

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

REPORT OF WAYS AND MEANS COMMITTEE  
Dennis C. Szymanski, MD, Chair

April 22, 2021

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

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

7  
8 MSMS was most impacted by the loss of non-dues revenue from its subsidiaries. Through  
9 Paycheck Protection Loans and one-time grants, MSMS was able to maintain a small operating  
10 margin in 2020. However, the full effect of that loss of recurring revenue won't be realized until  
11 2021. Current projections reflect annual operating deficits of around \$1M. Cost reductions and  
12 revenue expansion strategies are being developed to reduce these deficits and eventually get  
13 back to positive operating margins in future years.

14  
15 Although some cost reductions are being implemented now (reduced travel/meeting costs and  
16 lower building costs due to sale of MSMS building) and will continue to be evaluated, MSMS  
17 leadership has decided go on offense and invest in staff resources with the expectation of  
18 increased membership and engagement leading to growth in dues and non-dues revenue. This  
19 growth in revenue over time is expected to result in profitable operating margins in the future.  
20 Specifically, MSMS has implemented strategies to reallocate most of the cost reductions into staff  
21 resources primarily in advocacy, subsidiary development and sales.

22  
23 MSMS currently has about 15 months of expenses in reserves and after the building sale, will have  
24 around 24 months of expenses in reserves. Best practice for a nonprofit is 6 months of expenses  
25 in reserves. With its strong balance sheet of reserves, MSMS is well positioned to weather this  
26 economic storm and implement this P&L strategy to expand revenue leading to positive  
27 operating margins in future years.

28  
29 The MSMS executive team and Board leadership will continue to work closely to assess execution  
30 of the P&L strategy and make appropriate adjustments as needed.

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32 Fiscal notes were also discussed including the need for awareness of limited staff resources  
33 related to balancing policy making by the HOD with Board strategic priorities and the day to day  
34 operations of the organization.

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Ways and Means Committee – 04/22/2021 - 2

37 Members of the Ways and Means Committee include: \*Dennis C. Szymanski, MD, Chair; \*E. Chris  
38 Bush, MD; \*Ronald B. Levin, MD; \*Venkat K. Rao, MD; \*Edward J. Rutkowski, MD; and Barbara A.  
39 Threatt, MD.

40

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

43

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

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46 \* 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**
- 10-21 Financial Impact and Fiscal Transparency of the American Medical Association Current Procedural Terminology Program - **APPROVE**
- 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**

**REPORT OF REFERENCE COMMITTEE A**

Sherwin P. T. Imlay, MD, Chair

April 23, 2021

1 Reference Committee A was assigned Resolutions 31-20, 10-21, 16-21, 18-21, and 21-21.

2

3 **31-20 - Bring Insurance Credentialing into Legal Compliance on Maintenance of**  
4 **Certification – REFER**

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

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14 **10-21 - Financial Impact and Fiscal Transparency of the American Medical Association**  
15 **Current Procedural Terminology Program - APPROVE**

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19 **16-21 - Medicaid Dialysis Policy for Undocumented Patients - APPROVE**

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23 **18-21 - Medical and Dental Care for Prisoners - APPROVE**

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27 **21-21 - Address Adolescent Telehealth Confidentiality Concerns - AMEND**

28

29 The Committee amended the resolved portion to read:

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

33

34 Confidential Health Services for Adolescents H-60.965

35

36 Our AMA:

37

38 (1) reaffirms that confidential care for adolescents is critical to improving their health;

39

40 (2) encourages physicians to allow emancipated and mature minors to give informed

41

42 consent for medical, psychiatric, and surgical care without parental consent and

43

44 notification, in conformity with state and federal law;

45

46 (3) encourages physicians to involve parents in the medical care of the adolescent patient,

47

48 when it would be in the best interest of the adolescent. When, in the opinion of the

49

50 physician, parental involvement would not be beneficial, parental consent or notification

