance plans. (Res22-12)

Advance Care Planning Education for Physicians

MSMS supports the teaching of advance care planning, including the use of advance directives, as a clinical skill through a variety of education modalities and adopts American Medical Association policy, H-85.956, pertaining to the education of physicians about advance care planning. (Res58-17)

Advocacy Training in Medical Schools

MSMS encourages all Michigan and U.S. medical schools and residency programs to incorporate significant, more formalized training in health care policy and patient care advocacy into their curricula to aid in the development of our next generation of physician leaders. (Res55-13)

American Citizens Enrolled in Medical Schools Abroad

MSMS opposes freestanding clinical education by hospitals in our state for American citizens enrolled in medical schools abroad. For the purposes of this policy, "freestanding" is defined as a clinical education offered without the supervision of a medical school in the United States or Canada. (Prior to 1990)
– Edited 2005

Assessing Caregiver Stress and Burden

MSMS supports the ongoing education of medical students and physicians on the importance of evaluating, assessing, and managing caregiver stress and burden using standardized screening tools to detect depressive symptoms within chronically stressed caregivers. (Res37-16)

Automatic Eligibility for Licensure Limited to Graduates from Medical Schools which Meet LCME Standards

Only graduates from medical schools which meet standards established by the Liaison Committee for Medical Education should be automatically eligible for licensure as medical doctors in Michigan. (Prior to 1990)

Cultural Competence in Standardized Patient Programs within Medical Education

MSMS supports initiatives by Michigan's medical schools to incorporate diversity in their Standardized Patient programs as a means of combining knowledge of health disparities and practice of cultural competence with clinical skills. (Res88-17)

Defense of Diversity in Medical Education

MSMS supports the American Medical Association policies that promote increasing the number of minority applicants to medical schools. (Res42-04A)

Diversity and Equality of Opportunity in Admissions to Michigan's Medical Colleges

MSMS supports and encourages Michigan's medical colleges to consider the socioeconomic status of applicants when evaluating and deciding admissions to academic programs. (Res54-07A)

Eliminate Cap on J-1 Visa Waiver Slots for Each State

MSMS supports eliminating the cap on J-1 Visa Waiver slots each state is allowed to sponsor. (Board Action Report #7, 2013 HOD, re Res68-12)

Ethical Duties in Teaching Medicine

MSMS supports that undergraduate and postgraduate medical trainees be taught by the example of their teachers that the ultimate welfare of each patient is primary and takes precedence over educational needs where there is a conflict between these two goals. (Res15-12)

Exploring Options to Protect Medical Students from Potential Future Unexpected Mid-Year and Retroactive Tuition Increases

MSMS opposes mid-year or retroactive increases in tuition for students of medical and related health professional schools in the state of Michigan. (Res50-03A)

Financial Aid for Medical Students

Adequate financial aid systems should be available for financially needy medical students. (Prior to 1990)

Implementation of Business and Management Education in Michigan Medical Schools

That MSMS supports the inclusion of a practical medicine course into the curricula of accredited schools of medicine in the state of Michigan that are designed to educate future generations of physicians about the business aspects associated with operating a medical practice such as practice management, billing, the impact of federal/state laws and regulations, and how to structure a practice to be solvent over the long term. (Res41-05A)

Increasing Post-Graduate Medical Education Slots in the State of Michigan

MSMS supports increased funding from private and federal sources for post-graduate residency training in the state of Michigan. (Res66-13)

Increase Funding for Post-Graduate Education

MSMS supports increased federal funding for post graduate medical education, nationwide. (Res67-13)

Increasing Residency Slots for Post-Graduate Medical Education in the State of Michigan

MSMS encourages the American Medical Association, American Counsel of Graduate Medical Education (ACGME), federal government, and financially supporting hospital(s) and institution(s) to increase residency positions for qualified American and International medical graduates in the state of Michigan. (Res69-13)

Medicaid Funding for Graduate Medical Education

MSMS supports increased funding for graduate medical education by Medicaid. (Prior to 1990)
– Edited 1998, 2012 (Res22-12)

Medical School Curriculum

MSMS supports medical school facilities educating medical students on the management of stress, exercise and nutrition. (Res29-90A)
– Edited 1998

Medical School Debt Forgiveness

MSMS supports the principle of debt forgiveness for students of Michigan medical schools in return for service in primary care in the state of Michigan. (Res90-10A)

Mental Health Support and Medical Students

MSMS supports medical students seeking assistance for mental health issues during their medical school years without fear that it will jeopardize consideration for residency match. (Res48-14)

New Medical Schools in Michigan

MSMS urges the state of Michigan to perform a thorough prospective study on the effect of proposed medical schools on existing medical schools before any new medical schools are founded in Michigan and urges state officials to conduct a study on the impact of current and new medical schools, existing residency training positions, and the effect on international medical graduates on the future supply of physicians in Michigan. (Res89-08A)

Opposition to Centralized Postgraduate Medical Education

MSMS supports a pluralistic system of postgraduate medical education for house officer training and opposes the mandatory centralization of postgraduate medical training under the auspices of the nation's medical schools. (Prior to 1990)

Reform Michigan Medicaid GME Funding

MSMS supports requiring that all Medicaid Graduate Medical Education (GME) funding to hospitals be earmarked and spent for GME purposes only; that the current GME funding be replaced with a new formula of paying hospitals and institutions for direct medical education expenses (i.e., resident salaries and benefits, faculty salaries, program support staff, and hospital overhead) for additional slots exceeding the Medicare funding cap only; and that GME funding for innovative residency programs to promote access to patient care in urban and rural areas and in specialties with limited patient access be encouraged. (Res72-15)

Resident Duty Hour Guidelines

MSMS supports and will work to protect resident duty hour guidelines that optimize patient safety and competency-based learning opportunities.

MSMS supports the American Medical Association policy, AMA Duty Hours Policy (H-310.907). (Res94-16)

Residency Review Committee Representation

Community hospital physician-educators should be represented on residency review committees. (Prior to 1990)

Residency Selection

Admission to residency training shall be based upon the merit of the applicant without regard to race, color, creed, gender, *gender identity, sexual orientation, and country of original medical training when such an applicant has satisfied all current legal and regulatory requirements for medical practice in the United States of America. (Res47-97A)

**LGBTQIA (lesbian; gay; bisexual; transgender; queer; intersex; asexual/ally ally---a person who does not identify as LGBTQIA, but supports the rights and safety of those who do)*

– Reaffirmed (Res24-04A)

– Edited (Res28-14)

Sex and Gender-Based Medicine in Clinical Medical Education

MSMS encourages the inclusion of sex and gender-based medicine in clinical medical education in Michigan, including but not limited to, medical schools, residency programs and Continuing Medical Education programs. (Res84-17)

Standardization of Family Planning Training Opportunities in OB-GYN Residencies

MSMS supports the standardization of abortion training opportunities as per the requirements set forth by the Review Committee for Obstetrics and Gynecology and the American Congress of Obstetricians and Gynecologists' recommendations. (Res60-17)

Standardizing the Allopathic Residency Match System and Timeline

MSMS supports movement toward a single U.S. residency match system and notification timeline for all allopathic specialties, excluding non-military programs. (Res20-16)

State Medicaid GME Funding for New GME Slots

MSMS supports using current Medicaid GME funding to fund new residency slots in Michigan, and seeking extra GME funding with financial incentives provided through the Michigan Department of Community Health to programs whose graduates choose to stay in Michigan in great proportion. (Board Action Report #8, 2013 HOD, re Res70-12)

The Recognition and Protection of Human Trafficking Victims

MSMS supports training medical students, residents, and physicians to understand their role in treating patients who are victims of human trafficking. (Res23-12)

– Reaffirmed (Res41-14)

– Reaffirmed (Res69-16)

MEDICAL LIABILITY

(See also: Arbitration; Immunizations)

Affidavit of Merit

MSMS supports the statutory requirement that the plaintiff must provide, at the time a complaint is filed, an affidavit by an expert witness attesting to the merit of the complaint as a deterrent to frivolous and nuisance complaints. (Prior to 1990)

– Edited 2016

Arbitration Support

MSMS supports arbitration as a means of resolving medical liability disputes. (Prior to 1990)

– Edited 2005

Attorneys Not Immune

Attorneys should not be immune from civil suits arising from non-meritorious medical liability lawsuits. (Prior to 1990)

– Edited 2005

Ceiling on Awards for Pain and Suffering

MSMS believes actual damages should be awarded in a proven medical liability case. Ceilings on awards for pain and suffering should be maintained. (Prior to 1990)

– Edited 1998, 2005

Continuous Study of Medical Liability

MSMS and Michigan's medical liability insurance carriers should monitor the current and evolving medical liability situation and study alternatives to the tort system.

(Prior to 1990)

– Edited 1998, 2005

Court Costs and Legal Fees in Non-meritorious Suits

MSMS supports court rules that would award all legal and court costs together with punitive damages of the defendant in non-meritorious suits against physicians, hospital and significant others. (Prior to 1990)

– Edited 1998

Driving Recommendations in Patients with Epilepsy

MSMS supports protection for physicians from any civil or criminal liability for their opinions and recommendations to the Michigan Secretary of State regarding patients with epilepsy. (Res57-11)

Evidentiary Standard for Medical Expenses

MSMS supports an evidentiary standard for medical expenses that recognizes only those expenses actually incurred by the patient for admission in future cases dealing with economic damages. (Board-Oct16)

Exempt Physicians Providing Pro Bono Health Care to Uninsured Patients from Legal Action and Insurance Penalties

MSMS supports the exemption of physicians providing pro bono health care to uninsured patients at their practice sites from legal action, including medico-legal and criminal charges stemming from the care of pro bono-treated patients. (Res82-10A)

Expert Plaintiffs Witness Testimony Review Service

MSMS supports policies that permit the use of peer review of expert witness testimony with the expectation that deliberately false, fraudulent, or deceptive testimony be appropriately sanctioned by MSMS, the respective specialty society, and the Board of Medicine. (Res15-06A)

Expert Witness Monitoring

In an attempt to assure competency of expert medical witnesses, the appropriate component medical society and/or specialty society will be requested to monitor the testimony or review the deposition and render a written report to MSMS on the quality of the testimony for its subsequent review and appropriate action. (Prior to 1990)

Expert Witness Qualifications in All Courts

MSMS supports the position that the qualifications for an expert witness established in Public Act 78 of 1993 be used in all legal proceedings against health care professionals. (Res115-00A)

Expert Witnesses – Regional Restriction

MSMS supports requirements that medical expert witnesses (1) are acquainted with the standards of practice in the community

of the claimed negligence or a comparable Michigan community and (2) have been in active practice in the same field as the defendant at the time of the alleged malpractice. (Prior to 1990)
– Edited 2016

Good Samaritan Protection

MSMS supports legal protection for doctors, nurses, and paramedical personnel who assist travelers experiencing medical problems. (Prior to 1990)

Gross Negligence Standard for EMTALA Related Care

MSMS supports a standard of gross negligence on all Emergency Medical Treatment and Active Labor Act related care. (Res61-11)

Health Insurance Companies Dictate the Limits of Professional Liability Coverage

MSMS supports prohibiting insurance companies from dictating the limits of professional liability for physicians and physician practices and supports working with the Director of, Department of Insurance and Financial Services and other appropriate regulatory bodies to address the issues insurance companies setting requirements with higher limits of professional liability coverage. (Res33-13)

Hospital Requirements for Medical Liability Insurance

It is appropriate that practicing physicians carry medical liability insurance for themselves and their patients.

