Sunday, May 7, 2017

FINAL ACTION OF THE HOUSE OF DELEGATES

Order taken

Ways and Means
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A – Medical Care Delivery
E – Scientific and Educational Affairs
C – Internal Affairs, Constitution & Bylaws
D – Public Health
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**Notes:**
- **Vote:** D = Disapprove, B = Approve, E = Amend
- **Action:** REAFFIRM = Reaffirmation Calendar, REFER = Refer
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Mildred J. Willy, MD, Chair

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95-17 Report Naloxone to Prescription Drug Monitoring Program – WITHDRAWN AT REQUEST OF AUTHOR

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

BAR #08-17 - Resolution 90-16 - “Certification of Medical School Graduates as Physician’s Assistants” – APPROVE the Board Action Report’s recommendation to DISAPPROVE this resolution.
REPORT OF REFERENCE COMMITTEE B
Mildred J. Willy, MD, Chair

May 6, 2017

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

11-17 - Interstate Medical Compact for Licensure - DISAPPROVE

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

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24-17 - Single-Payer Health Insurance - AMEND

The Committee amended the resolved portion to read:

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

The Committee agrees with the sense of the resolution that there is a fair amount of upheaval within the state and federal governments that make a review of the various delivery models of health care a timely exercise. However, the Committee found some of the specific aspects of the resolution less compelling. Namely, the Committee did not believe that it is necessary to convene a task force to conduct this function. Existing committee structure within MSMS currently has enough capacity and expertise to address this issue. Previously, this process yielded a work product that was well received and can likely be replicated. Secondly, the Committee did not believe that “including, but not limited to…” was the appropriate way to identify the potential
scope of this review in that the range of options to be considered may need to be far more
diverse than a focus on single payer. The Committee discussed that a focus on single payer in the
context of the repeal and replacement of the Affordable Care Act may not be a realistic exercise.
Instead, the Committee recommends that a more comprehensive approach that may include
single payer, but that the focus be directed toward maintaining universal access at the state level
in the context of potential losses of coverage at the federal level. The Committee was not
comfortable conferring any sort of favorable view of single payer, or any other delivery model,
prior to the research and review by MSMS. However, the Committee did conclude that it is
important that MSMS study the issue of health care financing and report back to the House of
Delegates in 2018.

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26-17 - Licensing Anesthesiologist Assistants - AMEND

The Committee amended the resolved portion to read:

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

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

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27-17 - Physician Oversight of Anesthesia Delivery - APPROVE

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

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

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

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

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

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

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

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

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34-17 - Surgery for Surgeons - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS oppose any program that permits ocular surgery on patients by a clinician who has not completed an Accreditation Council for Graduate Medical Education (ACGME) approved residency program; and be it further
RESOLVED: That MSMS actively work with legislators to oppose the creation of alternative boards of surgery by organizations representing and credentialing non-physician providers to perform ocular surgery.

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

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51-17 - Naloxone Price Increase - AMEND

The Committee amended the resolved portions to read:

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

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

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

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

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52-17 - Michigan Automated Prescription System Surveillance - DISAPPROVE

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

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

The Committee amended the resolved portions to read:

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

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

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

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56-17 - Insurance Coverage for Medical Food Products -AMEND

The Committee amended the resolved portion to read:
RESOLVED: That MSMS advocate for health plan coverage of medical food products for patients with inborn errors of metabolism regardless of age. Medical food products should be exempt from deductibles and coinsurance and copayments should not exceed 50 percent.

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

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

The Committee amended the resolved portion to read:

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

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

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

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63-17 - Service Pet Registration - DISAPPROVE

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

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78-17 - Discontinue Physician Statement for Use of Tinted Windows in Motor Vehicles - DISAPPROVE
The Committee agrees with the premise that physicians and optometrists should not be placed in the position of justifying tinted windows, particularly when wraparound sunglasses and emerging vehicle technologies are beginning to address this issue. However, the alternative remedy that exists for patients with visual light sensitivity does not address those patient that may have skin conditions that benefit from window tinting. Keeping the existing law would still allow physicians optometrists to deny patients a medical reason for window tinting while preserving the option for patients with dermatologic conditions.

