RESOLUTION 01-15
Title: Reduce Continuing Medical Education Credit Requirements for Retirees
Introduced by: Amitabha Banerjee, MD, for the Genesee County Delegation
Action: DISAPPROVED

RESOLVED: That MSMS advocate for appropriate legislative and regulatory changes so that retired physicians can maintain their license for the purpose of comfort and simple desire by paying a $150 fee for each three-year period, and be it further

RESOLVED: That MSMS advocate for appropriate legislative and regulatory changes to reduce the continuing medical education (CME) requirements for retired physicians who no longer practice to 30 CME credits per 3 years of licensure.

Rationale: The Committee decided that if a physician wishes to maintain their license, regardless of seeing patients actively or inactively, the maintenance of licensure should remain the same.

RESOLUTION 02-15
Title: Health Concerns of Fracking in Michigan
Introduced by: Gerald Natzke, DO, for the Genesee County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS oppose 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.

RESOLUTION 03-15
Title: Report Immunizations to Primary Care Physicians and MCIR
Introduced by: Cathy Blight, MD, for the Genesee County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS support 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, and be it further

RESOLVED: That MSMS pursue regulatory or legislative action that requires pharmacies and other entities providing immunizations to all patients to report such action into the Michigan Care Improvement Registry.

RESOLUTION 04-15
Title: Limiting the Administration of Intravitreal Injections to Ophthalmologists
Introduced by: Pat Droste, MD, for the Michigan Society of Eye Physicians and Surgeons
Action: APPROVED AS AMENDED

RESOLVED: MSMS supports that intravitreal injections should only be performed by licensed physicians appropriately trained to perform intravitreal injections.
RESOLUTION 05-15
Title:  Childhood Immunization Waivers
Introduced by:  Meena Ramani, MD, for the Saginaw County Delegation
Action:  APPROVED AS AMENDED

RESOLVED:  That MSMS oppose immunization waivers for childhood immunizations based on non-medical exemptions; and be it further

RESOLVED:  That MSMS seek legislation to amend Michigan’s statute pertaining to childhood immunizations to no longer allow non-medical immunization waivers.

RESOLUTION 06-15
Title:  Rising Generic Drug Prices
Introduced by:  Karen Chapel, MD, for the Michigan Dermatological Society
Action:  APPROVED

RESOLVED:  That the American Medical Association work with interested parties including the United States Federal Trade Commission, United States Food and Drug Administration, generic drug companies, and United States Congress to explore the reasons behind increasing prices in generic drugs and possible remedies for the situation, as well as to track drug prices so that greater price transparency can help physicians prescribe lower cost drugs whenever reasonable alternatives are available.

RESOLUTION 07-15
Title:  Parental Paid Leave
Introduced by:  Federico G. Mariona, MD, for the Wayne County Delegation
Action:  APPROVED AS AMENDED

RESOLVED:  That MSMS support parental paid leave; and be it further

RESOLVED:  That MSMS work jointly with the American Medical Association and other involved national medical organizations to support parental paid leave.

RESOLUTION 08-15
Title:  Access to Family Planning Education
Introduced by:  Federico G. Mariona, MD, for the Wayne County Delegation
Action:  APPROVED AS AMENDED

RESOLVED:  That MSMS work with state public health officials and medical societies to educate patients on all available and approved methods of family planning.

RESOLUTION 09-15
Title:  MSMS Membership and Payment Reporting
Introduced by:  Talat Danish, MD, for the Wayne County Delegation
Action:  REFERRED TO THE BOARD

RESOLVED:  That MSMS develop an electronic reporting process whereby membership and member payment data is disseminated to county medical societies on a monthly basis by January 1, 2016.
Rationale: The Committee recommended to disapprove Resolution 09-15 and provided the following rationale: MSMS went through a major database change two years ago and has made significant improvements and provides financial information on a bi-monthly basis and membership information on a daily basis. Due to MSMS financial constraints, the Committee believed this would be too costly to pursue. The Committee also understands that MSMS is constantly looking at ways to increase efficiency and streamline the transfer of information between MSMS and its component societies.

The Resolution was extracted and the House of Delegates voted to refer to the MSMS Board of Directors for further study and immediate action.

RESOLUTION 10-15
Title: Managing Controlled Substance High Utilizer Patients
Introduced by: Anne-Mare Ice, MD, for the Wayne County Delegation
Action: REFERRED TO THE BOARD

RESOLVED: That MSMS work with the American Medical Association to assess and develop a coordinated system of care for individual patients who need coordinated clinical care of their pain management rather than stigmatization as an abuser of narcotics or as a high-utilizer; and be it further

RESOLVED: That the American Medical Association amend policy H-95.947 as follows:

H-95.947 Prescription Drug Monitoring to Prevent Abuse of Controlled Substances

Our AMA: (1) supports the refinement of state-based prescription drug monitoring programs and development and implementation of appropriate technology to allow for Health Insurance Portability and Accountability Act (HIPAA)-compliant sharing of information on prescriptions for controlled substances among states, PHARMACIES, AND CLINICIANS; (2) policy is that the sharing of information on prescriptions for controlled substance with out-of-state entities should be subject to same criteria and penalties for unauthorized use as in-state entities; (3) actively supports the funding of the National All Schedules Prescription Electronic Reporting Act of 2005 which would allow federally funded, interaoperative, state based prescription drug monitoring programs as a tool for addressing patient misuse and diversion of controlled substances; (4) encourages and supports the prompt development of, with appropriate privacy safeguards, treating physician’s real time access to their patient’s controlled substances prescriptions ACROSS STATE BOUNDARIES; and (5) advocates that any information obtained through these programs be used first for education of the specific physicians involved prior to any civil action against these physicians; and be it further

RESOLVED: That, consistent with the American Medical Association (AMA) policies H-95.945 and H-95.947, the AMA implement a coordinated effort among all state medical societies to advocate for an interstate compact whereby, pharmacies and clinicians can have access to Prescription Drug Monitoring Programs controlled substances dispensing data across state boundaries.

Rationale: In order for MSMS to develop a coordinated system of care, it will take more time and input to assess viable options. The Committee recognizes that this is a community wide problem and in order to come up with a solution it will take a significant amount of time and research.
RESOLUTION 11-15
Title: Physician Self-Monitoring of Controlled Substance Prescriptions
Introduced by: Neelima Thati, MD, for the Wayne County Delegation
Action: APPROVED

RESOLVED: That the American Medical Association work with the National Alliance for Model State Drug Laws (NAMSDL), as well as other appropriate national organizations and stakeholders, to update the NAMSDL's Model Prescription Monitoring Program Act to provide health care professionals the opportunity to self-monitor their schedule 2-5 controlled substance prescribing patterns as a means to detect and identify fraudulent prescriptions dispensed under their respective Drug Enforcement Administration numbers.

RESOLUTION 12-15
Title: Board of Medicine Sanctions and Fines
Introduced by: Emily Smith, MD, for the Wayne County Delegation
Action: APPROVED

RESOLVED: That the American Medical Association work with the Federation of State Medical Boards to study the various sanctions, fines, and monitoring procedures applied on a state-by-state basis to physicians under investigation and/or disciplinary action.