MSMS opposes unilateral arbitrary hospital governing board edicts that mandate medical liability coverage as a requirement of hospital staff membership when these edicts are passed without medical staff approval or acceptance.

The decision to require medical liability insurance as a requisite for hospital medical staff privileges and the limits of such insurance coverage should be a decision mutually agreed upon by the hospital medical staff and the hospital board of trustees.

Physicians who are unable to obtain medical liability insurance and who are otherwise in good standing with the Michigan Board of Medicine, hospital and medical staff should not automatically be denied hospital privileges. (Prior to 1990)
– Edited 1998, 2005

Immunity for Disaster Relief

MSMS supports model legislation in Michigan for physicians engaged in disaster relief that provides immunity from civil liability except in instances of willful misconduct and gross negligence. (Res53-09A)

Immunity – Uncompensated Care

MSMS supports limiting the liability of physicians who provide uncompensated care to patients. (Board-Mar93)
– Reaffirmed (Res38-01A)

Indemnification

MSMS supports indemnifying physicians against medical liability suits arising from the provision of indigent care or the care of Medicaid patients and indemnifying physicians and hospitals when they consent to treat patients in a charitable setting. (Res32-90A, Res49-90A, Res108-91A, & Res29-92A)
– Amended 1993
– Edited 1998, 2005

Indemnification for Physicians Treating Indigent Obstetrical Patients

MSMS supports indemnifying medical liability to physicians who care for indigent obstetrical patients. (Prior to 1990)
– Amended 1993
– Edited 1998

Indemnification of Physician Hospital Agents

Hospital administrators and board of trustees should be required to indemnify physicians against civil liability when such physicians are acting as agents for the hospital. (Prior to 1990)
– Amended 1993
– Edited 1998

Insurance Premiums

Premium schedules for medical liability insurance should be based on the actual cost and risk.

Physicians' insurance premiums should not be raised merely for their having been named in a medical liability suit. (Prior to 1990)

Liability Immunity/Correctional Facilities

MSMS believes health care workers employed by, or acting under contract, in a state correctional facility, county jail or local police lock-up, should be immune from tort liability for injuries to persons or damages to property caused by the employee in the course of employment or volunteer service while acting on behalf of a governmental agency. (Board-July95)

Mandatory Medical Liability Insurance

MSMS opposes mandatory medical liability insurance for physicians. (Res35-HOD91A)
– Amended 1993
– Edited 1998, 2005

Medical Liability Cost

All health care insurance carriers should accept physicians' liability premiums as medical costs and adjust their fee schedules accordingly. (Prior to 1990)
– Edited 2005, 2016

Medical Liability Coverage for Medicaid Obstetrical Care

MSMS supports a plan for the Michigan Department of Community Health to assume responsibility for all medical liability for obstetrical care for the Medicaid population. (Prior to 1990)
– Edited 1998, 2005

Medical Liability Demonstration Project

MSMS supports the practice parameters and risk management protocols as an affirmative defense in medical liability cases and requiring medical liability insurers to report claims data related to physician participation. (Board-March93)

Medical Liability: Sporting Events

MSMS supports the exemption of physicians and other health care personnel from liability under certain circumstances related to sporting events. (Board-July95)

Michigan Physician "Apology"

MSMS supports the ability of physicians to apologize and express sympathy for errors and adverse events without having such apology used against them in a malpractice suit or as evidence of liability in unexpected adverse events. (Res51-10A)
– Reaffirmed (Res38-14)

Monitoring the Judiciary

MSMS supports monitoring decisions at all levels of the state judiciary regarding medical liability. (Prior to 1990)
– Edited 1998, 2005

Permit Annuity Payments of Medical Liability Awards

Payments could be made over a period of time, for corrective/rehabilitative services, as an alternative to lump sum payments when medical liability suits are settled in a court of law as are currently allowed by Michigan's Arbitration Law. (Prior to 1990)
– Edited 2005

Physicians in Health Facilities/Agencies Partial Medical Liability Insurance Reimbursement

MSMS opposes establishment of a state fund from which physicians in medical service entities will be reimbursed for a portion of their medical liability insurance premium that equals the percentage of all medical services rendered for which they received minimal compensation from Medicaid. (Board-July95)
– Edited 2005

Physician Liability Coverage for Mandatory Hospital Clinic and Emergency Department Service

MSMS supports hospitals providing liability coverage for the physicians rendering services to unattended patients in hospital outpatient clinics and emergency departments who are not part of the physician's practice. (Res65-95A)

Premium Notices

MSMS supports the promulgation of rules by the Michigan Insurance Commission to demand premium notification to policyholders at least thirty (30) days prior to renewal date for medical liability insurance policies. (Res10-90A)
– Edited 2005

State of Michigan Medical Liability Coverage for Volunteer Physicians

MSMS supports the concept that the state of Michigan should provide medical liability insurance coverage for physicians who volunteer their professional services. (Res67-95A)

Statistical Disclosure of Medical Liability

All insurers including self-insured hospitals should disclose pertinent statistical information on claims, settlement and judgment. Such information should be available for public review. (Prior to 1990)
– Edited 2005

Subrogation Lien Rights

MSMS supports banning subrogation lien rights by third party health insurers. (Res71-91A)
– Edited 1998

Support for Physicians' Counter Suits in Nuisance Claims

MSMS should support physicians who are considering counter suits against a plaintiff or attorney, or both, following medical liability cases totally without merit. As MSMS cannot itself bring such a suit, it could assist the physician and his attorney by providing expert medical and legal review and research to support and encourage aggrieved defendant physicians in bringing counter actions. (Prior to 1990)
– Edited 2005

Tort Reform and the Tobacco Industry

MSMS opposes the exclusion of tobacco companies or tobacco products from liability. (Res1-95A)

Voluntary and Binding Arbitration

There should be multiple systems for handling medical liability claims by mediation, binding arbitration, and courtroom litigation. (Prior to 1990)
– Edited 2005

MEDICAL RECORDS, CONFIDENTIALITY, AND PRIVILEGED COMMUNICATION

(See also: Public Health; Peer Review)

Patients' Rights to Medical Records

MSMS supports the Michigan Attorney General Opinion No. 5125 in the matter of patients' rights to medical records which states that patients have the right to have a copy of their medical record, but not the original at a reasonable charge. (Board Action Report #5, 2000 HOD, re Res11-99A)

Physician-Patient Relationship Confidential

MSMS, believing the confidential physician-patient relationship is essential for proper diagnosis and medical treatment, opposes changes in court rules or statutes to waive this privilege when a lawsuit is initiated. (Prior to 1990)

Privileged Communications

MSMS believes in the confidentiality of medical histories and records held by physicians and hospitals and will work to strengthen Michigan laws and court rules to safeguard this. (Prior to 1990)

Release of Medical Records and Privacy of Medical Examiner Records

MSMS supports the exemption of the Medical Examiner autopsy reports from the Michigan Freedom of Information Act so as to more evenly balance the privacy of a deceased individual and his/her family against the public's right to examine autopsy documents, and to ensure confidentiality of such records. (Res44-94A)

Privacy and Confidentiality of Medical Records

MSMS supports the confidentiality and security of patient medical records. (Res18-95A)

MEDICARE

(See also: Government Programs and Regulatory Oversight; Peer Review)

Center for Health Outcomes and Evaluation

MSMS supports in principle the Center for Health Outcomes and Evaluation and recommends MSMS work intensively to impact the organization and process of the Center as it applies to the Medicare practice of Michigan physicians. (Board-Jan93)

Coverage for Compression Stockings

MSMS supports Medicare payment for gradient compression stockings as prescribed by a physician under Medicare benefits coverage. (Res87-17)

Medicare Fraud and Abuse Law

MSMS opposes the private use of qui tam plaintiff provisions. (Res41-99A)

Medicare Payment for Diagnostic Medical Tests

MSMS supports allowing payment for diagnostic tests at a frequency deemed necessary by a beneficiary's personal physician and within the boundaries of generally accepted standards of practice set by the medical profession. (Res2-97A)

Outpatient Reimbursement Parity

MSMS opposes co-payments by beneficiaries (Medicare patients) to hospital outpatient departments and hospital-owned physician practices above those the beneficiaries would have to pay at a private practitioner's office. (Res79-98A)

Payment of Medicare Deductible and Coinsurance Amount

MSMS advocates requiring any insurer, health maintenance organization, third party administrator and network manager in the state of Michigan to pay the coinsurance and deductible amounts up to the Medicare fee schedule. (Res104-97A)

Prescription Coverage by Medicare

MSMS supports prescription coverage for patients in the Medicare program. (Res59-99A)

Reduction of Physician Payment and Participation by CMS

MSMS opposes the Centers for Medicare & Medicaid Services (CMS) proposals that threaten to reduce physician payment and participation with the Medicare program. (Board-July97)
– Edited 2005

MEMBERSHIP

Advise Physicians Regarding the Importance of Organized Medicine

MSMS advocates educating Michigan physicians regarding the value of membership in their respective county medical societies, MSMS and the AMA. (Res17-96A)

AMA Statement of Collaborative Intent

MSMS endorses the AMA Statement of Collaborative Intent. (*See Addendum K in website version*) (Board-Sep97)

Designation of State and County Medical Society for Retired Physician Membership

MSMS permits a retired physician member of the federation of medicine to designate the county and state medical society where the physician last belonged as the tally and credit site for membership regardless of the physician's retirement address. (Res53-96A)

MDPAC

MSMS supports MDPAC and recommends that its annual dues billing be separately identified on the dues billing form. (Res112-91A)
– Edited 1993

Unified Membership

MSMS supports the concept of unified membership in MSMS, the component society and the AMA. (Prior to 1990)

MENTAL HEALTH

(See also: Health Care Insurance; Managed Care; Medical Education and Training)

Director of MDCH Mental Health Agency

MSMS supports the requirement that the Director of the Mental Health Agency of the Michigan Department of Community Health be a physician who is licensed in the state of Michigan. (Res96-95A)
– Edited 1998

Increasing Funding for Mental Health Hospitals

MSMS supports restoration of budget cuts and increased expenditures in the public mental health hospital system so that quality care again may be provided by upgrading staff levels to recommended requirements.