51

52 should not be a barrier to care;

- 44 (4) urges physicians to discuss their policies about confidentiality with parents and the  
45 adolescent patient, as well as conditions under which confidentiality would be abrogated.  
46 This discussion should include possible arrangements for the adolescent to have  
47 independent access to health care (including financial arrangements);  
48 (5) encourages physicians to offer adolescents an opportunity for examination and  
49 counseling apart from parent. The same confidentiality will be preserved between the  
50 adolescent patient and physician as between the parent (or responsible adult) and the  
51 physician;  
52 (6) encourages state and county medical societies to become aware of the nature and  
53 effect of laws and regulations regarding confidential health services for adolescents in  
54 their respective jurisdictions. State medical societies should provide this information to  
55 physicians to clarify services that may be legally provided on a confidential basis;  
56 (7) urges undergraduate and graduate medical education programs and continuing  
57 education programs to inform physicians about issues surrounding minors' consent and  
58 confidential care, including relevant law and implementation into practice;  
59 (8) encourages health care payers to develop a method of listing of services which  
60 preserves confidentiality for adolescents; and  
61 (9) encourages medical societies to evaluate laws on consent and confidential care for  
62 adolescents and to help eliminate laws which restrict the availability of confidential care;  
63 and  
64 **(10) encourages physicians to recognize the unique confidentiality concerns of**  
65 **adolescents' and their parents associated with telehealth visits; and**  
66 **(11) encourages physicians in a telehealth setting to offer a separate examination**  
67 **and counseling apart from others and to ensure that the adolescent is in a private**  
68 **space.**

69  
70 The Committee believed this was an important addition to the AMA policy because it brings  
71 attention to the telehealth privacy and confidentiality concerns for adolescents to physicians. A  
72 parent and/or guardian could be in the room or nearby and would make the adolescent patient  
73 uncomfortable and not as forthcoming about their health. The Committee believed it was  
74 important to add the word "separate" to indicate that the visit may need to take place in another  
75 visit, telehealth, or in person, once the physician perceives the adolescent was uncomfortable.  
76 The Committee also believed it was important to remove the language "in the home" since  
77 telehealth visits may not always take place in a home.

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

84  
85 Board Advisor and AMA Advisor was: \*Paul D. Bozyk, MD.

86  
87 The Committee was staffed by: Virginia K. Gibson and Stacie J. Saylor.

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89 \* 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.

**REPORT OF REFERENCE COMMITTEE B**

Donald R. Peven, MD, Chair

April 21, 2021

1 Reference Committee B was assigned Resolutions 09-20, 54-20, 03-21, 15-21, 22-21, 26-21, and  
2 Board Action Report #01-21.

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4 **09-20 – Medication-Assisted Treatment in Physician Health Programs - AMEND**

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6 The Committee amended the title and resolved portions to read:

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

9

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

17

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

25

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

33

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

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43 **54-20 - Resentencing for Individuals Convicted of Marijuana-Based Offenses - AMEND**  
44

45 The Committee amended the resolved portions to read:  
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47 RESOLVED: That MSMS adopt policy in support of the expungement, destruction, or  
48 sealing of criminal records for marijuana offenses that would now be considered legal  
49 under Michigan’s adult-use marijuana law; and be it further  
50

51 RESOLVED: That MSMS adopt policy in support of the elimination of violations or other  
52 penalties for persons under parole, probation, pre-trial, or criminal supervision for  
53 marijuana offenses that would now be considered legal under Michigan’s adult-use  
54 marijuana law; and be it further  
55

56 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask  
57 our AMA to review policy regarding the expungement, destruction, or sealing of criminal  
58 records for marijuana offenses that would now be considered legal; and be it further  
59

60 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask  
61 our AMA to review policy to eliminate violations or other penalties for persons under  
62 parole, probation, pre-trial, or other State or local criminal supervision for a marijuana  
63 offense that would now be considered legal.  
64

