Sunday, May 5, 2019

HOD Final Action

Order to be taken

Ways and Means
Organizational Remodeling
D – Public Health
B – Legislation
A – Medical Care Delivery
E – Scientific and Educational Affairs
C – Internal Affairs, Bylaws and Rules
REPORT OF WAYS AND MEANS COMMITTEE
Dennis C. Szymanski, MD, Chair

May 4, 2019

(This Standing Committee also serves as the Reference Committee on Ways and Means)

Operating Fund

MSMS completed another financially successful year in 2018 with positive operational results. Overall revenue increased over prior year due to expansion of non-dues revenue streams which allowed MSMS to exceed budgeted operational targets. These efforts combined with continued expense monitoring activities allowed MSMS to end the year with an operating surplus of $145,701 which was our most profitable year over the past five years.

Reserve Funds

MSMS’ reserve funds remain strong. The investment portfolio is moderately invested, and well diversified. The overall financial strength of the organization can be measured in the growth of the reserve funds which have doubled over the past 10 years resulting in the stabilization of dues rates and expansion of non-dues revenue.

Projections

The goal of MSMS over the next three years is to continue ongoing strategies and implement new strategies to engage more physicians, expand revenue and control costs. Year 2019 has already resulted in success in several of these areas including membership that is trending up this year. In addition to membership revenue, increased non-dues revenue combined with managing administrative costs are positioning MSMS to have another positive year of operating surplus in 2019.

Looking forward, these strategies are projected to keep expenses flat and increase revenue resulting in positive operating surpluses each year over the next three years to continue to deliver services to members and add to the reserves of the organization.

Fiscal Notes

Starting this year, we have attached a fiscal note to each resolution to provide transparency of the estimated costs to accomplish each resolution. All resolutions require various levels of staff time and outsourced activities to accomplish. Historically, fiscal notes would be assigned only to those resolutions requiring unbudgeted additional expenses. However, the 2018 Ways and Means Committee requested that all estimated costs, whether budgeted or not, be reported for each resolution to better measure and report on the costs associated with accomplishing each resolution. The estimated costs include outsourced costs, staff time, and related overhead costs. The goal is not to dissuade approval, but to provide cost transparency.
M. Speaker, your Reference Committee recommends **APPROVAL** of this Report.

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Members of the Ways and Means Committee include: *Dennis C. Szymanski, MD, Chair; *E. Chris Bush, MD; Michael D. Chafty, MD, JD; *Donald P. Condit, MD; *Ronald B. Levin, MD; *Robert C. Packer, MD; *Venkat K. Rao, MD; *Edward J. Rutkowski, MD; and *Barbara A. Threalt, MD.

Board Advisors were: *Anita R. Avery, MD; *S. Bobby Mukamala, MD; *Richard C. Schultz, MD; and *John A. Waters, MD.

The Committee was staffed by: Lauchlin MacGregor, CPA

*Denotes members in attendance
BOARD OF DIRECTORS REPORT ON FINAL MSMS ORGANIZATIONAL REMODELING
RECOMMENDATIONS
S. Bobby Mukkamala, MD, Chair

May 4, 2019

Given significant changes in physician demographics, the House and Board have been addressing organizational remodeling to assure that MSMS remains strong far into the future. After a robust discussion at the 2018 annual meeting, it was clear that the House was ready to focus on Board composition and asked for bylaws revisions to analyze and consider. Various activities gave the Board more specific guidance through HOD surveys and feedback from delegations and county leaders throughout the process of creating the proposal the House discussed yesterday, which is under the MSMS Organizational Remodeling tab at the back of your HOD handbook. The proposal was presented at fall delegation and county leadership meetings, at district briefings, and optional conference calls were available to delegates and alternates.

Last year at the House remodeling session, it was clear that the House still supported joint membership in state and county societies and wanted to maintain physician membership as the sole focus of the organization. The House survey indicated that HOD members were ready to address board composition and intentionally include various physician perspectives while maintaining geographically designated seats. Although decreasing the size of the Board has been mentioned, the Board believes it is important to maintain some institutional memory, so the proposal reconfigures the Board at approximately the size it is now. The House would maintain authority over the candidates that would fill the designated seats through the House-elected Nominating Committee and through House election of candidates for those seats.

The Board had an extensive discussion about what designated seats would add valuable perspective to the already diverse set of voices on the Board and recommends six categories:

- Physician Organization Leader
- Independent Small Practice Physician
- Physician Leader from Health System
- Physician Serving in Government/Public Health Role
- Physician Serving as DIO/Representing GME Training
- At Large Physician

The House would review the categories periodically and make adjustments if there are changes that bring value. These designated seats would have the same three 3-year term limits as the geographically elected members.

To add the designated seats without increasing the size of the Board, the proposal recommends a change from districts to regions and a fixed number of directors per region. This would also eliminate the membership-based fluctuations in Board seats that has occurred over the years and create a more stable leadership pipeline on the Board. There was significant research to determine the model for redrawing the historical district lines in a way that creates regions with more similar sized physician populations, which you see in the comparison numbers in the
handbook maps. The foundation was a state methodology of defining markets for various purposes, including health care. Although there is no perfect way to draw a regional map, the Board believed that creating six regions from a tested methodology was a good foundation for making change.

The Board sees value in making the transition with some stability; therefore, it is recommended that current Board members serve their term limits of nine years (twelve if they run for an additional officer position). As Board members rotate off, the transition to designated and regional seats would begin. MSMS leadership would work with the Nominating Committee and county delegations to manage this transition. This proposal was constructed to reflect what the House told us it wanted to achieve, and we benefited from your feedback throughout the last year. It is important to understand that it hangs together as a whole package to achieve a balance between regional and designated seats without significantly increasing the size of the Board.

At the Second Meeting of the House of Delegates on Saturday, the MSMS Board described the proposed changes to the board composition and presented the following:

RECOMMENDATION: That the MSMS Board of Directors recommend to the 2019 House of Delegates that it approve the Final MSMS Organizational Remodeling Recommendations.

Changing the bylaws requires two readings before they take effect.

Yesterday the House of Delegates approved the proposed Constitution and Bylaws changes in the Second Meeting of the House on first reading with the following amendments to the Board recommendations:

- Nine regions instead of the original six proposed by the Board.
- A Nominating Committee that will consist of one representative from each of the nine regions and the Immediate Past President as chair.
- A Board review every three years with a report the House of Delegates on any recommended adjustments.

The House also passed a motion to suspend the rules to allow for a second and final reading of the Constitution and Bylaws changes regarding organizational remodeling at the Third Meeting of the House.

Mr. Speaker, the amended Constitution and Bylaws presented in the Final MSMS Organizational Remodeling Recommendations are being presented today for second and final reading.

