



**9-20: Medication-Assisted Treatment in Physician Health Programs - AMEND (Reference Committee rationale below)**

RESOLVED: That MSMS work with the Michigan Legislature, the Michigan Department of Licensing and Regulatory Affairs, and the Michigan Boards of Medicine and Osteopathic Medicine and Surgery to direct Michigan's Health Professional Recovery Programs to adopt policy that permit physicians diagnosed with substance use disorder to receive both counseling and medications for addiction treatment, including agonist medications, as a means to ensure they receive effective clinical care to aid in their recovery and safe and ethical return to clinical practice; and be it further

RESOLVED: That the Michigan Delegation to our American Medical Association (AMA) encourage the AMA to work with stakeholders including the Federation of State Medical Boards and the Federation of State Physician Health Programs to develop guidelines supporting the adoption of policies by state- based Physician Health Programs to permit physicians diagnosed with substance use disorder to receive both counseling and medications for addiction treatment, including agonist medications, to ensure physicians receive effective clinical care to aid in their recovery and safe and ethical return to clinical practice; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with stakeholders including the Federation of State Medical Boards and the Federation of State Physician Health Programs to develop model legislation permitting state Boards of Medicine and Osteopathic Medicine to waive punitive sanctions for physicians who voluntarily self-report their physical, mental, and substance use disorders by engaging with a Physician Health Program and who successfully complete the terms of participation.

**From the Reference Committee Report:**

The Committee amended the title and resolved portions to read:

RESOLVED: That MSMS work with the Michigan Legislature, the Michigan Department of Licensing and Regulatory Affairs, and the Michigan Boards of Medicine and Osteopathic Medicine and Surgery to direct Michigan's Health Professional Recovery Programs to adopt policy that permits physicians diagnosed with substance use disorder to receive counseling and medication assisted treatment as a means to ensure they receive effective clinical care to aid in their recovery and safe and ethical return to clinical practice; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) encourage our AMA to work with stakeholders including the Federation of State Medical Boards and the Federation of State Physician Health Programs to develop guidelines supporting the adoption of policies by state-based Physician Health Programs to permit physicians diagnosed with substance use disorder to receive counseling and medication assisted treatment to ensure physicians receive effective clinical care to aid in their recovery and safe and ethical return to clinical practice; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with stakeholders including the Federation of State Medical Boards and the Federation of State Physician Health Programs to develop model legislation permitting state Boards of Medicine and Osteopathic Medicine to waive punitive sanctions for physicians who voluntarily self-report their physical, mental, and substance use disorders and engage with a Physician Health Program and who successfully complete the terms of participation.



The Committee agreed with the premise of the resolution that physicians participating in Physician Health Programs should have access to medication for addiction treatment if medically appropriate. The title was believed to be overly broad so, the Committee adjusted it by changing "Medication-Assisted Treatment" to "Medication for Opioid Use Disorder Treatment." This change is consistent with the main problem identified in the resolution, which is the need to allow the prescription of buprenorphine (suboxone) when treating physicians for opioid use disorder. Additionally, there was a clarifying amendment in the third Resolved.

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**44-20: Uniform Standards for Brain Death Determination - DISAPPROVE (see Reference Committee rationale below)**

RESOLVED: That MSMS support the American Academy of Neurology in their efforts to establish universal brain death protocols; and be it further

RESOLVED: That MSMS support legislation that defers to current adult and pediatric brain death guidelines and any future updates in the declaration of brain death; and be it further

RESOLVED: That MSMS support the adoption of uniform policies in medical facilities that ensure compliance with uniform evidence-based guidelines for declaring brain death; and be it further

RESOLVED: That MSMS support the development of programs that train physicians to declare death by neurologic criteria and provide public and medical education regarding brain death and its determination.

**From the Reference Committee Report:**

The Committee had a lengthy discussion on Resolution 44-20. Committee members support universal protocols for brain death but were not clear if these were already available or if they needed to be developed. There were also concerns related to legislating medical practice and potential unintended ramifications to physician liability. The Committee attempted to amend the resolution but ultimately decided to respectfully request the author revise and resubmit next year.

