Order to be taken

Ways and Means
A – Medical Care Delivery
B – Legislation
C – Internal Affairs and Bylaws
D – Public Health
E – Scientific and Educational Affairs

Reaffirmation Calendar
The COVID-19 pandemic negatively affected economic growth beyond anything experienced in nearly a century. The economic fallout from the pandemic resulted in loss of revenue and high levels of unemployment not experienced since the Great Depression of the 1930s. Many organizations’ operating margins were negatively impacted by the pandemic including MSMS and its subsidiaries. MSMS has developed a P&L (Profit and Loss) strategy to get back to positive operating margins.

MSMS was most impacted by the loss of non-dues revenue from its subsidiaries. Through Paycheck Protection Loans and one-time grants, MSMS was able to maintain a small operating margin in 2020. However, the full effect of that loss of recurring revenue won’t be realized until 2021. Current projections reflect annual operating deficits of around $1M. Cost reductions and revenue expansion strategies are being developed to reduce these deficits and eventually get back to positive operating margins in future years.

Although some cost reductions are being implemented now (reduced travel/meeting costs and lower building costs due to sale of MSMS building) and will continue to be evaluated, MSMS leadership has decided go on offense and invest in staff resources with the expectation of increased membership and engagement leading to growth in dues and non-dues revenue. This growth in revenue over time is expected to result in profitable operating margins in the future. Specifically, MSMS has implemented strategies to reallocate most of the cost reductions into staff resources primarily in advocacy, subsidiary development and sales.

MSMS currently has about 15 months of expenses in reserves and after the building sale, will have around 24 months of expenses in reserves. Best practice for a nonprofit is 6 months of expenses in reserves. With its strong balance sheet of reserves, MSMS is well positioned to weather this economic storm and implement this P&L strategy to expand revenue leading to positive operating margins in future years.

The MSMS executive team and Board leadership will continue to work closely to assess execution of the P&L strategy and make appropriate adjustments as needed.

Fiscal notes were also discussed including the need for awareness of limited staff resources related to balancing policy making by the HOD with Board strategic priorities and the day to day operations of the organization.
Members of the Ways and Means Committee include: *Dennis C. Szymanski, MD, Chair; *E. Chris Bush, MD; *Ronald B. Levin, MD; *Venkat K. Rao, MD; *Edward J. Rutkowski, MD; and Barbara A. Threatt, MD.

Board Advisors were: Anita R. Avery, MD; *Mark C. Komorowski, MD; Richard C. Schultz, MD; and *John A. Waters, MD.

The Committee was staffed by: Lauchlin MacGregor, CPA, CFO

* Denotes members in attendance.
REPORT OF
REFERENCE COMMITTEE A – MEDICAL CARE DELIVERY
Sherwin P. T. Imlay, MD, Chair

31-20  Bring Insurance Credentialing into Legal Compliance on Maintenance of Certification – REFER


16-21  Medicaid Dialysis Policy for Undocumented Patients - APPROVE

18-21  Medical and Dental Care for Prisoners - APPROVE

21-21  Address Adolescent Telehealth Confidentiality Concerns - AMEND
Reference Committee A was assigned Resolutions 31-20, 10-21, 16-21, 18-21, and 21-21.

31-20 - Bring Insurance Credentialing into Legal Compliance on Maintenance of Certification – REFER

While the Committee supported the first Resolved, the Committee was concerned about cost of legal action written in the second Resolved. Dan Schulte from Kerr Russell, MSMS legal counsel, was consulted on the second Resolved. Mr. Schulte stated that MSMS could not be the injured party; therefore, would not have legal standing to pursue a lawsuit. The Committee believed the MSMS Board should research if legal action was possible and financially feasible.


16-21 - Medicaid Dialysis Policy for Undocumented Patients - APPROVE

18-21 - Medical and Dental Care for Prisoners - APPROVE

21-21 - Address Adolescent Telehealth Confidentiality Concerns - AMEND

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.