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89-17 - Prior Authorization Legislation - APPROVE

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93-17 - Access to Safer Opioid Medications - AMEND

The Committee amended the resolved portion to read:

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

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

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

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BAR #06-17 - Resolution 81-16 - “Electronic Availability of All Governmental Communications” - APPROVE the Board Action Report’s recommendation to DISAPPROVE this resolution.

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

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

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

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

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

The Committee was staff by: Colin J. Ford.

* Denotes members in attendance.
REPORT OF
REFERENCE COMMITTEE A – MEDICAL CARE DELIVERY
Barry I. Auster, MD, Chair

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

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

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

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

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

BAR #09-17 - Resolution 91-16 – “Health Insurance Marketplace Expansion for DACA Recipients” – **APPROVE** - the Board Action Report’s recommendation to **AMEND** this resolution.
REPORT OF REFERENCE COMMITTEE A
Barry I. Auster, MD, Chair

May 6, 2017

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

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

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

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

The Committee amended the resolved portions to read:

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

1. Manage the drug formulary through their computer database accessible by the physicians at a fixed URL;

2. Utilize their computer database to notify physicians of changes on the formulary and of covered alternatives via email or fax per the physician’s designation; and,

3. Include with any notification of non-formulary medication those alternatives that are covered.

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

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

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**09-17 - Medicare Cards and Identify Theft - DISAPPROVE**
The Committee agrees that the social security number should be removed from a Medicare beneficiary’s card. However, the American Medical Association already has policy on identity fraud (H-190.963) and the Centers for Medicare and Medicaid Services is in process of implementing this change as required under the Medicare Access and CHIP Reauthorization Act.

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

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

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33-17 - Conscious Sedation Reimbursement – APPROVE

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

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

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

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

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

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

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

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

The Committee amended the resolved portions to read:

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

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

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

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

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

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

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

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

Although the Quality Payment Program, which implements Medicare’s new reimbursement policy under the Medicare Access and CHIP Reauthorization Act (MACRA), consolidates Medicare’s legacy quality incentive programs, the structure of that program and the many ongoing initiatives and demonstration projects supported by the Centers for Medicare and Medicaid Services are still extremely complex. The Committee decided that the issue of simplifying MACRA was best
addressed by amending Resolution 74-17. Therefore, that change was included in revisions to that resolution.

**70-17 - Urge CMS to Release a White Paper on ACOs - AMEND**

The Committee amended the resolved portion to read:

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to seek objective, independent data on Accountable Care Organizations and release a white paper regarding their effect on cost savings and quality of care.

The Committee agreed with the author that more data is needed on the evolution of accountable care organizations (ACOs) including measured outcomes and sustainability. However, the Committee did not want to dictate whom should do the study. Instead, they wanted to minimize the potential for utilizing contractors that may have significant conflicts of interest. Therefore, the Resolved statement was amended by removing the reference to the Centers for Medicare and Medicaid Services as the entity to conduct the study and replacing it with the request to seek objective, independent data on the impact of ACOs.

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**71-17 - Sustain Patient-Centered Medical Home Practices - AMEND**

The Committee amended the resolved portions to read:

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with and encourage the Centers for Medicare and Medicaid Services to subsidize the cost of sustaining Patient-Centered Medical Home designated practices for practicing physicians; and be it further

RESOLVED: That MSMS work with and encourage third-party payers to share the cost of sustaining Patient-Centered Medical Home designated practices for practicing physicians in Michigan.

The Committee agreed with the intent of the resolution. The only modification was replacing “subsidize” with “share” in the second resolved statement.

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**73-17 - Streamline Pre-Authorization Process for Extended Care Facility Admissions and Transfers - AMEND**

The Committee amended the resolved portion to read:

RESOLVED: That MSMS work with the insurance carriers in the state of Michigan to streamline the pre-authorization process for admission and transfer to extended care
facilities and to eliminate policies whereby the pre-authorization’s validity lasts only 24-
hours.