65 The Committee agreed with the majority of online testimony that leading a legislative initiative  
66 regarding the expungement of criminal offenses is not within MSMS’ traditional scope. Instead,  
67 the more appropriate domain for MSMS and the AMA advocacy should be related to the public  
68 health perspective. Organizations focused on issues related to legal rights should lead legislative  
69 initiatives in this area.  
70

71 Also, it was noted that a number of legislative changes have been adopted in Michigan over the  
72 past couple of years that address this issue though not to the full extent requested in Resolution  
73 54-20. Finally, because several states have already passed laws, the Committee did not believe it  
74 was necessary to ask the AMA to develop model laws.  
75

76 \* \* \* \* \*

77  
78 **03-21 - Oppose Routine Use of Gonad Shields - AMEND**  
79

80 The Committee amended the resolved portion to read:  
81

82 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask  
83 our AMA to study whether the U.S. Food and Drug Administration should amend the code  
84 of federal regulations to remove language regarding the routine use of gonad shields in  
85 medical imaging.  
86

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

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

96  
97 "Laws and regulations should not mandate the provision of care that, in the  
98 physician's clinical judgment and based on clinical evidence and the norms of the  
99 profession, are either not necessary or are not appropriate for a particular patient at  
100 the time of a patient encounter."  
101

102 Because of existing FDA regulations and the evolution of evidence pertaining to the use or non-  
103 use of gonadial shielding, the Committee amended the second Resolved by asking the AMA to  
104 study the issue and encourage change through the U.S. Food and Drug Administration (FDA).  
105

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108 **15-21 - Electronic Prescribing Waiver for Michigan's Free Clinics - AMEND**

109  
110 The Committee amended the resolved portion to read:

111  
112 RESOLVED: That MSMS supports the Free Clinics of Michigan in asking the Michigan  
113 Department of Licensing and Regulatory Affairs (LARA) and the Michigan Board of  
114 Pharmacy to change the initial proposed language of Michigan Administrative Code  
115 Section R, 338.3162a (5)(a)(v), not yet posted for public comment, to allow a waiver for  
116 non-profit charitable medical clinics excusing them from being required to submit all  
117 prescriptions for non-controlled substances to pharmacies in electronic form.  
118

119 Online testimony was divided on whether Resolution 15-21 should be supported. The Committee  
120 determined that an amendment narrowing the scope of the exemption to non-controlled  
121 substances provided a balance between financial concerns and the need to progress to electronic  
122 prescriptions for greater patient safety especially when prescribing controlled substances.  
123 Additionally, the Committee recognized that Michigan's law requiring electronic prescriptions for  
124 controlled and non-controlled substances could present an unnecessary hardship to free clinics  
125 that only prescribe non-controlled substances, as well as potentially limiting the ability of their  
126 patients to "shop around" for the best prescription drug price. Finally, the Committee noted that  
127 Michigan's law includes several exemptions and a provision allowing prescribers to request a  
128 waiver. The draft rules referenced in the Resolved statement seek to finalize the process for  
129 obtaining a waiver as directed in the legislation.  
130

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132  
133 **22-21 - Expanding Access to Medication for the Treatment of Opioid Use Disorder - AMEND**

134  
135 The Committee amended the resolved portions to read:

136 RESOLVED: That MSMS adopt policy in support of the elimination of the requirement for  
137 obtaining a waiver to prescribe buprenorphine for the treatment of opioid use disorder;  
138 and be it further  
139

140 RESOLVED: That MSMS adopt policy in support the removal of barriers to the use of  
141 medications for opioid use disorder; and be it further  
142

143 RESOLVED: That MSMS encourages all undergraduate medical institutions to incorporate  
144 into their curricula education on prescribing medications to treat opioid use disorders.  
145