At the Third Meeting, the House of Delegates adopted the Final MSMS Organizational Remodeling Recommendations.
REPORT OF
REFERENCE COMMITTEE D – PUBLIC HEALTH
David W. Whalen, MD, Chair

03-19 Mandatory Influenza Vaccination Policy for Health Care Workers in Michigan Hospitals - AMEND
04-19 Specification of Meningococcal B Vaccine Administration on College Admission Forms - APPROVE
05-19 Prevention of Employment Discrimination Against Formerly Incarcerated Individuals - DISAPPROVE
06-19 Remove “Medical” Designation When Referring to Marijuana - DISAPPROVE
12-19 Understanding the Effects of PFAS on Human Health - AMEND
13-19 Produce Prescribing Practices to Address Chronic Disease - APPROVE
14-19 Addition of Spinal Muscular Atrophy to the Michigan Newborn Screening Program - APPROVE
21-19 Mature Minor Consent to Vaccinations - AMEND
25-19 Safe Consumption Sites for Opioids - AMEND
31-19 Substance Use During Pregnancy - AMEND
37-19 Dangers of Vaping - AMEND
39-19 Reduce Insulin Costs - DISAPPROVE
44-19 Support Availability of Public Transit Systems - APPROVE
46-19 Sunscreen Dispensers in Michigan’s Public Spaces - AMEND
51-19 Improved Deferral Periods for Blood Donors - APPROVE
54-19 Availability of Naloxone Boxes - APPROVE
75-19 Promote Prostate Cancer Screening for Minority Populations in Michigan - AMEND
77-19 Stockpiling Potassium Iodide - DISAPPROVE
83-19 Resolve the Unintended Consequences of the Ethylene Oxide Sterilization Shutdown at the Illinois Sterigenics Plant - APPROVE
REPORT OF REFERENCE COMMITTEE D
David W. Whalen, MD, Chair

May 4, 2019


03-19 - Mandatory Influenza Vaccination Policy for Health Care Workers in Michigan Hospitals - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS supports Michigan hospitals 1) establishing policies for all their employees to receive an annual influenza immunization, except if an employee elects not to be vaccinated due to religious beliefs, medical contraindications exist, or there is a national shortage of vaccine, and 2) providing on-site annual influenza immunizations.

The Committee supports the intent of the resolution to support what was heard during testimony on the resolution. The Resolved dause was amended to apply to a broader group of employees.

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04-19 - Specification of Meningococcal B Vaccine Administration on College Admission Forms - APPROVE

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05-19 - Prevention of Employment Discrimination Against Formerly Incarcerated Individuals - DISAPPROVE

The Committee applauded the spirit of the resolution; however, did not believe that the Resolved clause matched what the testimony was asking for. The Committee encourages the author to introduce a new resolution next year with a more limited resolved clause.

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06-19 - Remove “Medical” Designation When Referring to Marijuana - DISAPPROVE

The Committee agreed that problems do exist within the medical marijuana program. The Committee believes that currently, some patients do need a medical marijuana card in order to receive proper treatment, including some patients who have certain seizure disorders. The Committee would welcome a new resolution next year that is more narrowly focused on the issues the author believes exists in the program.
12-19 - Understanding the Effects of PFAS on Human Health - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS advocate for further studies on the impact of perfluoroalkyl and polyfluoroalkyl chemicals on human health; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to advocate for continued research on the impact of perfluoroalkyl and polyfluoroalkyl chemicals on human health; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to advocate for states to, at minimum, follow the Centers for Disease Control and Prevention’s and the Environmental Protection Agency (EPA) recommended guidelines for levels perfluoroalkyl and polyfluoroalkyl chemicals.

The Committee amended the resolution by striking the third Resolved clause and adding verbiage to the fourth Resolved clause. The Committee heard testimony that guidelines on appropriate PFAS levels had not been fully developed yet, so monitoring would be premature. The Committee also believed that adding the Environmental Protection Agency (EPA) strengthened the resolution.

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13-19 - Produce Prescribing Practices to Address Chronic Disease - APPROVE

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14-19 - Addition of Spinal Muscular Atrophy to the Michigan Newborn Screening Program - APPROVE

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21-19 - Mature Minor Consent to Vaccinations - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS advocate for legislation that would provide for the right of minors to consent to vaccination when independently sought out by the minor in the absence of parental consent, within the bounds of professional guidelines; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to amend the policy H-440.830, “Education and Public Awareness on Vaccine Safety and Efficacy,” by addition as follows:
1. Our AMA (a) encourages the development and dissemination of evidence-based public awareness campaigns aimed at increasing vaccination rates; (b) encourages the development of educational materials that can be distributed to patients and their families clearly articulating the benefits of immunizations and highlighting the exemplary safety record of vaccines; (c) supports the development and evaluation, in collaboration with health care providers, of evidence-based educational resources to assist parents in educating and encouraging other parents who may be reluctant to vaccinate their children; (d) encourages physicians and state and local medical associations to work with public health officials to inform those who object to immunizations about the benefits of vaccinations and the risks to their own health and that of the general public if they refuse to accept them; (e) will promote the safety and efficacy of vaccines while rejecting claims that have no foundation in science; and (f) **supports state policies allowing adolescents to provide their own consent for vaccination and encourages state legislatures to establish comprehensive vaccine and minor consent policies; and** (g) will continue its ongoing efforts with other immunization advocacy organizations to assist physicians and other health care professionals in effectively communicating to patients, parents, policy makers, and the media that vaccines do not cause autism and that decreasing immunization rates have resulted in a resurgence of vaccine-preventable diseases and deaths.

The Committee supports the intent of the resolution. The Committee removed the first Resolved clause due to the term “mature minor” having no definition in Michigan Statute. The Committee worried about potential liability concerns if physicians were being asked to judge on their own whether a minor met a definition that was not yet legally established.

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25-19 - Safe Consumption Sites for Opioids - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS supports and shall advocate for: (1) the use of government funding in Michigan by clean syringe access programs for the purchase of syringes, needles and other equipment needed for safe consumption of opioids; and be it further

RESOLVED: That MSMS advocate for the completion of a government funded cost-benefit impact analysis to determine the effectiveness of safe consumption sites as a means of harm reduction; and be it further

RESOLVED: That MSMS advocate for widespread education on: (1) safe injection practices for those who use injectable substances to decrease the rate of transmission of infectious diseases such as HIV or HCV; and, (2) stigma related to drug use for organizations that will inevitably be involved in the care of patients who use injectable substances.

The Committee supported the intent of the resolution. The Committee amended the resolution as much of the deleted Resolved clauses are already existing AMA policy.
31-19 - Substance Use During Pregnancy - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS amend policy: Substance Abuse During Pregnancy (Board-July96) by insertion and deletion as follows:

MSMS opposes making the use of controlled substances during pregnancy a felony. MSMS encourages routine drug screening of pregnant women **MSMS opposes the removal of a child from its mother during the hospital stay solely due to evidence from a single positive drug test without an evaluation from a social worker**; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to amend policy H-420.950 (Substance Use Disorders During Pregnancy) by insertion and deletion as follows:

Our AMA will: **(1) oppose the removal of infant from their mothers solely based on a single positive prenatal drug screen without an evaluation from a social worker.**

The Committee agreed with the intent of the resolution. The Committee believe that a routine drug screen at the beginning of the pregnancy for all patients, as is current practice, is the least discriminatory way of testing patients. The Committee also did not believe that true standardized guidelines currently exist for testing all pregnant women and may not be possible at all.

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37-19 - Dangers of Vaping - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS make educational materials available to health care providers similar to those used in campaigns against traditional tobacco products that strongly deter vaping; and be it further

RESOLVED: That MSMS lobby for stronger regulations and enforcement, including but not limited to banning the sale of electronic nicotine delivery systems (ENDS) to minors, including ENDS in legislation seeking to raise the legal age of the purchase of tobacco to age 21, and requiring clear warning labels on all ENDS; and be it further

RESOLVED: That MSMS update existing policies, “Electronic Cigarette Legislative and Policy Gaps” and “Raise Minimum Legal Age to Purchase Tobacco Products to 21,” to include electronic nicotine delivery systems (ENDS); and be it further
RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to amend existing policy H-495.986, “Sales and Distribution of Tobacco Products and Electronic Nicotine Delivery Systems (ENDS) and E-cigarettes,” to include clear a requirement for warning labels on all ENDS.