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

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74-17 - Repeal MACRA - AMEND

The Committee amended the resolved portion to read:

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

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

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80-17 - Medicaid Financing Policies - AMEND

The Committee amended the resolved portion to read:

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

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

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87-17 - Insurance Coverage For Compression Stockings - APPROVE

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

The Committee amended the resolved portions to read:
RESOLVED: That MSMS urge the Michigan Quality Improvement Consortium to develop evidence-based clinical practice guidelines on the management and treatment of pain; and be it further
RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to urge the Centers for Medicare and Medicaid Services and the Medicare Contractor Advisory Committee to endorse and adopt evidence-based clinical practice guidelines on the management and treatment of pain; and be it further
RESOLVED: That MSMS advocate with the Michigan Legislature policies to promote and not impede the adoption of evidence-based clinical practices for the management and treatment of pain.

The Committee recognized the need for evidence-based clinical practice guidelines. However, the Committee believed the Resolved statements were too prescriptive and that the guidelines should not be predetermined. Therefore, references to the guidelines were removed.

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94-17 - Medicaid Coverage of Tier 2 Medications - APPROVE

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

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

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

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

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BAR #09-17 - Resolution 91-16 - “Health Insurance Marketplace Expansion for DACA Recipients” – APPROVE - the Board Action Report’s recommendation to AMEND this resolution.
Members of the Committee include: *Barry I. Auster, MD, Chair; *Bradley Demijohn; *Evelyn L. Eccles, MD; *Clara Hwang, MD; *Charles F. Koopmann, Jr., MD, FACS; *Scott A. Monteith, MD, FAPA; and *David W. Whalen, MD.

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

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

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

* Denotes members in attendance.
REPORT OF
REFERENCE COMMITTEE E – SCIENTIFIC AND EDUCATIONAL AFFAIRS
Raza U. Haque, MD, Chair

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

May 6, 2017

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

03-17 - Immigration - APPROVE

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

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13-17 - Liquid Medication Dosing - AMEND

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

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

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

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

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

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

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

While the Committee supported the intent of this resolution, the Committee heard testimony that centered around creating these safeguards for all physicians regardless of age or practice setting.
17-17 - Human Trafficking Education and Awareness –AMEND

The Committee amended the resolved portion to read:

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

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

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

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

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

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

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

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

The House of Delegates amended the resolved portion to read:
RESOLVED: That MSMS advocate with the Michigan Legislature that the use of ultrasound equipment for non-medical purposes is potentially dangerous to a woman and her fetus and should be prohibited.

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

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

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

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41-17 - Behavioral Health Confidentiality Standards - APPROVE

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

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

The Committee amended the resolved portions to read:

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

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

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

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

The Committee amended the resolved portion to read:

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

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

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

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

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

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

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

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90-17 - Addiction Medicine Continuing Medical Education - APPROVE

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92-17 - Opioid Tapering - APPROVE
Members of the Committee include: *Raza U. Haque, MD, Chair; *Irene S. Danek, MD; *Kenneth A. Fisher, MD; *Sarah A. Gorgis, MD; *John Hebert III, MD; *Gunjan B. Malhotra, MD; *John E. VanSchagen, MD; and *Eric L. Walton.

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

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

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

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

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

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

BAR #10-17 - “Revisions to the MSMS Policy Manual” - APPROVE

BAR #11-17 - “Revisions to the MSMS Constitution and Bylaws” - APPROVE

BYLAWS SECOND AND FINAL READING:
73-16 Amendments to MSMS Young Physicians Section Bylaws - APPROVE
78-16 Inter-Regional Membership for Non-Staffed Counties - APPROVE
REPORT OF REFERENCE COMMITTEE C
Donald P. Condit, MD, Chair

May 6, 2017

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

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

The Committee amended the resolved portions to read:

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

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

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

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

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

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22-17 - Reaffirm the MSMS and AMA’s Commitment to Diversity and Tolerance - AMEND

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

RESOLVED: That MSMS reaffirms its commitment to diversity and inclusion and condemns
all attempts by agencies, be they government or private, to discriminate based on race,
religion, sexual orientation, creed, sex, gender identity, disability, ethnic origin, national
The Committee agreed with the intent of the resolution and believed the statement was well stated by current AMA Policies and MSMS Policy as referenced above. The House of Delegates extracted Resolution 22-17 and further amended the Resolved statement.

