

Sunday, May 1, 2022

8:00 a.m. – Second Meeting – Arcadia Ballroom

Order to be taken

Ways and Means

B – Legislation

A – Medical Care Delivery

E – Scientific and Educational Affairs

C – Internal Affairs and Bylaws

D – Public Health

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

April 30, 2022

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

1 MSMS subsidiaries were experiencing declining revenue prior to COVID, but the pandemic
2 escalated those issues causing a significant and abrupt decline in non-dues revenue to MSMS.
3 This loss of recurring revenue results in annual operating deficits exceeding \$1M. In 2021, MSMS
4 realized an operating deficit of approximately \$1M compared to a \$1.3M budgeted deficit.
5 However, with investment returns included, MSMS overall generated almost a \$600,000 surplus
6 due to excellent market conditions. Market returns will be key to financial growth as MSMS
7 continues to work towards revenue growth. MSMS is budgeting a \$1.5M operating deficit in
8 2022.

9
10 A profit & loss (P&L) strategy of cost reductions and revenue expansion strategies have been and
11 are continuing to be developed to reduce these deficits over time and eventually get back to
12 positive operating margins in future years. The decision of what type of P&L strategy to adopt was
13 based on several factors including the mission of non-profit organizations like MSMS and balance
14 sheet strength.

15
16 Although the mission of for-profit organizations focus on generating profits for its shareholders,
17 the mission of non-profit organizations like MSMS focus on activities that benefit the public and
18 for MSMS specifically, its members. Since MSMS has a strong financial position to fund
19 operational deficits, the decision was to adopt an offensive P&L strategy designed to reduce non-
20 mission critical costs and expand activities that benefit members leading to increases in revenue
21 and reduction of the operating deficit over time.

22
23 In addition to non-mission critical cost reductions being implemented through reduced
24 travel/meeting costs and planned lower building costs due to the future sale of the MSMS
25 building, MSMS has also invested in advocacy, sales and marketing staff resources with the
26 expectation of increased membership and engagement leading to growth in dues and non-dues
27 revenue.

28
29 MSMS has seen early successes of this strategy including, but not limited to subsidiary revenue
30 stabilization and growth, increased influence in state legislature, the Health Can't Wait Coalition
31 and prior authorization win.

32
33 Several decades ago, the MSMS Board and Ways and Means Committee implemented a strategy
34 to grow MSMS reserves. This strategy was designed to keep MSMS from increasing dues rates in
35 years when expenses exceeded revenue by using reserves to fund these operational deficits. Due
36 to lower non-dues revenue, MSMS now needs to use these reserves to fund operational deficits.

37
38 MSMS currently has approximately 14 months of expenses in reserves and after the building sale,
39 will have approximately 23 months of expenses in reserves. Best practice for a non-profit

40 organization is six months of expenses in reserves. With its strong balance sheet of reserves,
41 MSMS is well positioned to fund these annual deficits and implement this P&L strategy to expand
42 revenue leading to positive operating margins in future years.

43
44 The MSMS executive team and Board leadership will continue to work closely to monitor reserve
45 levels, assess execution of the P&L strategy, and make appropriate adjustments as needed.

46
47 Fiscal notes were also discussed including the need for awareness of limited staff resources
48 related to balancing policy making by the HOD with Board strategic priorities and the day-to-day
49 operations of the organization.

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53 Members of the Ways and Means Committee include: *Dennis C. Szymanski, MD, Chair; Anita R.
54 Avery, MD; *E. Chris Bush, MD; *Ronald B. Levin, MD; *Venkat K. Rao, MD; *Edward J. Rutkowski,
55 MD; *Richard C. Schultz, MD; *Barbara A. Threatt, MD.

56
57 Board Advisors were: *Mark C. Komorowski, MD; *John A. Waters, MD.

58
59 The Committee was staffed by: Lauchlin MacGregor, CPA, CFO.

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61 *Denotes members in attendance.

**REPORT OF
REFERENCE COMMITTEE B – LEGISLATION**

Bradley P. Goodwin, MD, Chair

- | | |
|---------------|--|
| 04-22 (12-20) | Non-Stigmatizing Verbiage - AMEND |
| 07-22 | Expanded Child Tax Credit - AMEND |
| 11-22 (29-20) | Enforce AMA Principles on Continuing Board Certification - APPROVE |
| 16-22 (60-20) | Support of Michigan Mental Health Court System - APPROVE |
| 17-22 (05-21) | Health Information Card - DISAPPROVE |
| 18-22 (19-21) | De-professionalization of the Medical Profession - AMEND |
| 19-22 | Gonad Shields: Regulatory and Legislation Advocacy to Oppose Routine Use in Response to Recent Research - AMEND |
| 25-22 | Fentanyl Patch for Patch Exchange Program - DISAPPROVE |
| 28-22 | Retain Physician Assistant Professional Title - APPROVE |
| 29-22 | Transparency of Practice Agreements Between Physicians and Non-Physicians - APPROVE |
| 32-22 | Amending Michigan's No Fault Auto Insurance Law (Again) - APPROVE |
| 38-22 | NBPAS as Equivalent Certification for Health Insurers and Hospitals - REFER |
| 46-22 | Radiology Interpretation by Physicians – AMEND |

REPORT OF REFERENCE COMMITTEE B

Bradley P. Goodwin, MD, Chair

April 30, 2022

1 Reference Committee B was assigned Resolutions 04-22 (12-20), 07-22, 11-22 (29-20), 16-22
2 (60-20), 17-22 (05-21), 18-22 (19-21), 19-22, 25-22, 28-22, 29-22, 32-22, 38-22, and 46-22.

3

4 **04-22 (12-20) - Non-Stigmatizing Verbiage – AMEND**

5

6 The Committee amended the resolved portion to read:

7

8 RESOLVED: That MSMS encourages the use of clinically accurate, non-stigmatizing,
9 person-first terminology when referring to the disease of addiction. MSMS shall
10 incorporate such terminology in future communications and publications, as well as
11 update existing policies during the normal process of updating the MSMS Policy Manual.

12

13 The testimony and Committee were supportive of this resolution. The Committee deleted the
14 second Resolved statement due to the addition of “person-first” in the first Resolved clause.
15 Additionally, there was concern with dictating specific verbiage as phrasing and terminology
16 often changes over time.

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19

20 **07-22- Expanded Child Tax Credit – AMEND**

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22 The Committee amended the resolved portions to read:

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24 RESOLVED: That MSMS advocate for and support an amendment to Michigan law, seeking
25 institution of a permanent expanded child tax credit; and be it further

26

27 RESOLVED: That MSMS support legislation which creates an annual, refundable child tax
28 credit for each child under the age of 19; and be it further

29

30 RESOLVED: That our Michigan Delegation to the American Medical Association (AMA) ask
31 our AMA to support the American Families Plan of 2021 and/or similar policies that aim to
32 institute a permanent, expanded child tax credit at the federal level.

33

34 The Committee and testimony were supportive of the Resolution. The second Resolved clause
35 was amended to ensure the intent is accomplished.

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39 **11-22 (29-20) - Enforce AMA Principles on Continuing Board Certification – APPROVE**

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42 **16-22 (60-20) - Support of Michigan Mental Health Court System - APPROVE**

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46 **17-22 (05-21) - Health Information Card - DISAPPROVE**

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48 Testimony was mixed with concerns regarding privacy and how such a system would be
49 accomplished. The Committee recognized the need for current, updated health information at
50 point of care. However, there was not consensus in testimony as to the method for ensuring the
51 retention, delivery, and security of such information. Additional concerns were raised regarding
52 who would control and manage information on the cards, unintended consequences pertaining
53 to access to care, and public acceptance.