RESOLUTION 13-15
Title: Disclosure of Financial Incentives for Patient Referrals
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: REAFFIRMED

RESOLVED: That MSMS advocate that any financial relationship between a referring physician and consultant or specialist be specifically disclosed and described to the patient at the time of the referral; and be it further

RESOLVED: That MSMS work with the Michigan Legislature to develop legislation to require referring physicians to disclose to patients any financial incentives for the referral.

RESOLUTION 14-15
Title: Physician Care for Michigan's Increased Medicaid Population
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: REFERRED TO THE BOARD

RESOLVED: That MSMS, in order to accommodate the expected increase in the number of patients entering the Medicaid system, encourage Michigan physicians to view the care of Medicaid beneficiaries as part of their social responsibility and for physicians to share in that responsibility by maintaining their current Medicaid caseloads or by considering an increase in Medicaid capacity to a level appropriate to their practice versus closing their practice entirely to this patient population; and be it further

RESOLVED: That MSMS reinforce the need to expand the number of residency positions across a variety of specialties to allow an increased number of physicians-in-training and, ultimately, fully trained physicians who stay in the state to care for the expected increased number of patients entering the Medicaid system; and be it further
RESOLVED: That MSMS ask the Michigan Legislature to explore other models of state-funded medical care for the Medicaid-eligible population such as Indiana’s implementation of a health savings account model for Medicaid coverage; and be it further

RESOLVED: That the 2015 MSMS House of Delegates reaffirm existing MSMS policy, Equitable Medicaid Reimbursement, that supports an increase in Medicaid reimbursement “to a level that covers physician and hospital costs.”

*Rationale: Much of the Resolveds are already existing MSMS policy; however, the Committee recognized the expansion of patients covered by Medicaid in Michigan has increased the demands placed on physician offices already burdened by overhead and that this resolution be referred to the MSMS Board of Directors for further study.*

**RESOLUTION 15-15**
Title: Support for the Veterans to Paramedics Transition Act of 2015
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: **APPROVED AS AMENDED**

RESOLVED: That the American Medical Association and the Michigan State Medical Society support legislation to allow veterans who served as medics or corpsmen to receive expedited training to be eligible for paramedic certification.

**RESOLUTION 16-15**
Title: Protect HealthCare.gov Consumers' Personal Data
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: **APPROVED AS AMENDED**

RESOLVED: That the American Medical Association support legislation that prohibits the inappropriate sharing of personal health information obtained from state and federally facilitated Health Insurance Marketplaces such as HealthCare.gov.

**RESOLUTION 17-15**
Title: Allergy List Versus Intolerances/Side Effects List
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: **DISAPPROVED**

RESOLVED: That MSMS work with appropriate state and local stakeholders, including Michigan’s six medical schools, to develop and distribute education regarding the need for a clear division in the “Allergy” section of the medical chart, distinguishing allergic reactions from intolerances/side effects of medications; and be it further

RESOLVED: That the American Medical Association work with appropriate national stakeholders to develop and distribute education regarding the need for a clear division in the “Allergy” section of the medical chart, distinguishing allergic reactions from intolerances/side effects of medications.

*Rationale: While the Committee agrees with the concept and content, there is a lot of education on this topic available. The Committee also believed the resolution was not broad enough in the scope of stakeholders that would be receiving the education to effect a change.*
RESOLUTION 18-15
Title: Electronic Cigarette Legislative and Policy Gaps
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS, consistent with existing policy, work to ban the use of e-cigarettes in public places; and be it further

RESOLVED: That MSMS oppose the marketing and sale of e-cigarettes and any tobacco products to minors.

RESOLUTION 19-15
Title: Overzealous Benzodiazepine Prescribing Habits
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS develop physician education regarding the potential risk of benzodiazepine addiction/dependency; and be it further

RESOLVED: That any education developed by MSMS regarding the potential risk of benzodiazepine addiction/dependency encourage physicians to refer patients for counseling if the patient requires ongoing benzodiazepine use for greater than 30 days (exclusive of sporadic benzodiazepine use).

RESOLUTION 20-15
Title: Challenges of Navigating Autism Treatment for Michigan Children
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: REFERRED TO THE BOARD

RESOLVED: That MSMS fully support the education of Michigan citizens to improve their awareness of available resources and access to the treatment of autism under current Michigan law; and be it further

RESOLVED: That MSMS work with autism support groups, insurance companies, and the Michigan Legislature to increase funding for autism research; and be it further

RESOLVED: That MSMS work with insurance companies, universities, and the Michigan Legislature to increase the number of accredited autism treatment centers in Michigan.

Rationale: The Committee was sympathetic to the plight of persons with autism and their families in receiving timely and appropriate care. However, this is a very complicated issue and the Committee wanted to make sure that MSMS engage in efforts that would truly make a positive impact on policies around autism treatment. For example, the Committee questioned whether appropriately trained persons other than behavioral health analysts could be utilized. There were also unknowns about whether autism treatment centers had to be accredited. As a result, the Committee determined that it would be most appropriate to refer Resolution 20-15 to the MSMS Board of Directors for further study and recommendation.
RESOLUTION 21-15
Title: Memorial Resolution in Memory of Harvey Halberstadt, MD
Introduced by: Alan Mindlin, MD, for the Oakland County Delegation
Action: REFERRED TO THE BOARD

RESOLVED: That MSMS and the 2015 MSMS House of Delegates celebrate and commemorate the life of Harvey Halberstadt, MD, and his unflinching dedication and commitment to ensuring and fighting for quality patient care, as well as the advancement and protection of the medical profession.

Rationale: The Committee would like to ask the MSMS Board to review the way all deceased Delegates are honored at the MSMS House of Delegates and consider the guidelines followed at the American Medical Association House of Delegates.

RESOLUTION 22-15
Title: Raise Minimum Legal Age to Purchase Tobacco Products to 21
Introduced by: Joshua Meyerson, MD, for the Northern Michigan County Delegation
Action: APPROVED

RESOLVED: That MSMS endorses raising the minimum legal age to purchase tobacco products, including e-cigarettes, to 21 years of age; and be it further

RESOLVED: That the American Medical Association amend subsection (1) of policy H-495.986 Tobacco Product Sales and Distribution as follows:

(1) encourages the passage of laws, ordinances and regulations that would set the minimum age for purchasing tobacco products, INCLUDING E-CIGARETTES, at 21 years, and urges strict enforcement of laws prohibiting the sale of tobacco products to minors.

RESOLUTION 23-15
Title: Promotion of Direct Primary Care Services
Introduced by: Kenneth A. Fisher, MD, for the Kalamazoo County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS study and educate it members regarding alternative payment models for primary care including direct primary care contracts and “concierge” medicine using methods such as email, website, and webinar programs.

RESOLUTION 24-15
Title: Hospitals Should No Longer Remain Tax Free
Introduced by: Kenneth A. Fisher, MD, for the Kalamazoo County Delegation
Action: REFERRED TO THE BOARD

RESOLVED: That MSMS lobby the state legislature to tax hospitals similar to other state businesses.

