REPORT OF
VIRTUAL REFERENCE COMMITTEE
M. Salim Siddiqui, MD, PhD, Chair

14-20  Curb Human Trafficking - AMEND
21-20  Safe Disposal of Controlled Substances Prescribed for Home Hospice Patients - WITHDRAWN
22-20  Preserve and Increase Graduate Medical Education Funding- APPROVE
34-20  Board Exam Eligibility for Canadian Physicians in Michigan - APPROVE
38-20  Involuntary Hospitalizations of Patients with Serious Mental Health Illness - AMEND
41-20  Oppose Criminalization of Physicians and Patients for Evidence Based Standard of Medical Care - AMEND
43-20  Anonymous Prescribing Option for Expedited Partner Therapy - APPROVE
47-20  Access to Opioid Agonist Treatment for Incarcerated Persons - APPROVE
50-20  Remove Clinic-Specific Caps on Buprenorphine Prescriptions - REFER
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September 29, 2020

Virtual Reference Committee was assigned Resolutions 14-20, 21-20, 22-20, 34-20, 38-20, 41-20, 43-20, 47-20, and 50-20.

14-20 - Curb Human Trafficking - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS advocate for the passage of human trafficking legislation which toughens criminal and financial penalties for persons soliciting sexual activity for payment rather than the victims of trafficking.

The Committee fully supports the resolution to criminalize the solicitors rather than the victims of human trafficking. The two Resolved clauses were combined into one for the purpose of clarity and to define the Nordic Model rather than to use the specific name.

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21-20 - Safe Disposal of Controlled Substances Prescribed for Home Hospice Patients – WITHDRAWN BY AUTHOR

The author withdrew this resolution as it had been accomplished after its submission to the Resolution Review Committee.

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22-20 - Preserve and Increase Graduate Medical Education Funding – APPROVE

While the AMA has policy on GME funding, this resolution specifically addresses the diversion of GME funding for non-physicians, which is not included in any existing policy. The Committee supports this resolution.

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34-20 - Board Exam Eligibility for Canadian Physicians in Michigan - APPROVE

This resolution asks MSMS to work with the Michigan Legislature to ensure Canadian physicians who have passed the Medical Council of Canada Qualifying Examination Part I and Part II are eligible to be licensed in Michigan without having to take the United States Medical Licensing Examination. This resolution received significant testimony from delegates. After thorough dialogue from members, the Committee agreed to support this resolution due to Michigan's proximity to Canada and that 44 other states already allow this eligibility.
38-20 - Involuntary Hospitalizations of Patients with Serious Mental Health Illness - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS continue to advocate that community mental health agencies and hospital administrators should, at all times, respect the Emergency Medical Treatment and Labor Act regarding inter-facility transfers of patients with serious mental health issues; and be it further

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

The Committee fully understands and supports the intent of this resolution. Committee members believed the issues surrounding facility transfers and involuntary admissions were already well outlined by the author and additional verification of the problem was not needed. Therefore, the first two Resolved clauses were omitted to focus MSMS’ time and energy on addressing the complex issues regarding mental health treatment.

41-20 - Oppose Criminalization of Physicians and Patients for Evidence Based Standard of Medical Care - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS oppose the criminalization of physicians for delivering evidence-based standard of medical care, as well as for refusing to engage in care that is neither safe nor evidence based.

The Committee fully supports policy that would oppose the criminalization of physicians for delivering evidence-based standard of medical care, as well as for refusing to engage in care that is neither safe nor evidence based. The Committee omitted the second Resolved clause as the first one is well crafted and broad enough to cover all types of medical care, therefore not needing to specify one treatment or procedure over another.
43-20 - Anonymous Prescribing Option for Expedited Partner Therapy - APPROVE

MSMS and AMA have policies that support Expedited Partner Therapy (EPT). This resolution asks for the next practical step to be able to prescribe EPT with an EMR. Therefore, the Committee supports this resolution.

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47-20 - Access to Opioid Agonist Treatment for Incarcerated Persons – APPROVE

This resolution asks MSMS to advocate for the availability of all types of opioid agonist treatment for opioid use disorder for incarcerated persons. The Committee supports this resolution.

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50-20 - Remove Clinic-Specific Caps on Buprenorphine Prescriptions – REFER

The Committee was supportive of the intent of this resolution. However, the issues surrounding the administrative rules versus the legislation referred to in the first Resolved, as well as a discussion around removing or increasing the cap, led the Committee to decide additional expertise was needed. Committee members believed that specialists on the MSMS Task Force on Substance Use would be better suited to make a recommendation. Therefore, the recommendation is that this resolution be referred to the Board.

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Members of the Committee include: *M. Salim Siddiqui, MD, PhD, Chair; Sandy K. Dettmann, MD; Martha L. Gray, MD; Bryan W. Huffman, MD; Rima M. Jibaly, MD; and Shilpi P. Sharma.

Board Advisors were: *Theodore B. Jones, MD, FACOG; and *Phillip G. Wise, MD.

AMA Delegation Advisors were: *Paul D. Bozyk, MD; and *Betty S. Chu, MD, MBA.

The Committee was staffed by: Rebecca J. Blake and Carrie J. Wheeler.

* Denotes members in attendance.