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57 **18-22 (19-21) - De-professionalization of the Medical Profession - AMEND**

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

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61 Title: Medical Professional Identification Transparency

62

63 RESOLVED: That MSMS supports only the use of titles and descriptors that align with a
64 physician or non-physician provider's state-issued licenses or credentials; and be it further

65

66 RESOLVED: That MSMS actively oppose efforts to diminish the qualifications and training
67 of physicians by hospital administrators, insurance companies, and governmental
68 regulatory agencies who require physicians be referenced as medical providers, team
69 members, health care providers, or any other reference in lieu of the legal title of physician
70 or doctor; and be it further

71

72 RESOLVED: That MSMS seek legislation which provides that professionals in a clinical
73 health care setting clearly and accurately identify to patients their name, credentials, and
74 professional title(s).

75

76 Testimony was supportive and most commented on the importance of greater title transparency.
77 The Committee recommends changing the title to better reflect the need for patients know who
78 is providing their care. The third Resolved clause was amended to focus on the key elements that
79 need to be shared with patients. The more prescriptive language was removed to simplify the
80 directive and ensure MSMS can more effectively advocate with the Legislature. Additionally, the
81 Committee discussed that different health care settings (e.g., single physician practice, hospitals,
82 etc.) may require different approaches to ensuring the required transparency.

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86 **19-22 - Gonad Shields: Regulatory and Legislation Advocacy to Oppose Routine Use in**
87 **Response to Recent Research - AMEND**

88 The Committee amended the resolved portion to read:

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90 RESOLVED: That MSMS advocate for the removal of state and national laws and
91 regulations that mandate the routine use of gonad shields in medical imaging.

92

93 A technical edit was made to replace “legislation” with “laws.”

94

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97 **25-22 - Fentanyl Patch for Patch Exchange Program - DISAPPROVE**

98

99 Although the Resolution is modeled after a program initiated in Canada, the Committee did not
100 find sufficient evidence that the program resulted in fewer overdoses. Additionally, Committee
101 members raised concerns about stigmatization and reducing access to treatment. The overall
102 concern was adding an unnecessary layer of red tape without correlating evidence of value and
103 desired outcomes.

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107 **28-22 -Retain Physician Assistant Professional Title - APPROVE**

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111 **29-22 - Transparency of Practice Agreements Between Physicians and Non-Physicians -**
112 **APPROVE**

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116 **32-22 - Amending Michigan’s No Fault Auto Insurance Law (Again) - APPROVE**

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120 **38-22 - NBPAS as Equivalent Certification for Health Insurers and Hospitals - REFER**

121

122 The Committee heard testimony in support and opposition to the Resolution. The main point of
123 disagreement related to whether the certification processes of National Board of Physicians and
124 Surgeons are equivalent to those of the American Board of Medical Specialties and American
125 Osteopathic Association. There were passionate opinions on both sides. Therefore, the
126 Committee believed it was prudent for the Board to investigate this topic further and develop
127 recommendations taking into account current MSMS policy.

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131 **46-22 - Radiology Interpretation by Physicians – AMEND**

132

133 The Committee amended the resolved portions to read:

134 RESOLVED: That MSMS support that radiological image interpretation is performed only
135 by physicians and may not be delegated to non-physician practitioners as defined by the
136 Centers for Medicare and Medicaid Services; and be it further

137
138 RESOLVED: That MSMS oppose legislation to allow radiological image interpretation by
139 non-physician practitioners as defined by the Center for Medicare and Medicaid Services.

140
141 The Committee removed the first Resolved clause as MSMS already has well-established policy in
142 opposition to scope of practice expansion. The changes to the second Resolved clause and the
143 addition of the third were in response to testimony that the language should not be limited to
144 just nurse practitioners. Reference to the Center for Medicare and Medicaid Services' definition of
145 non-physician practitioners was to ensure the language did not inadvertently impact
146 practitioners whose scope includes limited imaging interpretation such as dentists, podiatrists,
147 and chiropractors.

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150
151 Member of the Committee include: *Bradley P. Goodwin MD, Chair; *Leah C. Davis, DO; *John A.
152 Hopper, MD; *Warren F. Lanphear, MD, FACEP; Navid Mahabadi, DO;
153 *Caroline G. M. Scott, MD; and *Darian Mills.

154
155 Board Advisors were: *Jayne E. Courts, MD, FACP and *Mark E. Meyer, MD.

156
157 AMA Advisors were: *Jayne E. Courts, MD, FACP; *Amit Ghose, MD; Michael A. Sandler, MD; and
158 *John A. Waters, MD.

159
160 The Committee was staffed by: Stacey P. Hettiger and Josiah Kissling.

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162 * Denotes members in attendance.

**REPORT OF
REFERENCE COMMITTEE A – MEDICAL CARE DELIVERY**

M. Salim U. Siddiqui, MD, PhD, Chair

- 01-22 (02-20) Improve Access to Pediatric Psychiatry - **AMEND**
- 09-22 (24-20) Prescription Medication Pill Size - **DISAPPROVE**
- 10-22 (25-20) Limit Copay on Emergency Department Visits - **DISAPPROVE**
- 22-22 Clinical Laboratory Improvement Amendment Requirements - **AMEND**
- 23-22 Off-Label Policy - **AMEND**
- 24-22 Medicare Prescription Drug Pricing - **AMEND**
- 42-22 Medicare-for-All - **DISAPPROVE**
- 44-22 Establishment of Periprocedural Committee in MSMS - **DISAPPROVE**
- 51-22 Medicaid Funding to Address Social Determinants of Health – **REFER**
- 52-22 Pharmaceutical Equity for Pediatric Populations - **APPROVE**
- 57-22 Informed Consent for Pelvic Examinations on Patients Who Are Unconscious or Under Anesthesia - **AMEND**
- 58-22 Resource Allocations to Hospital Social Workers - **AMEND**

Board Action Report #1-22 - Resolution 31-20 - “Bring Insurance Credentialing into Legal Compliance on Maintenance of Certification” - **APPROVE** the Board Action’s Report to **DISAPPROVE** this resolution.

REPORT OF REFERENCE COMMITTEE A

M. Salim U. Siddiqui, MD, PhD, Chair

April 30, 2022

1 Reference Committee A was assigned Resolutions 01-22 (02-20), 09-22 (24-20), 10-22 (25-20),
2 22-22, 23-22, 24-22, 42-22, 44-22, 51-22, 52-22, 57-22, 58-22, and Board Action Report #1-22.

3

4 **01-22 (02-20) - Improve Access to Pediatric Psychiatry - AMEND**

5

6 The Committee amended the resolved portions to read:

7

8 RESOLVED: That MSMS communicate with primary care providers to become familiar with
9 and utilize Michigan Child Care Collaborative (a.k.a., MC3) services; and be it further

10

11 RESOLVED: That MSMS work with appropriate stakeholders to expand pediatric mental
12 health capacity in the state.

13

14 The Committee wanted to bring awareness of programs like MC3 services to primary care
15 providers in Michigan, but believed clarification was needed in the Resolved statements to
16 appropriately direct MSMS activities.

17

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19

20 **09-22 (24-20) - Prescription Medication Pill Size - DISAPPROVE**

21

22 The Committee believed there are resources currently available to assist patients in Michigan such
23 as asking pharmacists to split pills for patients. The Committee also noted that there would be
24 additional costs in having pills remade to fit size requirements. Additionally, there is AMA policy
25 (H-115.973) on pill scoring that addresses this issue.

