

Sunday, May 1, 2022

Final Report

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

Order 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
3 MSMS. This loss of recurring revenue results in annual operating deficits exceeding \$1M. In
4 2021, MSMS realized an operating deficit of approximately \$1M compared to a \$1.3M
5 budgeted deficit. However, with investment returns included, MSMS overall generated
6 almost a \$600,000 surplus due to excellent market conditions. Market returns will be key to
7 financial growth as MSMS continues to work towards revenue growth. MSMS is budgeting
8 a \$1.5M operating deficit in 2022.

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

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

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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-
27 dues revenue.

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

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33 Several decades ago, the MSMS Board and Ways and Means Committee implemented a
34 strategy to grow MSMS reserves. This strategy was designed to keep MSMS from
35 increasing dues rates in years when expenses exceeded revenue by using reserves to fund

36 these operational deficits. Due to lower non-dues revenue, MSMS now needs to use these
37 reserves to fund operational deficits.

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39 MSMS currently has approximately 14 months of expenses in reserves and after the building
40 sale, will have approximately 23 months of expenses in reserves. Best practice for a non-
41 profit organization is six months of expenses in reserves. With its strong balance sheet of
42 reserves, MSMS is well positioned to fund these annual deficits and implement this P&L
43 strategy to expand revenue leading to positive operating margins in future years.

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

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

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

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

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

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63 *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.

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

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6 The Committee amended the resolved portion to read:

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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
12 Manual.

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

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21 **07-22- Expanded Child Tax Credit – AMEND**

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23 The Committee amended the resolved portions to read:

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

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

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

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

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

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

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

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

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

The Committee amended the title and resolved portions to read:

Title: Medical Professional Identification Transparency

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

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

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

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

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90 **19-22 - Gonad Shields: Regulatory and Legislation Advocacy to Oppose Routine Use in**
91 **Response to Recent Research - AMEND**

92 The Committee amended the resolved portion to read:

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

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97 A technical edit was made to replace "legislation" with "laws."

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101 **25-22 - Fentanyl Patch for Patch Exchange Program - DISAPPROVE**

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

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111 **28-22 -Retain Physician Assistant Professional Title - APPROVE**

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115 **29-22 - Transparency of Practice Agreements Between Physicians and Non-Physicians**
116 **- APPROVE**

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120 **32-22 - Amending Michigan's No Fault Auto Insurance Law (Again) - APPROVE**

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

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

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46-22 - Radiology Interpretation by Physicians – AMEND

The Committee amended the resolved portions to read:

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

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

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

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

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

Reference Committee B - 04/30/2022 - 5

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

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

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167 * 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.

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

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6 The Committee amended the resolved portions to read:

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

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

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

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21 **09-22 (24-20) - Prescription Medication Pill Size - DISAPPROVE**

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

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30 **10-22 (25-20) - Limit Copay on Emergency Department Visits - DISAPPROVE**

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

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22-22 - Clinical Laboratory Improvement Amendment Requirements - AMEND

The Committee amended the resolved portion to read:

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

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

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23-22 - Off-Label Policy - AMEND

The Committee amended the resolved portions to read:

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

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

- Patient Access to Treatments Prescribed by Their Physicians H-120.988
1. Our AMA confirms its strong support for the autonomous clinical decision-making authority of a physician and that a physician may lawfully use an FDA approved drug product or medical device for an off-label indication when such use is based upon sound scientific evidence or sound medical opinion; and affirms the position that, when the prescription of a drug or use of a device represents safe and effective therapy, third party payers, including Medicare, should consider the intervention as clinically appropriate medical care, irrespective of labeling, should fulfill their obligation to their beneficiaries by covering such therapy, and be required to cover appropriate 'off-label' uses of drugs on their formulary.
 2. Our AMA strongly supports the important need for physicians to have access to accurate and unbiased information about off-label uses of drugs and devices, while ensuring that manufacturer-sponsored promotions remain under FDA regulation.
 3. Our AMA supports the dissemination of generally available information about off-label uses by manufacturers to physicians. Such information should be independently

79 derived, peer reviewed, scientifically sound, and truthful and not misleading. The
80 information should be provided in its entirety, not be edited or altered by the
81 manufacturer, and be clearly distinguished and not appended to manufacturer-
82 sponsored materials. Such information may comprise journal articles, books, book
83 chapters, or clinical practice guidelines. Books or book chapters should not focus on
84 any particular drug. Dissemination of information by manufacturers to physicians
85 about off-label uses should be accompanied by the approved product labeling and
86 disclosures regarding the lack of FDA approval for such uses, and disclosure of the
87 source of any financial support or author financial conflicts.

