

Sunday, April 23, 2023

FINAL REPORT

Order taken

Ways and Means

D – Public Health

B – Legislation

A – Medical Care Delivery

E – Scientific and Educational Affairs

C – Internal Affairs and Bylaws

REPORT OF WAYS AND MEANS COMMITTEE

Dennis C. Szymanski, MD, Chair

April 22, 2023

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

1 Since the end of 2009, MSMS & subsidiaries experienced declining dues and non-dues
2 revenue. Prior to 2020, in response to declining revenue, MSMS & subsidiaries reduced
3 expenses to balance the budget (defensive P&L strategy). In 2020, MSMS changed to an
4 offensive P&L strategy by only reducing non-mission critical costs, increasing costs in areas
5 that could lead to revenue growth, and running operational deficits to be funded by reserve
6 funds while revenue growth reduced the deficit over time.

7
8 In late 2022, since revenue continued to decline and the operating deficits continued to
9 grow, the Budget Development Committee, Finance Committee, and Board decided to
10 switch back to a defensive P&L strategy by instituting significant expense reductions
11 effective in the 2023 budget.

12
13 Doctor Tom George took the position of MSMS Interim CEO in late November 2022 and
14 immediately began the process of getting MSMS back to a positive operating surplus.
15 Doctor George's multi-year deficit reduction plan includes several components including
16 spending reductions, membership outreach, and pursuing more grants. More expense
17 reductions will be implemented if the revenue strategies need more time to develop.

18
19 MSMS currently has approximately eleven months of expenses in reserves. Best practice for
20 a non-profit organization is six months of expenses in reserves.

21
22 The MSMS executive team and Board Leadership will continue to work closely to monitor
23 reserve levels, assess execution of the P&L strategy, and deficit reduction plan and make
24 appropriate adjustments as needed.

25
26 Most fiscal notes represent estimated staff time/costs to accomplish the resolution. Please
27 also understand that referral to the Board adds additional staff time/costs. MSMS has a
28 limited staff who also need to spend their time on Board strategies and the general
29 operations of the organization including membership and revenue growth.

30
31 The adoption of resolutions may cause staff to spend less time on Board strategies, growing
32 revenue, and current HOD policies or potentially cause MSMS to hire more staff and
33 therefore increase costs.

34

35 Therefore, Doctor Tom George, Interim MSMS CEO, the MSMS Board, and the Ways &
36 Means Committee urge the Delegation to consider our limited staff resources with the need
37 to balance policy making by the HOD with Board strategic priorities and the day-to-day
38 operations of the organization.

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41 Members of the Ways and Means Committee include: *Dennis C. Szymanski, MD, Chair;
42 Ronald B. Levin, MD, Vice-Chair; *Anita R. Avery, MD; *E. Chris Bush, MD; *Venkat K. Rao,
43 MD; and *Edward J. Rutkowski, MD.

44

45 Board Advisors were: *Paul D. Bozyk, MD; *Mark C. Komorowski, MD; *Brian R. Stork, MD;
46 and *John A. Waters, MD.

47

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

49

50 * Denotes members in attendance.

**REPORT OF
REFERENCE COMMITTEE D – PUBLIC HEALTH**

Anthony M. Zacharek, MD, Chair

- 02-23 Protecting Access to Gender-Affirming Care – **APPROVED**
- 03-23 Newborn Screening for Urea Cycle Disorder - **APPROVED**
- 05-23 Inclusive Language Policy - **APPROVED**
- 18-23 Well-Trained County Health Officers – **APPROVED AS AMENDED**
- 29-23 Access to Emergency Contraception - **APPROVED**
- 34-23 Avoid Use of ICD COVID Vaccination Status Codes and Prevent Discrimination Based on Vaccine Status - **DISAPPROVED**
- 35-23 Access to Gender-Affirming Care - **APPROVED**
- 40-23 Personal Choices, Sexuality, and Reproductive Health Education - **APPROVED**
- 44-23 Climate Change Designation, Goals, and Implementation of Measures – **APPROVED AS AMENDED**
- 45-23 Decarbonization of Health Care Facilities – **APPROVED AS AMENDED**
- 46-23 Climate Change Education - **APPROVED**
- 47-23 Support for Climate Plans for the State of Michigan, Counties, Townships and Municipalities, School Districts and Other Governmental Entities in Michigan - **REFERRED**

Board Action Report #01-23 - Resolution 33-22 - "Repeal of Michigan's Abortion Law" **APPROVED** the Board Action's Report to **AMEND** this resolution.