The Committee supports the intent of the resolution and amended it to eliminate possible confusion.

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39-19 - Reduce Insulin Costs - DISAPPROVE

The Committee was not comfortable with MSMS advocating for specific prices on pharmaceuticals. The Committee also was not comfortable with prioritizing the cost of one treatment for a widespread chronic condition over others. The Committee also believed that most of the other asks of the resolution are existing AMA Policy.

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44-19 - Support Availability of Public Transit Systems - APPROVE

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46-19 - Sunscreen Dispensers in Michigan’s Public Spaces - AMEND

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

RESOLVED: That MSMS study the development of a public sunscreen program in public spaces such as parks, beaches, schools and other public places with high risk of sun exposure as a public health good.

Originally, the Committee recommended disapproval offering the following rationale:

“The Committee believed that the prevention of skin cancer was important; however, the Committee believed that the resolution had too many unintended consequences tied to it, including, environmental concerns, allergic reactions, and other adverse health outcomes. The Committee also recognized that American Dermatological Association provides printed resources on sun exposure and additional efforts would be duplicative.”

Resolution 46-19 was extracted and the HOD voted to amend the original resolution by directing MSMS to study opportunities for developing a public sunscreen program.

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51-19 - Improved Deferral Periods for Blood Donors - APPROVE
54-19 - Availability of Naloxone Boxes - APPROVE

75-19 - Promote Prostate Cancer Screening for Minority Populations in Michigan - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS encourage outreach to diverse community organizations that serve African-American/ Native American and other at risk minority men in an effort to promote prostate cancer screening and prostate cancer education in this high-risk population.

The Committee supports the intent of the resolution. The Committee was concerned about using guidelines that could change over time.

77-19 - Stockpiling Potassium Iodide – DISAPPROVE

The Committee heard testimony that the best usage of resources in the unlikely event of a nuclear meltdown is encouraging people to evacuate. The Committee also heard testimony that the distribution of potassium iodide can sometimes be counter-productive as people will waste time looking for it, when they should be evacuating.

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Late Resolution 83-19 - Resolve the Unintended Consequences of the Ethylene Oxide Sterilization Shutdown at the Illinois Sterigenics Plant – APPROVE

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Members of the Committee include: *David W. Whalen, MD, Chair; *Barry I. Auster, MD; *Sandy K. Dettmann, MD; *Kaitlyn N. Herdman; *Nita M. Kulkarni, MD; *Gunjan B. Malhotra, MD; *Jeanette M. Meyer, MD; and *David T. Walsworth, MD.

Board Advisors were: *Adrian J. Christie, MD; Sandro K. Cinti, MD; *Ponon Dileep Kumar, MD; and Herbert C. Smitherman, Jr., MD, MPH.

AMA Delegation Advisors were: *Sarah A. Gorgis, MD; *Bassam H. Nasr, MD, MBA; Richard E. Smith, MD; and *David T. Walsworth, MD.

The Committee was staffed by: Amber S. Dunlop and Joshua C. Richmond.

* Denotes members in attendance.
REPORT OF
REFERENCE COMMITTEE B – LEGISLATION
Alireza Meysami, MD, Chair

10-19 Voluntary Maintenance of Certifications for all Physicians - AMEND
18-19 Tattooing of Eyes - DISAPPROVE
22-19 Opposition to Medicaid Work Requirements - APPROVE
24-19 Promote Recycling in Michigan - AMEND
28-19 Regulation and Oversight of Retail Marijuana in Michigan - REFER
29-19 Expand Medicaid Transportation to Include Healthy Grocery Destinations - AMEND
36-19 End Child Marriage in Michigan - APPROVE
40-19 Chaperone Use During Sensitive Exams - APPROVE
43-19 Resentencing for People Convicted of Marijuana-Based Offenses - DISAPPROVE
48-19 Restrict Access to the Michigan Automated Prescription System - APPROVE
55-19 Sharing MAPS Reports with Patients - APPROVE
56-19 Good Samaritan Laws Expansion - REFER
57-19 Oppose Licensure of non-NCCAOM Acupuncturists - REFER
61-19 Emergency Visit Data Mining - DISAPPROVE
62-19 Support the Energy Innovation and Carbon Dividend Act - DISAPPROVE
64-19 Surprise Medical Billing - AMEND
65-19 Buccal Drug Screening for Drivers - DISAPPROVE
69-19 Lowest Cost Prescription Co-Payments - AMEND
74-19 Licensure for Medical Assistants - DISAPPROVE

BAR #06-19 - Resolution 80-18 - “Support for Mental Health Reform in Michigan” - APPROVE the Board Action’s Report to APPROVE this resolution.
REPORT OF REFERENCE COMMITTEE B
Alireza Meysami, MD, Chair

May 4, 2019


10-19 – Voluntary Maintenance of Certification for all Physicians – AMEND

The HOD amended the resolved portions to read:

RESOLVED: That MSMS support legislation to expand the prohibition on the use of maintenance of certification status for licensure and health insurance network participation to include all medical specialties; and be it further

RESOLVED: That MSMS continue to promote legislation that prohibits hospitals from requiring maintenance of certification for hospital staff privileges.

Resolution 10-19 was extracted and the Reference Committee’s amendatory language, based on the following rationale, debated:

“The Committee believes that this resolution serves a majority of MSMS members, and that it does not preempt any specialty organization from supporting MOC within their own organization. The Committee amended the resolution to uphold current policy and further existing efforts to address the underlying issue.”

The HOD further modified the Resolved statements to replace “board certification” with “maintenance of certification.”

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18-19 - Tattooing of Eyes - DISAPPROVE

The Committee understands that this may not be a safe procedure and believes that actively seeking a ban on this service is not within the scope of MSMS. The Committee supports the American College of Ophthalmology’s position of opposing this procedure and supports current AMA policy “Regulation of Tattoo Artists and Facilities” H-440.909.

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22-19 - Opposition to Medicaid Work Requirements - APPROVE

Supporting the resolution is consistent with AMA policy on work requirements and existing
MSMS policy around access to care.

24-19 - Promote Recycling in Michigan - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS support legislation allocating resources to promote recycling in the state of Michigan including advertising curbside recycling and local recycling centers; and be it further

RESOLVED: That MSMS support legislation to increase the Michigan landfill tipping fee to discourage the use of Michigan landfills by neighboring states and countries in order to preserve the quality of Michigan’s environment for years to come.

The Committee supports the spirit of this resolution and MSMS’s current policy regarding recycling but as there are laws in place to address the author’s objectives, there is no need for further action.

28-19 - Regulation and Oversight of Retail Marijuana in Michigan - REFER

While MSMS continues to actively seek strong regulation of adult-use marijuana, the Committee would like the resolution to be more focused on public health and in better alignment with current policies.

29-19 - Expand Medicaid Transportation to Include Healthy Grocery Destinations - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS support inclusion of supermarkets, food banks and pantries, and local farmers markets as destinations covered by Medicaid transportation.