Rationale: The Committee recognizes the complexity of this issue and believes that it deserves further study before MSMS takes a formal position.
RESOLUTION 25-15
Title: Educate Physicians Regarding Non-Compete Clauses and Other Encumbrances
Introduced by: Kenneth A. Fisher, MD, for the Kalamazoo County Delegation
Action: APPROVED AS AMENDED
RESOLVED: That MSMS educate its physicians regarding non-compete clauses and other encumbrances to continued practice in the community; and be it further
RESOLVED: That MSMS further study the nuances and legalities of non-compete clauses and other encumbrances to continued practice in the community.

RESOLUTION 26-15
Title: Establish Physical Activity Requirements for All Public School Students
Introduced by: Gerald D. Natzke, DO, for the Genesee County Delegation
Action: APPROVED AS AMENDED
RESOLVED: That MSMS propose legislation similar to Virginia Senate Bill 823, which amends the code of the State of Virginia relating to public schools physical activity requirement; and be it further
RESOLVED: That MSMS develop legislation that requires that a physical activity program, consisting of at least twenty minutes per day, or an average of 100 minutes per week, during the regular school year, for all students in grades kindergarten through five; and be it further
RESOLVED: That MSMS support a requirement of a physical activity program for all students in grades six through twelve with a goal of at least 150 minutes per week, on average, during the regular school year; and be it further
RESOLVED: That MSMS advocate that physical activity programs for all public school students may include any combination of physical education classes, athletic extra-curricular activities, recess, or other programs and physical activities deemed appropriate by the local school Board.

RESOLUTION 27-15
Title: Multi-Building Apartment Complexes Smoke-Free Requirement
Introduced by: Deborah Duncan, MD, for the Genesee County Delegation
Action: DISAPPROVED
RESOLVED: That MSMS work with other advocacy groups to seek passage of legislation mandating that at least half of all of the buildings in a multi-building apartment complex be designated as non-smoking buildings.

Rationale: The Committee appreciated the intent of the Resolution to continue efforts to provide a smoke-free living environment; however, they did not have a clear understanding of the definition of what constituted a multi-building apartment complex and what the recommendations would be for a single-building apartment complex, where smoke exposure is an issue.
RESOLUTION 28-15
Title: Establish HIV Non-occupational Post Exposure Prophylaxis Treatment Guidelines
Introduced by: Talat Danish, MD, and Ronald B. Levin, MD, for the Wayne County and Macomb County Delegations
Action: APPROVED

RESOLVED: That MSMS urge the Michigan Department of Community Health to utilize current New York state guidelines on HIV nPEP to develop and implement standardized HIV nPEP recommendations for use throughout Michigan as the “Standard of Care” for the treatment of victims of sexual assault and other non-occupational exposures to HIV infection.

RESOLUTION 29-15
Title: Reinforce Provision of Vaccinations
Introduced by: Talat Danish, MD
Action: APPROVED AS AMENDED

RESOLVED: That MSMS work with the Michigan Department of Community Health to reinforce the message to health care providers in Michigan to provide timely immunizations based on guidelines from the Advisory Committee on Immunization Practices; and be it further

RESOLVED: That MSMS work with the Michigan Department of Community Health to ensure non-medical immunization waiver rates decline in Michigan.

RESOLUTION 30-15
Title: Repeal Penalties for Non-adoption of EHR
Introduced by: Alan Mindlin, MD, for the Oakland County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS support 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).”

RESOLUTION 31-15
Title: MSMS-Organized Physician Union
Introduced by: Sherwin Imlay, MD, for the Oakland County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS investigate, with internal resources, the possibility, feasibility, and advisability of MSMS organizing a physician union and present a report on its findings no later than the 2016 House of Delegates.

RESOLUTION 32-15
Title: Medical Marihuana Changes
Introduced by: Robert Levine, MD, for the Oakland County Delegation
Action: DISAPPROVED

RESOLVED: That MSMS request that the Michigan Legislature re-evaluate the current laws regarding medical marihuana; and be it further
RESOLVED: That MSMS request that the Michigan Legislature limit the validity period of a medical marihuana registry identification card to no more than six months, which is consistent with the prescribing limitations of all other psychotropic drugs.

Rationale: The nature of the Medical Marihuana Act as a voter approved ballot proposal makes changes envisioned by this resolution very difficult as they would require a two thirds majority in the House and the Senate. Treating marihuana similar to other controlled substances might make sense if they were all regulated identically. Physicians already have the ability to rescind certifications prior to the normal two-year period; however, few physicians utilize this option. The Committee believes most, if not all, cards would simply be renewed. The Committee concluded that limiting the validity of Medical Marihuana Cards to six months would likely only have a minimal impact on the patient behavior or on the physicians that certify these patients. Lastly, the Committee felt that Resolution 33-15 provides broad latitude for MSMS to consider a full range of options with respect to regulating marihuana including the duration certificates may be valid.

RESOLUTION 33-15
Title: Medical Marihuana Task Force
Introduced by: Robert Levine, MD, for the Oakland County Delegation
Action: APPROVED

RESOLVED: That MSMS review and study the efforts, programs, and effects related to the legalization of marihuana in other states and report back to membership at the 2016 MSMS House of Delegates.

RESOLUTION 34-15
Title: Medication Substitution and Drug Formularies
Introduced by: Theodore Roumell, MD, for the Oakland County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That 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.

RESOLUTION 35-15
Title: Board Certification and Maintenance of Licensure
Introduced by: Barry Auster, MD, for the Oakland County Delegation
Action: APPROVED AS SUBSTITUTED

See Resolution 73-15 for substitute language.

Rationale: The Committee heard a great deal of testimony with respect to the issue of Maintenance of Licensure and Maintenance of Certification. Nearly half of the resolutions referred to the Committee dealt with the lack of objective evidence to support the maintenance of certification as well as the burdens placed on physicians to comply with these unproven requirements. The Committee substituted the language in Resolution 73-15 in order to reflect the issues raised by this resolution and the discussion that occurred during the committee.
RESOLUTION 36-15
Title: Compliance with Michigan’s Informed Consent for Abortion Law
Introduced by: Peter T. Muller, MD, for the Oakland County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS formally petition the Michigan Department of Community Health to update their website with relevant contact information (e.g., phone number, addresses, etc.) in order to clarify the availability of services that may be of interest to pregnant women such as:

- public agencies to assist the patient during her pregnancy and after the birth of her child, should she choose to give birth and maintain custody of her child
- public agencies to assist the patient in placing her child in an adoptive or foster home, should she choose to give birth but not maintain custody of her child
- public agencies to assist the patient and provide counseling should she experience subsequent adverse psychological effects from the abortion

which corresponds to the requirements of Public Act 345 of 2000, Section 17015 (11)-(vii); and be it further

RESOLVED: That MSMS request that the Michigan Department of Community Health amend the reference to free ultrasounds from the Michigan Department of Community Health’s Informed Consent for Abortion Webpage to indicate that obtaining such an ultrasound is not a required portion of the informed consent process.