26

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29 **10-22 (25-20) - Limit Copay on Emergency Department Visits - DISAPPROVE**

30

31 The Committee believed that there would be negative unintended consequences for patients,
32 emergency departments, and physicians as a result of this resolution. Mainly due to the lack of
33 technologic infrastructure to track referrals and potential administrative burdens. Concerns of
34 insurance companies tracking emergency department referrals as a quality metric were also
35 raised.

36

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39 **22-22 - Clinical Laboratory Improvement Amendment Requirements - AMEND**

40

The Committee amended the resolved portion to read:

41 RESOLVED: That MSMS adopt policy advocating that any confirmatory laboratory testing
42 for urine drug screens should be considered at the discretion of the ordering physician
43 with the best interests of the patient in mind.

44
45 Testimony focused on confirmatory laboratory testing being used for urine drug screens. The
46 Committee believed the Resolved was too broad in including all testing and wanted to narrow
47 the focus to the issue identified during testimony.

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49 * * * * *

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51 **23-22 - Off-Label Policy - AMEND**

52
53 The Committee amended the resolved portions to read:

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55 RESOLVED: That MSMS support AMA Policy, "Patient Access to Treatments Prescribed by
56 Their Physicians H-120.988" as a basic medical right and responsibility of a physician to
57 provide the best care available to our patients; and be it further

58
59 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
60 our AMA to amend AMA Policy, "Patient Access to Treatments Prescribed by Their
61 Physicians H-120.988." by addition as follows:

- 62 Patient Access to Treatments Prescribed by Their Physicians H-120.988
- 63 1. Our AMA confirms its strong support for the autonomous clinical decision-making
64 authority of a physician and that a physician may lawfully use an FDA approved drug
65 product or medical device for an off-label indication when such use is based upon sound
66 scientific evidence or sound medical opinion; and affirms the position that, when the
67 prescription of a drug or use of a device represents safe and effective therapy, third party
68 payers, including Medicare, should consider the intervention as clinically appropriate
69 medical care, irrespective of labeling, should fulfill their obligation to their beneficiaries by
70 covering such therapy, and be required to cover appropriate 'off-label' uses of drugs on
71 their formulary.
 - 72 2. Our AMA strongly supports the important need for physicians to have access to
73 accurate and unbiased information about off-label uses of drugs and devices, while
74 ensuring that manufacturer-sponsored promotions remain under FDA regulation.
 - 75 3. Our AMA supports the dissemination of generally available information about off-label
76 uses by manufacturers to physicians. Such information should be independently derived,
77 peer reviewed, scientifically sound, and truthful and not misleading. The information
78 should be provided in its entirety, not be edited or altered by the manufacturer, and be
79 clearly distinguished and not appended to manufacturer-sponsored materials. Such
80 information may comprise journal articles, books, book chapters, or clinical practice
81 guidelines. Books or book chapters should not focus on any particular drug. Dissemination
82 of information by manufacturers to physicians about off-label uses should be
83 accompanied by the approved product labeling and disclosures regarding the lack of FDA
84 approval for such uses, and disclosure of the source of any financial support or author
85 financial conflicts.
- 86

87 4. Physicians have the responsibility to interpret and put into context information received
88 from any source, including pharmaceutical manufacturers, before making clinical
89 decisions (e.g., prescribing a drug for an off-label use).

90 5. Our AMA strongly supports the addition to FDA-approved labeling those uses of drugs
91 for which safety and efficacy have been demonstrated.

92 6. Our AMA supports the continued authorization, implementation, and coordination of
93 the Best Pharmaceuticals for Children Act and the Pediatric Research Equity Act.

94 **7. Our AMA supports physician autonomy with regard to deciding appropriate**
95 **dosing.**

96
97 The Committee supports the resolution and current AMA policy; however, amended the second
98 Resolved to ask the AMA to add to its current policy to address a physician's autonomy in
99 deciding appropriate dosing.

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103 **24-22 - Medicare Prescription Drug Pricing - AMEND**

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105 The Committee amended the resolved portions to read:

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107 RESOLVED: That Michigan Delegation to the American Medical Association (AMA) ask our
108 AMA to strengthen its advocacy for federal legislation to permit Medicare to negotiate
109 with pharmaceutical companies in order to lower the high cost of prescription drugs for
110 this population; and be it further

111

112 RESOLVED: That MSMS advocate for the lowering of Medicare prescription drug pricing to
113 Michigan's federal lawmakers; and be it further

114

115 RESOLVED: That Michigan Delegation to the American Medical Association (AMA) work
116 with the Great Lakes States Coalition to write a letter to the AMA Board of Trustees to
117 make the lowering of Medicare prescription drug pricing one of its top legislative
118 priorities.

119

120 The Committee supported increased advocacy for the lowering of Medicare prescription drug
121 prices but revised the Resolved statements to specify how the advocacy efforts should be
122 implemented.

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126 **42-22 - Medicare-for-All - DISAPPROVE**

127

128 The Committee supports the intent of the resolution in making coverage available to more
129 people. However, the Committee supports current AMA and MSMS policy around national health
130 care coverage reform. It was noted that this is not a Michigan specific issue and would be better
131 addressed at a national level.

132 **44-22 - Establishment of Periprocedural Committee in MSMS - DISAPPROVE**

133
134 The Committee heard very limited testimony on the resolution. The Committee believed that the
135 resolution was too vague in describing the purpose of a Periprocedural Committee in MSMS and
136 invites the author to consider rewriting the resolution with more detail on the focus of a
137 Periprocedural Committee in MSMS. It was also noted by the Committee that there is no
138 precedent for a specialty or subspecialty Committee in MSMS.

139 * * * * *

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142 **51-22 - Medicaid Funding to Address Social Determinants of Health - REFER**

143
144 Most of the testimony heard was in opposition to this resolution due to concern that Medicaid
145 funding for medical care is already inadequate and taking funds from Medicaid to fund social
146 determinants of health could further lower Medicaid reimbursement. However, the Committee
147 also discussed North Carolina's 1115 Medicaid waiver program which created the state's Healthy
148 Opportunities Pilot Program and authorized the use of Medicaid funds to pay for enhanced case
149 management and other support services. The Committee decided to refer to the Board for further
150 study to include evaluation of 1115 Medicaid waiver programs like North Carolina's.

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154 **52-22 - Pharmaceutical Equity for Pediatric Populations - APPROVE**

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156
157
158 **57-22 - Informed Consent for Pelvic Examinations on Patients Who Are Unconscious or**
159 **Under Anesthesia - AMEND**

160
161 The Committee amended the resolved portion to read:

162
163 RESOLVED: That MSMS support American Medical Association Policy H – 140.828 Ensuring
164 Consent for Educational Physical Exams on Anesthetized and Unconscious Patients.

165
166 The Committee supported the adoption of MSMS policy on the issue but wanted the Resolved to
167 align with American Medical Association Policy which ensures consent for all physical
168 examinations on patients who are unconscious or under anesthesia, not just pelvic examinations.

169 * * * * *

170
171
172 **58-22 - Resource Allocations to Hospital Social Workers - AMEND**

173
174 The Committee amended the resolved portion to read:

175 RESOLVED: That MSMS collaborate with stakeholders such as the American Hospital
176 Association, the Michigan Hospital Association, the Society of Hospital Medicine, and the
177 National Association of Social Workers to study the impact of social workers on health care
178 outcomes.