*****

Members of the Committee include: *Sherwin P. T. Imlay, MD, Chair; Edward P. Fody, MD; *Patrick J. Droste, MD; Raza U. Haque, MD; Amar Q. Majjhoo, MD; John M. Pelachyk, MD; Jorge M. Plasencia, MD; *M. Salim U. Siddiqui, MD, PhD; and *Trisha Gupte.

Board Advisor and AMA Advisor was: *Paul D. Bozyk, MD.

The Committee was staffed by: Virginia K. Gibson and Stacie J. Saylor.

* Denotes members in attendance.
REPORT OF
REFERENCE COMMITTEE B – LEGISLATION
Donald R. Peven, MD, Chair

09-20  Medication-Assisted Treatment in Physician Health Programs - AMEND
54-20  Resentencing for Individuals Convicted of Marijuana-Based Offenses - AMEND
03-21  Oppose Routine Use of Gonad Shields - AMEND
15-21  Electronic Prescribing Waiver for Michigan’s Free Clinics - AMEND
22-21  Expanding Access to Medication for the Treatment of Opioid Use Disorder - AMEND
26-21  Decarceration During an Infectious Disease Pandemic - DISAPPROVE

BAR #01-21- Resolution 50-20 - “Remove Clinic-Specific Caps on Buprenorphine” - APPROVE the Board Action’s Report to AMEND this resolution.
Reference Committee B was assigned Resolutions 09-20, 54-20, 03-21, 15-21, 22-21, 26-21, and Board Action Report #01-21.

09-20 – Medication-Assisted Treatment in Physician Health Programs - AMEND

The Committee amended the title and resolved portions to read:

Title: Medication for Opioid Use Disorder Treatment in Physician Health Programs

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.
54-20 - Resentencing for Individuals Convicted of Marijuana-Based Offenses - AMEND

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.

03-21 - Oppose Routine Use of Gonad Shields - AMEND

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).

** * * * * * * * * **

15-21 - Electronic Prescribing Waiver for Michigan’s Free Clinics - AMEND

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.

** * * * * * * * * **

22-21 - Expanding Access to Medication for the Treatment of Opioid Use Disorder - AMEND

The Committee amended the resolved portions to read:
RESOLVED: That MSMS adopt policy in support of the elimination of the requirement for obtaining a waiver to prescribe buprenorphine for the treatment of opioid use disorder; and be it further.

RESOLVED: That MSMS adopt policy in support the removal of barriers to the use of medications for opioid use disorder; and be it further.

RESOLVED: That MSMS encourages all undergraduate medical institutions to incorporate into their curricula education on prescribing medications to treat opioid use disorders.

The Committee agreed with the need to eliminate the waiver requirement but preferred to adopt this as a policy position. In the second Resolved, the Committee simplified the statement and recommends adoption as a policy statement.

******

26-21 - Decarceration During an Infectious Disease Pandemic - DISAPPROVE

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.

******

BAR #01-21- Resolution 50-20 - “Remove Clinic-Specific Caps on Buprenorphine” - APPROVE the Board Action’s Report to AMEND this resolution.

The Committee agreed that the Michigan Department of Licensing and Regulatory Affairs overstepped its authority. Therefore, MSMS should pursue the necessary revisions to existing Administrative Rules.

******

Members of the Committee include:  *Donald R. Peven, MD, Chair; *Bradley P. Goodwin, MD; *Narasimha R. Gundamraj, MD; *John A. Hopper, MD; *Irene S. Kazmers, MD, FACP, RhMSUS; *Navid Mahabadi, DO; *Anthony M. Zacharek, MD; and *Darian Mills.

Board Advisor was:  *Thomas M. George, MD.

AMA Advisor was:  *Jayne E. Courts, MD.

The Committee was staffed by:  Stacey P. Hettiger; Scott Kempa; and Josiah Kissling.