The Committee agreed that access to healthy food is important and consistent with MSMS policy, but actively advocating for the inclusion of these services in Medicaid transportation policy is beyond the purview of MSMS.

36-19 - End Child Marriage in Michigan - APPROVE
40-19 - Chaperone Use During Sensitive Exams - APPROVE

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43-19 - Resentencing for People Convicted of Marijuana-Based Offenses - DISAPPROVE

The Committee agreed with the underlying intent to decriminalize low-level offenses associated with marijuana possession; however, Committee members determined that the resolution entails a complex legal matter and not within the purview of MSMS.

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48-19 - Restrict Access to the Michigan Automated Prescription System - APPROVE

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55-19 - Sharing MAPS Reports with Patients - APPROVE

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56-19 - Good Samaritan Laws Expansion - REFER

The Reference Committee recommended disapproval with the following rationale:

“While the Committee sympathized with the author’s intention, concerns were raised around threatening actions resulting in drug-induced homicide. In addition, MSMS would be advocating for the Legislature to alter the terms of existing sentencing/parole orders, which could raise issues around constitutionality and separation of powers, per an analysis conducted by MSMS legal counsel.”

Resolution 56-19 was extracted and the HOD vote to refer the resolution to the MSMS Board of Directors for study.

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57-19 - Oppose Licensure of non-NCCAOM Acupuncturists - REFER

Concerns were raised around whether the issue should be of concern to MSMS and there were outstanding questions around the certification and training of acupuncturists. In light of existing MSMS policy to oppose licensure of acupuncturists and policy to oppose mandated re-certification for physicians, referral to the Board for further deliberation was recommended.

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61-19 - Emergency Visit Data Mining - DISAPPROVE

The Committee acknowledged there are some circumstances that validate the concerns delineated by the author, but ultimately Committee members agreed that the underlying issue is too sweeping and complex to legislate without unintended consequences.

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62-19 - Support the Energy Innovation and Carbon Dividend Act - DISAPPROVE

The Committee believed there was enough current policy to support the author’s intent but that actively advocating on this issue beyond existing efforts is not within the purview of MSMS.

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64-19 - Surprise Medical Billing – AMEND

The Committee amended the title and resolved portion to read:

Title: Surprise Out of Network Medical Billing

RESOLVED: That MSMS supports the elimination of surprise out of network medical billing; and be it further

The Committee heard testimony to support the clarification of what constitutes “surprise” billing and agreed to a friendly amendment to revise the title and first Resolved clause to include “out of network.” The Committee agreed that the second Resolved was too vague and that the first Resolved clause is sufficient.

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65-19 - Buccal Drug Screening for Drivers - DISAPPROVE

The Committee heard testimony regarding concerns with the specificity of the test and the lack of ability to discern between an active metabolite and previous exposure or use. Concerns were also raised around second-hand exposure which can potentially be picked up by the screen which might result in false positive test. The consensus was that a better method of screening is needed.

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69-19 - Lowest Cost Prescription Co-Payments - AMEND

The Committee amended the resolved portion to read:
RESOLVED: That MSMS seek legislation that would require pharmacies to charge patients the lowest fee possible for a prescription whether that fee is their “cash-basis” fee or the insurance company’s co-pay fee.

The Committee amended the resolution to strike the first and second Resolved clauses. The second Resolved clause was addressed in recent federal legislation and supporting the third Resolved clause implies support of the first Resolved clause.

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74-19 - Licensure for Medical Assistants – DISAPPROVE

Committee members raised concerns around advocating for a new licensure category as physicians can already exercise the autonomy to employ, oversee, and delegate tasks to medical assistants. Furthermore, concerns were raised about the costs to physicians and medical assistants associated with state-sanctioned licensure. Additional concerns were raised around requiring re-certification for another provider when MSMS has policy opposing recertification for physicians.

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BAR #06-19 - Resolution 80-18 - “Support for Mental Health Reform in Michigan” - APPROVE the Board Action’s Report to APPROVE this resolution.

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Members of the Committee include: *Alireza Meysami, MD, Chair; *Deborah L. Duncan, MD; *Sherwin P. T. Imlay, MD; *Charles F. Koopman, Jr., MD, FACS; *Samuel J. Schuiteman; *Ruqiya S. Tareen, MD; and *Joseph L. Wilhelm, MD, FACS.

Board Advisors were: *Mark E. Meyer, MD; *Donald R. Peven, MD; John J. H. Schwarz, MD; and *Thomas J. Veverka, MD.

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

The Committee was staffed by: Dara J. Barrera and Christin T. Nohner.

* Denotes members in attendance.
REPORT OF
REFERENCE COMMITTEE A – MEDICAL CARE DELIVERY
Evelyn L. Eccles, MD, Chair

09-19  Telemedicine Initiatives for Eye Care Delivery - SUBSTITUTE
11-19  Access to Telemedicine for Michigan’s Medicaid Population - SUBSTITUTE
15-19  Repeal Prior Authorization for Medication-Assisted Treatment in Addiction Medicine - APPROVE
23-19  Oppose Shackling of Incarcerated Women During Labor - AMEND
32-19  Population Health Program Carve-Outs - AMEND
45-19  Put Over-the-Counter Inhaled Epinephrine Behind Pharmacy Counter - APPROVE
49-19  Insurance Coverage for Out-of-Office Nutrition Education - AMEND
66-19  Improved Access to Physical Therapy, Occupational Therapy, and Complementary and Alternative Medicine Therapies - AMEND
67-19  Update Scheduled Medication Classification - AMEND
68-19  Hospice Care and the “Adult Failure to Thrive” Diagnosis - REFER
70-19  Prescription Coverage of the Lidocaine Transdermal Patch - APPROVE
71-19  Council for Affordable Quality Healthcare Attestation - APPROVE
72-19  Telemedicine for Access to Early Medical Abortion Care - APPROVE
73-19  Centers for Medicare and Medicaid Services Open Payments Program - APPROVE
81-19  Optimize Pharmacy Benefit Manager Systems Data to Improve Patient Prescription Compliance - APPROVE

BAR #01-19 - Resolution 19-18 – “Reimbursement for Telemedicine Visits” - AMEND the Board Action’s Report to APPROVE this resolution.

BAR #02-19 - Resolution 29-18 – “Routine ACE Screening in Pediatric Appointments” - APPROVE the Board Action’s Report to APPROVE this resolution.
REPORT OF REFERENCE COMMITTEE A
Evelyn L. Eccles, MD, Chair

May 4, 2019


09-19 - Telemedicine Initiatives for Eye Care Delivery – SUBSTITUTE (See Resolution 11-19)

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11-19 - Access to Telemedicine for Michigan’s Medicaid Population - SUBSTITUTE

The Committee drafted the following substitute resolution:

Title: Comprehensive Telemedicine Policy for Care Delivery and Access

Whereas, telemedicine technologies have promise for delivering and increasing access to quality health care, and

Whereas, telemedicine is effective across many populations (adult, child, geriatric, and ethnic), and in many settings (emergency and home health) and increases access to care, with assessment and treatment outcomes equivalent to in-person care, including decreased hospitalizations and readmissions, and

Whereas, telemedicine programs have been shown to provide effective treatment of psychiatric issues and a reduction in emergency and urgent-care visits without a decline in quality, and

Whereas, the scope of telemedicine services eligible for reimbursement was expanded in 2018 for Medicare patients, and