146 The Committee agreed with the need to eliminate the waiver requirement but preferred to adopt  
147 this as a policy position. In the second Resolved, the Committee simplified the statement and  
148 recommends adoption as a policy statement.  
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## 152 **26-21 - Decarceration During an Infectious Disease Pandemic - DISAPPROVE**

153  
154 The Committee was concerned that decisions regarding decarceration and which persons might  
155 be eligible for such consideration are not within the purview of MSMS; believing they are best left  
156 to those organizations with expertise in the criminal justice system. The Committee  
157 acknowledged the importance of ensuring the availability of quality health care for persons who  
158 are incarcerated and suggested the authors consider introducing a resolution in 2022 with this  
159 broader focus.  
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162

163 BAR #01-21- Resolution 50-20 - "Remove Clinic-Specific Caps on Buprenorphine" - **APPROVE** the  
164 Board Action's Report to **AMEND** this resolution.  
165

166 The Committee agreed that the Michigan Department of Licensing and Regulatory Affairs  
167 overstepped its authority. Therefore, MSMS should pursue the necessary revisions to existing  
168 Administrative Rules.  
169

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172 Members of the Committee include: \*Donald R. Peven, MD, Chair; \*Bradley P. Goodwin, MD;  
173 \*Narasimha R. Gundamraj, MD; \*John A. Hopper, MD; \*Irene S. Kazmers, MD, FACP, RhMSUS;  
174 \*Navid Mahabadi, DO; \*Anthony M. Zacharek, MD; and \*Darian Mills.  
175

176 Board Advisor was: \*Thomas M. George, MD.  
177

178 AMA Advisor was: \*Jayne E. Courts, MD.  
179

180 The Committee was staffed by: Stacey P. Hettiger; Scott Kempa; and Josiah Kissling.  
181

182 \* 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**

## **REPORT OF REFERENCE COMMITTEE C – INTERNAL AFFAIRS AND BYLAWS**

Kenneth Elmassian, DO, Chair

April 22, 2021

1 Reference Committee C was assigned Resolutions 04-21, 13-21, 20-21, and Board Action Report  
2 #02-21.

3

### **04-21 - Dissemination of Information to County Medical Societies – REFER**

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5  
6 This resolution asks that MSMS amend its Website Privacy Policy Information Sharing and  
7 Disclosure policy to affirm the County Medical Societies as component societies and continue the  
8 transparent process of providing member and nonmember information to the County Medical  
9 Societies as requested without regard to the members' or nonmembers' county of origin. It  
10 further asks that any membership or information sharing policy shall be discussed and approved  
11 with the County Medical Societies and/or the House of Delegates before implementation.

12

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

17

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

23

24 Legal Counsel's recommendation, based on this resolution, is to share first name, last name, and  
25 county information only with the county medical societies. This information is available now at  
26 <http://MSMS.org/PhysicianDirectory>.

27

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

35

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

39

40 Additionally, MSMS leadership is committed to a constructive and positive relationship with the  
41 County Medical Societies. Our shared members deserve advocacy, resources, and support from a

42 cohesive medical society structure. The MSMS Board of Directors and the MSMS Board's  
43 Executive Committee have been addressing these important issues and will continue to work  
44 directly with county leadership to more closely align in the future. For these reasons, Reference  
45 Committee C recommends referral to the Board.

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49 **13-21 - Upholding the Integrity and Vitality of the State and County Medical Societies -**  
50 **APPROVE**

51

52 The Committee is including the approved resolved portions to share the actual bylaws changes  
53 which was not included in the resolution.