* Denotes members in attendance.
REPORT OF
REFERENCE COMMITTEE C – INTERNAL AFFAIRS AND BYLAWS
Kenneth Elmassian, DO, Chair

04-21  Dissemination of Information to County Medical Societies – REFER
13-21  Upholding the Integrity and Vitality of the State and County Medical Societies - APPROVE
20-21  Designated Directors Serving as Chair of the MSMS Board of Directors - APPROVE

BAR #02-21 - Revisions to the MSMS Policy Manual and the 2021 Sunset Policy - APPROVE
04-21 - Dissemination of Information to County Medical Societies – REFER

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 http://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.

********

13-21 - Upholding the Integrity and Vitality of the State and County Medical Societies -
APPROVE
The Committee is including the approved resolved portions to share the actual bylaws changes
which was not included in the resolution.

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).

This Resolution would necessitate a change to the MSMS Bylaws, Section 4.20. Deletion is
indicated by strikethrough.

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

If approved, this Bylaws change will come back to the 2022 House of Delegates for second and
final reading.

********

20-21 - Designated Directors Serving as Chair of the MSMS Board of Directors - APPROVE
BAR #02-21 - Revisions to the MSMS Policy Manual and the 2021 Sunset Policy - APPROVE

Members of the Committee include: *Kenneth Elmassian, DO, Chair; *Edward Christy, MD; *Betty S. Chu, MD, MBA; *Cheryl D. Gibson Fountain, MD; *Theodore B. Jones, MD; *David W. Whalen, MD; *Phillip G. Wise, MD; and *Mara Darian.

Board Advisor and AMA Advisor was: *Mark C. Komorowski, MD.

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

* Denotes members in attendance.
REPORT OF
REFERENCE COMMITTEE D – PUBLIC HEALTH
Annette M. Mercatante, MD, MPH, Chair

46-20 Depression Screening in Adolescents after Sport-Related Concussion - APPROVE
61-20 9-1-1 Dispatcher Telephone CPR Training - AMEND
11-21 Updates to Organ Donation and Transplant Policies - APPROVE
24-21 Improved Outreach to Minority Communities Regarding the COVID-19 Vaccine - AMEND
25-21 Public Health Considerations to Reduce Harm in Encampment Removals - AMEND
35-21 COVID-19 Vaccine Distribution Regarding People Experiencing Homelessness - AMEND
Reference Committee D was assigned Resolutions 46-20, 61-20, 11-21, 24-21, 25-21, and 35-21.

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

61-20 - 9-1-1 Dispatcher Telephone CPR Training - AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS advocate for training for 9-1-1 dispatchers to provide telephone cardiopulmonary resuscitation for out-of-hospital cardiac arrests.

The Committee believes that the training of 9-1-1 dispatchers to provide telephone cardiopulmonary resuscitation for out of hospital cardiac arrests is valuable but were concerned that making it mandatory could create possible barriers to dispatchers’ ability to maintain their licensure and add burden to some counties that may not have the resources to provide this training.

11-21 - Updates to Organ Donation and Transplant Policies - APPROVE

24-21 - Improved Outreach to Minority Communities Regarding the COVID-19 Vaccine - AMEND

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.

* * * * * * *

25-21 - Public Health Considerations to Reduce Harm in Encampment Removals - AMEND

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.

* * * * * * *

35-21 - COVID-19 Vaccine Distribution Regarding People Experiencing Homelessness – AMEND

The Committee amended the resolved portion to read:

RESOLVED: That MSMS support increased access to vaccines for people experiencing homelessness by advocating for the provision of vaccines at sites easily accessible to
people experiencing homelessness such as shelters, food distribution centers, and community centers.

During online testimony, a friendly amendment was suggested to strike the first Resolved statement, as it dealt with parts of the COVID-19 vaccine roll out that have taken place since the resolution was submitted. The author accepted this friendly amendment, and the Committee agreed.

* * * * * * *

Members of the Committee include: *Annette M. Mercatante, MD, MPH, Chair; *Angela L. Kuznia, MD, MPH; *Loretta M. Leja, MD; *James C. Mitchiner, MD, MPH; *Rama D. Rao, MD; *Lucia J. Zamorano, MD; and *Samuel Borer.

Board Advisor was: *Thomas J. Veverka, MD.