Whereas, Medicaid, in addition to many private insurers, reimburses telemedicine sessions, up to and including video consultations, in 48 states, including Michigan, and

Whereas, legislation enhancing existing laws, or otherwise promoting telemedicine, was passed in many states in 2018, and

Whereas, Michigan Medicaid policies require the patient to already be in a clinical setting (e.g., clinic, hospital, or skilled nursing facility) for the session to be reimbursable, which negates the ability of telemedicine to overcome many barriers to care, and

Whereas, the Centers for Medicare and Medicaid Services, which oversees Medicare and Medicaid at the federal level, cites lack of coverage for telehealth services to patients not located at
particular originating sites as one of the key barriers preventing expansion of telehealth services, and

Whereas, thirteen states have adjusted their Medicaid policies to permit a patient’s home to be an originating site since 2016, and

Whereas, the American Medical Association (AMA) has policy, H-210.981, recognizing the value of telemedicine in provision of care within a patient’s own home, and

Whereas, our AMA has policy, H-480.974, recognizing its role in evaluating legislation regarding telemedicine, and

Whereas, our AMA adopted the Code of Medical Ethics Opinion Number 1.2.12 – Ethical Practice in Telemedicine; therefore be it

RESOLVED: That MSMS supports the use of telemedicine pursuant to applicable standards of care and shall develop policy regarding the ethical practice of telemedicine and improved access through the elimination of barriers, including but not limited to, restrictive originating site requirements and fees.

Resolutions 09-19 and 11-19 address narrow telemedicine issues. It was noted that MSMS does not have a comprehensive telemedicine policy. Board Action Report #01-19, if approved by the HOD, addresses reimbursement concerns but not standards of care and access. The Committee heard testimony that MSMS policy should be inclusive of all specialties and MSMS should broaden the scope to address telemedicine as a whole. Therefore, the Committee elected to draft a substitute for Resolutions 09-19 and 11-19 indicating MSMS’ support of telemedicine pursuant to applicable standards for care. Additionally, the Committee believes MSMS should develop comprehensive policy around ethical delivery of care utilizing telemedicine and the elimination of barriers to access such as restrictive originating site requirements and fees.

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15-19 - Repeal Prior Authorization for Medication-Assisted Treatment in Addiction Medicine - APPROVE

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23-19 - Oppose Shackling of Incarcerated Women During Labor- AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS supports the least restrictive restraints necessary when a correctional facility, detention center, or jail has actual or constructive knowledge that an inmate is in the second or third trimester of pregnancy. MSMS opposes the use of restraints on an inmate who is in labor, delivering her baby, or recuperating from the immediate delivery unless there are compelling grounds to believe the inmate presents:
1. An immediate and serious threat of harm to herself, staff or others; or
2. A substantial flight risk and cannot be reasonably contained by other means.

If an inmate who is in labor or who is delivering her baby is restrained, only the least restrictive restraints necessary to ensure safety and security shall be used.

There was overwhelming conceptual support for Resolution 23-19. Other organizations such as the American College of Obstetricians and Gynecologists and the American Medical Association (AMA) have already weighed in with their support. Testifiers and Committee Members believe the dignity, safety, and health of the woman and her baby is of utmost concern. A suggestion was made to model language after existing AMA policy H-420.957, “Shackling of Pregnant Women in Labor,” to more clearly indicate situations in which restraints may be necessary. The authors were amenable to clarifying the language, and the Committee agreed.

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32-19 - Population Health Program Carve-Outs - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS advocate for payers to “carve-out” or remove complex acute and chronic medical illnesses that are primarily managed by specialists or subspecialists from the formulas used in the respective population health value-based payment programs.

The Committee made a technical amendment by replacing “completely” with “primarily.”

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45-19 - Put Over-the-Counter Inhaled Epinephrine Behind Pharmacy Counter - APPROVE

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49-19 - Insurance Coverage for Out-of-Office Nutrition Education - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS: 1) affirm the potential for lasting behavior change through integrative nutrition education programs which consider the socioeconomic situation, health goals, culinary knowledge, and time/lifestyle constraints of its participants; (2) encourage the use of integrative nutrition education programs which consider the socioeconomic situation, health goals, culinary knowledge, and time/lifestyle constraints of its participants by all patients to prevent and manage illness; and (3) advocate for the extension of health insurance coverage to improve access to and encourage patient participation in integrative nutrition education programs which consider the socioeconomic situation, health goals, culinary knowledge, and time/lifestyle constraints of its participants.
The Committee combined the original three Resolved statements into one. Additionally, the Committee agreed with testimony that the American Medical Association (AMA) already has sufficient policy and is engaged in activities related to nutrition and healthy lifestyles. Therefore, the focus of the “ask” is changed from the AMA to MSMS, which the author’s representative indicated was acceptable.

**66-19 - Improved Access to Physical Therapy, Occupational Therapy, and Complementary and Alternative Medicine Therapies - AMEND**

The Committee amended the title and resolved portions to read:

Title: Improved Access to Non-Opioid Treatment Modalities

RESOLVED: That MSMS work with third party payers in the State of Michigan to improve access to non-opioid treatment modalities including, but not limited to, physical therapy and occupational therapy as recommended by the patient’s physician; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with the Centers for Medicare and Medicaid Services to improve access to non-opioid treatment modalities including, but not limited to, physical therapy and occupational therapy as recommended by the patient’s physician.

Testimony indicated strong conceptual support for Resolution 66-19. Persons testifying indicated the need to have non-opioid treatment options for patients experiencing pain that are covered by health plans. However, it was noted that there are treatment modalities for which little scientific evidence exists to their efficacy. The Committee decided to specifically identify physical therapy and occupational therapy as recognized alternative modalities but leave the language broad enough to encompass other evidence-based treatment options. Additionally, the Committee agreed to a friendly amendment offered during testimony to tie the treatment to that recommended by the patient’s physician.

**67-19 - Update Scheduled Medication Classification - AMEND**

The Committee amended the resolved portions to read:

RESOLVED: That MSMS supports updating the scheduled medication classification to differentiate between opioids and non-opioids; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to advocate with the United States Drug Enforcement Agency to seek changes in the scheduled medication classification to differentiate opioids from non-opioids.
The Committee modified the second resolved statement to direct the AMA to work with the DEA since the DEA is the agency responsible for overseeing enforcement of scheduled drugs.

* * * * * * *

68-19 - Hospice Care and the “Adult Failure to Thrive” Diagnosis - REFER

The Committee believes more investigation into this issue is warranted. Members were sympathetic to concerns expressed by the author that Medicare’s decision to eliminate “failure to thrive” and “debility” diagnoses as primary diagnoses in 2016 has resulted in fewer options to assist patients enter hospice care. However, the Committee also recognized rationale from the Centers for Medicare and Medicaid Services as follows:

“CMS’s primary justification for this clarification was concern that the use of nonspecific diagnoses of adult failure to thrive and debility, without other diagnoses, means that Medicare hospice beneficiaries are not being thoroughly assessed; and therefore, may not be receiving the full range of services the Medicare Hospice benefit envisioned.

More significantly, CMS expressed its concern that the use of nonspecific diagnosis such as adult failure to thrive or debility indicates that the “multiple comorbid conditions” that accompany these diagnoses may not be adequately diagnosed, thereby depriving beneficiaries of an informed understanding of their condition and of all possible options available to them.”