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

The Committee amended the resolved portion to read:

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

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

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68-17 - Maintain Working Relationship with US Secretary of Health and Human Services - AMEND

The Committee amended the resolved portion to read:

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

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

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72-17 - Create New AMA Associate Membership Category - DISAPPROVE

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

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BAR #01-17 - Resolution 3-16 - "Section Representation on the Board of Directors" - APPROVE the Board Action Report’s recommendation to DISAPPROVE this Resolution.
BAR #10-17 - “Revisions to the MSMS Policy Manual” - APPROVE

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BAR #11-17 - “Revisions to the MSMS Constitution and Bylaws” - APPROVE

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RESOLUTION #73-16 – Amendments to MSMS Young Physicians Section Bylaws - APPROVE, 2nd and Final Reading

The 2016 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**.

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

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, 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.

78-16 - Inter-Regional Membership for Non-Staffed Counties - APPROVE, 2nd and Final Reading

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.

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Members of the Committee include: *Donald P. Condit, MD, Chair; *Charles J. Barone, II, MD; *Kaitlyn Dobesh; *J. Randy Hillard, MD; *Anne-Mare Ice, MD; *John B. O'Donnell, MD; and *Rama D. Rao, MD.

Board Advisors were: *T. Jann Caison-Sorey, MD, MSA, MBA; Stephen N. Dallas, MD, MA; Amit Ghose, MD; and *Richard C. Schultz, 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 Gary A. Huyge.

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

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

Late Resolution 96-17 Oppose Circumcision Legislation – AMEND

BAR #02-17 - Resolution 04-16 - “Discontinue Sale of Cigarettes and Tobacco Products at Pharmacies” – APPROVE the Board Action Report’s recommendation to AMEND this resolution –
REPORT OF REFERENCE COMMITTEE D
Patrick J. Droste, MD, Chair

May 6, 2017

Reference Committee D was assigned Resolutions 06-17, 07-17, 08-17, 12-17, 14-17, 16-17, 17-17, 20-17, 25-17, 28-17,
32-17, 35-17, 43-17, 44-17, 46-17, 50-17, 55-17, 57-17, 62-17, 67-17, 76-17, 77-17, 81-17, 83-17,
85-17, 86-17, and Board Action Report #02-17.

06-17 - Lead Concerns - AMEND

The Committee amended the resolved portions to read:

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

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

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

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07-17 - Food Safety Labeling - AMEND

The Committee amended the resolved portion to read:

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

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

**********

08-17 - Tissue Handling - AMEND

The Committee amended the resolved portions to read:
RESOLVED: That MSMS adopt policy supporting that the tissues removed while terminating pregnancies be handled no differently than stated in the Michigan Public Health Code Act 333.2836 of 1978 (Disposal of Remains); and be it further

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

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

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

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

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14-17 - Remove Sales Tax Exemption for Sweetened Beverages and Candy –SUBSTITUTE (see resolution 81-17)

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25-17 - Preventing Adolescent Use of Performance Enhancing Substances - APPROVE

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28-17 - Disposal of Pharmaceuticals - APPROVE

*********

32-17 - Vaccine Costs - APPROVE

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35-17 - Insurance Requirements for Helmetless Motorcyclists - APPROVE

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43-17 - Vaccinations and Pharmacists - DISAPPROVE

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

**********

44-17 - Waste Incinerator Ban - REFER

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

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

The Committee amended the resolved portions to read:

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

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

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

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50-17 - Radioactive Waste Disposal - APPROVE

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55-17 - Tinted Windows on Motor Vehicles - AMEND

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

RESOLVED: That MSMS opposes the tinting of motor vehicle windows, except as medically indicated, beyond the legally accepted limits and that MSMS work with appropriate state agencies to enforce the current law as written.
The Committee amended the resolution to because it believed the Resolved statement as originally written required a clear action statement. The House of Delegates extracted Resolution 55-17 for further refinement.

********

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

The Committee amended the resolved portions to read:

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

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

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

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

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67-17 - Tax Rate for Electronic Cigarettes - AMEND

The Committee amended the resolved portion to read:

