Sunday, May 1, 2016

FINAL HOUSE OF DELEGATES ACTION

REPORTS OF REFERENCE COMMITTEES

Ways and Means
A – Medical Care Delivery
E – Scientific and Educational Affairs
C – Internal Affairs and Bylaws
D – Public Health
B – Legislation
Rules and Order of Business
OPERATING FUND

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

MSMS BOARD TASK FORCE ON MEMBERSHIP & SUSTAINABILITY

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

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

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

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

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

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

Non-Dues Revenue

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

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

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

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

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

The Committee was staffed by: Lauchlin MacGregor, CPA

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

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

April 30, 2016

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

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

The Committee amended the resolved portion to read:

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

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

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09-16 - Discrimination Against Medicaid Beneficiaries Requesting Permanent Sterilization - APPROVE

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

The Committee amended the resolved portion to read:

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

The Committee clarified the desired action by MSMS.

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The Committee amended the resolved portion to read:

RESOLVED: That 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.

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

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

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

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The Committee amended the resolved portion to read:

RESOLVED: That MSMS strongly encourage 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.
The Committee viewed the modifications to be a friendly amendment that focuses on the issues of transparency and patient understanding of out-of-pocket cost sharing obligations. They believe that third party payers should educate their beneficiaries about deductibles and other cost-sharing requirements.

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45-16 - Pharmacy Benefit Managers and Compounded Medications - REFER

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

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59-16 - Hierarchical Condition Category Coding - AMEND

The Committee amended the resolved portion to read:

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

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

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61-16 - Single Tax Identification Number - AMEND

The Committee amended the resolved portion to read:

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

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

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

The Committee amended the resolved portion to read:

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

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

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68-16 - Specified Wording for SOAP Notes - AMEND

The Committee amended the resolved portion to read:

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

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

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71-16 - Federally-required Patient Surveys – AMEND

The Committee amended the resolved portion to read:

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

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

Much of the testimony focused on concerns with the pain-related questions on the various consumer satisfaction surveys and how even a few negative comments from patients can skew the results. The AMA’s existing policy on this issue is more
prescriptive than that in the original Resolved statement. Therefore, the Committee did not want to take action that might weaken the AMA's position and instead believed it more appropriate for MSMS to adopt the AMA policy.

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74-16 - Use of Out-of-Network Providers - AMEND

The Committee amended the resolved portion to read:

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

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

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80-16 - Define “Prevention” to Include High-Value Secondary Preventive Services - REFER

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

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

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83-16 - Prior Authorization and Tiering - REFER

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

Although the Committee was supportive of the concept of unburdening physicians from the task of obtaining prior authorizations, they recommended disapproval. They had philosophical concerns about acquiescing to programs that support picking winners and losers and therefore. Members viewed this as an issue that extends beyond BCBSM as other health plans also have quality programs that measure and evaluate physician
performance. In fact, there were many concerns that measurements used to determine quality were not consistent across health plans resulting in the potential to be considered a high-performer by one plan but not by others.

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

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85-16 - Home Grown Alternative Payment Models - AMEND

The Committee amended the resolved portion to read:

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

The Committee consolidated the two Resolved statements.

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91-16 - Health Insurance Marketplace Expansion for DACA Recipients - REFER

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

The Committee’s recommendation was to disapprove. While the Committee appreciated the Medical Student Section bringing this issue to the forefront, they believed that existing MSMS policy supporting universal coverage and existing AMA policy related to health care coverage and undocumented immigrants (H-290.983, H-160.197, D-60.968, D-440.985, D-440.903, and D-65.992) are sufficient. Additionally, concern was expressed about the current sustainability of the health insurance exchanges, as well as premium costs versus out-pocket costs for policies most likely to be affordable for this population. In a study published by the Mercatus Center, it was reported that while “insurers collected an average of $4,433.00 in premiums per enrollee (much of which came from directly from the government in the form of subsidies for low-income individuals), but paid an average of $4,624.00 per enrollee in medical claims.”
The Resolution was extracted on the Floor and the House of Delegates voted to refer it to the MSMS Board of Directors for further study.