REPORT OF REFERENCE COMMITTEE D

Anthony M. Zacharek, MD, Chair

April 22, 2023

1 Reference Committee D was assigned Resolutions 02-23, 03-23, 05-23, 18-23, 29-23, 34-23,
2 35-23, 40-23, 44-23, 45-23, 46-23, 47-23, and Board Action Report #01-23.

3

4 **02-23 - Protecting Access to Gender-Affirming Care - APPROVED**

5

6 RESOLVED: That MSMS support legislation that seeks to protect patient access to
7 gender-affirming care; and be it further

8

9 RESOLVED: That MSMS oppose legislation that seeks to ban or restrict patient access
10 to gender-affirming care; and be it further

11

12 RESOLVED: That MSMS oppose legislation that seeks to punish, imprison, or fine
13 health care providers for providing gender-affirming care as recommended by
14 established medical guidelines.

15

16 This recommendation was extracted. A motion was made to amend the resolution. The
17 amendment was defeated and the resolution was approved.

18

19 * * * * *

20

21 **03-23 - Newborn Screening for Urea Cycle Disorder - APPROVED**

22

23 RESOLVED: That MSMS support newborn screenings for newborns born in the state
24 of Michigan; and be it further.

25

26 RESOLVED: That MSMS encourages the inclusion of urea cycle disorders specifically
27 OTC and CPS1 deficiency in the newborn screening through blood nitrogen level or
28 other similar tests.

29

30 * * * * *

31

32 **05-23 - Inclusive Language Policy - APPROVED**

33

34 RESOLVED: That MSMS, under the guidance of its Task Force to Advance Health
35 Equity and Policy Manual Review Committee, develop an inclusive language policy
36 consistent with the framework published in the American Medical Association’s

37 "Advancing Health Equity: a Guide to Language, Narrative, and Concepts;" and be it
38 further

39
40 RESOLVED: That MSMS notify its members and the county medical societies of the
41 inclusive language policy once developed and include a call to action to follow the
42 policy for all resolutions submitted to the 2024 and future House of Delegates
43 meetings.

44
45 This resolution was extracted. Two motions were made – referral to the MSMS Board of
46 Directors for study and amend. Both motions failed. The Reference Committee's
47 recommendation was upheld and the resolution approved.

48
49 * * * * *

50
51 **18-23 - Well-Trained County Health Officers – APPROVED AS AMENDED**

52
53 Title: Well Trained County Health Officers and Leadership

54
55 RESOLVED: That MSMS support staffing county public health departments with
56 highly qualified individuals through the processes outlined by the Department of
57 Human Services with formal job searches and open interviews to hire qualified
58 candidates for permanent positions; and be it further

59
60 RESOLVED: That MSMS advocate for the appointment of qualified individuals to
61 county health roles in cases where normal protocols to ensure the selection of
62 qualified candidates are not followed. This advocacy may include, but should not be
63 limited to, letters or phone calls to the relevant county or state agencies charged
64 with oversight.

65
66 It was brought to the Committee's attention that there may be different titles or roles in
67 leadership at a County Health Department which could be encompassed by changing it to
68 include those in Leadership positions along with the Health Officer role.

69
70 * * * * *

71
72 **29-23 - Access to Emergency Contraception - APPROVED**

73
74 RESOLVED: That MSMS partner with other medical organizations to issue a
75 statement encouraging physicians to provide patients with evidence-based
76 information about emergency contraception as part of the counseling and informed
77 consent process provided to any patient requesting emergency contraception; and
78 be it further

79 RESOLVED: That MSMS support efforts to increase access to emergency
80 contraception in various medical settings including ambulatory offices, pharmacies,
81 emergency departments, and hospitals.

82

83 * * * * *

84

85 **34-23 - Avoid Use of ICD COVID Vaccination Status Codes and Prevent Discrimination**
86 **Based on Vaccination Status – DISAPPROVED**

87

88 Title: Prevent Discrimination Based on Vaccination Status

89

90 RESOLVED: That MSMS advise physicians not to discriminate in the provision of
91 medical care, or allow others to do so, based on vaccination status.