179
180 The Committee removed the second Resolved statement as the Committee believed it was
181 outside of the purview of MSMS. However, the Committee recognized the value of hospital social
182 workers and believed MSMS could work with the appropriate stakeholders to study the issue.

183
184 * * * * *

185
186 Board Action Report #1-22 - Resolution 31-20 - "Bring Insurance Credentialing into Legal
187 Compliance on Maintenance of Certification" - **APPROVE** the Board Action's Report to
188 **DISAPPROVE** this resolution.

189
190 * * * * *

191
192 Members of the Committee include: *M. Salim U. Siddiqui, MD, PhD, Chair; *Nicolas K. Fletcher,
193 MD, MHSA; *Jon M. Lake, MD; *David E. Lee, MD; *Sara Liter-Kuester, DO; *Rose M. Ramirez, MD;
194 Aaron W. Sable, MD; *Alice C. Watson, MD; and *Emily Ridge.

195
196 Board Advisor was: *Donald P. Condit, MD.

197
198 AMA Advisors were: *E. Chris Bush, MD; Betty S. Chu, MD, MBA; Theodore B. Jones, MD; *Christie
199 L. Morgan, MD; and *Krishna K. Sawhney, MD.

200
201 The Committee was staffed by: Mary Kate Barnauskas and Stacie J. Saylor.

202
203 * Denotes members in attendance.

**REPORT OF
REFERENCE COMMITTEE E – SCIENTIFIC AND EDUCATIONAL AFFAIRS**

John E. VanSchagen, MD, Chair

- 06-22 (17-20) Balancing Supply and Demand for Physicians by 2030 - **AMEND**
- 13-22 (40-20) Tuition Cost Transparency - **AMEND**
- 14-22 (53-20) Mental Health First Aid Training - **AMEND**
- 20-22 Ending Early School Start Times in Michigan - **AMEND**
- 21-22 Bedside Nursing and Health Care Staff Shortages - **APPROVE**
- 31-22 Amend CME Rules to Align with ABMS Policy Changes - **AMEND**
- 36-22 Limit the Pornography Viewing by Minors Over the Internet - **AMEND**
- 37-22 “Equality Model” for Survivors of Human Trafficking - **AMEND**
- 39-22 Expedited Immigrant Green Card for J-1 Visa Waiver Physicians Serving in Underserved Areas - **APPROVE**
- 43-22 Risks of Substance Use Linked to a Child’s Early Years - **WITHDRAWN**
- 53-22 Standards in Cultural Humility Training within Medical Education - **AMEND**
- 56-22 Universal K-12 Mental Health Screenings in Michigan Public Schools - **AMEND**
- 59-22 Improving and Standardizing Pregnancy and Lactation Accommodations for Medical Board Examinations - **AMEND**

Board Action Report #2-22 - Resolution 02-21 – “Vision Qualifications for Driver’s License” - **APPROVE** the Board Action’s Report to **AMEND** this resolution.

REPORT OF REFERENCE COMMITTEE E

John E. VanSchagen, MD, Chair

April 30, 2022

1 Reference Committee E was assigned Resolutions 06-22 (17-20), 13-22 (40-20), 14-22 (53-20),
2 20-22, 21-22, 31-22, 36-22, 37-22, 39-22, 43-22, 53-22, 56-22, 59-22, and Board Action Report
3 #2-22.

4

5 **06-22 (17-20) - Balancing Supply and Demand for Physicians by 2030 - AMEND**

6

7 The Committee amended the resolved portions to read:

8

9 RESOLVED: That MSMS take action on all fronts, including, but not limited to, supporting
10 legislation to pursue and implement remedies that will rebalance the supply and demand
11 equation for primary care physicians by 2030; and be it further

12

13 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
14 our AMA to take action on all fronts, including reaffirmation of all relevant AMA Policies, to
15 pursue and implement remedies that will rebalance the supply and demand equation for
16 primary care physicians by 2030.

17

18 There was broad support in testimony for Resolution 06-22; however, the Committee believed it
19 could be strengthened by amending the first Resolved to emphasize legislative action and by
20 amending the second Resolved to reaffirm current AMA Policy.

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24 **13-22 (40-20) - Tuition Cost Transparency - AMEND**

25

26 The Committee amended the resolved portions to read:

27

28 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
29 our AMA to collaborate with organizations such as the Association of American Medical
30 Colleges in creating transparency in tuition costs of undergraduate medical education
31 institutions; and be it further

32

33 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
34 our AMA to work with other national organizations to improve the affordability of medical
35 education.

36

37 There was broad support for Resolution 13-22; however, the Committee removed the second
38 Resolved since it could increase the cost of medical education without clear benefit to the
39 students. In addition, the last Resolved was amended to focus on the overall improvement of
40 affordability for medical school.

41 **14-22 (53-20) - Mental Health First Aid Training - AMEND**

42

43 The Committee amended the resolved portions to read:

44

45 RESOLVED: That MSMS support physician acquisition of emergency mental health
46 response skills by promoting education courses for physicians, fellows, residents, and
47 medical students; and be it further

48

49 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
50 our AMA to support physician acquisition of emergency mental health response skills by
51 promoting education courses for physicians, fellows, residents, and medical students; and
52 reaffirm AMA Policy D-345.994 and H-345.984.

53

54 There was broad support for Resolution 14-22; however, the Committee did not want to endorse
55 any single proprietary course. The Committee also wanted to strengthen both Resolved
56 statements by broadening the number of stakeholders providing these services.

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58

59

60 **20-22 - Ending Early School Start Times in Michigan - AMEND**

61

62 The Committee amended the resolved portions to read:

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64 RESOLVED: That MSMS encourage the Michigan Department of Education to educate
65 school districts, caregivers, and students on the harms of insufficient sleep and the
66 benefits of later school starts; and be it further

67

68 RESOLVED: That MSMS supports legislative efforts for middle school and high school start
69 times that provide students the opportunity to obtain the physiologically required
70 amount of sleep; thereby, resulting in scholastic, psychological, and health benefits.

71

72 There was strong support for Resolution 20-22; however, the Committee believed that middle
73 schools should be included and that MSMS support should include any potential legislative
74 efforts going forward. Additionally, the Committee was reluctant to suggest a mandate for
75 Resolution 20-22.

76

* * * * *

77

78

79 **21-22 - Bedside Nursing and Health Care Staff Shortages - APPROVE**

80

81

* * * * *

82

83 **31-22 - Amend CME Rules to Align with ABMS Policy Changes - AMEND**

84

85 The Committee amended the resolved portion to read:

86 RESOLVED: That MSMS work with the Michigan Boards of Medicine and Osteopathic
87 Medicine and Surgery to amend the Michigan Administrative Code, Rules 338.2443 and
88 338.143, or to seek legislative remedy, to align with the new American Board of Medical
89 Specialties' Standards for Continuing Certification such that active participation in
90 specialty continuing certification constitutes evidence of substantial compliance with
91 continuing medical education (CME) requirements and an acceptable means of meeting
92 CME requirements for license renewal.

93
94 There was overwhelming support for Resolution 31-22; however, the Committee believed MSMS
95 could seek a legislative remedy as an alternative to amending the Michigan Administrative Code.