MSMS supports increased state funding for psychiatric research so as to develop more efficacious treatment for the mentally ill. MSMS supports efforts to assure adequate treatment in Michigan Department of Community Health mental health facilities as required by state law. (Prior to 1990)

Involuntary Hospitalization

MSMS supports appropriate modification of the Michigan Mental Health Code in order to make involuntary hospitalization more rapidly accessible for mentally ill persons requiring such intervention for the benefit of their safety and the safety of others. (Prior to 1990)

Needs of Dementia Patients

MSMS supports public funding for diagnostic and assessment services, a registry and a post-mortem examination program to meet the needs to patients with dementia and their families. (Res95-90A)
– Edited 1998

Parity for Mental Health

MSMS encourages covering the treatment of mental illness to the same limits applied to the treatment of all other non-psychiatric diagnoses. (Res86-96A)
– Reaffirmed (Res19-02A)

Requirements for Reporting or Hospitalizing Suicidal Patients

MSMS supports using the same requirements for reporting or hospitalizing suicidal patients as the Michigan law for patients who have the intent of inflicting physical violence and who have the ability to carry out that treat in the foreseeable future. (Res91-95A)

Requiring Physician Visits for a Patient in Seclusion or Restraints

MSMS supports the concept that assessment and management of hospitalized patients in seclusion or restraints requires no more than once daily face-to-face assessment by the patient's physician unless individual conditions warrant additional visits. (Res63-97A)

Suicide Prevention Awareness and Education

MSMS supports efforts to raise awareness about the rising rate and devastating toll of suicide; to increase suicide prevention education for all physicians, residents, medical students, and allied health professionals; to encourage active engagement in suicide prevention awareness with their patients and colleagues; to increase research associated with suicides; and to reduce liability for those who provide suicide prevention care. (Res70-15)

NUTRITION

(See also: Children and Youth)

Banning the Use of Trans Fats in Restaurants and Bakeries in the U.S.

MSMS opposes the use of trans fats in restaurants and bakeries in Michigan. (Res49-08A)

Enhancing Public Safety Relation to the Food Industry

MSMS supports, where appropriate, Michigan-based community health initiatives or educational programs that promote public awareness of food safety and the source of food products available to consumers. (Res36-10A)

Food Bank and Pantry Distribution of Nutrient-Dense Foods

MSMS supports of the use of existing national nutritional guidelines for food banks and food pantries, as well as the sustainable sourcing of healthier food options and the dissemination of user-friendly resources and education on healthier eating by food banks and food pantries. (Res57-17)

Fresh Produce Access and Intake in Food Deserts

MSMS supports access to fresh produce and food education programs within food desert communities (as defined by the US Department of Agriculture) including programs and policies that remove barriers to and incentivize mobile produce market operations and the purchasing and consumption of fresh produce. (Res86-17)

Genetically Modified Organisms Labeling

MSMS supports mandating that all foods containing genetically modified ingredients be clearly labeled (not just in the bar code) in the state of Michigan. (Res45-14)

Hazards of Energy Beverages, Their Abuse and Regulation

MSMS supports the regulation of the sale and distribution of energy beverages to protect the public from their deleterious effects. (Res42-11)

Junk Food in Schools

MSMS supports working toward the total elimination of selling junk food as defined by the USDA in elementary, middle, and high schools in the state of Michigan. (Res44-06A)

Nutrition Information Availability in Restaurants

MSMS supports requiring that clear nutrition information be provided for items sold in restaurants in Michigan. (Res72-10A)

Nutritional Label Education

MSMS supports nutrition education programs that would promote the involvement of parents in their children's nutrition education. (Res52-07A)

Nutrition Labels and Nutrition Education in Elementary School

MSMS supports nutrition education, including how to read and interpret nutrition labels on food packaging, be implemented in elementary school curricula in Michigan as a prevention measure for obesity and resulting morbidity. (Res18-12)

ORGAN DONATION AND TRANSPLANT

“Mandated Choice” Policy

MSMS supports a “mandated choice” policy requiring people to indicate whether or not they consent to be organ donors when they renew a driver's license, file a tax return or perform other tasks required by the state. (Res58-00A)

Organ Donations

MSMS supports efforts which 1) make it easier to donate body parts upon one's death and require individuals to make a deliberate decision to donate their body parts or not to donate their body parts upon their death, 2) appropriately address the issue of parental consent for minors who wish to be organ donors and 3) ensure that recognized national and state procurement societies are utilized for organ donation and recipient selection. (Board-July96)

Organ Salvage Programs

MSMS supports permitting medical examiner systems to participate in organ salvage programs. (Prior to 1990)
– Edited 1998

Payment for Organs

MSMS opposes payment in any form to the donor, the donor's family members, or the donor's agents for organs used for transplant. (Res5-93A)

Relieve Burden for Living Organ Donors

MSMS supports efforts to remove financial barriers to living organ donation, such as the provision of paid leave for organ donation. (Res61-17)

PAIN MANAGEMENT

(See also: Pharmacy and Pharmaceuticals; End of Life Care; Health Care Delivery)

Address Acute and Chronic Pain

MSMS supports multidisciplinary/multimodality physician-led care, insurance coverage for non-pharmacologic approaches to addressing pain, and evidence-based methods for addressing acute and chronic pain. (Res48-17)

Evidence-Based Pain Management

MSMS supports the development of evidence-based clinical practice guidelines on the management and treatment of pain and supports policies that promote and do not impede their adoption. (Res 91-17)

Pain as a Vital Sign

MSMS supports the elimination of “pain as the fifth vital sign” from professional standards and usage, as well as from patient satisfaction surveys pertaining to quality and payment metrics. (Res48-17)

Pain Management and Hospice Education

MSMS recommends and promotes effective education in pain management, opioid tapering, referral best practices, and/or hospice care for physicians and medical students. (Res69-93A)
– Edited 2017

Pain Management Education and CME Credit

MSMS supports the concept of requiring physicians to be educated in pain management techniques but opposes mandating this type of education through CME credit. (Board-March94)
– Reaffirmed (Board-Oct05)

PATIENT'S BILL OF RIGHTS

(See also: Ethics; Women's Health)

Statement of Patient's Rights

1. Each patient must have freedom of choice of physician and each physician must be free to offer his/her services to all patients.
2. The patient's physician must be free of controls and restrictions that interfere with providing the highest quality of medical care.
3. The freedoms we believe necessary for patients and physicians should apply to all aspects of medical care.
4. The quality of a patient's medical care must be judged by practicing physicians, responsible only to their own hospital staffs and medical association.
5. The primacy of a physician's responsibility to his patient cannot be delegated or usurped by a hospital or other corporation.
6. Any plan for financing medical costs must recognize variables in cost of provision, and kinds of service; and must not interfere with the individual patient-physician contract.
7. The principle of reciprocal doctor-patient responsibility must be preserved.

(Prior to 1990)

PEER REVIEW

Accountability of Utilization Review Firms

Utilization review firms employed by insurance companies should be held accountable for medical decisions based on their review. (Res14-92A)

Concurrence with AMA Statement

MSMS supports the following AMA policy on peer review:

“Medical society ethics committees, hospital credentials and utilization committees, and other forms of peer review have been long established by organized medicine to scrutinize physicians’ professional conduct. At least to some extent, each of these types of peer review can be said to impinge upon the absolute professional freedom of physicians. They are, nonetheless, recognized and accepted. They are necessary, and committees performing such work act ethically as long as principles of due process (Opinion 9.05, “Due Process”) are observed. They balance the physician’s right to exercise his medical judgment freely with his obligation to do so wisely and temperately.”

(Prior to 1990)

(AMA Current Opinions-98)

– Edited 2016

Medicare Peer Review

A Michigan-based physician-directed organization should operate as the Medicare peer review organization, if administratively and financially feasible. (Prior to 1990)

Opposition to Release of Peer Review Records

Peer review records should not be released under the Freedom of Information Act. (Prior to 1990)

Peer Review – Physicians Held Harmless

Physicians should be held harmless as they meet their peer review responsibilities. Hospitals should be advised to introduce “hold harmless” language into their bylaws. (Prior to 1990)
– Edited 1998

Peer Review Protection for Physician Organizations (POs) and Group Practices

MSMS believes physician organizations (POs) and group practices peer review should have the same protection afforded hospital medical staff peer review, and state and county (local) medical societies. (Res65-97A)

Professional Review Organization Peer Review

MSMS recommends that professional review organizations accept national medical specialty society guidelines or parameters for review processes, where they exist, and that critiques be by peers in the same specialty. (Res19-97A)

Scrutiny of MPRO Review and Denial Process

MSMS supports interaction between county societies and local hospital medical staffs in monitoring Michigan Peer Review Organization (MPRO) activities at the county level.