92

93 The Committee recommended to amend. They received direction from MSMS Legal
94 Counsel that there was a concern regarding the boycott of the ICD-10 codes documenting
95 COVID-19 vaccination status, and that it may be problematic from an antitrust law
96 standpoint. Further, the Committee heard testimony regarding support for documentation
97 of vaccination status for all vaccines, not just COVID-19. The committee amended the
98 resolved to reflect the support for preventing discrimination based on vaccination status,
99 regardless of the vaccine.

100

101 This resolution was extracted. The Reference Committee’s recommended amendments
102 were not supported. The House of Delegates ultimately disapproved the resolution in its
103 entirety.

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105 * * * * *

106

107 **35-23 - Access to Gender-Affirming Care - APPROVED**

108

109 RESOLVED: That MSMS affirms that an individual’s genotypic sex, phenotypic sex,
110 sexual orientation, gender, and gender identity are not always aligned or indicative
111 of the other, and that gender for many individuals may differ from the sex assigned
112 at birth; and be it further

113

114 RESOLVED: That MSMS support access to gender-affirming care including the
115 spectrum of behavioral, psychological, medical, and surgical interventions for the
116 treatment of gender dysphoria or gender incongruence and shall support public and
117 private health insurance coverage for treatment of gender dysphoria or gender
118 incongruence; and be it further

119 RESOLVED: That MSMS opposes criminalization and legislative interference in the
120 provision of gender-affirming care as outlined by generally-accepted standards of
121 medical and surgical practice; and be it further
122

123 RESOLVED: That MSMS supports education on gender diversity and gender-
124 affirming care at all levels of medical education, including medical school, residency,
125 and continuing professional development; and be it further
126

127 RESOLVED: That MSMS partner with other medical organizations to issue a
128 statement encouraging physician education regarding gender-affirming care and
129 affirming that physicians should assist in transferring and referring transgender
130 patients to the appropriate health care when they are unable to provide the gender-
131 affirming services the patient needs.
132

133 This resolution was extracted. A motion was made to refer the resolution to the Board of
134 Directors for decision. That motion failed. The Reference Committee's recommendation was
135 upheld and the resolution approved.
136

137 * * * * *

138
139 **40-23 - Personal Choices, Sexuality, and Reproductive Health Education - APPROVED**
140

141 RESOLVED: That MSMS seek collaboration with the Michigan Department of Health
142 and Human Services, the Michigan Department of Education, all major medical
143 professional societies, reproductive rights advocacy groups, and parental
144 organizations to implement and maintain a statewide age-appropriate, culturally
145 respectful comprehensive sexuality and reproductive health education and
146 reproductive rights program to be completed by age 12, prior to the initiation of
147 sexual activity (sexual debut) for all persons; and be it further

148 RESOLVED: That MSMS Delegation to the American Medical Association (AMA) ask
149 the AMA to expand a statewide age-appropriate, culturally respectful comprehensive
150 sexuality and reproductive health education and reproductive rights curriculum
151 nationwide.
152

153 * * * * *

154
155 **44-23 - Climate Change Designation, Goals, and Implementation of Measures –**
156 **APPROVED AS AMENDED**
157

158 RESOLVED: That MSMS support efforts to educate physicians and other health care
159 workers that climate change is creating a health care emergency and that these

160 climate change effects are disproportionately causing health consequences among
161 these vulnerable populations; and be it further

162
163 RESOLVED: That MSMS support and advocate to educate our communities, medical
164 and non-medical, about the impact of climate change on health outcomes for the
165 residents of Michigan; and be it further

166
167 RESOLVED: That MSMS, in conjunction with the Michigan Department of Health and
168 Human Services, advocate for education of the public as to ways to mitigate the
169 impact the effects of climate change and reduce the use of fossil fuels; and be it
170 further

171
172 RESOLVED: That MSMS will support the membership in efforts to address climate
173 change by advocating for members to use available resources for climate change
174 education and mitigation through its support and membership in groups such as the
175 Medical Society Consortium on Climate and Health, My Green Doctor, and Practice
176 Green Health.

177
178 The Committee amended the fourth resolved to include the full name of the Medical Society
179 Consortium on Climate and Health.

180
181 This resolution was extracted. The House of Delegates supported the Reference
182 Committee's recommendation and the resolution was approved as amended.