RESOLUTION 37-15
Title: Maintenance of Certification Conflict of Interest
Introduced by: James Szocik, MD
Action: APPROVED AS AMENDED

RESOLVED: That MSMS work with the American Medical Association to work with any organization granting Maintenance of Certification to ensure that the process is the least burdensome, financially and time-wise, on medical practitioners; and be it further

RESOLVED: That MSMS work with the American Medical Association to advocate that any organizations granting Maintenance of Certification recognize their inherent conflict of interest in promoting and maintaining a complicated and expensive certification process, requiring large fees and onerous exam schedules; and be it further

RESOLVED: That MSMS work with the American Medical Association (AMA) to encourage members of the AMA House of Delegates to object to any attempts by third parties to require Maintenance of Certification as a condition of participation or payment.

RESOLUTION 38-15
Title: Improve Medicaid Affordability and Access in Michigan
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: REFERRED TO THE BOARD

RESOLVED: That MSMS, in order to ensure that the State Medicaid budget can pay providers at least their cost for providing health care services to Medicaid beneficiaries, advocate that Michigan prioritize a Medicaid benefit list based on clinical effectiveness and cost effectiveness; and be it further
RESOLVED: That MSMS develop educational materials to present to Michigan’s Governor and Legislature regarding Oregon’s Medicaid resource allocation model as a way to manage costs of care and improve access to care for Medicaid beneficiaries in our state.

Rationale: The Committee believed that further study of this proposal and the implications of such a policy are warranted. Therefore, the recommendation is to refer to the MSMS Board of Directors for further study and recommendation.

RESOLUTION 39-15
Title: Electronic Data Records for Legislators
Introduced by: James Szocik, MD
Action: DISAPPROVED

RESOLVED: That MSMS support the concept of an Electronic Legal Record (ELR) for legislators (analogous to the Electronic Health Record) that would have:

1. An audit trail for legislation, specifying who initiated, confirmed and sustained any parts of the law;
2. An audit trail to document that the legislator personally read all parts of the legislation;
3. Penalties for legislators who do not read their legislation; and
4. Penalties (e.g., lack of payment, withholding of travel perks, etc.) for non-compliance with the ELR.

Rationale: The Committee respects the contention of the author that legislators and administrators should be willing to be held to the same standards they hold those who they legislate or regulate. Furthermore, many physicians would agree that policymakers might be less cavalier about the requirements they impose on other professions if they were held to the same requirements. However, the Committee realizes that the likelihood of accomplishing this resolution is remote. Additionally, the Committee considered that the nature of the legislative process does not always permit legislators to adhere to the requirements set forth in the resolution. The Committee does not wish to require staff to expend limited resources on an endeavor that is so unlikely to be successful.

RESOLUTION 40-15
Title: Broaden Conflict of Interest Disclosure
Introduced by: James Szocik, MD, for the Washtenaw County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS and the American Medical Association work with the Accreditation Council for Continuing Medical Education and the American Osteopathic Association to broaden the conflict of interest disclosure and management of conflict of interest to include all forms of funding including, but not limited to: employers, corporations, drug companies, governmental entities (e.g., National Institutes of Health), foundations, speaker’s bureaus, speaking engagements, and universities.
RESOLUTION 41-15
Title: Medication Expiration Dates
Introduced by: Robert Levine, MD, for the Oakland County Delegation
Action: APPROVED

RESOLVED: That the American Medical Association amend policy H-115.983 as follows:

H-115.983 Expiration Dates and Beyond-Use Dates of Prescription AND OVER-THE-COUNTER Drug Products

Our AMA: (1) supports the inclusion of expiration dates on the containers/labels of prescription AND OVER-THE-COUNTER drug products and recommends that expiration dates be determined by pharmaceutical manufacturers using scientifically based stability testing with subsequent approval by the Food and Drug Administration (FDA); (2) urges the pharmaceutical industry, in collaboration with purchasers, the FDA, and the United States Pharmacopeia (USP), to determine whether lengthening of expiration dates will provide clinical and/or economic benefits or risks for patients and, if this is the case, to conduct longer stability testing on their drug products; (3) URGES THE FDA TO WORK WITH THE PHARMACEUTICAL INDUSTRY AND THE USP TO DEVELOP A SCHEDULE FOR THE REVIEW AND RE-EVALUATION OF EXPIRATION DATES OF PRESCRIPTION AND OVER-THE-COUNTER DRUG PRODUCTS; (4) recommends that pharmacists place a beyond-use date on the labeling of all prescription medications dispensed to patients, and that the beyond-use date be based on the recommendations in the most recent edition of the United States Pharmacopeia and National Formulary (currently USP 24-NF 19) (official January 1, 2000); and (5) encourages the USP, in collaboration with pharmaceutical manufacturers, pharmacy organizations, and the FDA, to continue to explore the development of appropriate stability tests for the determination of scientifically sound beyond-use dates for repackaged products.

RESOLUTION 42-15
Title: Conflicts with Third Party Payers when Ordering Diagnostic Tests
Introduced by: Karol Zakalik, MD, for the Oakland County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS work with insurers to minimize the amount of processing time that is required of physicians and their staff related to the preauthorization of tests, treatments, and procedures; and be it further

RESOLVED: That MSMS advocate with third-party payers that physicians be reimbursed for time spent defending orders for tests, treatments, and procedures that are ultimately approved by third-party payers.

RESOLUTION 43-15
Title: Proposing Changes to Public Service Loan Forgiveness
Introduced by: Brenton Kinker, Sarah Gorgis, Gunjan Malhotra, Tamara Roumayah, Jeremy Llaniguez, and Joshua Kong for the Medical Student Section
Action: APPROVED AS AMENDED

RESOLVED: That the American Medical Association advocate for maintaining a variety of student loan repayment options to fit the diverse needs of graduates; and be it further
RESOLVED: That the American Medical Association work with the United States Department of Education to ensure that any cap on loan forgiveness under the Public Service Loan Forgiveness program be equal to the principal amount borrowed; leaving any accrued interest the responsibility of the borrower; and be it further

RESOLVED: That the American Medical Association ask the United States Department of Education to include all terms of Public Service Loan Forgiveness in the contractual obligations of the Master Promissory Note.

RESOLUTION 44-15
Title: Ensuring Equality in Loan Repayment Programs for Married Couples
Introduced by: Jeremy Llaniguez, Brenton Kinker, Sarah Gorgis, Gunjan Malhotra, Tamara Roumayah, and Joshua Kong
Action: APPROVED

RESOLVED: That the American Medical Association oppose any stipulations in loan repayment programs that place greater burdens upon married couples than for similarly-situated couples who are cohabitating.

RESOLUTION 45-15
Title: Opposing the Establishment of an Assistant Physician Program
Introduced by: Gunjan Malhotra, Sarah Gorgis, Tamara Roumayah, Jeremy Llaniguez, Jawan Gorgis, Anthony Kraus, Andrew Zureick, Jenna Gharzeddine, Alison MacKenzie, Arielle Hancu, Powell Graham, and Joshua Donkin for the Medical Student Section
Action: APPROVED AS AMENDED

RESOLVED: That 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 of American Osteopathic Association training program, or have not completed at least one year of accredited post-graduate US medical education.

RESOLUTION 46-15
Title: Fairness in the Medicaid Enhanced Reimbursement Program
Introduced by: Tom George, MD, for the Kalamazoo County Delegation
Action: APPROVED

RESOLVED: That MSMS work with the State of Michigan to eliminate restrictions which are preventing medical school faculty from joining Michigan’s Medicaid Enhanced Reimbursement Program.