MSMS supports member participation as physician reviewers in all peer review activities. (Prior to 1990)

– Edited 1998

Utilization Review in the Practice of Medicine

MSMS advocates that only licensed practicing physicians in the same specialty may perform utilization review for health plans. (Res29-97A)

PENSION PLANS

Exemption from Bankruptcy Proceedings

MSMS supports legal exemption of pension/profit-sharing plans from bankruptcy proceedings. (Prior to 1990)

PHARMACY AND PHARMACEUTICALS

(See also: *Public Health; Substance Abuse and Addiction; Women’s Health*)

Action to Address Illegal Methamphetamine Production

MSMS supports the replacement of over-the-counter products containing pseudoephedrine, ephedrine, phenylpropanolamine, and other like products used to produce methamphetamine with their tamper-or meth-resistant counterparts. (Res23-16)

Ban Lindane

MSMS supports the ban of lindane in the state of Michigan. (Res33-05A)

Chelation Therapy

MSMS endorses the following former AMA policy statement:

“(1) There is no scientific documentation that the use of chelation therapy is effective in the treatment of cardiovascular disease, atherosclerosis, rheumatoid arthritis, and cancer, (2) If chelation therapy is to be considered a useful medical treatment for anything other than heavy metal poisoning, hypercalcemia or digitalis toxicity, it is the

responsibility of its proponents to conduct properly controlled scientific studies, to adhere to FDA guidelines for drug investigation, and to disseminate study results in the usually accepted channels.”

(AMA Compendium H-175.994)

– Reaffirmed 1998

– Edited 2016

Closed Drug Formulary

No state agency should be empowered to develop a closed drug formulary that makes unavailable to the indigent any medication that is available to the rest of the population. (Prior to 1990)

Dietary Supplements and Herbal Remedies

MSMS supports the American Medical Association’s existing policy on Dietary Supplements and Herbal Remedies (150.954). (Res08-16)

Disposal of Pharmaceuticals

MSMS believes that all pharmacies that dispense medications should “take back” unused and/or expired pharmaceuticals and drugs and subsequently provide for the disposal of such medications per the most current standard of proper disposal. (Res28-17)

Food and Drug Administration Approval of Generic Biologics

MSMS supports Food and Drug Administration approval of generic biologics. (Board Action Report #2, 2011 HOD, re Res3-10A)

Guidelines for Drug Screening in the Workplace

MSMS adopts the guidelines for “Drug Screening in the Workplace” prepared by the American Occupational Medical Association. (**See Addendum C in website version**) (Prior to 1990)

– Reaffirmed 1998

Inclusion of Veterans Health Administration and Methadone Clinics in MAPS

MSMS supports the inclusion of prescriptions filled through Veterans Health Administration prescribers and methadone clinic prescribers in the Michigan Automated Prescription System (MAPS). (Res51-17)

Liquid Medication Dosing

For all orally administered liquid medications, MSMS supports the exclusive use of metric-based dosing with milliliters (mL) and milligrams (mg), along with the provision of dosing syringes calibrated in milliliters for medication administration. (Res13-17)

Marijuana for Medical Use

MSMS supports the use of cannabinoids by routes other than smoking for medical uses, for which scientific evidence supports efficacy equal or superior to established therapies and encourages further research to elucidate the efficacy of cannabinoids in various medical conditions and its optimal dosage and route of delivery. (Res59-08A)

Medication Substitution and Drug Formularies

MSMS opposes the dispensing of a therapeutic alternate for a prescribed drug or rejection of the prescribed drug without the consent of the prescribing physician. (Res34-15)

Michigan's Prescription Drug Monitoring Program

MSMS supports education to encourage physicians and other health care providers to check the Michigan Automated Prescription System (MAPS) when prescribing controlled substances. However, MSMS opposes mandatory MAPS checking by physicians absent clinical suspicion of substance abuse or nefarious intent. (Res46-16 and Res50-16)

Misuse of DEA Numbers

MSMS opposes any use of the DEA number except when in prescribing controlled substances. (Prior to 1990)

Naloxone Availability and Pricing

MSMS supports efforts to increase access to affordable naloxone including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies. (Res51-17)

Oncology Advisory Panel

MSMS supports the establishment of an oncology advisory panel to advise all health insurance carriers about the efficacy, appropriateness and routes of administration for off-label indications of U.S. Food and Drug Administration-approved drugs used in anti-neoplastic therapy. (Board-July95)

Out-of-State Prescriptions

MSMS supports the concept of prohibiting a pharmacist, a dispensing prescriber, or any other person from dispensing or repackaging expired medication.

MSMS supports the concept of allowing pharmacists in Michigan to fill prescriptions for drugs, other than controlled substances, written by a physician in another state. (Board-Nov95)

Pharmacy: Medication Information

MSMS supports the efforts of pharmacies to educate patients and prevent medication-induced problems. (Res110-97A)

Pharmacy: Halt Pharmacy Solicitation of Prescriptions from Physicians Offices

MSMS supports efforts to stop local and national pharmacies and pharmacy benefit managers from soliciting prescriptions from physician offices. (Res5-13)

Prescription Drug Abuse

MSMS supports the following AMA position on "Curtailing Prescription Drug Abuse While Preserving Therapeutic Use – Recommendations for Drug Control Policy:"

"Our AMA (1) opposes expansion of multiple-copy prescription programs to additional states or classes of drugs because of their documented ineffectiveness in reducing prescription drug abuse, and their adverse effect on the availability of prescription medications for therapeutic use; (2) supports continued efforts to address the problems of prescription drug diversion and abuse through physician education, research activities, and efforts to assist state medical societies in developing proactive programs; and (3) encourages further research into development of reliable outcome indicators for assessing the effectiveness of measures proposed to reduce prescription drug abuse. (AMA Compendium H-95.979)

– Reaffirmed 1998

– Edited 2016

Privacy of Physician Prescriber Data

MSMS supports prohibiting pharmacies from providing physician-specific prescribing data to pharmaceutical companies and other non-regulatory entities that are not involved in an individual patient's care. (Res67-10A)

Purity and Safety Homeopathic/Naturopathic Products

MSMS supports the oversight of homeopathic/naturopathic products by the Food and Drug Administration or other appropriate agencies, especially with regards to purity and safety. (Res57-10A)

Redistribution of Unused Sealed Medications

MSMS supports the return of sealed, unused, unexpired medications to a collection site for distribution to those in need of the medication and are unable to pay for the medications. (Res25-05A)

Remove Inpatient Pharmacy Requirements of Labeling/Dispensing Sparsely Used Meds to Patients at Discharge

MSMS supports working with the Michigan Pharmacists Association and Michigan Health and Hospital Association to investigate which labeling and dispensing requirements need to be revised to make it possible for patients to safely take home their partially used medications at time of discharge. (Board Action Report #3, 2013 HOD, re Res43-12)

Require Prescription for Ephedrine and Pseudoephedrine

MSMS supports limiting the availability of ephedrine and pseudoephedrine for illicit purposes while maintaining legitimate patient and physician access to this medication. (Res9-11)

Right of Physician to Dispense

MSMS actively supports the right of physicians to dispense medication. (Prior to 1990)

Sales of Cigarettes and Tobacco Products at Pharmacies

MSMS opposes the sale of tobacco products within pharmacies and supports policies to discontinue this practice. (Board Action Report #02-17, 2017 HOD, re Res04-16)

Tax Exemption Status for Over-The-Counter Medications

MSMS supports removing the sales tax on all over-the-counter medications. (Res15-17)

Unproven Therapeutic Substances

MSMS opposes substituting political considerations for scientific investigation and conclusions for therapeutic substances. However, if political considerations support unproven medical decisions and/or principles, they should be evaluated on an experimental basis following standard experimental drug protocol or as approved by the FDA. (Prior to 1990)

– Edited 1998

PHYSICIAN BUSINESS AND LEGAL RELATIONS

Physician-Business Coalition Recommendations

MSMS supports the following physician and business coalition initiatives:

- Facilitate physician-business dialogue and interaction.
- Encourage and promote effective physician participation in business/health planning coalition activities.
- Encourage the formation of business coalitions to allow physicians to concentrate their efforts with local businesses to discuss issues such as direct contracting, quality measures, and local control of health care delivery.
- Develop effective MSMS staff interaction with the staffs of business/health planning coalitions.
- Serve as a resource center for physicians involved in dialogue with employers.
- Educate physicians on the importance of effective communication between physicians and employers.
- Establish contacts with business leaders that can be utilized by developing physician organizations, facilitate discussions between them and offer the resources of the management services organization where appropriate.
- Designate the MSMS Advisory Committee on Medical Economics as the appropriate body to provide physician input, monitor ongoing activities and identify future needs.

(Board-Sep96)

Physician Involvement with Health Care Related Businesses

MSMS supports allowing physicians to create, own, and support health care related businesses; to utilize all available tools inside and outside of their practices; to refer patients to these businesses for medically necessary services; and that these businesses be held to the same business standards as non-physician-owned health care businesses. (Res75-15)

Principles Between Physicians and Lawyers

MSMS endorses the Principles between Physicians and Lawyers. (*See Addendum I in website version*) (Prior to 1990)

PHYSICIAN FEES AND REIMBURSEMENT

Automobile No-fault Insurance

MSMS opposes the use of the Workers Compensation fee schedule, or other governmental mandated fee schedule, for auto insurance health care services. (Res14-90A and Res86-91A)
– Edited 1998

Cost of Interpretive Services for Hearing Impaired Patients

MSMS supports seeking reimbursement for physicians for the cost of interpretive services for hearing impaired patients. (Res58-13)

Criteria-based Retrospective Reviews

MSMS supports the following:

1. Any guidelines used by third-party payers must be shared with physicians in an educational mode.
2. Physician input, through MSMS and specialty society representatives, must be included in development of a utilization management program.
3. Guidelines must be based on medical evidence and specialty society guidelines.
4. If prior authorization is obtained from the payer, no retrospective payment denial or recovery should be used.
5. Criteria-based retrospective review for the purpose of denial or recovery of payment is neither cost-effective nor a productive model for improvement.