54

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

58

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

63

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

68

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

73

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

76

77 ~~4.20 — ADJOINING COUNTY — A doctor of medicine whose principal location of~~  
78 ~~practice is near a county may, with the permission of the Board of Directors of this~~  
79 ~~Society, and upon being duly elected thereto, hold membership in the component~~  
80 ~~society most convenient for the member to attend.~~

81

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

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87 **20-21 - Designated Directors Serving as Chair of the MSMS Board of Directors - APPROVE**

88 BAR #02-21 - Revisions to the MSMS Policy Manual and the 2021 Sunset Policy - **APPROVE**

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

95

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

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

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100 \* 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**



**REPORT OF REFERENCE COMMITTEE D**

Annette M. Mercatante, MD, MPH, Chair

April 20, 2021

1 Reference Committee D was assigned Resolutions 46-20, 61-20, 11-21, 24-21, 25-21, and 35-21.

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3 **46-20 - Depression Screening in Adolescents after Sport-Related Concussion - APPROVE**

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7 **61-20 - 9-1-1 Dispatcher Telephone CPR Training - AMEND**

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9 The Committee amended the resolved portion to read:

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

13

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

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22 **11-21 - Updates to Organ Donation and Transplant Policies - APPROVE**

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24 \* \* \* \* \*

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26 **24-21 - Improved Outreach to Minority Communities Regarding the COVID-19 Vaccine -**  
27 **AMEND**

28

29 The Committee amended the title to read:

30

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

33

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

38

39 RESOLVED: That MSMS will support the implementation of proven community-centered  
40 strategies, such as collaboration with faith and school-based leaders, for education and

41 dissemination of information, specifically as it pertains to promotion of COVID-19  
42 vaccination uptake and vaccine education to minority populations; and be it further  
43

44 RESOLVED: That MSMS supports community-centered strategies for annual vaccination  
45 efforts, including influenza and childhood vaccine outreach.  
46

47 The Committee amended the title of this resolution to reflect the full intent of Resolved  
48 statements. The efforts around making the COVID-19 vaccine available in minority communities  
49 should also be applied to other vaccines, which was the ask in the third Resolved.  
50

51 \* \* \* \* \*

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53 **25-21 - Public Health Considerations to Reduce Harm in Encampment Removals - AMEND**  
54

55 The Committee amended the resolved portions to read:  
56

57 RESOLVED: That MSMS advocate for the involvement of public health departments,  
58 wherever possible, when considering the removal and relocation of encampments in  
59 Michigan to mitigate potential risks and harms to those living in affected encampments, in  
60 following with CDC guidelines; and be it further  
61

62 RESOLVED: That for any planned encampment sweeps, MSMS advocates for the  
63 announcement of the planned removal to affected parties with at least 48-hour notice in  
64 order to minimize the disruptive and harmful nature of encampment removal on people  
65 experiencing homelessness; and be it further  
66

67 RESOLVED: That MSMS encourage local governments in Michigan to adopt a similar  
68 policy and algorithm as established by the city of Detroit, where possible, to improve  
69 existing encampment sanitation and safety and, in the event of public health  
70 recommendation of encampment clearance, establish procedures to safely and humanely  
71 remove or relocate encampments.  
72

73 The Committee recognizes the complexities around homeless encampments in the state. The  
74 amendments made to the first and third Resolved statements reflected the desire to support the  
75 efforts going on in the state and encourage the involvement of all agencies that are needed to  
76 ensure the safety of all individuals affected.  
77

78 \* \* \* \* \*

79  
80 **35-21 - COVID-19 Vaccine Distribution Regarding People Experiencing Homelessness –**  
81 **AMEND**  
82

83 The Committee amended the resolved portion to read:  
84

85 RESOLVED: That MSMS support increased access to vaccines for people experiencing  
86 homelessness by advocating for the provision of vaccines at sites easily accessible to

87 people experiencing homelessness such as shelters, food distribution centers, and  
88 community centers.

89

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

94

95

\* \* \* \* \*

96

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

100

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

102

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

104

105 \* 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

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

### 2 3 **44-20 - Uniform Standards for Brain Death Determination - DISAPPROVE**

4  
5 The Committee had a lengthy discussion on Resolution 44-20. Committee members support  
6 universal protocols for brain death but were not clear if these were already available or if they  
7 needed to be developed. There were also concerns related to legislating medical practice and  
8 potential unintended ramifications to physician liability. The Committee attempted to amend the  
9 resolution but ultimately decided to respectfully request the author revise and resubmit next  
10 year.