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

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

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

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

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

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104 **24-22 - Medicare Prescription Drug Pricing - AMEND**

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106 The Committee amended the resolved portions to read:

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

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

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

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

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127 **42-22 - Medicare-for-All - DISAPPROVE**

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

133 **44-22 - Establishment of Periprocedural Committee in MSMS - DISAPPROVE**

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

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143 **51-22 - Medicaid Funding to Address Social Determinants of Health - REFER**

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

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156 **52-22 - Pharmaceutical Equity for Pediatric Populations - APPROVE**

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160 **57-22 - Informed Consent for Pelvic Examinations on Patients Who Are Unconscious**
161 **or Under Anesthesia - AMEND**

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The Committee amended the resolved portion to read:

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

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

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58-22 - Resource Allocations to Hospital Social Workers - AMEND

The Committee amended the resolved portion to read:

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

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

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

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

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201 Board Advisor was: *Donald P. Condit, MD.

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

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

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208 * 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-
2 20), 20-22, 21-22, 31-22, 36-22, 37-22, 39-22, 43-22, 53-22, 56-22, 59-22, and Board Action
3 Report #2-22.

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

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7 The Committee amended the resolved portions to read:

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

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

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

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

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26 The Committee amended the resolved portions to read:

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

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

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

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

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43 The Committee amended the resolved portions to read:

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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

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

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

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

61

62 The Committee amended the resolved portions to read:

63

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

67

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

72

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

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

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

The Committee amended the resolved portion to read:

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

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

* * * * *

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

The Committee amended the resolved portions to read:

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

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

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

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

122

123 * * * * *

124

125 **37-22 - "Equality Model" for Survivors of Human Trafficking - AMEND**

126

127 The Committee amended the resolved portions to read:

128

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

131

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

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

137

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

139

140 The Committee believed there were aspects of the Equality Model that were outside the
141 purview of MSMS and wanted to focus on supporting those elements of the Swedish
142 Equality Model that were within the purview of MSMS and its stakeholders.

143

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146 **39-22 - Expedited Immigrant Green Card for J-1 Visa Waiver Physicians Serving in
147 Underserved Areas - APPROVE**

148

149 * * * * *

150

151 **43-22 - Risks of Substance Use Linked to a Child's Early Years - WITHDRAWN**

152

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

155

156 * * * * *

157

158 **53-22 - Standards in Cultural Humility Training within Medical Education - AMEND**

159

160 The Committee amended the resolved portions to read:

161
162 RESOLVED: That MSMS supports initiatives by Michigan medical schools to include
163 cultural humility training for medical students as part of their cultural competency
164 curricula; including but not limited to integrating cultural humility within didactic and
165 experiential learning across medical school curricula; and be it further

166
167 RESOLVED: That Michigan Delegation to the American Medical Association (AMA)
168 ask our AMA to support the development of national standards for cultural humility
169 training in the medical school curricula and incorporate cultural humility training into
170 its current policy.

171
172 There was strong support for Resolution 53-22; however, the Committee believed through
173 recommendations from testimony, current policies could be strengthened by distinguishing
174 the difference between cultural humility and cultural competence, as well as their
175 interrelatedness.

176
177 * * * * *

178
179 **56-22 - Universal K-12 Mental Health Screenings in Michigan Public Schools - AMEND**

180
181 The Committee amended the resolved portion to read:

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

187
188 The Committee heard testimony that suggested universal screening may cause unintended
189 outcomes, including over-burdening schools who lack adequate resources as well as liability
190 concerns. The amended Resolved suggests limiting the scope of Resolution 56-22 to those
191 school systems with adequate resources.

192
193 * * * * *

194
195 **59-22 - Improving and Standardizing Pregnancy and Lactation Accommodations for**
196 **Medical Board Examinations - AMEND**

197
198 The Committee amended the resolved portions to read:

199

200 RESOLVED: That MSMS supports expanded pregnancy and lactation
201 accommodations for medical students and physicians taking required licensure
202 examinations; and be it further
203

204 RESOLVED: That MSMS will advocate for contracted testing centers (i.e., Prometric)
205 to provide cold storage space to store expressed milk during testing and provide
206 private spaces for partners and babies to wait for testers to breastfeed on breaks;
207 and be it further
208

209 RESOLVED: That MSMS will advocate for fee-waivers for pregnant students with
210 documented medical complications of pregnancy that would impact their ability to
211 complete and who need to reschedule their United States Medical Licensing
212 Examination exam; and be it further
213