96
97 * * * * *

98
99 **36-22 - Limit the Pornography Viewing by Minors Over the Internet - AMEND**

100
101 The Committee amended the resolved portions to read:

102
103 RESOLVED: That MSMS support legislation that would strengthen child-centric content
104 protection by internet service providers and/or search engines in order to limit the access
105 of pornography to minors on the Internet and mobile applications; and be it further

106
107 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
108 our AMA support legislation that would strengthen child-centric content protection by
109 internet service providers and/or search engines in order to limit the access of
110 pornography to minors on the internet and mobile applications; and be it further

111
112 RESOLVED: That MSMS support education of parents and health care providers about the
113 public health impact of pornography exposure during childhood.

114
115 There was overwhelming support for Resolution 36-22; however, the Committee believed that the
116 amended Resolved statements strengthen Resolution 36-22 with more actionable items.

117
118 * * * * *

119
120 **37-22 - "Equality Model" for Survivors of Human Trafficking - AMEND**

121
122 The Committee amended the resolved portions to read:

123
124 RESOLVED: That MSMS supports providing comprehensive trauma-informed social
125 services to human trafficking survivors and sex workers; and be it further

126
127 RESOLVED: That MSMS supports an extensive education campaign to raise awareness
128 about the lifelong physical harm and trauma experienced by human trafficking victims
129 and sex workers; and be it further

130 RESOLVED: That MSMS supports rehabilitation and education of convicted sex buyers; and
131 be it further

132
133 RESOLVED: That MSMS supports the further study of the Swedish Equality Model.

134
135 The Committee believed there were aspects of the Equality Model that were outside the purview
136 of MSMS and wanted to focus on supporting those elements of the Swedish Equality Model that
137 were within the purview of MSMS and its stakeholders.

138
139 * * * * *

140
141 **39-22 - Expedited Immigrant Green Card for J-1 Visa Waiver Physicians Serving in**
142 **Underserved Areas - APPROVE**

143
144 * * * * *

145
146 **43-22 - Risks of Substance Use Linked to a Child’s Early Years - WITHDRAWN**

147
148 The author was unable to attend the meeting and requested Resolution 43-22 be withdrawn.

149
150 * * * * *

151
152 **53-22 - Standards in Cultural Humility Training within Medical Education - AMEND**

153
154 The Committee amended the resolved portions to read:

155
156 RESOLVED: That MSMS supports initiatives by Michigan medical schools to include
157 cultural humility training for medical students as part of their cultural competency
158 curricula; including but not limited to integrating cultural humility within didactic and
159 experiential learning across medical school curricula; and be it further

160
161 RESOLVED: That Michigan Delegation to the American Medical Association (AMA) ask our
162 AMA to support the development of national standards for cultural humility training in the
163 medical school curricula and incorporate cultural humility training into its current policy.

164
165 There was strong support for Resolution 53-22; however, the Committee believed through
166 recommendations from testimony, current policies could be strengthened by distinguishing the
167 difference between cultural humility and cultural competence, as well as their interrelatedness.

168
169 * * * * *

170
171 **56-22 - Universal K-12 Mental Health Screenings in Michigan Public Schools - AMEND**

172
173 The Committee amended the resolved portion to read:

174 RESOLVED: That MSMS will advocate to the Michigan Department of Education for the
175 inclusion of annual, voluntary K-12 mental health screening that is evidence-based and
176 age appropriate within all Michigan Public Schools that possess adequate referral
177 resources that will serve to effectively identify and refer youth to needed mental health
178 services.
179

180 The Committee heard testimony that suggested universal screening may cause unintended
181 outcomes, including over-burdening schools who lack adequate resources as well as liability
182 concerns. The amended Resolved suggests limiting the scope of Resolution 56-22 to those school
183 systems with adequate resources.
184

185 * * * * *

186
187 **59-22 - Improving and Standardizing Pregnancy and Lactation Accommodations for**
188 **Medical Board Examinations - AMEND**
189

190 The Committee amended the resolved portions to read:
191

192 RESOLVED: That MSMS supports expanded pregnancy and lactation accommodations for
193 medical students and physicians taking required licensure examinations; and be it further
194

195 RESOLVED: That MSMS will advocate for contracted testing centers (i.e., Prometric) to
196 provide cold storage space to store expressed milk during testing and provide private
197 spaces for partners and babies to wait for testers to breastfeed on breaks; and be it further
198

199 RESOLVED: That MSMS will advocate for fee-waivers for pregnant students with
200 documented medical complications of pregnancy that would impact their ability to
201 complete and who need to reschedule their United States Medical Licensing Examination
202 exam; and be it further
203

204 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
205 our AMA to advocate for the implementation of 60 minutes of additional, scheduled break
206 time for medical students and residents who have pregnancy complications and/or
207 lactation needs for all NBME administered examinations, consistent with American Board
208 of Internal Medicine accommodations; and be it further
209

210 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
211 our AMA to advocate for the addition of pregnancy comfort aids, including but not limited
212 to, ginger teas, saltines, wastebaskets, and antiemetics, to the USMLE pre-approved list of
213 Personal Item Exemptions (PIEs) permitted in the secure testing area for pregnant
214 individuals.
215

216 There was broad support for Resolution 59-22; however, the Committee believed it was necessary
217 to maintain the scope of the resolution to contracted testing centers.
218

219 * * * * *

220 Board Action Report #2-22 - Resolution 02-21 – “Vision Qualifications for Driver’s License” -
221 **APPROVE** the Board Action’s Report to **AMEND** this resolution.

222

223

* * * * *

224

225 Members of the Committee include: *John E. VanSchagen, MD, Chair; *Judy V. Blebea, MD; *Ved
226 V. Gossain, MD; *Narasimha R. Gundamraj, MD; *Aliya C. Hines, MD, PhD; *Sherwin P. T. Imlay, MD;
227 Neelima Thati, MD; and *Charlotte Kreger.

228

229 Board Advisors were: Robert Francis Flora, MD, MBA, MPH and *Melanie S. Manary, MD.

230

231 AMA Advisors were: Mara Darian; Patricia Kolowich, MD; *Michael J. Redinger, MD; and *David T.
232 Walsworth, MD.

233

234 The Committee was staffed by: Scott Kempa and Joshua C. Richmond.

235

236 * Denotes members in attendance.

**REPORT OF
REFERENCE COMMITTEE C – INTERNAL AFFAIRS, BYLAWS, AND RULES**
Kenneth Elmassian, DO, Chair

- 03-22 (10-20) Inclusion of Northern Michigan in the Rotation for the HOD Meeting - **APPROVE**
- 08-22 (20-20) Michigan State Medical Society Judicial Commission - **AMEND**
- 30-22 Celebrate Michigan Physicians - **APPROVE**
- 40-22 MSMS Bylaws Revision to Codify Standard Practice for Members Joining or Transferring Membership - **AMEND; 1st Reading**
- 45-22 MSMS Committee on Membership Recruitment and Retention - **AMEND**
- 48-22 Group Membership Recruitment - **APPROVE**

Board Action Report #3-22 - Resolution 04-21 – “Dissemination of Information to the County Medical Societies” - **APPROVE** the Board Action’s Report to take **NO ACTION** this resolution.

Board Action Report #4-22 – “Revisions to the MSMS Policy Manual and the 2022 Sunset Policy” - **APPROVE**

BYLAWS SECOND AND FINAL READING

- 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**

RE-AFFIRMATION CALENDAR

- 02-22 (07-20) Mandatory Electronic Prescriptions in Michigan
- 35-22 Strengthen Laws to Curb Human Trafficking Aimed at People Who Buy Sex
- 49-22 Mandating a Health Systems Education in Medical School Curricula

REPORT OF REFERENCE COMMITTEE C

Kenneth Elmassian, DO, Chair

April 30, 2022

1 Reference Committee C was assigned Resolutions 03-22 (10-20), 08-22 (20-20), 30-22, 40-22,
2 45-22, 48-22, and Board Action Reports #2-22, and #4-22. The Committee also considered
3 Resolutions 13-21 and 20-21 that constitute changes to the Bylaws that were approved on first
4 reading at the 2021 House of Delegates.