Finally, the author mentioned there may be an inadvertent adverse financial repercussion to hospices if it is required to cover payment for all primary diagnoses under its per diem rate.

For these reasons, the Committee believed it was appropriate for the MSMS Board of Directors to take a more thorough look at all of the implications related to the removal and re-adopt of the failure to thrive diagnosis.

* * * * * * *

70-19 - Prescription Coverage of the Lidocaine Transdermal Patch - APPROVE

Resolution 70-19 was extracted and the HOD voted to approve. Originally, the Reference Committee recommended disapproval and provided the following rationale:

“Although the Committee supports patient access to alternative pain treatments, it did not believe compelling evidence exists that lidocaine transdermal patches provide any greater relief than similar over-the-counter products. Additionally, the Committee discussed that many of the over-the-counter products are available at minimal cost.”

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71-19 - Council for Affordable Quality Healthcare Attestation - APPROVE
72-19 - Telemedicine for Access to Early Medical Abortion Care - APPROVE

The Committee recognizes first-trimester medical abortions are currently recognized as a standard method of providing care. Additionally, the Committee believes Resolution 72-19 is congruent with existing MSMS and AMA policy. There was agreement that the performance of medical abortions via telemedicine should be done in compliance with existing protocols and note the resolved statement acknowledges that support is predicated on consistency with ACOG clinical management guidelines for first-trimester medical abortions. ACOG guidelines can be found in ACOG Practice Bulletin Number 143, March 2014, Medical Management of First-Trimester Abortion.

73-19 - Centers for Medicare and Medicaid Services Open Payments Program - APPROVE

81-19 - Optimize Pharmacy Benefit Manager Systems Data to Improve Patient Prescription Compliance - APPROVE

BAR #01-19 - Resolution 19-18 – “Reimbursement for Telemedicine Visits” – AMEND the Board Action’s Report to APPROVE this resolution as follows:

RESOLVED: That MSMS work with third-party payers to provide reimbursement for both synchronous and asynchronous telemedicine services to encourage increased access and use of these services by patients and physicians; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with third-party payers and the Centers for Medicare and Medicaid Services at the national level to provide reimbursement for both synchronous and asynchronous telemedicine services to encourage increased access and use of these services by patients and physicians.

The Committee amended the second resolved statement by adding, “and the Centers for Medicare and Medicaid Services” after “third-party payers.”

BAR #02-19 - Resolution 29-18 – “Routine ACE Screening in Pediatric Appointments” - APPROVE the Board Action’s Report to APPROVE this resolution.
Members of the Committee include: *Evelyn L. Eccles, MD, Chair; *Edward Christy, MD; *Edward P. Fody, MD; *Emma E. Frost; *Annette M. Mercatante, MD, MPH; *Stanley R. Smith, MD; *Donald J. Tynes, MD; and *Millie J. Willy, MD.
Board Advisors were: *Talat Danish, MD, MPH; *James M. Feeley, MD; James C. Mitchiner, MD, MPH; and F. Remington Sprague, MD.

AMA Delegation Advisors were: *T. Jann Caison-Sorey, MD, MSA, MBA; *Betty S. Chu, MD, MBA; *Jayne E. Courts, MD; Christie L. Morgan, MD; *Rose M. Ramirez, MD; and *Krishna K. Sawhney, 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
John E. VanSchagen, MD, Chair

01-19  Pay Equity for Female Physicians - APPROVE
07-19  Disposal Instructions for Unused Medications - AMEND
08-19  Utility of Autonomous Vehicles for Individuals Who are Visually Impaired or
Developmentally Disabled - AMEND
16-19  Teaching Consent in Sex Education Curriculum - AMEND
17-19  Maintenance Hemodialysis for Undocumented Persons in Michigan - AMEND
19-19  Childcare Availability for Persons Receiving Substance Use Disorder Treatment - AMEND
20-19  Address Sexual Harassment in Medical Training - AMEND
26-19  Use Plain Language in Written Consent Forms - AMEND
30-19  Ban Conversion Therapy of LGBTQ Youth in Michigan - APPROVE
33-19  Guardianship Guidelines - APPROVE
34-19  Home Firearms Inquiry During Preventive Health Visits - DISAPPROVE
35-19  Safe Gun Storage Education, Training, and Counseling - AMEND
41-19  Transition to Independent Living for Individuals with Autism Spectrum Disorder -
AMEND
50-19  Research into the Effects of Net Neutrality on Public Health - AMEND
52-19  Forced Organ Harvesting - REFER
53-19  Availability and Use of Low Starting Opioid Doses - AMEND
59-19  Opioid Education in Medical Schools - AMEND
76-19  Advanced Directive Terminology - APPROVE

BAR #03-19 - Resolution 34-18 - “Associate Physician Limited License” – APPROVE the Board
Action’s Report to APPROVE this resolution.

BAR #05-19 - Resolution 51-18 - “Require Transparency and Discontinue Public Funding for Crisis
Pregnancy Centers” - APPROVE the Board Action’s Report to APPROVE this resolution.
REPORT OF REFERENCE COMMITTEE E
John E. VanSchagen, MD, Chair

May 4, 2019


01-19 - Pay Equity for Female Physicians - APPROVE

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07-19 - Disposal Instructions for Unused Medications - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS work with pharmacies and other relevant stakeholders to advocate that medication disposal instructions be included with all prescriptions; and be it further

RESOLVED: That MSMS encourage prescribers to inform patients about the importance of proper disposal of unused medications, as well as the dangers of sharing medications with friends and family.

The Committee believes that it is more appropriate to work with the pharmacies and other relevant stakeholders to create practices related to the education of patients around the appropriate disposal of medications before advocating for a legislative change.

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08-19 - Utility of Autonomous Vehicles for Individuals Who are Visually Impaired or Developmentally Disabled - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS, in conjunction with the Michigan Society of Eye Physicians and Surgeons, supports physician input on the research into the capability of autonomous or “self-driving” vehicles to enable individuals who are visually impaired or developmentally disabled to benefit from autonomous vehicle technology.

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with the National Transportation Safety Board (NTSB) to support physician input on the research into the capability of autonomous or “self-driving” vehicles to enable individuals who are visually impaired or developmentally disabled to benefit from autonomous vehicle technology.
The Committee heard testimony about the importance of physicians being involved from the beginning of the research process. The Committee heard testimony to add the second resolved so that the AMA would also be involved since “self-driving” vehicles will be available across the nation.

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16-19 - Teaching Consent in Sex Education Curriculum - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS expand existing MSMS Resolution 11-18 that consent be taught in schools as part of sex and health education in Michigan for all grade levels that receive sex and health education in the curriculum. This should include the definition of consent as the unambiguous and voluntary agreement between all participants in each physical act within the course of interpersonal relationships, including respect for personal boundaries. Age-appropriate training on how to give and withhold consent should also be provided to all children.

The Committee believes that the asks in the original resolution is included in existing MSMS and AMA policy. The Committee believes that it is important to include consent in sex education training, but it is outside the medical professions purvey to mandate K-12 curriculum.

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17-19 - Maintenance Hemodialysis for Undocumented Persons in Michigan - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS work with relevant stakeholders to identify and advocate for opportunities to provide scheduled maintenance hemodialysis to undocumented persons in Michigan with End-Stage Renal Disease, including but not limited to current programs that provide reimbursement for the health care of undocumented immigrants, expansion of emergency Medicaid services, or programs implemented in other states.