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**46-20: Depression Screening in Adolescents after Sport-Related Concussion - APPROVE**

RESOLVED: That MSMS supports the screening of student athletes participating in Michigan High School Athletic Association sports for depression after concussion by physicians, physician assistants, or nurse practitioners using a screening tool such as the Patient Health Questionnaire Modified for Teens; and be it further

RESOLVED: That MSMS encourage the Michigan High School Athletic Association to include depression screening after concussion in the return to activity protocol.

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**54-20: Resentencing for Individuals Convicted of Marijuana-Based Offenses - AMEND (see Reference Committee rationale below)**

RESOLVED: That MSMS support legislative initiatives that support the creation of an automatic process, at no cost to the individual, for the expungement, destruction, or sealing of criminal records for marijuana offenses that would now be considered legal under Michigan's adult-use marijuana law; and be it further

RESOLVED: That MSMS support legislative initiatives that support the elimination of violations or other penalties for persons under parole, probation, pre-trial, or criminal supervision for marijuana offenses that would now be considered legal under Michigan's adult-use marijuana law; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with states that have legalized marijuana to develop model legislation to create an automatic process, at no cost to the individual, for the expungement, destruction, or sealing of criminal records for marijuana offenses that would now be considered legal; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with states that have legalized marijuana to develop model legislation to eliminate violations or other penalties for persons under parole, probation, pre-trial, or other State or local criminal supervision for a marijuana offense that would now be considered legal.

**From the Reference Committee Report:**

The Committee amended the resolved portions to read:

RESOLVED: That MSMS adopt policy in support of the expungement, destruction, or sealing of criminal records for marijuana offenses that would now be considered legal under Michigan's adult-use marijuana law; and be it further

RESOLVED: That MSMS adopt policy in support of the elimination of violations or other penalties for persons under parole, probation, pre-trial, or criminal supervision for marijuana offenses that would now be considered legal under Michigan's adult-use marijuana law; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to review policy regarding the expungement, destruction, or sealing of criminal records for marijuana offenses that would now be considered legal; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to review policy to eliminate violations or other penalties for persons under parole, probation, pre-trial, or other State or local criminal supervision for a marijuana offense that would now be considered legal.

The Committee agreed with the majority of online testimony that leading a legislative initiative regarding the expungement of criminal offenses is not within MSMS' traditional scope. Instead, the more appropriate domain for MSMS and the AMA advocacy should be related to the public health perspective. Organizations focused on issues related to legal



rights should lead legislative initiatives in this area.

Also, it was noted that a number of legislative changes have been adopted in Michigan over the past couple of years that address this issue though not to the full extent requested in Resolution 54-20. Finally, because several states have already passed laws, the Committee did not believe it was necessary to ask the AMA to develop model laws.

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### **2-21: Vision Qualifications for Driver's License - REFER (see Reference Committee rationale below)**

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) urge our AMA to engage with stakeholders including, but not limited to, the American Academy of Ophthalmology, National Highway Traffic Safety Commission, and interested state medical societies, to make recommendations on standardized vision requirements and cognitive testing, when applicable, for unrestricted and restricted driver's licensing privileges; and be it further

RESOLVED: That MSMS work with the American Medical Association (AMA) in any efforts by our AMA to seek stakeholder engagement to address standardized vision requirements and cognitive testing, when applicable, for unrestricted and restricted driver's licensing privileges. MSMS shall communicate any resulting recommendations to the Michigan Secretary of State legislative liaison, Michigan legislators serving on committees with oversight of transportation issues, and other stakeholders as appropriate.

#### **From the Reference Committee Report:**

The Committee had a thoughtful discussion regarding this resolution to revise or relax visual acuity/visual field requirements for licensure. Committee members found the testimony by delegates useful and compelling. However, they were wanting evidence-based research to support potential changes to standards in place since the 1920's. They also believed they needed additional information about the cognitive testing that was included. Committee members believed the weight of such changes with the multiple variables mentioned warranted a deeper investigation. The Committee believes this resolution would be best reviewed by a MSMS Committee which could learn more about this new research and have a robust discussion around the potential changes to the requirements and testing. For these reasons, Reference Committee E recommends Resolution 02-21 be referred to the Board.