(Substitute Res28-00A, for Res28, 32 & 74-00A)

Direct Patient Financial Participation

Patients should pay a portion of the cost of their medical care. (Prior to 1990)

– Edited 1998

Equal Fee for Equal Service

MSMS upholds the principle of equal fee for equal service. (Prior to 1990)

Equal Payments for Hospital Satellite Clinics and Physicians' Offices

Equal payments should be made for services delivered by hospital free-standing satellite facilities and by physicians' offices. (Prior to 1990)

– Edited 1998

Exempt Physicians Providing Pro Bono Health Care to Uninsured Patients from Legal Action and Insurance Penalties

MSMS supports allowing physicians to provide pro bono health care to uninsured patients at their practice sites without a subsequent denial of payment for treatment of insured patients. (Res82-10A)

Facility Fee

Third party payers should pay an additional fee for increased overhead expenses for procedures performed in freestanding non-hospital-based ambulatory settings or in the physician's office. (Prior to 1990)

Fee Schedules

MSMS, when appropriate, will actively participate in the development or modification of reimbursement methodologies and governmental fee schedules.

MSMS opposes government fee schedules and reimbursement methodologies that were developed without appropriate physician input which limit patient access to quality medical care or unfairly reimburse physicians. (Res65-93A)

Fees for Out-of-State Patients

MSMS supports reimbursement to Michigan physicians for services to out-of-state patients at the fee schedule of their home state. (Res90-95A)

Involuntary Garnishment of Reimbursement by HMOs and Third Party Carriers

MSMS opposes garnishment of reimbursement or other fees without physician opportunity to first respond to audit questions or allegations before health maintenance organizations or third party payers decide to impose financial sanctions. (Res97-98A)

Medical Record Review Compensation

MSMS supports working with health insurance carriers to ease the administrative burdens associated with office chart reviews and to appropriately compensate medical practices for their staff time and resources. (Res21-17)

Payment for Accepted Guideline Use

MSMS opposes third party payers withholding payment to physicians for preventive health services that fall under accepted guidelines, even if they differ from the payer's own guidelines. (Res77-13)

Physician's Right to Bill

Every physician, hospital-based included, has the right to bill patients for the professional component of services irrespective of where those services were rendered.

In addition, MSMS supports physicians who strive to preserve the right to establish their own fees without hospital interference, regulation or threat of loss of contract privileges. (Res18-92A)

- Amended 1993
- Edited 1998

Prior Authorization Compensation

MSMS supports appropriate and adequate reimbursement for physicians who are required to spend time and resources defending orders for diagnostic tests due to the utilization of prior authorization policies by third-party payers. (Res05-17)

Reimbursement for Emergency Procedures

MSMS advocates increased reimbursement for procedures done as emergencies because of the increased risk and complications involved in emergency procedures. (Res2-94A)

Retroactive Recovery of Funds Research

MSMS supports equity in the time frames for both the provider community in submitting a health insurance claim and the insurance carriers in seeking retroactive recovery of payments for services rendered. (Res44-11)

Retrospective Revenue Recovery by Third Party Payers

MSMS opposes the policy of third party payers' retrospective revenue recovery by developing an inventory to collect physician complaints, review policies, and unfavorable appeals to present to legislators and the Insurance Commissioner. (Res39-07A)

Separate Reimbursement for Consultation Fees

MSMS affirms that consultations are services separate from any care rendered thereafter and, therefore, consultation fees are legitimate charges in their own right, whether or not a procedure with a fee occurs afterward, and that consultations should be reimbursed separately from procedure. (Res84-97A)

Suggested Guidelines for Determining Medical/Legal Fees

MSMS endorses the "Suggested Guidelines for Determining Medical/Legal Fees." (**See Addendum H in website version**) (Prior to 1990)

Timely Payment for Physicians

MSMS supports legislation promoting timely payment of physicians in a fair and reasonable manner, including payments from all health care insurance companies, HMOs, third-party administrators and other similar entities. (Res49-00A)

PRACTICE SAFETY

Assaults in Emergency Departments

MSMS supports the vigorous prosecution of assaults upon health care workers during the conduct of their duty regardless of setting and work with the Michigan Health and Hospital Association, individual hospitals, the Michigan Nurses Association and the Michigan Chapter of the American College of Emergency Physicians to implement policies to accomplish this objective.

(Board Action Report #6, 2003 HOD, re Res35-02A)

Impaired Physician Program

Programs for physicians whose capacity to function professionally has been impaired by alcoholism, drug abuse, mental illness, organic brain disease, or physical disability should be motivated by humanitarian concerns for the public and the impaired physician.

All actions with regard to impaired physician programs should be intended to be in the best interest of the physician and the public. They should not be designed to be punitive in nature since the best current evidence indicates none of these conditions are voluntarily acquired or "self-inflicted."

(Prior to 1990)

– Edited 1998, 2016

PUBLIC HEALTH

(See also: Children and Youth; Immunizations; Informed Consent; Nutrition; Tobacco and Smoking)

Collaboration

Organized Medicine's Liaison with Public Health

MSMS encourages its component medical societies to develop liaison committees with their local public health departments and participate in local community assessment and improvement programs. (Board-Mar97)

Communicable Disease

Availability of Latex Condoms in Schools

MSMS is in favor of schools being permitted to dispense devices to prevent sexually transmitted diseases. (Res81-95A)

Confidentiality of HIV Blood Test Results

MSMS supports safeguards to protect the confidentiality of HIV test results. (Res61-97A)

Confirmed HIV Positivity as Sexually Transmitted Disease

HIV positivity, if confirmed, indicates a disease that can be sexually transmitted and should be reported as a sexually transmitted disease. (Prior to 1990)

– Edited 1998

Expedited Partner Therapy for Gonorrhea and Chlamydia

MSMS supports amending the public health code to make expedited partner therapy legal in Michigan and supports immunity from professional and civil liability if expedited partner therapy is provided according to the regulations.

MSMS supports immunity from professional and civil liability if expedited partner therapy is provided according to the regulations. (Res1-12)

HIV Testing for Women

MSMS supports the Michigan Department of Community Health's efforts to inform the public about the risks of perinatal HIV transmission and recommends HIV testing for all pregnant women and those considering pregnancy. (Res125-93A)

Increase Sexually Transmitted Diseases (STDs) Counseling of Adolescents

MSMS encourages physicians, when counseling adolescents, to include counseling on sexually transmitted diseases and AIDS in their interactions. (Res53-93A)

Lift the FDA's Ban on Men Who Have Sex with Men Blood Donors

MSMS supports lifting the Food and Drug Administration's lifetime ban against men who have sex with men blood donors. (Res72-13)

Routine Premarital HIV Testing

MSMS supports premarital HIV testing. (Res58-97A)

Routine Testing for HIV in Medical Care Settings

MSMS supports, promotes, and participates in the establishment and utilization of guidelines for routine HIV testing in medical settings, including the necessary alterations in current Michigan law that will facilitate this step. (Res68-07A)

Stressing Abstinence to Prevent Sexually Transmitted Diseases (STDs)

MSMS encourages public health departments at local and state levels to stress abstinence as a part of STD prevention programs. (Res56-94A)

Disaster Planning

Biological Disaster Plans

MSMS encourages the inclusion of biological and chemical disaster preparation plans in hospitals. (Res88-00A)

Education

Education of Students on the Hazards of Ultraviolet Radiation (Tanning Rays)

MSMS supports the education of students about the hazards of ultraviolet radiation. (Res124-93A)

Health Education in Public Schools

MSMS supports health education classes in all public schools starting at the elementary level and encourages physician involvement at the local level in the development and implementation of health education curricula. (Res77-95A)

Human Trafficking Education and Awareness

MSMS encourages the State Board of Education, Michigan secondary schools and colleges, as well as other influential organizations to increase awareness of human trafficking and increase awareness of signs of human trafficking. (Res17-17)

Lead Toxicity Awareness

Programs, recommendations, and education concerning lead toxicity designed for health care professionals and patients is necessary for purposes of public protection and safety. (Res06-17)

"Safe Sex" a Deadly Misnomer

MSMS supports the wording "less dangerous sex" when referring to sex using latex condoms in all educational and public health materials. (Res39-93A)

Teaching Life-Saving Skills in Schools

MSMS supports the inclusion of basic first aid and age-appropriate life-saving skills in school curricula. (Res51-00A)

Environmental Health Issues

Air and Water Pollution

Reasonable and scientific study should be directed toward the sensible control of the major problems of air and water pollution, whether it is the dusts and wastes of industry, the products of combustion of gasoline or oil (automobiles), the combustion products of home heating and burning equipment, or of smoking tobacco. (Prior to 1990)

– Edited 1998

– Reaffirmed (Res02-16)

Air Pollution and EPA Clean Power Plan Policies

MSMS supports:

- The Environmental Protection Agency's authority to promulgate rules to regulate and control greenhouse gas emissions in the United States;
- Increased physician participation in regional and state decision-making regarding air pollution across the United States;
- State legislation and regulations that meaningfully reduce power plant emissions of carbon dioxide and nitrogen oxide;
- Efforts to limit carbon dioxide emissions through the reduction of the burning of coal in the state's power generating plants, efforts to improve the efficiency of power plants, and continued development of alternative renewable energy sources; and,
- National enactment of the U.S. Environmental Protection Agency's Clean Power Plan and the implementation of the Plan's policies in Michigan.

(Res77-16)

Ban Bath Salts

MSMS opposes the sale of bath salts and other products containing a significant quantity of methylenedioxypropylvalerone or mephedrone in Michigan. (Res5-11)

Ban Routine Use of Antibiotics in Animal Feed

MSMS supports a total ban of antibiotics in animal feed to reduce the incidence of spillage to natural systems and to reduce the emergence of multi-drug resistant organisms that are difficult to treat. (Res55-15)

Climate Change

MSMS supports the American Medical Association policy, Global Climate Change and Human Health (H-135.938). (Res77-16)

Disposal Locations for Injectable Medical Waste

MSMS supports legislative efforts to provide patients and their families with greater access to locations for the disposal of injectable medical waste at no additional cost to patients or their families.

MSMS also supports the requirement that any pharmacy that sells injectable medications have a sharps container readily available to recycle medical waste. (Res62-17)

Effects of Energy Pipelines and Fossil Fuel Waste on the Great Lakes

MSMS supports rigorous maintenance and regulation of current oil/oil byproduct and natural gas pipelines, as well as the shutdown of pipelines that do not meet regulatory standards or pose imminent risk of contaminating the Great Lakes.