RESOLVED: That our Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with relevant stakeholders to identify and advocate for state and federal programs (i.e., Centers for Medicare and Medicaid Services) to find equitable health care options to provide scheduled maintenance hemodialysis for undocumented immigrants.

The Committee heard testimony that this is not only a state issue but a national issue; therefore, the Committee believed it was important to add the additional Resolved asking for the American Medical Association to also advocate to find options to help undocumented immigrants with maintenance hemodialysis.

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19-19 - Childcare Availability for Persons Receiving Substance Use Disorder Treatment - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS advocate for the development of childcare resources for existing substance use treatment facilities and acknowledge childcare infrastructure and support as a major priority in the development of new substance use programs; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to support the implementation of childcare resources for existing substance use treatment facilities and acknowledge childcare infrastructure and support as a major priority in the development of new substance use programs.

The Committee believed that changing “systems” to “resources” allows for community-based organization and other entities to” play a role in this solution. The Committee believed that “systems” implies onsite care or the need to build an infrastructure within the facility.

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20-19 - Address Sexual Harassment in Medical Training - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS encourage medical schools in Michigan to implement periodic surveys of all their students about sexual harassment using the Administrator Researcher Campus Climate Collaborative for more standardized and adequate data collection; and be it further

RESOLVED: That MSMS encourage collaborative efforts by medical schools in Michigan to better understand the effectiveness of ongoing prevention efforts in pursuit of ultimately reducing rates of sexual harassment in medical training.

The Committee removed the first Resolved because it believes it is already existing MSMS policy.

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26-19 - Use Plain Language in Written Consent Forms - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That the Michigan State Medical Society supports the American Medical Association policy number Health Literacy H-160.931 and Readability of Medical Notice of Privacy Practices H-190.958.
The Committee believed the current American Medical Association (AMA) policy addresses the authors original intentions; therefore, MSMS support of AMA’s policy would meet the purpose of the resolution.

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30-19 - Ban Conversion Therapy of LGBTQ Youth in Michigan - APPROVE

Resolution 30-19 was extracted and approved by the HOD. Originally, the Reference Committee recommended referral to the MSMS Board of Directors with the following rationale:

“The Committee believed this is an extremely important issue. The Committee heard testimony stating that in states where similar laws were passed there was a negative impact on physicians who had conversations around sexuality. The Committee believes that because of the ambiguity regarding the definition of conversion therapy and how it can or should be discussed with patients, there needs to be further research into the potential ramifications of legislation regarding the banning of conversion therapy.”

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33-19 - Guardianship Guidelines - APPROVE

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34-19 - Home Firearms Inquiry During Preventive Health Visits - DISSAPPROVE

The Committee believed this was already existing in MSMS Policy, Firearm – Related Injury and Death: Adopt A Call to Action (Res13-16) and Reduction of Gun Violence (Res 78-13). Additionally in AMA Policy, Firearm Safety Counseling in Physician – Led Health Care Teams H-145.976.

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35-19 - Safe Gun Storage Education, Training, and Counseling - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That Michigan State Medical Society support the training of Michigan medical students on gun safety (safe storage, lethal means) and how to counsel patients on gun safety.

The Committee believes that existing MSMS and AMA policy encourages gun safety education for physicians but do agree that it should be added to medical school education.

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41-19 - Transition to Independent Living for Individuals with Autism Spectrum Disorder – AMEND

The Committee amended the resolved portion to read:
RESOLVED: That MSMS supports improved resources for transition to independent living for individuals with Autism Spectrum Disorder.

The Committee believed that the intent of the resolution was to improve the transition to independent living and that MSMS should support resources necessary to improve the transition.

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50-19 - Research into the Effects of Net Neutrality on Public Health - 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 lobby and advocate for net neutrality.

The Committee removed the first Resolved because it believes the issue of net neutrality is a national issue. The Committee heard testimony that the AMA is already conducting research on net neutrality and its possible effects on health care. The Committee believed that the Michigan Delegation to the AMA should focus on continued advocacy for net neutrality.

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52-19 - Forced Organ Harvesting - REFER

The Committee heard testimony that the practice of forced organ harvesting could be conducted in other countries or other entities than just China. The Committee had concerns that the Society should understand the full scope of the problem prior to making policy or conducting legislative advocacy. The Committee heard testimony from the author that the AMA is already researching this subject and is expected to report to the AMA House of Delegates in June 2019.

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53-19 - Availability and Use of Low Starting Opioid Doses - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS educate physicians about the option of using a starting dose of hydrocodone 2.5 mg or oxycodone 2.5 mg with acetaminophen for many of their patients who need an initial prescription for an oral narcotic; and be it further

RESOLVED: That MSMS communicate with Michigan Pharmacist Association recommending the stocking of hydrocodone 2.5 mg or oxycodone 2.5 mg with
acetaminophen in statewide pharmacies; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask the AMA to educate physicians nationwide about the option of using a starting dose of hydrocodone 2.5 mg or oxycodone 2.5 mg with acetaminophen for many of their patients who need an initial prescription for an oral narcotic and communicate with American Pharmacist Association about the stocking of hydrocodone 2.5 mg or oxycodone 2.5 mg with acetaminophen in statewide pharmacies.

The Committee replaced “pharmacy chains and pharmacies” with the Michigan Pharmacist Association and the American Pharmacist Association because it is more appropriate for the MSMS and the AMA to work with the applicable associations. The Committee removed pricing in the second and third Resolved because it is not within the MSMS and the AMA purview to control pricing.

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59-19 - Opioid Education in Medical Schools - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS strongly supports the development and implementation of evidence-based opioid and related substance use disorder training programs and education resources in medical school curriculums; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) encourage our AMA to work with the Liaison Committee on Medical Education to include formalized opioid and related substance abuse disorder training using an evidence-based multidisciplinary approach in the curriculum of accredited medical schools.

The Committee replaced “drug addiction” with “substance abuse disorder” because it is the correct terminology. The Committee believed that “require” is a strong word and believed “include” would be more receptive to the Liaison Committee on Medical Education.

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76-19 - Advanced Directive Terminology - APPROVE

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BAR #03-19 - Resolution 34-18 - “Associate Physician Limited License” APPROVE the Board Action’s Report to APPROVE this resolution.

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BAR #05-19 - Resolution 51-18 - “Require Transparency and Discontinue Public Funding for Crisis Pregnancy Centers” - APPROVE the Board Action’s Report to APPROVE this resolution.

Members of the Committee include: *John E. VanSchagen, MD, Chair; *Robert M. Doane, MD; *John Hebert, MD; *David Lee; *John B. O’Donnell, MD; *Katharine A. Scharer, MD; *Neelima Thati, MD; and Leslie B. Walton, DO.

Board Advisors were: Robert H. Blotter, MD; Brian R. Stork, MD; James H. Sondheimer, MD; and J. Mark Tuthill, MD.

AMA Delegation Advisors were: *Mohammed A. Arsiwala, MD; Paul D. Bozyk, MD; *Amit Ghose, MD; *Nabiha Hashmi; and *John A. Waters, MD.

The Committee was staffed by: Virginia K. Gibson and Trisha L. Keast.