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### **3-21: Oppose Routine Use of Gonad Shields - AMEND (see Reference Committee rationale below)**

RESOLVED: That MSMS advocate for state legislation and regulatory changes to oppose mandatory use of gonad shields in medical imaging; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to advocate that the FDA amend the code of federal regulations to oppose the routine use of gonad shields in medical imaging; and be it further



RESOLVED: That the Michigan Delegation to the AMA in conjunction with state medical societies, develop model state and national legislation to oppose mandatory use of gonadal shields in medical imaging.

**From the Reference Committee Report:**

The Committee amended the resolved portion to read:

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to study whether the U.S. Food and Drug Administration should amend the code of federal regulations to remove language regarding the routine use of gonad shields in medical imaging.

The Committee removed the first and third Resolved statements as members were concerned they could inadvertently invite additional state and federal regulation of the practice of medicine.

The Committee emphasized the practice of medicine should be guided in a science-based manner by physicians and medical and specialty organizations, not by legislative bodies. As indicated in MSMS policy, "in order to ensure the quality of care given to patients, physicians must maintain overall responsibility and leadership in decisions affecting the health care received by the public." The "AMA Stance on the Interference of the Government in the Practice of Medicine" (H-270.959) also "opposes the interference of government in the practice of medicine..." and states:

"Laws and regulations should not mandate the provision of care that, in the physician's clinical judgment and based on clinical evidence and the norms of the profession, are either not necessary or are not appropriate for a particular patient at the time of a patient encounter."

Because of existing FDA regulations and the evolution of evidence pertaining to the use or non-use of gonadial shielding, the Committee amended the second Resolved by asking the AMA to study the issue and encourage change through the U.S. Food and Drug Administration (FDA).

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**4-21: Dissemination of Information to County Medical Societies - REFER (see Reference Committee rationale below)**

RESOLVED: That MSMS amend its Website Privacy Policy Information Sharing and Disclosure policy to affirm the County Medical Societies as component societies, and continue the transparent process of providing member and nonmember information to the Secretary and Executive Director/Administrator, if applicable, of the duly chartered County Medical Societies as requested without regard to the members' or nonmembers' county of origin; and be it further

RESOLVED: That any membership or information sharing policy shall be discussed and approved with the County Medical Societies and/or the House of Delegates before implementation or finalization moving forward.



### **From the Reference Committee Report:**

This resolution asks that MSMS amend its Website Privacy Policy Information Sharing and Disclosure policy to affirm the County Medical Societies as component societies and continue the transparent process of providing member and nonmember information to the County Medical Societies as requested without regard to the members' or nonmembers' county of origin. It further asks that any membership or information sharing policy shall be discussed and approved with the County Medical Societies and/or the House of Delegates before implementation.

The counties are asking that MSMS share member information with all of the county medical societies, regardless of where the member belongs. For example if a member belongs to Ingham County, that member's information would be shared with all of the other active county medical societies.

MSMS does have a privacy policy statement which does not allow the sharing of information to outside entities. Even though the county medical societies are components of MSMS, each of them is a separate LLC. Therefore, if a membership dues transaction is made for MSMS and Ingham County then that member's information may only be shared with MSMS and Ingham County, not with the other county medical societies.

Legal Counsel's recommendation, based on this resolution, is to share first name, last name, and county information only with the county medical societies. This information is available now at [MSMS.org/PhysicianDirectory](https://www.msms.org/PhysicianDirectory).

The Reference Committee had a lengthy and thoughtful discussion about this resolution. After reviewing legal counsel's recommendation and reflecting upon general privacy sharing information from their own professional and personal lives, the Committee believes the current information available to the county medical societies via their individual portals and the physician directory is appropriate. Committee members were sensitive to the online comments from delegates and appreciates this is an issue that would most benefit from an in-person House where respectful debate and questions could be more directly addressed.

The Reference Committee appreciates the authors for bringing this resolution forward. Please know Committee members struggled with wanting to support the passionate delegate testimony in the online forum but also needing to follow applicable laws and protect member privacy.

Additionally, MSMS leadership is committed to a constructive and positive relationship with the County Medical Societies. Our shared members deserve advocacy, resources, and support from a cohesive medical society structure. The MSMS Board of Directors and the MSMS Board's Executive Committee have been addressing these important issues and will continue to work directly with county leadership to more closely align in the future. For these reasons, Reference Committee C recommends referral to the Board.