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93-16 - Physician Decision Making - AMEND

The Committee amended the resolved portion to read:

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

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

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

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

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

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

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

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

*Denotes members in attendance.
08-16 FDA Regulations of Herbal Supplements - AMEND
14-16 Primary Care Physician Shortage - AMEND
17-16 Oppose Discrimination in Residency Selection Based on the Name of a Candidate’s Medical School - DISAPPROVE
18-16 Assessing Health Care Needs of the General Population - AMEND
20-16 Standardizing the Allopathic Residency Match System and Timeline - APPROVE
27-16 Reinstitute the General Practice License - DISAPPROVE
29-16 Truth in Medical Advertising - APPROVE
35-16 Licensure: Pain Management CME Requirement - AMEND
37-16 Assessing Caregiver Stress and Burden - AMEND
75-16 Oppose Physician Participation in Court-Initiated Castration - DISAPPROVE
79-16 Clarifying the "Right" to Health Care – DISAPPROVE
94-16 Resident Duty Hour Guidelines – AMEND
95-16 Oral Contraceptives Available Over-the-Counter - AMEND
98-16 Transfer of Jurisdiction over Required Clinical Skills Examinations to LCME-Accredited and COCA-Accredited Medical Schools in Michigan – AMEND

BAR #08-16 - Resolution 56-15 - “Remove Patient Electronic Record Access Criteria from Meaningful Use Guidelines” - APPROVE the Board Action Report’s recommendation to SUBSTITUTE this resolution - APPROVE
Reference Committee E was assigned Resolutions 08-16, 14-16, 17-16, 18-16, 20-16, 27-16, 29-16, 35-16, 37-16, 75-16, 79-16, 94-16, 95-16, and 98-16 and Board Action Report #08-16.

08-16 - FDA Regulations of Herbal Supplements - AMEND

The Committee amended the resolved portions to read:

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

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

14-16 - Primary Care Physician Shortage - AMEND

The Committee amended the resolved portions to read:

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

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

17-16 - Oppose Discrimination in Residency Selection Based on the Name of a Candidate’s Medical School - DISAPPROVE

While the Committee supports nondiscrimination policies, it believed that there is no significant evidence that this practice is systematically happening. The current MSMS policy mainly focuses on discrimination against protected classes and medical school is not a protected class.
18-16 - Assessing Health Care Needs of the General Population - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS work with other appropriate agencies and professional societies to study critical health care needs and limited health care resources in the State of Michigan; and be it further

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

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

20-16 - Standardizing the Allopathic Residency Match System and Timeline - APPROVE

27-16 - Reinstitute the General Practice License - DISAPPROVE

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

29-16 - Truth in Medical Advertising - APPROVE

35-16 - Licensure: Pain Management CME Requirement - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS identify and inform physicians about continuing medical education programs or courses in pain and symptom management that focus on training in effective pain and symptom management, identification of patients at high risk for substance abuse, counseling patients about side effects, and the addictive nature and proper storage and disposal of prescription drugs.
The Committee removed the first resolved because the majority of the testimony was against this resolution due to the reluctance for more mandates. The second resolved was kept in place, and the Committee would like to recognize that MSMS currently has a lot of education opportunities and materials in place.

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37-16 - Assessing Caregiver Stress and Burden - AMEND

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

RESOLVED: That 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; and be it further

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

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

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75-16 - Oppose Physician Participation in Court-Initiated Castration - DISAPPROVE

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

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79-16 - Clarifying the "Right" to Health Care - DISAPPROVE

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

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94-16 - Resident Duty Hour Guidelines - AMEND

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

RESOLVED: That MSMS supports and will work to protect resident duty hour guidelines that optimize patient safety and competency-based learning opportunities; and be it further
RESOLVED: That MSMS encourages the Accreditation Council for Graduate Medical Education (ACGME) to:

a) Decrease the barriers to reporting of both duty hour violations and resident intimidation.

b) Ensure that readily accessible, timely and accurate information about duty hours is not constrained by the cycle of ACGME survey visits.

c) Offer incentives to programs to ensure compliance with duty hour standards.

d) Ensure that site visits include meetings with peer-selected or randomly selected residents and that residents who are not interviewed during site visits have the opportunity to provide information directly to the site visitor.

e) Ensure that physicians receive education on sleep deprivation and fatigue; and be it further