RESOLUTION 47-15
Title: Breast Density Legislation: Information without Education
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: APPROVED

RESOLVED: That MSMS seek legislation to improve the mandated verbiage of the formal notification required by Public Act 517 of 2014 to better reflect current evidence; and be it further

RESOLVED: That MSMS provide educational materials for use by physicians and their patients in response to the passage of Public Act 517 of 2014.
RESOLUTION 48-15
Title: Opposing the Federation of State Medical Boards Interstate Medical Licensure Compact
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS oppose participation with the Federation of State Medical Boards’ Interstate Medical Licensure Compact; and be it further

RESOLVED: That the American Medical Association oppose the Federation of State Medical Boards’ Interstate Medical Licensure Compact.

RESOLUTION 49-15
Title: The National Board of Physicians and Surgeons as a Certifying Organization
Introduced by: Kenneth A. Fisher, MD, for the Kalamazoo County Delegation
Action: APPROVED AS SUBSTITUTED

See Resolution 73-15 for substitute language.

Rationale: The Committee heard a great deal of testimony with respect to the issue of Maintenance of Licensure and Maintenance of Certification. Nearly half of the resolutions referred to the Committee dealt with the lack of objective evidence to support the maintenance of certification as well as the burdens placed on physicians to comply with these unproven requirements. The Committee substituted the language in Resolution 73-15 in order to reflect the issues raised by this resolution and the discussion that occurred during the committee.

RESOLUTION 50-15
Title: Promoting Good Fomite Stewardship in Clinical Settings
Introduced by: Sarah Gorgis, Gunjan Malhotra, Tamara Roumayah, Jawan Gorgis, Jeremy Llaniguez and Andrew Zureick for the Medical Student Section
Action: APPROVED AS AMENDED

RESOLVED: That the American Medical Association educate physicians regarding the best practices for cleaning portable electronic devices and other fomites; and be it further

RESOLVED: That MSMS advocate that health care providers understand proper hand-washing techniques after touching any fomites, including, but not limited to portable electronic devices, stethoscopes, other hand-held instruments, pens, phones, etc. prior to touching the patient in order to minimize the potential risk of nosocomial infection.

RESOLUTION 51-15
Title: State of Michigan Administered Combined Specialty Exams - Physician Licensing
Introduced by: Mouhanad Hammami, MD
Action: Approved as Substituted

See Resolution 73-15 for substitute language.

Rationale: The Committee heard a great deal of testimony with respect to the issue of Maintenance of Licensure and Maintenance of Certification. Nearly half of the resolutions referred to the Committee dealt with the lack of objective evidence to support the maintenance of certification as well as the burdens placed on physicians to comply with these unproven requirements. The Committee substituted
the language in Resolution 73-15 in order to reflect the issues raised by this resolution and the discussion that occurred during the committee.

RESOLUTION 52-15
Title: Physician Entrepreneur Academy
Introduced by: Brian Rutledge, MD, for the Wayne County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That the American Medical Association (AMA) study the possibility of developing an entrepreneur and business training academy to offer online and onsite training and skill development for AMA members.

RESOLUTION 53-15
Title: Review Board Recertification and Maintenance of Certification (MOC) Process
Introduced by: Annette Mercatante, MD, for the St. Clair County Delegation
Action: APPROVED AS SUBSTITUTED

See Resolution 73-15 for substitute language.

Rationale: The Committee heard a great deal of testimony with respect to the issue of Maintenance of Licensure and Maintenance of Certification. Nearly half of the resolutions referred to the Committee dealt with the lack of objective evidence to support the maintenance of certification as well as the burdens placed on physicians to comply with these unproven requirements. The Committee substituted the language in Resolution 73-15 in order to reflect the issues raised by this resolution and the discussion that occurred during the committee.

RESOLUTION 54-15
Title: Make Simplicity the Foremost Criteria for Any CMS Program
Introduced by: Annette Mercatante, MD, for the St. Clair County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That the American Medical Association advocate for simplicity in any current or future programs initiated by the Centers for Medicare and Medicaid Services; and be it further

RESOLVED: That the American Medical Association advocate by all means necessary that any current or future programs initiated by the Centers for Medicare and Medicaid Services be summarized into an executive summary format easily comprehensible to everyone in a medical office.

RESOLUTION 55-15
Title: Ban Routine Use of Antibiotics in Animal Feed
Introduced by: Annette Mercatante, MD, for the St. Clair County Delegation
Action: APPROVED

RESOLVED: That the American Medical Association advocate for 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.
RESOLUTION 56-15
Title: Remove Patient Electronic Record Access Criteria from Meaningful Use Guidelines
Introduced by: Anup Lal, MD, for the St. Clair County Delegation
Action: REFERRED TO THE BOARD

RESOLVED: That the American Medical Association work with the Centers for Medicare and Medicaid Services to eliminate the patient electronic record access requirement from any meaningful use criteria.

Rationale: The Committee decided that in consideration of possible rule changes that could affect what the resolution is asking for, the Committee referred the Resolution to the Board to monitor the changes, and act accordingly.

RESOLUTION 57-15
Title: Revise Meaningful Use Stage 3 Guidelines
Introduced by: P. Dileep Kumar, MD, for the St. Clair County Delegation
Action: APPROVED

RESOLVED: That MSMS support 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.

RESOLUTION 58-15
Title: Partial Credit for Eligible Professionals for Accomplishing Meaningful Use Guidelines
Introduced by: P. Dileep Kumar, MD, for the St. Clair County Delegation
Action: REAFFIRMED

RESOLVED: That the American Medical Association study the feasibility and framework for partial credits to eligible professionals to achieve one or more parameters of the Meaningful Use guidelines; and be it further

RESOLVED: That the American Medical Association work with the Centers for Medicare and Medicaid Services and relevant agencies to come up with mechanisms for partial credit to the eligible providers accomplishing one or more tasks in the Meaningful Use guidelines.

RESOLUTION 59-15
Title: Allotment of At-Large Delegates for the Medical Student Section
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: DISAPPROVED

RESOLVED: That MSMS change the allotment of delegates to one delegate per medical school to be selected by the Medical Student Section.

Rationale: The Committee originally recommended to amend Resolution 59-15. The Resolution was extracted and the House of Delegates voted to disapprove.
RESOLUTION 60-15
Title: The Scientific Consensus on Genetically Modified Organisms
Introduced by: David Eisenbrey and Benjamin Lurvey for the Medical Student Section
Action: DISAPPROVED

RESOLVED: That MSMS support the current scientific consensus which demonstrates that genetically modified organisms pose no more harm to human or environmental health than any other non-modified organism; and be it further

RESOLVED: That MSMS rescind its policy that supports the clear labeling of all genetically modified organisms or foods containing genetically modified ingredients in the state of Michigan; and be it further

RESOLVED: That MSMS oppose the labeling of products containing genetically modified organisms in accordance with the findings of the American Medical Association, the American Association for the Advancement of Science, and the United States National Science Foundation, among others; and be it further

RESOLVED: That the MSMS review and report on the state of the science of genetically modified organisms as pertaining to human health after the United States National Academies of Science completes and publishes their report, “Genetically Engineered Crops: Past Experience and Future Prospects” in 2016 and that MSMS offer recommendations for possible resolutions or actions at that time.