5
6 **03-22 (10-20) - Inclusion of Northern Michigan in the Rotation for the HOD Meeting –**
7 **APPROVE**

8
9 * * * * *

10
11 **08-22 (20-20) - Michigan State Medical Society Judicial Commission - AMEND**

12
13 The Committee amended the resolved portion to read:

14
15 RESOLVED: That the MSMS Board of Directors study the structure and function of the
16 Judicial Commission and recommend Constitution and Bylaws changes that will be
17 brought to the 2022 MSMS House of Delegates for first reading.

18
19 The Reference Committee was supportive of the resolution; however, omitted the first Resolved
20 as the second Resolved succinctly summarizes both.

21
22 * * * * *

23
24 **30-22 - Celebrate Michigan Physicians – APPROVE**

25
26 * * * * *

27
28 **40-22 - MSMS Bylaws Revision to Codify Standard Practice for Members Joining or**
29 **Transferring Membership – AMEND, 1st Reading**

30
31 The Committee amended the resolved portion to read:

32
33 RESOLVED: That the MSMS Bylaws be amended as follows. Deletions are indicated by
34 ~~strikethroughs~~, additions are indicated in **bold type**.

35
36 2.20 MEMBERSHIP PREREQUISITE-All members of the several component societies,
37 when in good standing, are thereby and must be members of this Society. All
38 members of this Society must be members of a component medical society **where**
39 **they reside or primary location of practice** or direct members through the
40 Resident and Fellow Section or the Medical Student Section.

41 4.10 MEMBERSHIP AS PRIVILEGE - NOT RIGHT---**Anyone eligible may apply for**
42 **component membership within the county where they reside or primary**
43 **location of practice. Any exception would require written, mutual agreement**
44 **between the physician and/or physician group, MSMS, and the respective**
45 **county(ies).** Admission to membership in any component society is not a matter
46 of right, but one of privilege, to be accorded or withheld at the sole discretion of
47 such society. Each component society may determine the manner of electing its
48 members and shall be the sole judge of the qualifications of applicants for
49 membership therein. There shall be no discrimination on the basis of race,
50 religion, sex, ethnic origin, or sexual orientation.

51
52 5.10 CHANGE OF LOCATION – PROCEDURE---When a member of a component society,
53 by reason of change of **residence or primary location of practice** location,
54 desires to transfer membership to another component society, such member shall
55 make application thereto accompanied by tender of dues for the remaining half of
56 the current year (any major fraction of a half being regarded as a full half and any
57 minor fraction being disregarded). Thereupon, the secretary of the society to
58 which application is made shall request certification of standing from the Society
59 from which the member desires to transfer and upon receipt of such request the
60 secretary of the latter Society shall supply certification of good standing, provided
61 the following requirements have been met:

62
63 The Committee amended the sections to use consistent language. If approved, the Bylaws
64 changes will come back to the 2023 House of Delegates for 2nd and final reading.

65
66 * * * * *

67
68 **45-22 – MSMS Committee on Membership Recruitment and Retention – AMEND**

69
70 The Committee amended the resolved portion to read:

71
72 RESOLVED: That MSMS re-establish the Member Committee with the following criteria:

- 73
74 a. Committee meetings to occur no less than six times a year quarterly;
75 b. Committee membership to be composed of MSMS leadership and staff, as well as
76 members from a diverse not more than one leader and one staff member from each of
77 the component societies for which MSMS is responsible for collecting dues;
78 c. The Committee is to have a significant role in developing and adjusting the annual
79 membership recruitment and retention plan; and
80 d. The Committee is to develop a membership report for the 2023 MSMS House of
81 Delegates that includes dues rates from other state and county medical societies for all
82 membership categories to determine if a new dues rate structure is needed; state and
83 component society membership benefits to determine if changes or enhancements
84 are needed; the short- and long-term impact of COVID-19 on membership; and any
85 other significant membership information that the Committee requests; **and**

86 **e. The Membership Committee, once established, can determine the criteria for**
87 **membership and meeting regularity.**
88

89 The Committee was supportive of a Membership Committee. The amendment allows for the
90 Committee, once established to develop their own criteria for membership and meeting
91 regularity.

92 * * * * *

93
94
95 **48-22 - Group Membership Recruitment - APPROVE**
96

97 The Committee strongly supports this resolution and strongly encourages the MSMS Board to
98 take into consideration all of the aspects for membership recruitment; including the value of the
99 individuals that obtain membership through other groups; promoting value to members; and to
100 the organizations supporting group membership.

101 * * * * *

102
103
104 Board Action Report #3-22 - Resolution 04-21 – “Dissemination of Information to the County
105 Medical Societies” - **APPROVE** the Board Action’s Report to take **NO ACTION** this resolution.
106

107 The Reference Committee fully understands that communication and data is of concern for the
108 county medical societies. The Reference Committee approved Resolutions 40-22, “MSMS Bylaws
109 Revision to Codify Standard Practice for Membership Joining or Transferring Membership;” 45-22,
110 “MSMS Committee on Membership Recruitment and Retention;” and 48-22, “Group Membership
111 Recruitment,” to help address these issues. Board Action Report #3-22 asks MSMS to amend its
112 website privacy policy. The Reference Committee is concerned regarding the legalities of
113 changing the website privacy policy and putting members personal information at risk.
114 Additional discussion on the topic could also be discussed further at the newly established
115 Membership Committee meetings.

116 * * * * *

117
118
119 Board Action Report #4-22 – “Revisions to the MSMS Policy Manual and the 2022 Sunset Policy” –
120 **APPROVE**

121 * * * * *

122
123
124 **13-21 - Upholding the Integrity and Vitality of the State and County Medical Societies –**
125 **APPROVE, 2nd and Final Reading**
126

127 ~~4.20—ADJOINING COUNTY—A doctor of medicine whose principal location of practice is~~
128 ~~near a county may, with the permission of the Board of Directors of this Society, and upon~~
129 ~~being duly elected thereto, hold membership in the component society most convenient~~
130 ~~for the member to attend.~~

131 **20-21 - Designated Directors Serving as Chair of the MSMS Board of Directors - APPROVE,**
132 **2nd and Final Reading**

133
134 14.10 ORGANIZATION—The Board of Directors is the executive body of the Society.
135 Subject only to the following, it shall determine the times and places of its
136 meetings. At its first meeting immediately following the Annual Session of the
137 House of Delegates, the Board of Directors shall elect Secretary and Treasurer, who
138 shall serve for a term of office of one year or until a successor is elected and takes
139 office. At the same meeting, the Board of Directors shall elect a Chair, a Vice-Chair,
140 a Chair of the Finance Committee, a Chair of the Health Care Delivery Committee, a
141 Chair of the Legislative Policy Committee, and a Chair of the Scientific and
142 Educational Affairs Committee, who shall be duly elected Regional Directors **or**
143 **Designated Directors**, each to take office immediately and to serve for a term of
144 one year or until a successor is elected and takes office.

145
146 * * * * *

147
148 The Committee reviewed the Existing Policy Reaffirmation Calendar. The House of Delegates
149 received three resolutions that contained existing policy.