214 RESOLVED: That the Michigan Delegation to the American Medical Association
215 (AMA) ask our AMA to advocate for the implementation of 60 minutes of additional,
216 scheduled break time for medical students and residents who have pregnancy
217 complications and/or lactation needs for all NBME administered examinations,
218 consistent with American Board of Internal Medicine accommodations; and be it
219 further
220

221 RESOLVED: That the Michigan Delegation to the American Medical Association
222 (AMA) ask our AMA to advocate for the addition of pregnancy comfort aids,
223 including but not limited to, ginger teas, saltines, wastebaskets, and antiemetics, to
224 the USMLE pre-approved list of Personal Item Exemptions (PIEs) permitted in the
225 secure testing area for pregnant individuals.
226

227 There was broad support for Resolution 59-22; however, the Committee believed it was
228 necessary to maintain the scope of the resolution to contracted testing centers.
229

230 * * * * *

231 Board Action Report #2-22 - Resolution 02-21 – “Vision Qualifications for Driver’s License” -
232 **APPROVE** the Board Action’s Report to **AMEND** this resolution.
233

234 * * * * *

235
236 Members of the Committee include: *John E. VanSchagen, MD, Chair; *Judy V. Blebea, MD;
237 *Ved V. Gossain, MD; *Narasimha R. Gundamraj, MD; *Aliya C. Hines, MD, PhD; *Sherwin P.
238 T. Imlay, MD; Neelima Thati, MD; and *Charlotte Kreger.
239

240 Board Advisors were: Robert Francis Flora, MD, MBA, MPH and *Melanie S. Manary, MD.
241

Reference Committee E - 04/30/2022 - 7

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

244

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

246

247 * 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” - **REFER** the Board Actions 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-
2 22, 45-22, 48-22, and Board Action Reports #2-22, and #4-22. The Committee also
3 considered Resolutions 13-21 and 20-21 that constitute changes to the Bylaws that were
4 approved on first 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
16 the Judicial Commission and recommend Constitution and Bylaws changes that will
17 be 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
20 Resolved 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
34 by ~~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
39 **where they reside or primary location of practice** or direct members
40 through the 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**
44 **agreement between the physician and/or physician group, MSMS, and**
45 **the respective county(ies).** Admission to membership in any component
46 society is not a matter of right, but one of privilege, to be accorded or
47 withheld at the sole discretion of such society. Each component society may
48 determine the manner of electing its members and shall be the sole judge of
49 the qualifications of applicants for membership therein. There shall be no
50 discrimination on the basis of race, religion, sex, ethnic origin, or sexual
51 orientation.

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

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

67
68 * * * * *

69
70 **45-22 – MSMS Committee on Membership Recruitment and Retention – AMEND**

71
72 The Committee amended the resolved portion to read:

73
74 RESOLVED: That MSMS re-establish the Member Committee with the following
75 criteria:

76
77 a. Committee meetings to occur no less than six times a year quarterly;

- 78 b. Committee membership to be composed of MSMS leadership and staff, as well
- 79 as members from a diverse not more than one leader and one staff member from
- 80 each of the component societies for which MSMS is responsible for collecting
- 81 dues;
- 82 c. The Committee is to have a significant role in developing and adjusting the
- 83 annual membership recruitment and retention plan; and
- 84 d. The Committee is to develop a membership report for the 2023 MSMS House of
- 85 Delegates that includes dues rates from other state and county medical societies
- 86 for all membership categories to determine if a new dues rate structure is
- 87 needed; state and component society membership benefits to determine if
- 88 changes or enhancements are needed; the short- and long-term impact of
- 89 COVID-19 on membership; and any other significant membership information
- 90 that the Committee requests; **and**
- 91 **e. The Membership Committee, once established, can determine the criteria**
- 92 **for membership and meeting regularity.**
- 93

94 The Committee was supportive of a Membership Committee. The amendment allows for

95 the Committee, once established to develop their own criteria for membership and meeting

96 regularity.

97

98 * * * * *

99

100 **48-22 - Group Membership Recruitment - APPROVE**

101

102 The Committee strongly supports this resolution and strongly encourages the MSMS Board

103 to take into consideration all of the aspects for membership recruitment; including the value

104 of the individuals that obtain membership through other groups; promoting value to

105 members; and to the organizations supporting group membership.

106

107 * * * * *

108

109 **Board Action Report #3-22 - Resolution 04-21 – “Dissemination of Information to the**

110 **County Medical Societies” - REFER** the Board Action Report to take **NO ACTION** this

111 resolution.