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### **11-21: Updates to Organ Donation and Transplant Policies - APPROVE**

RESOLVED: That MSMS amend MSMS policy, "Payment for Organs," by addition to read as follows:

MSMS opposes payment in any form to the donor, the donor's family members, or the donor's agents for organs used for



transplant. Payment does not mean provisions for donation-related expenses incurred by a living organ donor including, but not limited to medical expenses related to the donation or expenses incurred after the donation as a consequence of donation; and be it further

RESOLVED: That MSMS actively advocate for and endorse legislation in Michigan that would enable organ transplants from HIV-positive donors to HIV-positive recipients.

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### **13-21: Upholding the Integrity and Vitality of the State and County Medical Societies - APPROVE**

RESOLVED: That the county medical societies and MSMS work as committed partners to uphold the county medical societies and MSMS shared integrity and vitality, as previously approved by the House of Delegates; and be it further

RESOLVED: That the current MSMS state-wide membership roster shall be audited and the results shall be distributed to the county medical societies and the 2022 MSMS House of Delegates to evaluate the extent of the October 2020 bylaws interpretation; and be it further

RESOLVED: That any recruitment and/or retention practice by MSMS, vendors and/or support subsidiaries, and/or county medical societies supported by the October 2020 bylaws interpretation that serves to undermine the integrity and vitality of the medical societies end; and be it further

RESOLVED: That moving forward, all physician and medical student members join the county where they live or work, unless there is written agreement due to mutually agreed upon exception between the medical student, physician and/or physician group, MSMS, and the respective county(ies).

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### **15-21: Electronic Prescribing Waiver for Michigan's Free Clinics - AMEND (see Reference Committee rationale below)**

RESOLVED: That MSMS supports the Free Clinics of Michigan in asking the Michigan Department of Licensing and Regulatory Affairs (LARA) and the Michigan Board of Pharmacy to change the initial proposed language of Michigan Administrative Code Section R, 338.3162a (5)(a)(v), not yet posted for public comment, to allow a waiver for non-profit charitable medical clinics excusing them from being required to submit all prescriptions to pharmacies in electronic form.

#### **From the Reference Committee Report:**

The Committee amended the resolved portion to read:

RESOLVED: That MSMS supports the Free Clinics of Michigan in asking the Michigan Department of Licensing and Regulatory Affairs (LARA) and the Michigan Board of Pharmacy to change the initial proposed language of Michigan Administrative Code Section R, 338.3162a (5)(a)(v), not yet posted for public comment, to allow a waiver for non-profit charitable medical clinics excusing them from being required to submit all prescriptions for non-controlled substances to pharmacies in electronic form.



Online testimony was divided on whether Resolution 15-21 should be supported. The Committee determined that an amendment narrowing the scope of the exemption to non-controlled substances provided a balance between financial concerns and the need to progress to electronic prescriptions for greater patient safety especially when prescribing controlled substances. Additionally, the Committee recognized that Michigan's law requiring electronic prescriptions for controlled and non-controlled substances could present an unnecessary hardship to free clinics that only prescribe non-controlled substances, as well as potentially limiting the ability of their patients to "shop around" for the best prescription drug price. Finally, the Committee noted that Michigan's law includes several exemptions and a provision allowing prescribers to request a waiver. The draft rules referenced in the Resolved statement seek to finalize the process for obtaining a waiver as directed in the legislation.

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**21-21: Address Adolescent Telehealth Confidentiality Concerns - AMEND (Reference Committee rationale below)**

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to amend AMA policy H-60.965 by addition to read as follows:

Confidential Health Services for Adolescents H-60.965

Our AMA:

- (1) reaffirms that confidential care for adolescents is critical to improving their health;
- (2) encourages physicians to allow emancipated and mature minors to give informed consent for medical, psychiatric, and surgical care without parental consent and notification, in conformity with state and federal law;
- (3) encourages physicians to involve parents in the medical care of the adolescent patient, when it would be in the best interest of the adolescent. When, in the opinion of the physician, parental involvement would not be beneficial, parental consent or notification should not be a barrier to care;
- (4) urges physicians to discuss their policies about confidentiality with parents and the adolescent patient, as well as conditions under which confidentiality would be abrogated. This discussion should include possible arrangements for the adolescent to have independent access to health care (including financial arrangements);
- (5) encourages physicians to offer adolescents an opportunity for examination and counseling apart from parent. The same confidentiality will be preserved between the adolescent patient and physician as between the parent (or responsible adult) and the physician;
- (6) encourages state and county medical societies to become aware of the nature and effect of laws and regulations regarding confidential health services for adolescents in their respective jurisdictions. State medical societies should provide this information to physicians to clarify services that may be legally provided on a confidential basis;
- (7) urges undergraduate and graduate medical education programs and continuing education programs to inform physicians about issues surrounding minors' consent and confidential care, including relevant law and implementation into practice;
- (8) encourages health care payers to develop a method of listing of services which preserves confidentiality for adolescents; and
- (9) encourages medical societies to evaluate laws on consent and confidential care for adolescents and to help eliminate laws which restrict the availability of confidential care; and
- (10) encourages physicians to recognize the unique confidentiality concerns of adolescents' and their parents associated





with telehealth visits; and

(11) encourages physicians in a telehealth setting to offer examination and counseling apart from others in the home and to ensure that the adolescent is in a private space.

**From the Reference Committee Report:**

The Committee amended the resolved portion to read:

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to amend AMA policy H-60.965 by addition to read as follows:

Confidential Health Services for Adolescents H-60.965

Our AMA:

- (1) reaffirms that confidential care for adolescents is critical to improving their health;
- (2) encourages physicians to allow emancipated and mature minors to give informed consent for medical, psychiatric, and surgical care without parental consent and notification, in conformity with state and federal law;
- (3) encourages physicians to involve parents in the medical care of the adolescent patient, when it would be in the best interest of the adolescent. When, in the opinion of the physician, parental involvement would not be beneficial, parental consent or notification should not be a barrier to care;
- (4) urges physicians to discuss their policies about confidentiality with parents and the adolescent patient, as well as conditions under which confidentiality would be abrogated. This discussion should include possible arrangements for the adolescent to have independent access to health care (including financial arrangements);
- (5) encourages physicians to offer adolescents an opportunity for examination and counseling apart from parent. The same confidentiality will be preserved between the adolescent patient and physician as between the parent (or responsible adult) and the physician;
- (6) encourages state and county medical societies to become aware of the nature and effect of laws and regulations regarding confidential health services for adolescents in their respective jurisdictions. State medical societies should provide this information to physicians to clarify services that may be legally provided on a confidential basis;
- (7) urges undergraduate and graduate medical education programs and continuing education programs to inform physicians about issues surrounding minors' consent and confidential care, including relevant law and implementation into practice;
- (8) encourages health care payers to develop a method of listing of services which preserves confidentiality for adolescents; and
- (9) encourages medical societies to evaluate laws on consent and confidential care for adolescents and to help eliminate laws which restrict the availability of confidential care; and
- (10) encourages physicians to recognize the unique confidentiality concerns of adolescents' and their parents associated with telehealth visits; and
- (11) encourages physicians in a telehealth setting to offer a separate examination and counseling apart from others and to ensure that the adolescent is in a private space.

The Committee believed this was an important addition to the AMA policy because it brings attention to the telehealth privacy and confidentiality concerns for adolescents to physicians. A parent and/or guardian could be in the room or nearby and would make the adolescent patient uncomfortable and not as forthcoming about their health. The Committee believed it was important to add the word "separate" to indicate that the visit may need to take place in another visit,



telehealth, or in person, once the physician perceives the adolescent was uncomfortable. The Committee also believed it was important to remove the language "in the home" since telehealth visits may not always take place in a home.

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**24-21: Improved Outreach to Minority Communities Regarding the COVID-19 Vaccine - AMEND (Reference Committee rationale below)**

RESOLVED: That MSMS will encourage evidence-based, community-driven interventions to build trust between minority populations and health care institutions with increased urgency, given the COVID-19 pandemic underscoring the disproportionate impact of longstanding historical violations of trust; and be it further

RESOLVED: That MSMS will support the implementation of proven community-centered strategies, such as collaboration with faith and school-based leaders, for education and dissemination of information, specifically as it pertains to promotion of COVID-19 vaccination uptake and vaccine education to minority populations; and be it further

RESOLVED: That MSMS supports community-centered strategies for annual vaccination efforts, including influenza and childhood vaccine outreach.