MSMS opposes the disposal of waste that is a byproduct of fossil fuel transport and/or usage into our water systems. (Res46-17)

Endorse Environmental Protection Agency (EPA) Air Quality Standards

MSMS supports the updated July 17, 1997, Environmental Protection Agency (EPA) air quality standards for ozone, nitrogen oxides, and particulates. (Board Action Report #6, 1998 HOD, re Res92-97A)

Establishment of the Epidemiology of Elevated Blood Lead Level in Michigan

MSMS supports the requirement that cases of elevated blood lead levels in Michigan be reported to the Michigan Department of Community Health. (Res95-93A)

Fluoridation

MSMS supports the current public health guidelines for water fluoridation. (Res2-11)

Great Lakes Toxins

MSMS supports the 1995 House of Delegates resolution on "Great Lakes Toxins." (*See Addendum D in website version*). (Board Action Report #3, 1995 HOD, re Res5-94A & Res92-94A)

Health Concerns of Fracking in Michigan

MSMS opposes fracking in the state of Michigan until such time as it is proven to be of no significant health hazard to the population or the environment of the state of Michigan. (Res02-15)

Lead Free Childcare Facilities

MSMS supports the concept of all Michigan childcare facilities having lead free environments. (Board Action Report #8, 1994 HOD, re Res67-93A)

Lead Free Wheel Weights

MSMS opposes the use of lead wheel weights in Michigan. (Res10-12)

Medical Waste Disposal Costs

MSMS supports reimbursement for the costs incurred of medical waste disposal programs. (Res87-90A)
– Edited 1998

Nuclear Power in Michigan

MSMS advocates a public policy of cautious and reasoned development of nuclear power in Michigan. (Prior to 1990)
– Edited 1998

Policy Statement of Environmental Pollution

MSMS supports efforts to improve environmental health.

MSMS supports all agencies charged with the control of environmental pollution. (Prior to 1990)

– Edited 1998
– Reaffirmed (Res35-05A)
– Reaffirmed (Res02-16)

Plastic Microbeads in the Great Lakes

MSMS supports local, state, and federal laws banning the sale and manufacture of personal care products containing plastic microbeads. (AMA Res. 916, I-15); (Res61-15)

Radioactive Waste Disposal

Lands in Michigan should not be used for any permanent above ground, or temporary and/or permanent underground nuclear waste disposal purposes until it is clearly demonstrated that such disposal of nuclear waste would not be deleterious to the people and the environment of Michigan. (Res1-90A)

– Amended 1993

– Edited 1998

– Edited 2017

Recycling

MSMS supports recycling materials whenever possible and purchasing recycled products. (Res60-90A)

– Edited 1998

Statewide Policy on Storage of High Level Radioactive Waste

MSMS supports development of a statewide policy on storage of high level radioactive waste. (Res114-93A)

Storing of Nuclear Waste Near the Great Lakes Shore

MSMS objects to storing nuclear waste by states and provinces within the Great Lakes Basin area in a manner which threatens to contaminate the Great Lakes. (Res27-09A)

Support of the Clean Air Act

MSMS supports the Clean Air Act. (Res5-13)

– Reaffirmed (Res02-16)

Timely and Transparent Data Sharing for Drinking Water Testing

MSMS supports the following:

1. Creation and availability of a real-time alert system for all water test results, which exceed federal, state, or local standards within a person's designated zip code(s), to which the public could subscribe; and
2. Creation and implementation of a process in which all collected test results related to the quality of water that are excluded from final data analysis are annotated and explained.

(Res58-16)

Toxic Chemicals in Michigan's Water Supply

MSMS supports the goal of "zero discharge" for PCB/dioxin compounds in the Great Lakes Basin. (Res79-92A)

– Amended 1993

– Edited 1998

– Reaffirmed (Res02-16)

General

Data Tampering in Public Health Reporting

MSMS strongly opposes any intentional tampering, distortion, or manipulation of data used in preparation for an official report by public employees as they represent dangers to public health and unethical acts. MSMS supports the criminalization of acts of intentional distortion, manipulation, or omission of data used in preparation for an official report by public employees, in an effort to dissuade such unethical actions and the danger they pose to public health.

(Res19-16)

Definition of Public Health

MSMS supports the Precise Definition of Public Health and the Proper Role of a Public Health Department. (*See Addendum M in website version*) (Prior to 1990)
– Reaffirmed (Res31-11)

Establish and Maintain Stand-Alone Michigan Department of Public Health

MSMS supports the establishment and maintenance of a stand-alone Michigan Department of Public Health that is organized in a way to ensure that an effective structure is in place to prioritize, meet, and respond to the public health needs of Michigan residents. (Res62-16)

Require MDHHS Director to be a Physician

MSMS supports a requirement that the director of the Michigan Department of Health and Human Services be a physician licensed in the state of Michigan.
(Board Action Report #13, 2000 HOD, re Res112-99A)
– Edited 2016

Scientific Evidence of Harm and Burden of Proof

MSMS believes that the State of Michigan should adopt and advocate policies based on the precautionary principle where there is scientific evidence of harm, which holds that when an activity raises threats of harm to human health or the environment, precautionary measures should be taken. The burden of proof should be on the user or producer of a hazardous chemical or product to convince government authorities that the product does not deserve to be restricted and that it is the least-damaging alternative available.
(Res02-16)

Water Affordability Programs and Protection from Water Shutoffs

MSMS supports water security as a public safety measure, as well as related programs and policies that seek to protect water security especially for vulnerable populations such as those with chronic medical conditions authorized by a physician, children under the age of 18, elderly individuals age 65 or older, individuals with a disability, pregnant individuals, or persons with household incomes 175 percent or below the federal poverty line. (Res77-17)

Healthy Choices

Ban Tanning Booth Use by Minors in Michigan

MSMS opposes access to the use of indoor tanning equipment by anyone under the age of 18. (Res38-12)

Food Safety Labeling

MSMS supports the use of warning labels on fish sold for home preparation and consumption, for which there is a risk of parasitic infestation, indicating that eating raw or undercooked fish could be hazardous to one's health.
(Res07-17)

Support of Healthy Lifestyle

MSMS supports a healthy lifestyle related to nutrition and exercise and the avoidance of alcohol and tobacco.
(Res36-93A)
– Reaffirmed (Res34-14)

Physical Fitness and Nutrition

Physical Fitness Programs

MSMS, through public relations, will cooperate with recognized health and physical fitness programs.
(Prior to 1990)

MSMS supports the provision of traffic lanes and trails open to public use for the purposes of biking, hiking and jogging. In addition, MSMS encourages the appropriate state and local governmental agencies to convert unused railroad beds for such uses. (Res64-92A)
– Amended 1993
– Edited 1998

Screening

Screening for Sickle Cell Trait and Rubella

MSMS supports screening for the following: sickle cell trait and rubella. (Prior to 1990)
– Edited 1998

Unnecessary Health Screenings

MSMS supports that marketing of preventive health screening directly to the public should include information on risks and benefits of screening; disclose whether the screening is recommended by the U.S. Preventive Services Task Force or other well recognized specialty societies.

MSMS supports that those performing the screenings and reviewing the results of the tests be appropriately credentialed. (Board-Oct04)

QUALITY ASSURANCE AND PATIENT SAFETY

Guidelines for Quality Assurance Programs

MSMS insists that any quality assurance program, whether by hospitals, third party payers or managed care programs, include physician input in the development of quality guidelines; and that each program must include due process for the physician indicating the right of appeal.

MSMS encourages medical staff to work with their local third party carrier or managed care organization to share data, provide adequate safeguards for due process, develop proper protocols and assist in setting educational programs.
(Res19-93A)

Hyperbaric Oxygen Chamber Accreditation

MSMS supports all hyperbaric oxygen chambers in the state of Michigan be fully accredited on a regular basis to improve patient and staff safety.
(Board Action Report #9, 2013 HOD, re Res65-13)

Oversight of Office Invasive Procedures and Sedation

MSMS supports the Michigan Quality Improvement Consortium (MQIC) Guideline on Office-Based Surgery; supports dialogue with the health plans and the Michigan Department of Community Health to determine if the Michigan Quality Improvement Consortium (MQIC) Guideline on Office-based Surgery is used; and supports consideration of other options to promote adherence to the guideline including quality and safety collaborative to address office-based surgery or potential changes to the Public Health Code.
(Board Action Report #5, 2010 HOD, re Res107-09A)

Payment for Medical Staff Quality Assurance by Hospitals to Medical Staff Organizations

MSMS encourages hospitals to reimburse the medical staff organization for quality assurance and leadership functions performed. (Res29-01A)

Prevention of Medical Errors

MSMS supports actions that will encourage the prevention of medical errors on the state and local level. (Board-Jan01)

SAFETY AND ACCIDENT PREVENTION

Adolescent and Infant Safety

Child Passenger Safety

MSMS supports the education of patients on the issue of child passenger restraint systems, with special emphasis on child passenger safety. (Res24-16)

Opposition to Use of Infant Walkers

MSMS discourages the use of infant walkers and asks physicians to counsel parents of the significant risk of injury from infant walkers. (Prior to 1990)

Anti-Violence

Anti-violence Public Education

MSMS encourages the news media to actively participate in sending out a strong message against violence, urges educating children at the elementary level regarding the pitfalls of violence, and encourages schools to include discussions on resolving conflict and solving problems without resorting to violence at parent/teacher conferences. (Res105-95A)

Secure Environment for Care for Rape Victims

MSMS supports specialized care for rape victims in a secure, dedicated environment. (Res9-94A)

Automobile and Bicycle Safety

Auto Safety

MSMS encourages: 1) stricter enforcement of existing laws relative to driving while drunk and imposition of more serious penalties for violations thereof; 2) detection and prosecution of the reckless or careless driver; and 3) provision for a more careful and appropriate interval examination of all drivers. (Prior to 1990)
– Edited 1998

Automobile Seat Belts and other Restraints

MSMS supports the mandatory use of automobile seat belts. (Prior to 1990)

MSMS supports the use of appropriate restraining devices and protection for any person riding in the back of a pickup truck. (Res53-92A)
– Amended 1993
– Edited 1998

Ban Hand-Held Cell Phone and Hand-Held Communication Device Use While Driving

MSMS endorses legislation that would ban the use of hand-held cell phones and hand-held communication devices while driving. (Res89-09A)

Bicycle Helmets

MSMS endorses the use of American National Standards Institute (ANSI) or Snell Foundation approved helmets for all bicycle riders and passengers. (Prior to 1990)

Drunk Driving

MSMS supports the following measures to reduce drunk driving:

1. The establishment of a blood alcohol concentration of 0.05 as per se illegal for driving in Michigan.
2. Administrative license revocation upon arrest for operating under the influence.
3. Mandatory blood alcohol testing for any driver involved in a motor vehicle accident that result in personal injury.