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

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

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95-16 - Oral Contraceptives Available Over-the-Counter - AMEND

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

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

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

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

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

The Resolution was extracted on the Floor. The House of Delegates amended the resolved portion(s) to read:
RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask the AMA to work with the Federation of State Medical Boards and state medical licensing boards to advocate for the elimination of the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) exam and the COMLEX Level 2-PE (Performance Evaluation) as a requirement for Liaison Committee on Medical Education-accredited and Commission on Osteopathic College Accreditation-accredited medical school graduates who have passed a school-administered, clinical skills examination; and be it further

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

**Required Clinical Skills Assessment During Medical School D-295.988**

Our AMA will **advocate that** encourage its representatives to the Liaison Committee on Medical Education (LCME) and the American Osteopathic Association Commission on Osteopathic College Accreditation (COCA) to ask the LCME to 1) determine and disseminate to medical schools a description of what constitutes appropriate compliance with the accreditation standard that schools should "develop a system of assessment" to assure that students have acquired and can demonstrate core clinical skills, and 2) require that medical students attending LCME-accredited or COCA-accredited institutions pass a school-administered clinical skills examination to graduate from medical school.

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**BAR #08-16 - Resolution 56-15 - “Remove Patient Electronic Record Access Criteria from Meaningful Use Guidelines” - APPROVE the Board Action Report’s recommendation to SUBSTITUTE this resolution.**

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

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

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

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

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

03-16 Section Representation on the Board of Directors - REFER
21-16 Creation of a Fellowship Distinction within our American Medical Association - DISAPPROVE
41-16 Membership Dues for the Medical Student Section - DISAPPROVE
42-16 Calling Physicians by their First Name - AMEND
48-16 Medical Student Delegate Reallocation - APPROVE
64-16 Financial Support for Residents Attending Meetings - AMEND
67-16 Playing in the Sandbox Together - AMEND
73-16 Amendments to MSMS Young Physicians Section Bylaws - APPROVE
76-16 Medical Student Membership Assignment - AMEND
78-16 Inter-Regional Membership for Non-Staffed Counties - AMEND
92-16 Rescind Membership Categories Active Emeritus and Emeritus – DISAPPROVE

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

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

BAR #10-16 - MSMS Policy Manual - APPROVE the Board Action Report’s recommendation to APPROVE the changes to the MSMS Policy Manual.
Reference Committee C was assigned Resolutions 03-16, 21-16, 41-16, 42-16, 48-16, 64-16, 67-16, 73-16, 76-16, 78-16, and 92-16 and Board Action Reports #01-16, #05-16, and #10-16.”

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

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

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

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

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

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

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

The Committee amended the resolved portion to read:

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

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

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48-16 - Medical Student Delegate Reallocation - APPROVE
64-16 - Financial Support for Residents Attending Meetings - AMEND

The Committee amended the resolved portion to read:

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

The Committee amended the resolution to clarify intent.

67-16 - Playing in the Sandbox Together - AMEND

The Committee amended the resolved portions to read:

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

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

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

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

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

RESOLVED: That the MSMS House of Delegates approve on first reading the following amendments to the bylaws of the MSMS Young Physicians Section to bring them into conformance with other MSMS sections and, if approved, that these changes be brought back to the 2017 MSMS House of Delegates for second and final reading:
Deletions are indicated by strikethroughs, additions are indicated in **bold type**.

**MSMS YOUNG PHYSICIANS SECTION BYLAWS**

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

1.01 PURPOSE. The purpose of the Michigan State Medical Society Young Physicians Section is to increase the involvement of young physicians in organized medicine and 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. The section will support the purpose of MSMS, as stated in its Constitution.

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

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

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

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

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

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

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

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

1.033 Two Delegates and Two Alternate Delegates to the AMA YPS (Allocation from AMA varies by year). The AMA YPS Delegates and Alternate Delegates shall represent the members of the Section in the AMA YPS. The delegates and alternates to the AMA YPS meetings must be active members of the AMA and cannot turn 40, or, if in their eight year in professional employment and over 40, may not enter their ninth year of professional employment, during their term as an AMA YPS Delegate or Alternate. The Chair and Chair-Elect or designees of the Chair shall serve as the additional Delegate or Alternate Delegate to the AMA YPS.