11  
12 \* \* \* \* \*

### 13 14 **02-21 - Vision Qualifications for Driver's License - REFER**

15  
16 The Committee had a thoughtful discussion regarding this resolution to revise or relax visual  
17 acuity/visual field requirements for licensure. Committee members found the testimony by  
18 delegates useful and compelling. However, they were wanting evidence-based research to  
19 support potential changes to standards in place since the 1920's. They also believed they needed  
20 additional information about the cognitive testing that was included. Committee members  
21 believed the weight of such changes with the multiple variables mentioned warranted a deeper  
22 investigation. The Committee believes this resolution would be best reviewed by a MSMS  
23 Committee which could learn more about this new research and have a robust discussion around  
24 the potential changes to the requirements and testing. For these reasons, Reference Committee E  
25 recommends Resolution 02-21 be referred to the Board.

26  
27 \* \* \* \* \*

### 28 29 **28-21 - Access to Menstrual Products in Correctional Facilities - APPROVE**

30  
31 \* \* \* \* \*

### 32 33 **30-21 – Over the Counter Hormonal Contraception – AMEND**

34  
35 The Committee amended the title and resolved portion to read:

36  
37 Title: Behind the Counter Hormonal Contraception Devices

38  
39 RESOLVED: That MSMS supports the American College of Obstetricians and Gynecologists  
40 Committee policy to allow contraceptive vaginal rings and contraceptive patches to be  
41 available behind the counter.

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

49

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\* \* \* \* \*

51

52 **31-21 - Availability of Medical Respite Centers - AMEND**

53

54 The Committee amended the resolved portions to read:

55

56

RESOLVED: That MSMS support policy to increase the availability of medical respite  
57 centers and programs for use by the homeless population; and be it further

58

59

RESOLVED: That MSMS support policy that local stakeholders secure increased funding  
60 for medical respite programs, including but not limited to expansion of current facilities in  
61 urban areas with large populations of homeless individuals.

62

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

65

66

\* \* \* \* \*

67

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

71

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

73

74 AMA Advisor was: David T. Walsworth, MD.

75

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

77

78 \* Denotes members in attendance.

**REAFFIRMATION CALENDAR**  
Theodore B. Jones, MD, Speaker  
Phillip G. Wise, MD, Vice Speaker

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

6  
7 **01-20 - Suspend and Abolish the Medicaid Work Requirement - APPROVE**

8  
9 \* \* \* \* \*

10  
11 **18-20 - Medicaid Expansion - APPROVE**

12  
13 \* \* \* \* \*

14  
15 **27-20 - "Red Flag" Law to Enhance Safe Gun Ownership - APPROVE**

16  
17 \* \* \* \* \*

18  
19 **30-20 - Promote NBPAS as Board Recertification in Michigan - APPROVE**

20  
21 \* \* \* \* \*

22  
23 **39-20 - End Time Limited Board Certification - APPROVE**

24  
25 \* \* \* \* \*

26  
27 **49-20 - Long-Acting Reversible Contraception Access in Michigan - APPROVE**

28  
29 \* \* \* \* \*

30  
31 **59-20 - Interest-Based Debt Burden on Medical Students and Residents - APPROVE**

32  
33 \* \* \* \* \*

34  
35 **01-21 - Stop Continuous CME Mandates - APPROVE**

36  
37 \* \* \* \* \*

38  
39 **06-21 - Maternal Levels of Care Standards of Practice - APPROVE**

40  
41 \* \* \* \* \*

42 **08-21 - Prohibit Persons from Carrying Firearms and Explosive Devices in Public Spaces -**  
43 **APPROVE**

44

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46

47 **36-21 - Insurance Coverage of Adverse Childhood Experiences Screening - APPROVE**