4. Establishment of a color-coded operator's license for persons under 21 years of age.
5. Mandatory alcohol treatment and counseling for repeat violators of drunk driving laws.
6. MSMS supports activities to educate the public and physicians to secure their cooperation in the stringent enforcement of drunk driving laws.

(Prior to 1990)

Designated Driver Promotion

MSMS encourages establishments serving alcohol to promote the identification of a designated driver. (Res40-95A)

Driver Capabilities

MSMS reaffirms its offer to assist the Legislature and the Secretary of State in an advisory capacity to develop means whereby a fair evaluation of driver capabilities may be accomplished to permit restriction or withdrawal of driving privileges from those judged to be physically or mentally incapable. (Prior to 1990)

Driver License Suspensions

MSMS supports the development of guidelines for the assessment of a driver's competence because of medical illness, an emotional disorder, medications and/or alcohol or illicit drug abuse which include due process to protect individuals' driving privileges and ensure that persons' health records are not made public. (Res34-96A)

Drivers with Suspended Licenses

MSMS supports impounding and/or confiscation of motor vehicles being operated by individuals with suspended licenses.

MSMS supports the confiscation of privately owned vehicles used by drivers with suspended licenses while driving under the influence of alcohol. (Board Action Report #4, 1997 HOD, re Res31-96A & Res35-96A)

Motor Vehicle and Bicycle Safety

MSMS supports the lack of safety belt use being designated a "primary enforcement offense."

MSMS supports helmet usage by riders of motorcycles and other motorized and non-motorized vehicles and bicycles. (Res46-95A)

Provide Transportation for the Alcohol Impaired Driver

MSMS supports the availability of year round safe transportation home for intoxicated persons. (Res35-95A)

Redefinition of Automobile Manufacturers' Responsibility

MSMS considers part of the responsibility of automobile manufacturers is to manufacture safer vehicles. (Res79-97A)

Rented or Leased Unsafe Automobiles

MSMS opposes the rental or leasing of vehicles with uncorrected safety defects within the state of Michigan. (Res111-97A)

Safety and Driver Capabilities

MSMS endorses the report on drivers and dementia for senior citizens. (*See Addendum O in website version*) (Board-Nov98)

Support Standard Enforcement of Safety Belt and Child Restraint

MSMS supports standard enforcement of seat belt and child restraint usage. (Res89-97A)

Tinted Windows on Motor Vehicles

MSMS opposes the tinting of motor vehicle windows, except as medically indicated, beyond the legally accepted limits. (Res55-17)

Firearm Safety

Ban Look-alike Toy Guns

MSMS supports a ban on look-alike toy guns. (Prior to 1990)

Concealed Guns

MSMS opposes liberalization of concealed gun laws. (Res18-98A)

Firearm Education

MSMS supports a basic course in care and handling of firearms. (Res79-94A)

MSMS supports age- and developmentally-appropriate gun safety education. (Res33-01A)

Firearm-Related Injury and Death: Adopt A Call to Action

MSMS endorses the specific recommendations made in the publication "Firearm-Related Injury and Death in the United States: A Call to Action From 8 Health Professional Organizations and the American Bar Association," which is aimed at reducing the health and public health consequences of firearms. (Res13-16)

Handgun Control and Education

MSMS recommends effective controls on the assembly, manufacture, distribution and possession of handguns. MSMS supports distribution of educational materials to firearm purchasers. The materials should address the use of lock boxes, trigger locks, childproof safety catches and loading indicators. (Res58-92A)

– Amended 1993

– Edited 1998

Limit Ownership of Assault Weapons

MSMS supports efforts to limit ownership and use of assault weapons. (Res100-89A)

Oppose Imposition of Penalties on Local Units of Government and/or Officials and Staff

MSMS opposes the prohibition of local units of government and/or their elected or appointed officials or staff from imposing restrictions on the ownership, registration, purchase, sale, transfer, transportation, or possession of guns within their area of jurisdiction and/or punishment for the imposition of such restrictions. (Res60-16)

Reduction of Gun Violence

MSMS supports federal and state legislation ensuring that physicians can fulfill their role in preventing firearm injuries by health screening, patient counseling on gun safety, and referral to mental health services for those with behavioral/emotional medical conditions and supports federal and state evidence-based research on firearm injury and the use of state/national firearms injury databases to inform state/federal health policy. (Res78-13)

Weakening Handgun and Assault Weapon Regulations

MSMS opposes weakening the current laws regarding the manufacture, importation and/or ownership of assault weapons and/or handguns. (Res37-96A)

Outdoor Sports Safety

Runners Encouraged to Wear Reflective Clothing

MSMS supports Michigan physicians to educate their patients who run or jog to wear brightly colored, lighted, or reflective clothing while in the street when appropriate. (Res97-10A)

Snowboarding and Skiing Helmets

MSMS recommends that all snowboarders and skiers wear proper helmets and encourages public education regarding the safety of this issue. (Res27-05)

Snowmobile Helmets and Safety

All snowmobile drivers and passengers should be required to wear helmets, and children should be adequately and appropriately supervised. (Res47-98A)

Snowmobile Speed Limit Policy

MSMS supports reasonable snowmobile speed limits and appropriate law enforcement. (Res65-94A, Res55-96A)

SCOPE OF PRACTICE

(See also: Health Clinicians Other Than Physicians)

Alternative Boards of Ocular Surgery

MSMS opposes the creation of alternative boards of ocular surgery by organizations representing and credentialing non-physician providers to perform ocular surgery. (Res34-17)

Clear Identification of Health Worker Position/Title with ID Tags

MSMS supports that physicians, nurses and other health providers wear a clearly visible photo identification badge that states their credentials in large block letters with descriptions such as "physician," "nurse," "physician assistant," "nurse practitioner," and that the badges be worn at all times when in contact with patients. (Res50-11)

Health Profession Boards Need to Protect Patients

MSMS opposes efforts by licensing boards of non-physicians to establish their own scope of practice, and expansion in non-physicians scope of practice may only occur with approval of the Boards of Medicine, the respective non-physician licensing board, and the Legislature. (Res20-12)

Limiting the Administration of Intravitreal Injections to Ophthalmologists

MSMS opposes intravitreal injections being performed by anyone other than a licensed physician appropriately trained to perform intravitreal injections. (Res04-15)

Ocular Surgery for Surgeons

MSMS opposes any program that permits ocular surgery on patients by a clinician who has not completed an appropriate Accreditation Council for Graduate Medical Education (ACGME) approved residency program. (Res 34-17)

Oppose Rapid Diagnosis Testing Program in Pharmacies

MSMS opposes the existing Rapid Diagnostic Testing (RDT) program in Michigan pharmacies, as well as any future expansion or creation of similar programs that may result in a diagnosis of illness or initiation of a prescription medication treatment plan by a pharmacist in the state of Michigan. (Res67-14)

Oppose Scope of Practice Expansion for Allied Health Care Professionals

MSMS continues to oppose any legislation that seeks to expand the scope of practice for allied health care professionals beyond the level of their education and training. (Res89-16)

Physician Oversight of Anesthesia Delivery

MSMS supports the preservation of physician oversight of anesthesia care. (Res27-17)

SPORTS

(See also: Children and Youth)

Athletic Medicine Units

Every school should establish an “athletic medicine unit” and medical schools should train such personnel. (Prior to 1990)

Emergency Services at Sports Arenas and Other Facilities

MSMS advocates facilities providing adequate emergency services, including the latest technical medical equipment and trained personnel, at large gatherings. (Res36-90A)
– Edited 1998

Limits on Weight Loss for Wrestlers

MSMS supports the adoption of a policy by the Michigan High School Athletic Association to limit the amount of weight a wrestler can lose. (Res59-92A)

National Athletic Trainers’ Association

MSMS recommends that schools utilize certified athletic trainers. (Prior to 1990)

Opposition to Boxing

MSMS supports the American Medical Association’s position opposing boxing. (Prior to 1990)

Prohibition of Ultimate Fighting (Barbaric and Blood Sports)

MSMS opposes ultimate fighting (barbaric and blood sports) competitions in the state of Michigan. (Res89-96A)

SUBSTANCE ABUSE AND ADDICTION

(See also: Pharmacy and Pharmaceuticals; Health Care Delivery; Public Health)

Addiction a Disease

MSMS consider drug intoxication and addiction as diseases. (Prior to 1990)

Alcohol During Pregnancy

MSMS opposes the use of alcohol by pregnant women. (Res71-95A)

Drug Educational Programs

Drug educational programs by public agencies should be expanded and all medical schools, hospitals and medical societies should establish such programs, with particular attention paid to programs treating pregnant women and teenagers. (Res43-90A)
– Amended 1993
– Edited 1998

Forfeiture of Property

MSMS supports forfeiture of real property used in committing a violation of the substance abuse act and allocating 50 percent of forfeiture proceeds for community-based educational and substance abuse treatment programs. (Prior to 1990)
– Edited 1998

Hospital Treatment

Hospitals should provide treatment and rehabilitation facilities for substance abuse. (Res43-90A)
– Amended 1993
– Edited 1998

Marijuana

MSMS considers marijuana abuse a public health problem with potentially severe adverse effects on health. (Prior to 1990)
– Edited 1998

Pathological Gambling

MSMS advocates treatment for gambling addiction. (Res99-98A)

Substance Abuse During Pregnancy

MSMS opposes making the use of controlled substances during pregnancy a felony. MSMS encourages routine drug screening of pregnant women. (Board-July96)