The Committee was staffed by: Dara J. Barrera and Mary Kate Barnauskas

* Denotes members in attendance.
REPORT OF
REFERENCE COMMITTEE E – SCIENTIFIC AND EDUCATIONAL AFFAIRS
Neeraja T. Ravikant, MD, Chair

44-20 Uniform Standards for Brain Death Determination - **DISAPPROVE**
02-21 Vision Qualifications for Driver’s License – **REFER**
28-21 Access to Menstrual Products in Correctional Facilities - **APPROVE**
30-21 Over the Counter Hormonal Contraception - **AMEND**
31-21 Availability of Medical Respite Centers - **AMEND**
REPORT OF REFERENCE COMMITTEE E
Neeraja T. Ravikant, MD, Chair

April 20, 2021

Reference Committee E was assigned resolutions 44-20, 02-21, 28-21, 30-21, and 31-21.

44-20 - Uniform Standards for Brain Death Determination - DISAPPROVE

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.

************************************************

02-21 - Vision Qualifications for Driver’s License - REFER

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.

************************************************

28-21 - Access to Menstrual Products in Correctional Facilities - APPROVE

************************************************

30-21 – Over the Counter Hormonal Contraception – AMEND

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.
The Committee was very supportive of increasing access to contraceptive vaginal rings and contraceptive patches. These devices contain low doses and are already available in other countries over the counter. Several committee members had concerns regarding the potential risk factors in some patients especially thrombosis in patients that smoke. After a thorough dialogue with the expertise of an OB/GYN, the Committee supported having the contraceptive rings and patches be available without a prescription but behind the counter from a pharmacist. This would allow access with some guidance on usage and risks from a health care professional.

**********

31-21 - Availability of Medical Respite Centers - AMEND

The Committee amended the resolved portions to read:

RESOLVED: That MSMS support policy to increase the availability of medical respite centers and programs for use by the homeless population; and be it further
RESOLVED: That MSMS support policy that local stakeholders secure increased funding for medical respite programs, including but not limited to expansion of current facilities in urban areas with large populations of homeless individuals.

The Committee supports this resolution but amended the resolved to clarify the intent for an MSMS policy rather than specific action.

**********

Members of the Committee include: *Neeraja T. Ravikant, MD, Chair; Lauren M. Azevedo, DO; Virginia R. Dedicatoria, MD; Jon M. Lake, MD; Anna M. Laucis, MD; *Federico G. Mariona, MD, FACS, FACOG; *Katharine A. Scharer, MD; *Neelima Thati, MD; and *Anna Kang.

Board Advisor was: *Brian R. Stork, MD.

AMA Advisor was: David T. Walsworth, MD.

The Committee was staffed by: Beth A. Elliott and Brenda J. Marenich.

* Denotes members in attendance.
The resolutions below have been assigned to the Reaffirmation Calendar. Reaffirmation of existing policy means that the policies reaffirmed active policies within the MSMS Policy Manual and therefore, are part of the body of policy that can be used in setting MSMS’s agenda. It also resets the sunset clock, a mechanism that was instituted pursuant to Resolution 14-18, so such policies will remain viable for 10 years from the date of reaffirmation.

01-20 - Suspend and Abolish the Medicaid Work Requirement - APPROVE

18-20 - Medicaid Expansion - APPROVE

27-20 - “Red Flag” Law to Enhance Safe Gun Ownership - APPROVE

30-20 - Promote NBPAS as Board Recertification in Michigan – APPROVE

39-20 - End Time Limited Board Certification - APPROVE

49-20 - Long-Acting Reversible Contraception Access in Michigan - APPROVE

59-20 - Interest-Based Debt Burden on Medical Students and Residents - APPROVE

01-21 - Stop Continuous CME Mandates - APPROVE

06-21 - Maternal Levels of Care Standards of Practice - APPROVE
08-21 - Prohibit Persons from Carrying Firearms and Explosive Devices in Public Spaces - APPROVE

* * * * * * *

36-21 - Insurance Coverage of Adverse Childhood Experiences Screening - APPROVE