112

113 This Board Action Report was extracted. Originally, the Reference Committee

114 recommended to approve the Board’s recommendation to take no action. Rationale stated

115 the following:

116

117 “The Reference Committee fully understands that communication and data is of concern for

118 the county medical societies. The Reference Committee approved Resolutions 40-22,

119 “MSMS Bylaws Revision to Codify Standard Practice for Membership Joining or Transferring

120 Membership;" 45-22, "MSMS Committee on Membership Recruitment and Retention;" and
121 48-22, "Group Membership Recruitment," to help address these issues. Board Action Report
122 #3-22 asks MSMS to amend its website privacy policy. The Reference Committee is
123 concerned regarding the legalities of changing the website privacy policy and putting
124 members personal information at risk. Additional discussion on the topic could also be
125 discussed further at the newly established Membership Committee meetings."

126
127 Testimony during floor debate disagreed with the no action recommendation. A motion to
128 refer Board Action Report #3-22 (Resolution 04-21) back to the MSMS Board of Directors
129 was offered and approved.

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133 **Board Action Report #4-22 – "Revisions to the MSMS Policy Manual and the 2022**
134 **Sunset Policy" – APPROVE**

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138 **13-21 - Upholding the Integrity and Vitality of the State and County Medical Societies**
139 **– APPROVE, 2nd and Final Reading**

140
141 ~~4.20—ADJOINING COUNTY—A doctor of medicine whose principal location of~~
142 ~~practice is near a county may, with the permission of the Board of Directors of this~~
143 ~~Society, and upon being duly elected thereto, hold membership in the component~~
144 ~~society most convenient for the member to attend.~~

145 **20-21 - Designated Directors Serving as Chair of the MSMS Board of Directors -**
146 **APPROVE, 2nd and Final Reading**

147
148 14.10 ORGANIZATION—The Board of Directors is the executive body of the Society.
149 Subject only to the following, it shall determine the times and places of its
150 meetings. At its first meeting immediately following the Annual Session of
151 the House of Delegates, the Board of Directors shall elect Secretary and
152 Treasurer, who shall serve for a term of office of one year or until a successor
153 is elected and takes office. At the same meeting, the Board of Directors shall
154 elect a Chair, a Vice-Chair, a Chair of the Finance Committee, a Chair of the
155 Health Care Delivery Committee, a Chair of the Legislative Policy Committee,
156 and a Chair of the Scientific and Educational Affairs Committee, who shall be
157 duly elected Regional Directors **or Designated Directors**, each to take office
158 immediately and to serve for a term of one year or until a successor is elected
159 and takes office.
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The Committee reviewed the Existing Policy Reaffirmation Calendar. The House of Delegates received three resolutions that contained existing policy.

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

* * * * *

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

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

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

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

* 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 - **REFER**
- 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-
2 22, 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
17 use.

18

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

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26 **12-22 (37-20) - Waiting Period for Gun Purchase – APPROVE**

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29

30 **15-22 (57-20) - Safe Sex Education at Senior Living Facilities – AMEND**

31

32 The Committee amended the resolved portion to read:

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

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

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

The Committee amended the resolved portions to read:

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

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

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

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

The need for support and physician leadership in public health and local health departments became more apparent during the public health emergency. The Committee supports this resolution, and efforts that will come from it. The addition of a fourth Resolved asking for

80 MSMS to adopt policy which supports incentives and initiatives for physicians who go into
81 public health is one more step in strengthening physician relationships with our local public
82 health offices which is mirrored after AMA policy D-440.922 (4).

83

84

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86 **33-22 - Repeal of Michigan’s Abortion Law – REFER**

87

88 This Resolution was extracted. Originally, the Reference Committee recommended to
89 approve the Resolution 33-22. A motion was made to refer to the MSMS Board of
90 Directors. The motion was approved.

91

92

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93 **34-22 - Prohibit Persons from Carrying Firearms and Explosive Devices in Public**
94 **Spaces – AMEND**

95

96 The Committee amended the title and the resolved portion to read:

97

98

TITLE: Prohibit Persons from Carrying Firearms and Explosive Devices in Local and
99 State Government Buildings

100

101

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

104

105

106

107

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

110

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112

113 **41-22 - MSMS Efforts to Mitigate the COVID-19 Pandemic – AMEND**

114

115 The Committee amended the resolved portion to read:

116

117

RESOLVED: That MSMS takes a more assertive position in favor of requiring COVID-
118 19 vaccinations for health care workers (with legitimate exceptions), using all
119 available public mediums to do so.