1.034 One Delegate and Alternate Delegate to the MSMS HOD. The elected AMA YPS Delegate and Alternate Delegate shall represent the members of the Section at the MSMS House of Delegates.

1.035 Two At-Large Members. The Members At-Large will participate in all deliberations of the Governing Council and will perform other duties as directed by the Governing Council.

1.036 Term. The Chair shall be elected to a two-year term, after which the Chair shall become the Immediate Past Chair for a two-year term. The Vice-Chair shall be elected to a two-year term, automatically advancing to Chair the third year. The Secretary shall be elected to a two-year term. One MSMS/AMA YPS Delegate and one MSMS/AMA YPS Alternate Delegate shall be elected to two-year terms. At-Large members shall be elected to one-year terms.
Nominations are open to all members of the Section. Officers will serve out terms regardless of changes in age or length of professional employment that occur during their terms except as described in Section 1.033 above. Governing Council members shall serve their terms beginning at the conclusion of the annual meetings at which they are elected and ending at the conclusion of the next or second annual meeting as described above.

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

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

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

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

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

1.042 Purpose. The purpose of the business meetings of the Section shall be:
   a) to hear such reports as may be appropriate;
   b) to consider and vote upon such matters as may properly come before the meeting;
   c) to adopt resolutions for submission by the YPS to the House of Delegates of the MSMS and/or the AMA YPS.
1.043 Quorum. A majority of the voting members present at any meeting of the Section shall constitute a quorum.

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

1.0441 Voting and Voice. Any member of the Section may attend, introduce resolutions or reports, and debate issues. Only qualified members of the Section shall have the right to vote at business meetings of the Section, but meetings shall be open to any member of MSMS who qualifies for membership in the Section. The meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council of the Section and approved by the MSMS Board. Any member of MSMS may be permitted to speak at the Section meeting at the discretion of the Chair.

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

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

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

1) The current Governing Council may submit a slate of candidates for open offices prior to the Section’s annual business meeting.

2) A representative may nominate an individual physician or him/herself to an open position prior to the business meeting.

3) A representative may nominate an individual physician or him/herself to an open position at the business meeting from the floor.

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

1.07 AMENDMENTS. These bylaws may be amended during any business meeting of the Section by a majority vote and must be approved by the MSMS Board of Directors or by the MSMS House of Delegates if an amendment affects the MSMS Constitution and Bylaws.
The Committee amended the resolved portions to read:

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

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

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

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

**TITLE:** Membership for Non-Staffed Counties

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

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

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

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

If approved, this Bylaws change will come back to the 2017 MSMS House of Delegates for second and final reading.
82-16 - Rescind Membership Categories Active Emeritus and Emeritus - DISAPPROVE

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

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

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

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

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

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

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

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

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

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

BAR #09-16 - Resolution 78-15 - “Remove Prohibition Pertaining to the Provision of Birth Control at School-based Health Clinics” - APPROVE the Board Action Report’s recommendation to APPROVE this resolution.
REPORT OF REFERENCE COMMITTEE D
Herbert C. Smitherman, Jr., MD, Chair

April 30, 2016


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

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

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

The Committee amended the resolved portion to read:

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

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

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

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

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13-16 - Firearm-Related Injury and Death: Adopt A Call to Action - APPROVE
19-16 - Data Tampering in Public Health Reporting - AMEND

The Committee amended the resolved portions to read:

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

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

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

22-16 - Opposition to Vaccination Exemption Efforts - APPROVE

24-16 - Child Passenger Safety - APPROVE

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

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

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

TITLE: Establish Support Mechanism for Physician Autonomy in Clinical Decisions

RESOLVED: That MSMS through its Executive Council of Physicians Organizations establish a forum for physicians to raise issues and seek input on
challenges to physician’s autonomy with regard to clinical judgment in the
practice of medicine; and be it further
RESOLVED: That the MSMS Board of Directors actively explore the creation of
clinical decisions and to resolve those constraints so that physicians can provide
optimal medical services to patients and share their medical expertise with the
non-medical staff.