150
151 02-22 (07-20) - Mandatory Electronic Prescriptions in Michigan

152
153 35-22 - Strengthen Laws to Curb Human Trafficking Aimed at People Who Buy Sex

154
155 49-22 - Mandating a Health Systems Education in Medical School Curricula

156
157 * * * * *

158
159 Members of the Committee include: *Kenneth Elmassian, DO, Chair; *Edward Christy, MD; *Betty
160 S. Chu, MD, MBA; *Cheryl D. Gibson Fountain, MD; *Bryan W. Huffman, MD; *Theodore B.
161 Jones, MD; *David W. Whalen, MD; and *Phillip G. Wise, MD.

162
163 Board Advisor was: *Paul D. Bozyk, MD.

164
165 AMA Advisors were: *Michael D. Chafty, MD, JD; Pino D. Colone, MD; Mark C. Komorowski, MD;
166 and Venkat K. Rao, MD.

167
168 The Committee was staff by: Rebecca J. Blake and Jennifer L. Finney.

169
170 * Denotes members in attendance.

**REPORT OF
REFERENCE COMMITTEE D – PUBLIC HEALTH
Martha L. Gray, MD, Chair**

- 05-22 CPS Involvement in Cases of Maternal Cannabis Use - **AMEND**
- 12-22 (37-20) Waiting Period for Gun Purchase - **APPROVE**
- 15-22 (57-20) Safe Sex Education at Senior Living Facilities - **AMEND**
- 26-22 Recognizing the Contribution of the Clinical Laboratory Workforce in Combating COVID-19 in Michigan - **APPROVE**
- 27-22 Strengthen Support for Local Health Department Medical Directors and the Medical Health Officer Role - **AMEND**
- 33-22 Repeal of Michigan’s Abortion Law - **APPROVE**
- 34-22 Prohibit Persons from Carrying Firearms and Explosive Devices in Public Spaces - **AMEND**
- 41-22 MSMS Efforts to Mitigate the COVID-19 Pandemic - **AMEND**
- 47-22 Protect Freedom of Speech, Diversity of Thought, and Open Scientific Inquiry for Physicians - **DISAPPROVE**
- 50-22 Pictorial Health Warnings on Alcoholic Beverages - **AMEND**
- 54-22 Oppose Michigan’s Parental Consent Law MCL 722.903 - **AMEND**
- 55-22 Continuity of Care Upon Release from Correctional Systems - **AMEND**
- 60-22 Eliminate Medical Co-Payments in Prisons and Jails - **AMEND**

REPORT OF REFERENCE COMMITTEE D

Martha L. Gray, MD, Chair

April 30, 2022

1 Reference Committee D was assigned Resolutions 05-22, 12-22 (37-20), 15-22 (57-20), 26-22,
2 27-22, 33-22, 34-22, 41-22, 47-22, 50-22, 54-22, 55-22, and 60-22.

3

4 **05-22 - CPS Involvement in Cases of Maternal Cannabis Use – AMEND**

5

6 The Committee amended the resolved portions to read:

7

8 RESOLVED: That MSMS advocate for the need for research during pregnancy on the
9 impacts of recreational cannabis use on the fetus, and be it further

10

11 RESOLVED: That MSMS encourage professional education efforts for prenatal care
12 providers to be able to provide consistent recommendations on cannabis use in
13 pregnancy; and be it further

14

15 RESOLVED: That MSMS support the review of Child Protective Services (CPS) policies
16 concerning the mandated referral of pregnant patients to CPS solely for cannabis use.

17

18 The Committee agreed with the review of current and supporting changes in CPS policies that are
19 underway regarding the reporting of cannabis use. With changes already underway with CPS
20 processes, the Committee believed that a proposed revision was not timely or necessary but
21 would support efforts that have already begun.

22

23 * * * * *

24

25 **12-22 (37-20) - Waiting Period for Gun Purchase – APPROVE**

26

27 * * * * *

28

29 **15-22 (57-20) - Safe Sex Education at Senior Living Facilities – AMEND**

30

31 The Committee amended the resolved portion to read:

32

33 RESOLVED: That MSMS work with the Michigan Department of Health and Human
34 Services Office of Services to the Aging to support an assessment of the availability of
35 educational programs focused on sexual health of seniors in senior living communities.

36

37 The Committee supported working with the MDHHS to assess the availability of sexual education
38 programs in Michigan. However, the Committee thought the second Resolved, asking the AMA
39 to advocate for or support at a national level was premature and it first needs to discern what is
40 happening at the state level, and if there is a public health need for sexual education in these
41 communities.

42 **26-22 - Recognizing the Contribution of the Clinical Laboratory Workforce in Combating**
43 **COVID-19 in Michigan – APPROVE**

44
45 * * * * *

46
47 **27-22 - Strengthen Support for Local Health Department Medical Directors and the Medical**
48 **Health Officer Role – AMEND**

49
50 The Committee amended the resolved portions to read:

51
52 RESOLVED: That MSMS work with the Michigan Association of Local Public Health and the
53 Michigan Association of Preventive and Public Health Physicians in addition to other state
54 agencies and medical specialty groups to identify common goals and objectives for
55 improved synergy and advancement of physician leadership roles in local and state health
56 departments; and be it further

57
58 RESOLVED: That MSMS advocate for strong physician-led teams within governmental
59 public health as to support and enhance the voice of physicians for the benefit of
60 population health; and be it further

61
62 RESOLVED: That MSMS work with the Michigan Association of Local Public Health and the
63 Michigan Association of Preventive and Public Health Physicians as a liaison with other
64 health care stakeholders including, but not limited to, third party payers and the Michigan
65 Health & Hospital Association.

66
67 RESOLVED: That MSMS adopt policy to read as follows: MSMS shall advocate for (a)
68 consistent, sustainable funding to support our public health infrastructure; (b) incentives,
69 including loan forgiveness and debt reduction, to help strengthen the governmental
70 public health workforce in recruiting and retaining staff; (c) public health data
71 modernization and data governance efforts as well as efforts to promote interoperability
72 between health care and public health; and (d) efforts to ensure equitable access to public
73 health funding and programs.

74
75 The need for support and physician leadership in public health and local health departments
76 became more apparent during the public health emergency. The Committee supports this
77 resolution, and efforts that will come from it. The addition of a fourth Resolved asking for MSMS
78 to adopt policy which supports incentives and initiatives for physicians who go into public health
79 is one more step in strengthening physician relationships with our local public health offices
80 which is mirrored after AMA policy D-440.922 (4).

81
82 * * * * *

83
84 **33-22 - Repeal of Michigan’s Abortion Law – APPROVE**

85
86 * * * * *

87 **34-22 - Prohibit Persons from Carrying Firearms and Explosive Devices in Public Spaces –**
88 **AMEND**

89
90 The Committee amended the title and the resolved portion to read:

91
92 TITLE: Prohibit Persons from Carrying Firearms and Explosive Devices in Local and State
93 Government Buildings

94
95 RESOLVED: That MSMS advocate that firearms and explosive devices of all kinds, with a
96 carry exception for law enforcement officials, be prohibited from local and state
97 government buildings.

98
99 There was support for the Resolution; however, the Committee believed that including public
100 spaces in the language was too broad of a term. The focus on local and state government
101 buildings was appropriate while taking enforcement efforts into consideration. The title was
102 amended to remove public spaces and add local government buildings to coincide with the
103 resolved statement.

104
105 * * * * *

106
107 **41-22 - MSMS Efforts to Mitigate the COVID-19 Pandemic – AMEND**

108
109 The Committee amended the resolved portion to read:

110
111 RESOLVED: That MSMS takes a more assertive position in favor of requiring COVID-19
112 vaccinations for health care workers (with legitimate exceptions), using all available public
113 mediums to do so.