Rationale: The Committee voted to not adopt Resolution 60-15 due in part because Resolution 45-14, “Genetically Modified Organisms Labeling” supported “mandating that all foods containing genetically modified ingredients be clearly labeled (not just in the bar code) in the state of Michigan.” There has not been a significant change in scientific consensus from when Resolution 45-14 was adopted last year.

RESOLUTION 61-15
Title: Plastic Microbeads in the Great Lakes
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS and the American Medical Association ask our state and federal legislative bodies, respectively, to ban plastic microbeads.

RESOLUTION 62-15
Title: Automatic Prescription Programs Instigated by Pharmaceutical Vendors
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS ask the Michigan Department of Licensing and Regulatory Affairs to require pharmacists and pharmacy benefit managers to obtain patient consent prior to the automatic enrollment of patients into programs whereby they would receive unsolicited prescription refills; and be it further

RESOLVED: That the American Medical Association inform the United States Food and Drug Administration and other appropriate governmental agencies about the issue of pharmacists and
pharmacy benefits managers automatically refilling prescriptions without first obtaining the patient’s consent; and be it further

RESOLVED: That MSMS study the impact on transitions of care as it relates to automatic prescription refills.

**RESOLUTION 63-15**
Title: Access to Substance Use Disorder and Residential Care
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS encourage the Michigan Department of Health and Human Services to have appropriate access to substance use disorder services and associated residential care; and be it further

RESOLVED: That MSMS encourage the Michigan Department of Health and Human Services to develop a mechanism to receive information pertaining to ability or inability to access substance use disorder services and associated residential care for the purpose of determining best practices and the potential need for the reorganization of services.

**RESOLUTION 64-15**
Title: Oral Anti-Cancer Therapy Drug Parity
Introduced by: James Randolph Hillard, MD, for the Ingham County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS support state and federal legislation, similar to that passed in a majority of states, mandating parity between intravenous medications and oral anti-cancer therapy drugs.

**RESOLUTION 65-15**
Title: Michigan Department of Community Health and Physician Communication
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: APPROVED

RESOLVED: That MSMS request that the Michigan Department of Community Health email changes in Michigan law that pertain to health care directly to practicing physicians.

**RESOLUTION 66-15**
Title: Cancellation of Prescriptions by Pharmacists
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: DISAPPROVED

RESOLVED: That MSMS ask the Michigan Department of Licensing and Regulatory Affairs to require pharmacists to immediately notify patients and their prescribing physician about canceling the filling of any prescription.

*Rationale: The concerns expressed in this Resolution were addressed in Resolution 34-15.*
RESOLUTION 67-15
Title: Placement of Psychiatric Emergency Patients in Appropriate Mental Health Facilities
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS work with the Michigan Health and Hospital Association and the Michigan Department of Community Health to collect and publish data from all emergency facilities for a specified period of time regarding average time spent in emergency beds awaiting psychiatric bed placement and the distance from those facilities to where the patient is finally transported; and be it further

RESOLVED: That MSMS seek legislative recourse if there is no progress in working with the Michigan Health and Hospital Association and the Michigan Department of Community Health MSMS to collect and publish data from all emergency facilities for a specified period of time regarding average time spent in emergency beds awaiting psychiatric bed placement and the distance from those facilities to where the patient is finally transported.

RESOLUTION 68-15
Title: Evaluation of Canadian Underground Nuclear Waste Repository
Introduced by: Gerald Natzke, DO, for the Genesee County Delegation
Action: APPROVED

RESOLVED: That MSMS, county Medical Societies, and the American Medical Association endeavor to engage with the Michigan Senate and the House of Representatives, to urge the President of the United States, the Secretary of State, and the Congress of the United States to invoke the participation of the International Joint Commission to evaluate the proposed underground nuclear waste repository in Ontario, Canada, and similar facilities; and be it further

RESOLVED: That that MSMS, county Medical Societies, and the American Medical Association urge the organized medicine entities of the other Great Lakes states and Canadian provinces to adopt resolutions seeking regulations to protect the Great Lakes region from radioactive waste and to petition their respective state and federal governments to engage the International Joint Commission to evaluate the proposed underground nuclear waste repository in Ontario, Canada, and similar facilities; and be it further

RESOLVED: That copies of this resolution be transmitted to the President of the United States, the Prime Minister of Canada, the United States Secretary of State, the President of the United States Senate, the Speaker of the United States House of Representatives, the members of the Michigan congressional delegation, the Speaker of the Canadian Senate, the Speaker of the Canadian House of Commons, and leadership of the state medical societies of Illinois, Indiana, Minnesota, New York, Ohio, Pennsylvania, Wisconsin, Ontario, and Quebec.

RESOLUTION 69-15
Title: Improving Legislative Transparency
Introduced by: James Szocik, MD, for the Washtenaw County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS support and advocate for further transparency in the legislative process, including the source of legislation, language revisions, and each representatives vote.
**RESOLUTION 70-15**
Title: Suicide Prevention Awareness and Education
Introduced by: Neil Elkin, MD, for the Washtenaw County Delegation
Action: APPROVED AS AMENDED

RESOLVED: That MSMS support efforts to raise awareness about the rising rate and devastating toll of suicide; and be it further

RESOLVED: That MSMS support suicide prevention education for all physicians, residents, medical students, and allied health professionals; and be it further

RESOLVED: That MSMS encourage all physicians to be actively engaged in suicide prevention awareness with their patients and colleagues; and be it further

RESOLVED: That MSMS support efforts to increase research associated with suicidines as well as support efforts to reduce liability for those who provide suicide prevention care.

**RESOLUTION 71-15**
Title: Discouraging the Proliferation of "Concierge Medicine"
Introduced by: Cheryl Farmer, MD
Action: DISAPPROVED

RESOLVED: That MSMS oppose “Concierge Medicine” and work with the medical schools in Michigan to formalize what had previously been an implied social contract by requiring medical students to enter into a contract to treat all patients regardless of their social, financial or combat status once they begin practice and to repay the full costs of their taxpayer subsidized education plus a penalty if they later restrict access to their practices; and be it further

RESOLVED: That the American Medical Association oppose “Concierge Medicine” and advocate that all federation members work with their respective medical schools to formalize what had previously been an implied social contract by requiring medical students to enter into a contract to treat all patients regardless of their social, financial or combat status once they begin practice and to repay the full costs of their taxpayer subsidized education plus a penalty if they later restrict access to their practices.

Rationale: The Committee preferred language as amended in Resolution 23-15 that directs MSMS to educate and inform its members about alternate practice models including director primary care contracts and concierge medicine.

**RESOLUTION 72-15**
Title: Reform Michigan Medicaid GME Funding
Introduced by: Mouhanad Hammami, MD, for the International Medical Graduate Section
Action: APPROVED

RESOLVED: That MSMS lobby the Michigan Legislature and Governor’s Office to require that all Medicaid Graduate Medical Education (GME) funding to hospitals be earmarked and spent for GME purposes only; and be it further

RESOLVED: That MSMS lobby the Michigan Legislature and Governor’s Office to require that the current Medicaid Graduate Medical Education funding to hospitals be replaced with a new formula of
paying the 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 be it further

RESOLVED: That MSMS lobby the Michigan Legislature and Governor’s Office to encourage Graduate Medical Education funding for innovative residency programs to promote access to patient care in urban and rural areas and in specialties with limited patient access.