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

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33-16 - Ban E-cigarette Advertisements - APPROVE

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39-16 - Public Guardians for Incapacitated Patients - APPROVE

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

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53-16 - Ban Lead in Plumbing - APPROVE

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54-16 - Replace Municipal Lead Plumbing - APPROVE

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

******

58-16 - Timely and Transparent Data Sharing for Drinking Water Testing -

APPROVE

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

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

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

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

The Committee amended the resolved portions to read:

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

RESOLVED: That MSMS supports the following policy:

Our MSMS:

1. Supports the findings of the Intergovernmental Panel on Climate Change’s fourth assessment report and concurs with the scientific consensus that the Earth is undergoing adverse global climate change and that anthropogenic contributions are significant. These climate changes will create conditions that affect public health, with disproportionate impacts on vulnerable populations, including children, the elderly, and the poor.

2. Supports educating the medical community on the potential adverse public health effects of global climate change and incorporating the health implications of climate change into the spectrum of medical education, including topics such as population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and potable water supplies.

3. Recognizes the importance of physician involvement in policymaking at the state, national, and global level and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and recognizes that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes.

4. Encourages physicians to assist in educating patients and the public on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability.

5. Encourages physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to more efficiently.
6. Supports epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment; and be it further

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

RESOLVED: That MSMS supports (1) state legislation and regulations that meaningfully reduce power plant emissions of carbon dioxide and nitrogen oxide; and (2) 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 be it further

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

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

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81-16 - Electronic Availability of All Governmental Communications - REFER

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

82-16 - Governmental Water Testing – DISAPPROVE

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

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87-16 - School Safety Inspections - APPROVE

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

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

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

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

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

15-16 - Repeal Michigan’s Certificate of Need Statute - APPROVE

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

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

The Committee amended the resolved portions to read:

RESOLVED: That 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; and be it further

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

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to support 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; and be it further

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

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with the pharmaceutical and retail industries to
encourage the voluntary removal of or requirement for a prescription for non-
tamper-resistant pseudoephedrine, ephedrine, phenylpropanolamine, and other
like products from businesses that sell such products over-the-counter until such
time as a ban on the sale of these products is implemented.

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

30-16 - Educate Prescribers to Limit the Number of Narcotic Pills Prescribed -
AMEND

The Committee amended the resolved portion to read:

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

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

34-16 - Increase Awareness of DEA Prescription Drug Take Back Programs -
APPROVE

Within the context of the broader discussion about drug diversion, this concept is a
relatively obvious avenue for physicians to support. Additionally, the nature of how the
resolution is worded is a concise and constructive approach toward dealing with the
issue of raising awareness of opportunities for physicians and patients to dispose of
unused medications.
36-16 - Licensure and Reimbursement for Certified Genetic Counselors - APPROVE

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

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

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

46-16 - Oppose MAPS Mandate - APPROVE

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

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

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

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

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

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50-16 - Opioid Overdose Deaths and Use of MAPS - AMEND

The Committee amended the resolved portion to read:

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

MAPS is an important tool in dealing with the drug diversion epidemic in Michigan. This resolution asks for MSMS to serve our members by providing information about how
physicians can integrate MAPS into their practice. The Committee repeatedly heard from physicians during testimony that education is a crucial element in alleviating the drug diversion epidemic, to that end this resolution helps to achieve the goal of educating physicians. The resolution was edited slightly to broaden the use of MAPS beyond just opioids and to remove the term “before” as there may be instances when it is more appropriate for a physician to check during the course of treatment as opposed to before. With these changes the Committee was supportive.

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

The Committee amended the resolved portion to read:

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

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

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55-16 - Penalties for Assaulting Medical Personnel - APPROVE

The Committee recommended that the Resolved portions be amended to included “assault and battery” instead of just “assault” as they believed this to be the more appropriate legal reference. The Committee supported the idea of increased efforts from law enforcement to respond to allegations of assault and battery against health care personnel in the emergency department. The Committee recognized that there were some concerns raised that the unintentional outcome of this policy is that persons with limited mental capacity or psychologically impaired individuals might be victimized by overly aggressive prosecutors. The Committee was informed by MSMS Legal Counsel that the current definition of assault and battery should suffice and would include such actions against health professionals regardless of the setting. However, this is inconsistent with the personal experience of many of the physicians who have firsthand knowledge of these types of altercations. For whatever reason, law enforcement or hospital administrations tend to be reluctant to press charges in these circumstances. For this reason, the Committee believes that if the law sought by this resolution were enacted, physicians and other health care workers might enjoy
additional protections while still preserving the discretion of law enforcement to not seek charges against those patients that may be impaired.