* Denotes members in attendance.
REPORT OF
REFERENCE COMMITTEE C – INTERNAL AFFAIRS, BYLAWS, AND RULES
Caroline G. M. Scott, MD, Chair

RULES AND ORDER LATE RESOLUTION
83-19  Resolve the Unintended Consequences of the Ethylene Oxide Sterilization Shutdown at the Illinois Sterigenics Plant – APPROVE (Referred to Reference Committee D)

RESOLUTIONS
02-19  MSMS Annual House of Delegates Date Change - APPROVE
27-19  Electronic Voting on Reference Committee Items - DISAPPROVE
42-19  Two-Thirds Vote Required of All Main Motions - DISAPPROVE
47-19  Strengthen Michigan Delegation to the AMA - AMEND
60-19  Medical Society Consortium on Climate and Health - APPROVE
63-19  MSMS Governance Reorganization - DISAPPROVE
79-19  Children in Michigan Separated from their Parents by the Federal Government - AMEND
82-19  Annual Updates on Single Payer Health Insurance Models – APPROVE

BAR #04-19 - Resolution 48-18 – “2017 Revision of the Declaration of Geneva” - APPROVE the Board Action’s Report to AMEND this resolution.

BAR #07-19 - Revisions to the MSMS Policy Manual and 2019 Sunset Policy - APPROVE

BAR #08-19 - Revisions to MSMS Constitutions and Bylaws - APPROVE

BAR #09-19 - Resolution 48-16 - “Medical Student Delegate Reallocation” - APPROVE the Board Action’s Report to DISAPPROVE this resolution.
REPORT OF REFERENCE COMMITTEE C – INTERNAL AFFAIRS AND BYLAWS
Caroline G. M. Scott, MD, Chair

May 4, 2019

Reference Committee C considered one late resolution submitted after the 45-day deadline. A copy of the resolution is 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 83-19 - Resolve the Unintended Consequences of the Ethylene Oxide Sterilization Shutdown at the Illinois Sterigenics Plant - 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 the resolution to Reference Committee D.

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Reference Committee C was assigned Resolutions 02-19, 27-19, 42-19, 47-19, 60-19, 63-19, 79-19, 82-19, and Board Action Reports #04-19, #07-19, #08-19, and #09-19.

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02-19 - MSMS Annual House of Delegates Date Change – APPROVE

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27-19 - Electronic Voting on Reference Committee Items - DISAPPROVE

This resolution asks for an electronic vote on all items extracted from the Reports of Committees. The current procedure is to first complete a voice vote, and if the Speaker determines the vote to be close, he/she calls for an electronic vote. Each electronic vote takes several minutes to start the survey, wait for the delegates to vote and then display the results. The Committee was concerned this might increase the Sunday session needlessly. Additionally, under the current process a delegate can ask for an electronic vote be taken at any time. For these reasons, the Committee recommend disapproval.

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42-19 - Two-Thirds Vote Required of All Main Motions - DISAPPROVE

The MSMS parliamentary consultant, Barry Glazer, MD, reviewed this resolution and is unaware of any other groups with a two-thirds approval process. Doctor Glazer explained that this would result in minority rule. For any proposal, a minority of greater than one-third could stifle the wishes of the remaining members. If a group believes in majority rule, then it should, at a minimum, provide a mechanism where a majority vote can prevail. While an organization could choose to adopt such a rule, it would be very unusual for a routine motion to be subject to such a vote. For these reasons, the Committee recommended disapproval.

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47-19 - Strengthen Michigan Delegation to the AMA - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS send updates to MSMS delegates after the American Medical Association (AMA) Annual and Interim meetings to increase communication on Michigan resolutions submitted to the AMA; and be it further

RESOLVED: That MSMS ensure any travel expenses budgeted for the Michigan Delegation to the American Medical Association to the AMA House of Delegates Annual and Interim Meetings be available for all Michigan AMA Delegates and Alternate Delegates.

The Committee was supportive of the author’s intent but clarified that the responsibility lies with MSMS rather than the individual delegates. The Committee wished to share that updates after the AMA Annual and Interim meetings are already being sent via Medigram. Additionally, any member may review the status for any resolution in the resolution database on the MSMS website.

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60-19 - Medical Society Consortium on Climate and Health - APPROVE

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63-19 - MSMS Governance Reorganization - DISAPPROVE

Over the past two years, MSMS has held a series of focus groups, surveys, and Board and House workgroups on organizational remodeling. The Committee is supportive of encouraging increased membership and participation at the House; however, they believed there could be other ways to address this other than a complete membership reorganization. Regarding student allocation, the Committee heard significant testimony supporting the current bylaws. Many spoke that student involvement is essential to maintaining organizing medicine into the future.
79-19 - Children in Michigan Separated from their Parents by the Federal Government - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That the MSMS support current AMA policy H-60.906, “Opposing the Detention of Migrant Children,” as stated:

“Opposing the Detention of Migrant Children H-60.906
Our AMA: (1) opposes the separation of migrant children from their families and any effort to end or weaken the Flores Settlement that requires the United States Government to release undocumented children “without unnecessary delay” when detention is not required for the protection or safety of that child and that those children that remain in custody must be placed in the “least restrictive setting” possible, such as emergency foster care; (2) supports the humane treatment of all undocumented children, whether with families or not, by advocating for regular, unannounced, auditing of the medical conditions and services provided at all detention facilities by a non-governmental, third party with medical expertise in the care of vulnerable children; and (3) urges continuity of care for migrant children released from detention facilities.”

This resolution asks MSMS for a comprehensive study on the separation of children from family at the U.S. border and provide recommendations how membership could set an example through a coordinated response. Several current reports exist on the physiological and socioeconomic effects of separating children from their families as a means of deterring immigration. Physicians for Human Rights, American College of Physicians, American Academy of Pediatrics, the AMA, and many other health care groups have policy and publicly oppose separating families for purposes of immigration. The Committee recommends that MSMS create policy mirroring the AMA to oppose the detention of migrant children.

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82-19 - Annual Updates on Single Payer Health Insurance Models - APPROVE

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BAR #04-19 - Resolution 48-18 - “2017 Revision of the Declaration of Geneva” - APPROVE the Board Action’s Report to AMEND this resolution.

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BAR #07-19 - "Revisions to the MSMS Policy Manual and 2019 Sunset Policy” - APPROVE

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BAR #08-19 – “Revisions to MSMS Constitutions and Bylaws” - APPROVE
BAR #09-19 - Resolution 48-16 - “Medical Student Delegate Reallocation” - APPROVE the Board Action’s Report to DISAPPROVE this resolution.

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

38-19: Require Payers to Share Prior Authorization Cost Burden

58-19: Research on the Personal and Public Health Effects of Recreational Marijuana

78-19: Firearm Restrictions for Persons Convicted of Domestic Violence

80-19: Physician Leadership in the Prevention of Gun Violence

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Members of the Committee include: *Caroline G. M. Scott, MD, Chair; *Jaime V. Aragones, MD; *Pino D. Colone, MD; *Lindsay E. Murphy; and *Marguerite R. Shearer, MD.

Ex-Officio Members were: *Theodore B. Jones, MD and *Phillip G. Wise, MD.

AMA Delegation Advisors were: Michael D. Chafty, MD, JD; James D. Grant, MD; and Venkat K. Rao, MD.

The Committee was staffed by: Rebecca J. Blake and Jennifer L. Finney.

* Denotes members in attendance.