**From the Reference Committee Report:**

The Committee amended the title to read:

Title: Improved Outreach to Minority Communities Regarding the COVID-19 and Other Vaccines

RESOLVED: That MSMS will encourage evidence-based, community-driven interventions to build trust between minority populations and health care institutions with increased urgency, given the COVID-19 pandemic underscoring the disproportionate impact of longstanding historical violations of trust; and be it further

RESOLVED: That MSMS will support the implementation of proven community-centered strategies, such as collaboration with faith and school-based leaders, for education and dissemination of information, specifically as it pertains to promotion of COVID-19 vaccination uptake and vaccine education to minority populations; and be it further

RESOLVED: That MSMS supports community-centered strategies for annual vaccination efforts, including influenza and childhood vaccine outreach.

The Committee amended the title of this resolution to reflect the full intent of Resolved statements. The efforts around making the COVID-19 vaccine available in minority communities should also be applied to other vaccines, which was the ask in the third Resolved.

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**25-21: Public Health Considerations to Reduce Harm in Encampment Removals - AMEND (Reference Committee rationale below)**

RESOLVED: That MSMS oppose the removal and relocation of encampments in Michigan without the involvement of public health departments to mitigate potential risks and harms to those living in affected encampments, in following with



CDC guidelines; and be it further

RESOLVED: That for any planned encampment sweeps, MSMS advocates for the announcement of the planned removal to affected parties with at least 48-hour notice in order to minimize the disruptive and harmful nature of encampment removal on people experiencing homelessness; and be it further

RESOLVED: That MSMS encourage city governments in Michigan to adopt a similar policy and algorithm as established by the city of Detroit to improve existing encampment sanitation and safety and, in the event of public health recommendation of encampment clearance, establish procedures to safely and humanely remove or relocate encampments.

**From the Reference Committee Report:**

The Committee amended the resolved portions to read:

RESOLVED: That MSMS advocate for the involvement of public health departments, wherever possible, when considering the removal and relocation of encampments in Michigan to mitigate potential risks and harms to those living in affected encampments, in following with CDC guidelines; and be it further

RESOLVED: That for any planned encampment sweeps, MSMS advocates for the announcement of the planned removal to affected parties with at least 48-hour notice in order to minimize the disruptive and harmful nature of encampment removal on people experiencing homelessness; and be it further

RESOLVED: That MSMS encourage local governments in Michigan to adopt a similar policy and algorithm as established by the city of Detroit, where possible, to improve existing encampment sanitation and safety and, in the event of public health recommendation of encampment clearance, establish procedures to safely and humanely remove or relocate encampments.

The Committee recognizes the complexities around homeless encampments in the state. The amendments made to the first and third Resolved statements reflected the desire to support the efforts going on in the state and encourage the involvement of all agencies that are needed to ensure the safety of all individuals affected.

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**26-21: Decarceration During an Infectious Disease Pandemic - DISAPPROVE (Reference Committee rationale below)**

RESOLVED: That MSMS support reducing the incarcerated population during an infectious disease pandemic by way of restricted admission of pre-trial detainees, expedited release of pre-trial detainees, and compassionate release of individuals at low risk of reincarceration.

**From the Reference Committee Report:**

The Committee was concerned that decisions regarding decarceration and which persons might be eligible for such consideration are not within the purview of MSMS; believing they are best left to those organizations with expertise in the criminal justice system. The Committee acknowledged the importance of ensuring the availability of quality health care for



persons who are incarcerated and suggested the authors consider introducing a resolution in 2022 with this broader focus.

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**30-21: Over the Counter Hormonal Contraception - AMEND (Reference Committee rationale below)**

RESOLVED: That MSMS supports the American College of Obstetricians and Gynecologists Committee policy to allow contraceptive vaginal rings and contraceptive patches to be available over the counter.

**From the Reference Committee Report:**

The Committee amended the title and resolved portion to read:

Title: Behind the Counter Hormonal Contraception Devices

RESOLVED: That MSMS supports the American College of Obstetricians and Gynecologists Committee policy to allow contraceptive vaginal rings and contraceptive patches to be available behind the counter.