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

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57-16 - Maintenance of Certification and State Medical Licensure - APPROVE

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

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65-16 - Over-the-Counter Sale of Naloxone - APPROVE

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

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66-16 - Home Health Care Agency Licensure - APPROVE

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

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

The Committee amended the resolved portions to read:

RESOLVED: That 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; and be it further

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

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90-16 - Certification of Medical School Graduates as Physician's Assistants - REFER

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

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

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

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96-16 - Opioid Abuse and Overdose Death Epidemic - AMEND

The Committee amended the resolved portions to read:

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

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

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

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

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

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

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

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

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

Board Advisors were: Craig T. Coccia, MD; *Jeffrey E. Jacobs, MD; *James J. Rice, MD; and *Richard C. Schultz, MD.
AMA Delegation Advisors were: *Mohammed A. Arsiwala, MD; *John G. Bizon, MD, FACS; *Michael D. Chafty, MD, JD; * Mark C. Komorowski, MD; and *Michael A. Sandler, MD.

The Committee was staffed by: Colin J. Ford.

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

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

Existing Policy Reaffirmation Calendar
01-16 Reinvigorate Haptenation and Hypersensitivity Disorders Communication – REAFFIRM 
02-16 Reverse Onus in the Manufacture and Use of Chemicals - REAFFIRM 
05-16 Responsible Parenting and Access to Family Planning - REAFFIRM 
07-16 Ending Non-Medical Exemptions for Immunization in Michigan - REAFFIRM 
31-16 Raise the Minimum Age of Legal Access to Tobacco to 21 Years - REAFFIRM 
32-16 Enact Rules and Payment Mechanisms to Encourage Appropriate Hospice and Palliative Care Usage - REAFFIRM 
44-16 Maintenance of Certification and Insurance Plan Participation - REAFFIRM 
69-16 Human Trafficking Education - REAFFIRM 
72-16 Development of Alternative Competency Assessment Models - REAFFIRM 
84-16 Raise Minimum Age of Legal Access to Tobacco and Nicotine Products in Michigan - REAFFIRM 
86-16 Banning Maintenance of Certification - APPROVE 
88-16 Alternative Maintenance of Certification - APPROVE
The Committee on Rules and Order considered six late resolutions submitted after the 45-day deadline. Copies of the resolution are in the electronic version of the handbook located on the MSMS website and in the App.

The Committee’s criteria for consider these resolutions were:

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

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Late Resolution 94-16 – Resident Duty Hour Guidelines - APPROVE

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

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Late Resolution 95-16 – Oral Contraceptives Available Over-the-Counter - APPROVE

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

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Late Resolution 96-16: – Opioid Abuse and Overdose Death Epidemic – APPROVE

The Committee believed this resolution did meet the criteria for late resolutions for new developments after the deadline. The Committee believed this resolution could be addressed by the members of the House of Delegates and referred it to Reference Committee B.
Committee on Rules and Order of Business – 04/30/16 – 2

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

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Late Resolution 98-16: – Transfer of Jurisdiction over Required Clinical Skills Examinations to LCME-Accredited and COCA-Accredited Medical Schools in Michigan - APPROVE The Committee believed this resolution did meet the criteria for late resolutions for new developments after the deadline. The Committee believed this resolution could be addressed by the members of the House of Delegates and referred it to Reference Committee E.

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Late Resolution 99-16: – Dangerous Newborn Baby Photos – DISAPPROVE The author was not able to provide testimony on this resolution. Therefore, the Committee was not aware of the rationale for being submitted after the deadline. For this reason, the Committee believed this resolution did not meet the criteria for late resolutions.

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

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

Members of the Committee include: *Donald B. Muenk, MD, Chair; *Jaime V. Aragones, MD; *Owen M. Berow, MD; and *Rama D. Rao, MD.

Ex-Officio members include: *Pino D. Colone, MD and *Theodore B. Jones, MD.

The Committee was staffed by: Rebecca J. Blake.

*Denotes members in attendance.