120

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

124

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

128

129

* * * * *

130

131 **47-22 - Protect Freedom of Speech, Diversity of Thought, and Open Scientific Inquiry**
132 **for Physicians – DISAPPROVE**

133

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

138

139

* * * * *

140

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

141

142 The Committee amended the resolved portion to read:

143

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

147

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

152

153

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154

155 **54-22 - Oppose Michigan's Parental Consent Law MCL 722.903 – AMEND**

156

157 The Committee amended the resolved portion to read:

158

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

161

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

165

166

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167

168 **55-22 - Continuity of Care Upon Release from Correctional Systems - AMEND**

169

170 The Committee amended the resolved portions to read:

171

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

175

176 1. Our AMA advocates for adequate payment to health care providers, including
177 primary care and mental health, and addiction treatment professionals, to
178 encourage improved access to comprehensive physical and behavioral health
179 care services to juveniles and adults throughout the incarceration process from
180 intake to re-entry into the community.

181 2. Our AMA advocates and requires a smooth transition including partnerships
182 and information sharing between correctional systems, community health
183 systems and state insurance programs to provide access to a continuum of
184 health care services for juveniles and adults in the correctional system.

185 3. Our AMA encourages state Medicaid agencies to accept and process Medicaid
186 applications from juveniles and adults who are incarcerated.

187 4. Our AMA encourages state Medicaid agencies to work with their local
188 departments of corrections, prisons, and jails to assist incarcerated juveniles
189 and adults who may not have been enrolled in Medicaid at the time of their
190 incarceration to apply and receive an eligibility determination for Medicaid.

191 5. Our AMA advocates for states to suspend rather than terminate Medicaid
192 eligibility of juveniles and adults upon intake into the criminal legal system and
193 throughout the incarceration process, and to reinstate coverage when the
194 individual transitions back into the community.

195 6. Our AMA advocates for Congress to repeal the “inmate exclusion” of the 1965
196 Social Security Act that bars the use of federal Medicaid matching funds from
197 covering healthcare services in jails and prisons.

198 7. Our AMA advocates for Congress and the Centers for Medicare & Medicaid
199 Services (CMS) to revise the Medicare statute and rescind related regulations
200 that prevent payment for medical care furnished to a Medicare beneficiary who
201 is incarcerated or in custody at the time the services are delivered.

202 8. Our AMA advocates for necessary programs and staff training to address the
203 distinctive health care needs of women and adolescent females who are

- 204 incarcerated, including gynecological care and obstetrics care for individuals
205 who are pregnant or postpartum.
- 206 9. Our AMA will collaborate with state medical societies, relevant medical specialty
207 societies, and federal regulators to emphasize the importance of hygiene and
208 health literacy information sessions, as well as information sessions on the
209 science of addiction, evidence-based addiction treatment including
210 medications, and related stigma reduction, for both individuals who are
211 incarcerated and staff in correctional facilities.
- 212 10. Our AMA supports: (a) linkage of those incarcerated to community clinics upon
213 release in order to accelerate access to comprehensive health care, including
214 mental health and substance use disorder services, and improve health
215 outcomes among this vulnerable patient population, as well as adequate
216 funding; and (b) the collaboration of correctional health workers and
217 community health care providers for those transitioning from a correctional
218 institution to the community; **[and (c) the provision of longitudinal care
219 from state supported social workers to perform foundational check-ins
220 that not only assess mental health but also develop lifestyle plans with
221 newly released people to support their employment, education, housing,
222 healthcare, and safety].**
- 223 11. Our AMA advocates for the continuation of federal funding for health insurance
224 benefits, including Medicaid, Medicare, and the Children’s Health Insurance
225 Program, for otherwise eligible individuals in pre-trial detention.
- 226 12. Our AMA advocates for the prohibition of the use of co-payments to access
227 healthcare services in correctional facilities; and be it further

228
229 RESOLVED: That MSMS adopt policy AMA policy H-430.986 - Health Care While
230 Incarcerated (AMA) including the provision of longitudinal care from state supported
231 social workers to perform foundational check-ins that not only assess mental health
232 but also develop lifestyle plans with newly released people to support their
233 employment, education, housing, healthcare, and safety.

234
235 The Committee believed that there were current systems in place to provide services the
236 population mentioned in the resolution. The Committee believed that by adopting policy
237 that can support this population in the future, it would enable MSMS to effectively work on
238 change if needed. The amendment also reflects that MSMS will support the policy along
239 with the new language the Michigan Delegation to the AMA will be presenting at the
240 upcoming AMA Annual Meeting if this resolution is adopted.

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242 * * * * *

243
244 **60-22 - Eliminate Medical Co-Payments in Prisons and Jails - AMEND**

245

246 The Committee amended the resolved portion to read:

247

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

250

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

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

260

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

262

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

265

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

267

268 * Denotes members in attendance.