RESOLUTION 73-15
Title: Review Board Recertification and Maintenance of Certification Process
Introduced by: Mouhanad Hammami, MD, for the International Medical Graduate Section
Action: APPROVED AS SUBSTITUTED

Title: Review Board Recertification and Maintenance of Certification Process

Whereas, the 2014 MSMS House of Delegates recommended halting the Maintenance of Certification (MOC) process, and

Whereas, the American Board of Internal Medicine and other boards belonging to the American Board of Medical Specialties continue to implement onerous programs on physicians, and

Whereas, the MOC programs are time-consuming, costly, and are not proven to substantially improve patient care, and

Whereas, hospitals and health care plans are increasingly requiring board certifications for membership, therefore be it

RESOLVED: That 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.

RESOLUTION 74-15
Title: CXR for Patients at Home on Hospice
Introduced by: Owen Berow, MD, for the Kalamazoo County Delegation
Action: APPROVED

RESOLVED: That MSMS seek appropriate legislative or regulatory changes so that patients receiving at-home hospice care who need to be placed in a nursing home are not required to have a chest x-ray; and be it further
RESOLVED: That MSMS seek appropriate legislative or regulatory changes to allow a blood test to screen for tuberculosis to be accepted as a suitable alternative to a chest x-ray for patients receiving at-home hospice care who need to be placed in a nursing home.

**RESOLUTION 75-15**
Title: Physician Involvement with Health Care Related Businesses
Introduced by: Jeanette Meyer, MD, for the Michigan Chapter - American College of Physicians
Action: APPROVED

RESOLVED: That the American Medical Association seek legislative and regulatory changes at the federal level to allow physicians to create, own, and support health care related businesses; utilize all available tools inside and outside of their practices; and, refer patients to these businesses for medically necessary services; and be it further

RESOLVED: That the American Medical Association supports physician-owned health care businesses being held to the same business standards as non-physician-owned health care businesses.

**RESOLUTION 76-15**
Title: Discouraging Political Activity in Physician Offices
Introduced by: Cheryl Farmer, MD
Action: DISAPPROVED

RESOLVED: That MSMS shall not encourage members to endorse judicial candidates to patients in their offices; and be it further

RESOLVED: That MSMS discourages political activity such as fliers, posters and the initiation of political discussions in professional medical offices; however, encourages physicians to be politically active in their private lives, including candidacy for public office.

*Rationale: The Committee believes this would be an infringement of the freedom of speech clause of the First Amendment of the Constitution of the United States of America.*

**RESOLUTION 77-15**
Title: Informed Consent Prior to Administration of Medication Which May Hasten Death
Introduced by: Cheryl Farmer, MD
Action: DISAPPROVED

RESOLVED: That MSMS supports a physician obtaining the consent of a patient (and/or the patient’s surrogate), when a physician appropriately administers a medicine for the purpose and intent of controlling pain and/or relieving physical suffering, but where such a medication may potentially shorten the life of the patient, prior to the administration of such medication so that the patient and/or the patient’s surrogate clearly understands the potential of that medication for shortening life.

*Rationale: There was no other support for Resolution 77-15 presented to the Committee other than the author’s testimony. The Committee was concerned that the language was too vague and could be easily misconstrued. More importantly, the proposed policy conflicts with existing MSMS policy (see below).*
**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.** [emphasis added]

**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) [emphasis added]

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**RESOLUTION 78-15 LATE**

Title: Remove Prohibition Pertaining to the Provision of Birth Control at School-based Health Clinics

Introduced by: Annette Mercatante, MD, for the St. Clair County Delegation

Action: REFERRED TO THE BOARD

RESOLVED: That MSMS lobby for the removal of Section 380.1507 (7) of the Michigan Revised School Code, which prohibits a school-based health clinic or other pregnancy prevention program from dispensing or distributing contraception to their clients in a public school or on public school property.

Rationale: The Committee recommended to approve Resolution 78-15. The resolution was extracted and the House of Delegates voted to refer to the MSMS Board of Directors for further study.

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**2nd Reading Resolutions**

**RESOLUTION 40-14**

Title: The Dwindling Quorum

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

Action: APPROVED

The 2014 MSMS House of Delegates approved on first reading the following changes to the MSMS Bylaws. Deletions are indicated by strikethroughs, additions are indicated in bold type.

12.80 QUORUM—A quorum of the House of Delegates shall consist of not less than 40 percent of the accredited delegates, provided that a majority of such quorum shall not come from any one component society, and the presence of a quorum established at the beginning of the business portion of a meeting shall be sufficient to conduct official business for the duration of the meeting.
RESOLUTION 63-14
Title: Amendments to MSMS Young Physicians Section Bylaws
Introduced by: M. Salim Siddiqui, MD
Action: APPROVED

The 2014 MSMS House of Delegates approved on first reading the following changes to the MSMS Bylaws. Deletions are indicated by strikethroughs, additions are indicated in bold type.

20.60 YOUNG PHYSICIANS SECTION—To provide representation for the interests of young physicians within the structure of the Michigan State Medical Society, there shall be a section on young physicians, composed of young physicians under 40 years of age or younger and/or professionally employed through for less than eight (8) years after residency and fellowship training programs, who are active members of MSMS. The purpose of the Section will be to provide a forum within the organizational structure of the Society for the study and consideration of matters of special interest or significance to young physicians in Michigan.

At its annual meeting the Section shall elect officers in accordance with the Bylaws of the MSMS Young Physicians Section and a representative to fill the young physicians' seat on the Board of Directors for a two-year renewable term to begin at the first Board of Directors meeting after the House of Delegates. If a vacancy in the young physicians' seat should occur during a term, a representative chosen by the Young Physicians Governing Council may be appointed to fill the term, with approval by the Board of Directors.

Board Action Reports

BAR #1-15
Resolution 24-13 - “Financial Relations Between BCBSM and MSMS”
Introduced by: Joseph J. Weiss, MD, for the Wayne County Delegation.
Action: APPROVED the Board Action Report’s recommendation to AMEND this resolution

RECOMMENDATION: That the 2015 House of Delegates adopt Resolution 24-13, “Financial Relations Between BCBSM and MSMS,” as amended to read:

RESOLVED: That MSMS annually provide Michigan physicians with an accounting of the income MSMS and its subsidiaries derive from relationships with BCBSM and its affiliates at the Ways and Means Committee meeting at the MSMS House of Delegates.

BAR #2-15
Resolution 05-15 - “MSMS Strategic Objective of Health Care Delivery and Reform”
Introduced by: Wayne Fuller, MD, for the Muskegon County Delegation
Action: APPROVED the Board Action Report’s recommendation to TABLE this resolution

RECOMMENDATION: That the 2015 House of Delegates table Resolution 5-14, “MSMS Strategic Objective of Health Care Delivery and Reform.”
BAR #3-15
Resolution 10-14 - “Criminalize ‘Doctor Shopping’ in Michigan”
Introduced by: P. Dileep Kumar, MD, for the St. Clair County Delegation
Action: Approved the Board Action Report’s recommendation to DISAPPROVE this resolution

RECOMMENDATION: That the 2015 House of Delegates disapprove Resolution 10-14, “Criminalize ‘Doctor Shopping’ in Michigan,” since it is already addressed by existing statute.