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184 * * * * *

185
186 **45-23 - Decarbonization of Health Care Facilities – APPROVED AS AMENDED**

187
188 RESOLVED: That MSMS support the reduction of the greenhouse gas profile of
189 health care facilities and the involvement of physicians in this effort including the
190 following:

- 191
- 192 A. Reduction in the release of CO2 and methane related to building electricity,
193 building heating and cooling, water heating, vehicle use, components of
194 buildings, and other sources.
 - 195 B. MSMS supports the exploration of limiting and/or removing desflurane and
196 nitrous in operating rooms within hospitals, private facilities and offices
197 providing anesthesia to patients for surgeries and for procedures.
 - 198 C. Reduction in greenhouse gas release related to products used in health care,
199 employee and patient travel, and other sources.
 - 200 D. Electrification of appliances to enable future powering by electricity from
201 sustainable sources, replacing use of fossil fuels.

- 202 E. Signing of the HHS pledge form by health care systems in Michigan.
- 203 F. Development and participation in climate resilience plans by health care
- 204 systems.
- 205

206 The Committee amended the resolved by striking the point that requested the
207 Reactivation by the U.S. Department of Health and Human Services (HHS) or other
208 government agencies of the opportunity for health care systems to sign the HHS pledge
209 form. This was already completed in 2021, and therefore does not need to be addressed
210 in this resolution.

211
212 This resolution was extracted. A motion was made to amend the resolution further. The
213 House of Delegates approved the proposed amendment and the resolution was
214 approved as amended.

215
216 * * * * *

217
218 **46-23 - Climate Change Education - APPROVED**

219
220 RESOLVED: That MSMS support efforts to educate physicians and other health care
221 workers about climate change including its health consequences; air pollution and its
222 health consequences; approaches to mitigating climate changes, air pollution, and
223 their health consequences; and approaches to resilience from the effects of climate
224 change and air pollution. Such support may include, but is not limited to:

- 225
- 226 1. Live or virtual presentations at the MSMS Annual Scientific Meeting, at the MSMS
- 227 House of Delegates Meeting, and within health care settings and other venues as
- 228 appropriate.
- 229 2. Periodic new items and suggestions to members via *Michigan Medicine*,
- 230 *Medigram*, and other channels of communication.
- 231

232 This resolution was extracted. The House of Delegates upheld the Reference Committee's
233 recommendation and the resolution was approved.

234
235 * * * * *

236
237 **47-23 - Support for Climate Plans for the State of Michigan, Counties, Townships and**
238 **Municipalities, School Districts and Other Governmental Entities in Michigan –**
239 **REFERRED**

240
241 RESOLVED: That MSMS supports Michigan's Healthy Climate Plan, including
242 measures to fund and implement this plan; and be it further

243 RESOLVED: That MSMS supports development and implementation of climate plans
244 for counties, townships, cities and other municipalities, school districts, and other
245 governmental entities in Michigan; and be it further
246

247 RESOLVED: That MSMS urges physician involvement in developing, building support
248 for, funding, and implementing climate plans for counties, townships, cities and other
249 municipalities, school districts, and other governmental entities in Michigan.
250

251 This resolution was extracted. A motion was made to refer to the MSMS Board of Directors
252 for action. The motion was approved and the resolution was referred to the MSMS Board of
253 Directors for action.

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257 Board Action Report #01-23 - Resolution 33-22 - "Repeal of Michigan's Abortion Law" -

258 **APPROVED** the Board Action's Report to **AMEND** this resolution.

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262 Members of the Committee include: *Anthony M. Zacharek, *MD, Chair; *John A. Hopper,
263 MD; *Sherwin P.T. Imlay, MD; *James C. Mitchiner, MD, MPH; *Ijeoma N. Opara, MD; *Rama
264 D. Rao, MD; and *Latonya A. Riddle-Jones, MD.

265

266 Board Advisors were: *Melanie S. Manary, MD and Mildred J. Willy, MD.

267

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

270

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

272

273 * Denotes Members in attendance.