TAXES

Essential Services Tax

MSMS vigorously opposes any sales or use tax on essential needs of Michigan citizens, including, but not limited to education, food items, prescriptions, medical services, and also oppose any provider tax. (Res19-07A)
– Reaffirmed (Board-Oct2009)

Provider Taxes

MSMS is opposed to a provider tax in any form. (Res43-94A)

Repeal or Revision of Single Business Tax

The Single Business Tax statute should be repealed or otherwise amended, so as to exempt service professions from this tax. (Prior to 1990)
– Edited 1998

Tax Credits for Provision of Free Medical Care

MSMS supports the concept that physicians receive tax credits for the provision of free medical care at both the state and federal taxing authority levels. (Res87-97A)
– Reaffirmed (Res32-10A)

Tax Rate for Electronic Cigarettes

MSMS supports an excise tax on electronic cigarettes. (Res67-17)

Tax Related to Sugar-Sweetened Beverages

MSMS supports the following tax policies related to sugar-sweetened beverages:

1. An excise tax should be added at the wholesale or manufacturing level on sweetened beverages.
2. The sales tax exemption for sweetened beverages and candy should be eliminated.
3. Any income generated from an excise tax on sweetened beverages, if enacted, should be used to fund programs that encourage healthy nutrition and obesity prevention, such as the Supplemental Nutrition Assistance Program. (Res81-17)

TOBACCO AND SMOKING

Ban e-Cigarettes from Public Venues

MSMS supports banning the use of e-cigarettes and any nicotine delivery devices in public places. (Res66-11)
– Edited (Board-April14)

Ban on Dissolvable Tobacco Products

MSMS opposes the distribution and sale of dissolvable tobacco products in Michigan. (Res18-09A)
– Reaffirmed (Res34-14)

Ban on Smoking in Public Places

MSMS supports seeking legislation at the state level calling for a ban on smoking in all public places including parks and beaches. (Res93-06A)
– Edited 2013 (Res49-13)
– Reaffirmed (Res34-14)

Ban Smoking in All Areas of Employment, Restaurants and Malls

MSMS opposes smoking in all enclosed areas of employment and all areas where second hand smoke compromises the air quality, including restaurants and malls. (Res53-94A and Res54-94A)
– Reaffirmed (Res116-98A), (Res36-01A), (Res34-14)

Ban Smoking in Cars with Children

MSMS supports banning smoking in cars and other vehicles containing children. (Res4-10A)
– Reaffirmed (Res34-14)

Electronic Cigarette Legislative and Policy Gaps

MSMS supports banning the use of e-cigarettes in public places and opposes the marketing and sale of e-cigarettes and any tobacco products to minors. (Res18-15)
– Reaffirmed (Res66-17)

Federal Assistance to the Tobacco Industry

MSMS opposes federal government financial assistance to the tobacco industry. (Prior to 1990)
– Reaffirmed (Res116-98A)

Investment in Tobacco Holdings

When feasible, MSMS will refrain from making financial investments in tobacco holdings. (Res94-92A)
– Reaffirmed (Res116-98A)

MSMS Position/Program of Action re: Smoking-Health

1. MSMS encourages its members to reflect their knowledge of the hazards of smoking by personally stopping smoking;
2. MSMS asks its members to encourage their individual employees and hospital staff members to stop smoking;
3. MSMS is opposed to the use of tobacco products in all hospitals and health facilities;
4. MSMS urges its members to avail themselves of all opportunities to lead or participate in the dissemination of information regarding the hazards of smoking, cooperating with existing agencies with like goals.
5. MSMS is opposed to smoking in enclosed public places except in designated smoking areas.

MSMS encourages members to record on death certificates the use of tobacco, drugs or alcohol as a contributing factor to deaths. (Prior to 1990)
– Edited 1998
– Reaffirmed (Res116-98A)

Mini-Packaged and Complimentary Cigarettes

MSMS opposes the distribution of mini-packaged or complimentary cigarettes. (Res60-97A)
– Reaffirmed (Res116-98A), (Res34-14)

Minors Purchasing Tobacco Products

MSMS is opposed to allowing the sale of tobacco to minors.

MSMS opposes the use of vending machines for the sale of tobacco. (Res1-94A)
– Reaffirmed (Res116-98A), (Res34-14)

Prohibit Tobacco Promotion

Tobacco promotion should be illegal. (Prior to 1990)
– Edited 1998
– Reaffirmed (Res116-98A)

Raise Minimum Legal Age to Purchase Tobacco Products to 21

MSMS supports raising the minimum legal age to purchase tobacco products, including e-cigarettes, to age 21. (Res22-15)
– Reaffirmed (Res84-16)

Removal of Tobacco Stocks from MSMS Portfolio

MSMS should not hold stock in companies that sell tobacco products. (Res35-97A)
– Reaffirmed (Res116-98A)

Restricting Alcohol and Tobacco Advertising

MSMS opposes alcohol and tobacco advertising on billboards or buildings within the immediate vicinity of schools and hospitals. MSMS opposes alcohol and tobacco advertising during family and children television programs. (Res60-96A)
– Reaffirmed (Res116-98A)

Smokeless Marijuana Treatments

MSMS supports a smokeless society and replacing smoked marijuana with tablets or oral spray manufactured by a reputable and licensed company and available only by prescription. (Res87-10A)

Tobacco Free Michigan Active Doctors (TFMAD) and Tobacco Free Michigan Coalition (TFMAC) Health Care Campaign

MSMS supports the Tobacco Free Michigan Active Doctors and the Tobacco Free Michigan Action Coalition health care campaign. (Board-March94)
– Reaffirmed (Res116-98A)

Tobacco Related Ordinances

MSMS supports local units of government passing tobacco related ordinances that are more restrictive than state law. (Board-Jan99)

UTILIZATION REVIEW

Principles for Utilization Management and Medical Review

MSMS supports the Principles for Utilization Management and Medical Review. (*See Addendum N in website version*). (Board-March95)

WAR

Ban on Land Mines

MSMS is opposed to the manufacture, trade and use of all land mines. (Res51-97A)

Global Nuclear Disarmament

MSMS encourages global nuclear disarmament. (Prior to 1990)
– Edited 1998

WOMEN'S HEALTH

(See also: Adoption; Ethics; Health Care Delivery; Maternal and Infant Health; Medicaid; Public Health)

Abortion

No Constitutional Prohibition

There should be no amendment to the Constitution of the United States that would prohibit abortion. (Prior to 1990)

Abortion as Medical Procedure

Abortion is a medical procedure and should be performed only by a licensed physician in conformance with standards of good medical practice and the Public Health Code of the state of Michigan. (Prior to 1990)

Anti-abortion Coercion

Patients have the right to be free from coercion in determining when and if they will submit to medical procedures such as sterilization and abortion. (Prior to 1990)

Abortion Clinic Access

MSMS endorses the concept of allowing civil action suits to be brought against individuals who interfere with access to health care facilities. (Board-Sept93)

Gender Selection

MSMS opposes prohibiting physicians from performing abortions for women who want to terminate their pregnancy based on the gender of the fetus because MSMS opposes infringement upon the physician/patient relationship. (Board-May94)

Tissue Handling

MSMS supports that all fetal remains resulting from abortions be handled as required under MCL 333.2836, "Disposition of Fetal Remains," of the Michigan Public Health Code. (Res08-17)

Contraception

Oral Contraceptives Available Over-the-Counter

MSMS supports the American College of Obstetricians and Gynecologists' committee opinion 544 which supports making oral contraceptives available as over the counter medication. (Res95-16)

Over the Counter Contraception (The Morning After Pill)

MSMS supports the concept of making the "morning after" contraceptive pill an over the counter medication. (Res6-06A)

Prevention and Screening

Mammography Screening

MSMS endorses baseline mammography screening and women talking with their doctor about when to start breast cancer screening with mammograms and how often to be screened. Decisions should be based a variety of considerations including national guidelines, benefits and harms of mammography, and risk factors such as family history, radiation therapy to the chest between the ages of 10 and 30 years, and having or at high risk for mutations in certain genes that greatly increase the risk of breast cancer. (Res95-97A)

– Edited 2016

Opposition to Government Regulations Limiting Scope of Women's Health Coverage

MSMS supports maintaining the privacy and confidentiality of anyone who purchases additional coverage riders for any benefits including abortion and opposes any limitations on the scope of health care coverage that private insurance companies can offer in a comprehensive health plan. (Board Action Report #6, 2015 HOD, re Res15-14)

Pap Smear Screening

MSMS supports the current American Cancer Society guidelines for average-risk women that recommend that: "Cervical cancer screening should begin at age 21 years. Women aged younger than 21 years should not be screened regardless of the age of sexual initiation or other risk factors."

The frequency of screenings should follow the screening recommendations for their respective age groups.

(Board Action Report #10, 1998 HOD, re Res97-97A)

– Edited 2016

WORKERS' COMPENSATION

Health Service Rules

MSMS policy on the Workers' Compensation Health Service Rules and fee schedule is as follows:

1. MSMS opposes use of budget neutrality as a guiding consideration in changing the fee schedule for workers compensation health services.
2. MSMS supports movement to a single conversion factor for all categories of service and proposes raising the conversion factors for medicine and radiology services to the same conversion factor as surgery services, through a three-year phase in. When increases are applied selectively during the phase in period, the conversion factor for medicine services should have priority.
3. MSMS supports use of a single statewide fee schedule, accomplished through a blend of the geographic practice cost indices for southeast Michigan and the rest of the state.
4. MSMS urges adoption of methodology that will update the fee schedule annually, regardless of changes to relative value units. It urges use of the Medicare Economic Index, and that the index be applied retroactively for four years, during which time the fee schedule has been frozen.
5. MSMS supports immediate efforts to examine the unique nature of health services to injured workers. Specific issues that need to be addressed differently for injured workers than for Medicare patients are office visits, follow up days and the relative values for hand surgery procedures.
6. MSMS encourages inclusion in the rules of measures to address the administrative complexity associated with treatment of injured workers.

(Board-March98)

Use of Current Procedural Terminology (CPT) Codes and Reimbursement by Workers Compensation

MSMS supports the utilization of Current Procedural Terminology (CPT) by the Workers Compensation program. (Res73-96A)