BAR #4-15
Resolution 20-14 - “Fiduciary Responsibility and the AMA Interim Meeting”
Introduced by: Alan Mindlin, MD, for the Oakland County Delegation
Action: APPROVED the Board Action Report’s recommendation to APPROVE this resolution

RECOMMENDATION: That the 2015 House of Delegates adopt Resolution 20-14, “Fiduciary Responsibility and the AMA Interim Meeting.”

BAR #5-15
Resolution 47-14 - “Change Annual House of Delegates Meeting Days”
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Action: APPROVED the Board Action Report’s recommendation to AMEND this resolution

RECOMMENDATION: That the 2015 House of Delegates adopt Resolution 47-14, “Change Annual House of Delegates Meeting Days,” as amended to read:

RESOLVED: That MSMS hold the annual House of Delegates on Saturday and Sunday until data shows that this is no longer preferred by members and delegates.

BAR #6-15
Resolution 51-14 - “Opposition to Government Regulations Limiting Scope of Women’s Health Coverage”
Introduced by: Fariah Ahmad, Alyssa Cowell, Gunjan Malhotra, Powell Graham, and Amanda Truer for the Medical Student Section
Action: APPROVED the Board Action Report’s recommendation to AMEND this resolution.

RECOMMENDATION: That the 2015 House of Delegates adopt Resolution 51-14, “Opposition to Government Regulations Limiting Scope of Women’s Health Coverage,” as amended to read:

RESOLVED: That MSMS advocate for maintaining the privacy and confidentiality of any purchasers of additional coverage riders for any benefits including abortion; and be it further

RESOLVED: That MSMS oppose legislative measures that place limitations on the scope of health care coverage private insurance companies can offer in a comprehensive health plan.
BAR #7-15
Resolution 53-14 - “Define ‘Medically Accurate’ in Sex Education Program Requirements”
Introduced by: Fariah Ahmad, Alyssa Cowell, Gunjan Malhotra, Powell Graham, and Amanda Truer for the Medical Student Section
Action: **APPROVED** the Board Action Report’s recommendation to **AMEND** this Resolution

RECOMMENDATION: That the 2015 House of Delegates adopt Resolution 53-14, “Define ‘Medically Accurate’ in Sex Education Program Requirements,” as amended to read:

RESOLVED: That MSMS support and advocate for “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.

BAR #8-15
Resolution 54-14 - “Update Sex Education Policies to Address Public Health Concerns”
Introduced by: Fariah Ahmad, Alyssa Cowell, Gunjan Malhotra, Powell Graham, and Amanda Truer for the Medical Student Section
Action: **APPROVED** the Board Action Report’s recommendation to **DISAPPROVE** this Resolution

RECOMMENDATION: That the 2015 House of Delegates disapprove Resolution 54-14, “Update Sex Education Policies to Address Public Health Concerns.”

BAR #9-15
Revisions to the MSMS Policy Manual
Action: **APPROVED** the Board Action Report’s recommendation to **APPROVE** the changes to the MSMS Policy Manual

RECOMMENDATION: That the 2015 House of Delegates approve the attached additions and one extraction to the MSMS Policy Manual and that upon House approval, the updates will be placed in the Policy Manual on the MSMS web site. (Note: Additions are indicated in **highlighted type**.)

MSMS Policy Manual
Addendum to 2014 Edition

**ALLIED HEALTH PROFESSIONALS** *(Including Acupuncture, Chiropractic, Midwifery, Nursing, Optometry, Pharmacy, Physical Therapy, Psychology, Physician Assistants, Surgical Assistants.)*

See Also: **SCOPE OF PRACTICE, “Oppose Rapid Diagnosis Testing Program in Pharmacies”**
ASSISTED SUICIDE, DEATH AND DYING, PAIN MANAGEMENT

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)

DISCRIMINATION

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)

See Also:
MEDICAL EDUCATION AND TRAINING; “Residency Selection”

ETHICS

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 not only to patients, but also 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 service with compassion and respect for human dignity.

“II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.

“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, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.

“V. A physician shall continue to study, apply and advance scientific knowledge, 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 services.

“VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.”

(AMA Current Opinions, 1998) (Prior to 1990)
– Reaffirmed 1998
– Reaffirmed 2014 per Res30-14
HEALTH CARE DELIVERY

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 2014 per Res30-14

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 2014 per Res30-14

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 2014 per Res30-14

MEDICAL ADVANTAGE GROUP

Physician Organizations/Physician Hospital Organizations (POs/PHOs), Medical Advantage Group (MAG) Cooperation
MSMS encourages Physician Organizations/Physician Hospital Organizations (POs/PHOs) to cooperate with Medical Advantage Group (MAG) in developing strategies to encourage cost-effective outsourcing of some services and assistance programs for development of PO/PHO revenue sources, management oversight and review programs for POs PHOs. (Res15-97A)
– Edited 2005

The Committee agreed that this is no longer relevant since MSMS sold its shares of MAG stock and recommended that it be removed from the MSMS Policy Manual.

MEDICAL LIABILITY

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 2014 per Res38-14
MEDICAL EDUCATION AND TRAINING

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 2004 per Res24-04A
– Edited 2014 per Res28-14

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 2014 per Res41-14

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)

MENTAL HEALTH
See also: MEDICAL EDUCATION AND TRAINING, “Mental Health Support and Medical Students”

NUTRITION

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)

HOSPITAL-PHYSICIAN RELATIONS

NOTE: The Committee decided to move PHYSICIAN HOSPITAL RELATIONS, “Required Physical Exams of Physicians by Hospitals” to HOSPITAL-PHYSICIAN RELATIONS.

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)

PUBLIC HEALTH

Support of Healthy Lifestyle
MSMS supports a healthy lifestyle related to nutrition and exercise and the avoidance of alcohol and tobacco. (Res36-93A)
– Reaffirmed 2014 per Res34-14
QUALITY AND PATIENT SAFETY

**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 per Res65-13)

SCOPE OF PRACTICE

**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)

TOBACCO AND SMOKING

**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 per Res49-13
– Reaffirmed 2014 per 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 1998 per Res116-98A
– Reaffirmed 2001 per Res36-01A
– Reaffirmed 2014 per 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 1998 per Res116-98A
– Reaffirmed 2014 per Res34-14

**Mini-Packaged and Complimentary Cigarettes**
MSMS opposes the distribution of mini-packaged or complimentary cigarettes. (Res60-97A)
– Reaffirmed 1998 per Res116-98A
– Reaffirmed 2014 per Res34-14

**Ban on Dissolvable Tobacco Products**
MSMS opposes the distribution and sale of dissolvable tobacco products in Michigan. (Res18-09A)
– Reaffirmed 2014 per Res34-14

**Ban Smoking in Cars with Children**
MSMS supports banning smoking in cars and other vehicles containing children. (Res4-10A)
– Reaffirmed 2014 per Res34-14

**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 2014 per Board-April14