114
115 The Committee supports the intent of this Resolution, but after much discussion, it was decided
116 that moving past the MSMS Board statement regarding the support of COVID vaccines for health
117 care workers was necessary.

118
119 It was also decided to remove the second Resolved statement. There was a lot of discussion, but
120 yet could not find a better mechanism for policing physicians' words and actions in public
121 settings.

122
123 * * * * *

124
125 **47-22 - Protect Freedom of Speech, Diversity of Thought, and Open Scientific Inquiry for**
126 **Physicians – DISAPPROVE**

127
128 The consensus of the Committee was that the requested action in this Resolution went beyond
129 the scope of what MSMS should do. MSMS current policy supports the AMA Principles of Medical
130 Ethics; therefore, the Committee did not see any need for further study at this time.

131
132 * * * * *

133 **50-22 - Pictorial Health Warnings on Alcoholic Beverages – AMEND**

134

135 The Committee amended the resolved portion to read:

136

137 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
138 our AMA to advocate for the implementation of pictorial health warnings on alcoholic
139 beverages.

140

141 The Committee agreed with the importance of the Resolution but believes that it falls outside of
142 what can be accomplished by MSMS and at state level. The first two resolved statements were
143 removed because the Committee believed it was better suited to ask our AMA to look at this on a
144 national level where change can be more effective.

145

146 * * * * *

147

148 **54-22 - Oppose Michigan’s Parental Consent Law MCL 722.903 – AMEND**

149

150 The Committee amended the resolved portion to read:

151

152 RESOLVED: That MSMS advocate for an amendment to Michigan’s Parental Consent Law
153 MCL 722.903 to offer exemptions in cases of abuse, assault, incest, or neglect.

154

155 The Committee supported the first Resolved as written; however, did not believe that there is a
156 need to advocate for codification of the AMA’s Code of Medical Ethics Opinion 2.2.3 into state law.
157 MSMS currently follows the AMA’s Code of Medical Ethics as policy.

158

159 * * * * *

160

161 **55-22 - Continuity of Care Upon Release from Correctional Systems - AMEND**

162

163 The Committee amended the resolved portions to read:

164

165 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
166 our AMA to amend AMA policy H-430.986 - Health Care While Incarcerated (AMA) to read
167 as follows:

168

- 169 1. Our AMA advocates for adequate payment to health care providers, including
170 primary care and mental health, and addiction treatment professionals, to
171 encourage improved access to comprehensive physical and behavioral health care
172 services to juveniles and adults throughout the incarceration process from intake to
173 re-entry into the community.
- 174 2. Our AMA advocates and requires a smooth transition including partnerships and
175 information sharing between correctional systems, community health systems and
176 state insurance programs to provide access to a continuum of health care services
177 for juveniles and adults in the correctional system.

- 178 3. Our AMA encourages state Medicaid agencies to accept and process Medicaid
179 applications from juveniles and adults who are incarcerated.
- 180 4. Our AMA encourages state Medicaid agencies to work with their local departments
181 of corrections, prisons, and jails to assist incarcerated juveniles and adults who may
182 not have been enrolled in Medicaid at the time of their incarceration to apply and
183 receive an eligibility determination for Medicaid.
- 184 5. Our AMA advocates for states to suspend rather than terminate Medicaid eligibility
185 of juveniles and adults upon intake into the criminal legal system and throughout
186 the incarceration process, and to reinstate coverage when the individual transitions
187 back into the community.
- 188 6. Our AMA advocates for Congress to repeal the “inmate exclusion” of the 1965 Social
189 Security Act that bars the use of federal Medicaid matching funds from covering
190 healthcare services in jails and prisons.
- 191 7. Our AMA advocates for Congress and the Centers for Medicare & Medicaid Services
192 (CMS) to revise the Medicare statute and rescind related regulations that prevent
193 payment for medical care furnished to a Medicare beneficiary who is incarcerated or
194 in custody at the time the services are delivered.
- 195 8. Our AMA advocates for necessary programs and staff training to address the
196 distinctive health care needs of women and adolescent females who are
197 incarcerated, including gynecological care and obstetrics care for individuals who
198 are pregnant or postpartum.
- 199 9. Our AMA will collaborate with state medical societies, relevant medical specialty
200 societies, and federal regulators to emphasize the importance of hygiene and health
201 literacy information sessions, as well as information sessions on the science of
202 addiction, evidence-based addiction treatment including medications, and related
203 stigma reduction, for both individuals who are incarcerated and staff in correctional
204 facilities.
- 205 10. Our AMA supports: (a) linkage of those incarcerated to community clinics upon
206 release in order to accelerate access to comprehensive health care, including mental
207 health and substance use disorder services, and improve health outcomes among
208 this vulnerable patient population, as well as adequate funding; and (b) the
209 collaboration of correctional health workers and community health care providers
210 for those transitioning from a correctional institution to the community; **and (c) the**
211 **provision of longitudinal care from state supported social workers to perform**
212 **foundational check-ins that not only assess mental health but also develop**
213 **lifestyle plans with newly released people to support their employment,**
214 **education, housing, healthcare, and safety].**
- 215 11. Our AMA advocates for the continuation of federal funding for health insurance
216 benefits, including Medicaid, Medicare, and the Children’s Health Insurance
217 Program, for otherwise eligible individuals in pre-trial detention.
- 218 12. Our AMA advocates for the prohibition of the use of co-payments to access
219 healthcare services in correctional facilities; and be it further

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RESOLVED: That MSMS adopt policy AMA policy H-430.986 - Health Care While
Incarcerated (AMA) including the provision of longitudinal care from state supported
social workers to perform foundational check-ins that not only assess mental health but

224 also develop lifestyle plans with newly released people to support their employment,
225 education, housing, healthcare, and safety.

226
227 The Committee believed that there were current systems in place to provide services the
228 population mentioned in the resolution. The Committee believed that by adopting policy that
229 can support this population in the future, it would enable MSMS to effectively work on change if
230 needed. The amendment also reflects that MSMS will support the policy along with the new
231 language the Michigan Delegation to the AMA will be presenting at the upcoming AMA Annual
232 Meeting if this resolution is adopted.

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236 **60-22 - Eliminate Medical Co-Payments in Prisons and Jails - AMEND**

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238 The Committee amended the resolved portion to read:

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240 RESOLVED: That MSMS will support the elimination of medical copayments in prisons and
241 jails across the state of Michigan.

242
243 The Committee amended the resolution by removing the second Resolved statement with
244 support of the authors while agreeing with the first Resolved statement to support the
245 elimination of medical copayments in prisons and jails across the state.

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249 Members of the Committee include: *Martha L. Gray, MD, Chair; *Barry I. Auster, MD; *Denise D.
250 Collins, MD; *Loretta M. Leja, MD; *Annette M. Mercatante, MD, MPH; *Rama D. Rao, MD; *Anthony
251 M. Zacharek, MD; and *Samuel Borer.

252
253 Board Advisors were: *Belen Amat Martinez, MD and *Mildred J. Willy, MD.

254
255 AMA Advisors were: *Paul D. Bozyk, MD; *T. Jann Caison-Sorey, MD, MSA, MBA; *Kate Dobesh,
256 MD, JD; Courtland Keteyian, MD; and Richard E. Smith, MD.

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258 The Committee was staffed by: Dara J. Barrera and Anne'ka B. Marzette.

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260 * Denotes members in attendance.