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

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

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1291 76-17 - Preserve Women’s Access to Contraceptives - APPROVE
1292
1293
1294
1295 77-17 - Water Affordability Programs and Protection from Water Shutoffs –APPROVE
1296
1297
1298
1299
1300 81-17 - Excise Tax on Sugar-Sweetened Beverages to Fund Nutrition and Obesity-
1301 Prevention Programs–SUBSTITUTE
1302
1303 Resolutions 12-17, 14-17, and 81-17 were considered together. The Committee drafted the
1304 following substitute resolution:
1305
1306 Title: Tax Policy on Sweetened Beverages and Candy
1307
1308 Whereas, it has been shown that taxing sweetened beverages and candy can decrease
1309 consumption and
1310
1311 Whereas, the addition of a sales tax and excise tax to sweetened beverages and candy can
1312 discourage the sale of sweetened beverages and candy and
1313
1314 Whereas, sugar-sweetened beverages (SSB) are defined as any beverage with added
1315 caloric sweeteners, including soda and certain fruit-flavored or sports drinks, and
1316
1317 Whereas, SSB consumption causes a rapid spike in blood glucose due to added sugars and
1318 high-fructose corn syrup, followed by high insulin response, which consequently decreases
1319 satiety, and
1320
1321 Whereas, drinking SSBs gives individuals a higher caloric intake from liquid calories,
1322 without the compensatory satiety that accompanies consumption of solid food, and
1323
1324 Whereas, this mechanism promotes both weight gain and risk for Type 2 Diabetes Mellitus
1325 (T2DM) in children and adults\(^2\), and
1326
1327 Whereas, 34.9 percent of adults were overweight in Michigan in 2014, and 30.9 percent
1328 were obese. Amongst youth, 15.5 percent of Michigan high school students were overweight and
1329 13.1 percent were obese in 2013. Children and youth who consumed more SSBs had higher body
1330 weight than those who drank less SSBs\(^3\), and
1331
1332 Whereas, a reduction in SSB consumption will reduce intake of excess sugars, reducing the
1333 prevalence of obesity and obesity-related diseases such as metabolic syndrome, coronary artery
1334 disease, T2DM, hypertension, and stroke\(^4\), and
1335
1336 Whereas, several US cities have or will soon implement excise taxes on SSBs, including
1337 Berkeley, CA, San Francisco, CA, Philadelphia, PA, Boulder, CO, and Cook County, IL\(^5,6\). The country
of France implemented an excise tax (11 euro-cent/1.5 liter) on SSB in 2012, and Mexico implemented a similar tax (1 peso/liter) on SSB in 20136,7, and

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

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

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

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

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

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

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

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

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**83-17 - Public Alert System Regarding Water Contamination - APPROVE**
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** 85-17 - Modernization of Michigan's HIV Criminal Law - AMEND  

The Committee amended the resolved portion to read:

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

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

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

** 96-17 – Oppose Circumcision Legislation - AMEND  

The Committee amended the Oppose Circumcision Legislation to read:

Title: Oppose Male Circumcision Legislation

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

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

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

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Members of the Committee include: *Patrick J. Droste, MD, Chair; *Laura Carravallah, MD; *Talat Danish, MD, MPH FAAP; *Sherwin P. Imlay, MD; *Mohammad Y. Khan, MD; *Loretta M. Leja, MD; Joshua Meyerson, MD; and *Andrew J. Shadrach.
Board Advisors were: Adrian J. Christie, MD; Sandro K. Cinti, MD; and John J. H. Schwarz, MD.

AMA Delegation Advisors were: Mohammed A. Arsiwala, MD; Cheryl Gibson Fountain, MD; and Richard E. Smith.

The Committee was staff by: Trisha L. Keast and Caryl S. Markzon.

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

Late Resolutions
96-17 Oppose Circumcision Legislation - APPROVE

Existing Policy Reaffirmation Calendar
31-17 Timely Recording of Vaccines in MCIR
39-17 Credentialing Delays and Third Party Payers
66-17 Include Electronic Cigarettes in Smoke Free Legislation
75-17 Create MACRA Opt-out Option
REPORT OF COMMITTEE ON RULES AND ORDER OF BUSINESS
Owen M. Berow, MD, Chair

May 6, 2017

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

The Committee’s criteria for considering 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 96-17- Oppose Circumcision Legislation - 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 D.

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

- 31-17 - Timely Recording of Vaccines in MCIR
- 39-17 - Credentialing Delays and Third Party Payers
- 66-17 - Include Electronic Cigarettes in Smoke Free Legislation
- 75-17 - Create MACRA Opt-out Option

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

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

The Committee was staffed by: Rebecca J. Blake.
* Denotes members in attendance.