**REPORT OF
REFERENCE COMMITTEE B – LEGISLATION**

Courtland Keteyian, MD, MBA, MPH, Chair

- 04-23 Protect Working Families With Medical Debt Burden – **APPROVED AS AMENDED**
- 08-23 Credential, Supervision, and Outcomes Transparency - **REFERRED**
- 13-23 Persons Charged with or Convicted of Violent Offense Subject to Firearm Regulation - **APPROVED**
- 16-23 Physician Antiretaliation, Due Process, and Indemnification Rights - **APPROVED**
- 19-23 Standards for Collaborative Agreements - **APPROVED**
- 20-23 Dedicated On-Site Physician Requirement for Emergency Departments – **APPROVED AS AMENDED**
- 21-23 Adopting Standard Language for Discussions Regarding Scope of Practice - **APPROVED**
- 31-23 Enable Over-the-Counter Hormonal Contraception – **APPROVED AS AMENDED**
- 41-23 Address Disproportionate Sentencing for Drug Offenses - **APPROVED**
- 48-23 Removing Legal Impediments to Women’s Reproductive Rights - **DISAPPROVED**

REPORT OF REFERENCE COMMITTEE B – LEGISLATION

Courtland Keteyian, MD, MBA, MPH, Chair

April 22, 2023

1 Reference Committee B was assigned Resolutions 04-23, 08-23, 13-23, 16-23, 19-23, 20-23,
2 21-23, 31-23, 41-23, and 48-23.

3

4 **04-23 - Protect Working Families With Medical Debt Burden – APPROVED AS** 5 **AMENDED**

6

7 Title: Protect Patients with Medical Debt Burden

8

9 RESOLVED: That MSMS lobby state and county officials to modernize and update
10 garnishment protections to protect assets Michigan residents need to pay down
11 medical debt (i.e., wages or property); and be it further

12

13 RESOLVED: That MSMS work with the appropriate state regulatory agency to cap
14 the maximum interest rate on medical debt at 5 percent; and be it further

15

16 RESOLVED: The Michigan Delegation to the American Medical Association (AMA)
17 encourage our AMA to work with the appropriate national organizations to address
18 the medical debt crisis by adopting robust policies at the federal and state level that
19 prevent medical debt, help consumers avoid court involvement, and ensure that
20 court-involved cases do not result in devastating consequences on patients'
21 employment, physical health, mental wellbeing, housing, and economic stability.

22

23 Testimony was overall supportive. The Committee recommends minor changes to clarify
24 the intention of the resolution. The title was amended by replacing “working families” to
25 “patients” and inserting “medical” before “debt” in the first resolved statement.

26

27 * * * * *

28

29 **08-23 - Credential, Supervision, and Outcomes Transparency - REFERRED**

30

31 RESOLVED: That MSMS believes all health care practitioners must clearly identify
32 themselves as a physician or as a non-physician practitioner, including their
33 credentials and field of specialty; and be it further

34

35 RESOLVED: That MSMS believes that a physician must directly supervise all
36 non-physician practitioners. In cases where a non-physician practitioner is practicing
37 unsupervised in a health care facility, the health care facility must acknowledge in

38 writing that the facility is directly responsible for patient care provided by the
39 non-physician practitioners; and be it further

40 RESOLVED: That MSMS supports all medical malpractice insurance companies
41 annually reporting outcomes for all health care practitioners against whom they have
42 taken corrective action to the health care facilities where they have privileges and
43 their respective licensing Boards. Additionally, health care practitioners shall self-
44 report any corrective actions to the health care facilities where they have privileges
45 and their respective licensing Boards; and be it further

46
47 RESOLVED: That MSMS supports all hospitals and health care facilities reporting any
48 outcomes of health care practitioners that have led to a corrective action to the
49 health practitioner’s respective licensing Boards.

50
51 Testimony on this resolution was mixed. MSMS has existing policy regarding the credential
52 and transparency issue addressed in the first resolved statement. Regarding the remaining
53 resolved statements, the Committee supported the overall principles, but believes the
54 language needs additional clarification to ensure it aligns with existing MSMS policy.
55 Therefore, additional review by the MSMS Board of Directors is recommended.

56
57 * * * * *

58
59 **13-23 - Persons Charged with or Convicted of Violent Offense Subject to Firearm**
60 **Regulation - APPROVED**

61
62 RESOLVED: That MSMS lobby for a restriction on the purchase of new firearms in
63 Michigan by people with assault, violent assault and battery, or other violent
64 misdemeanor convictions for 10 years; and be it further

65
66 RESOLVED: That MSMS lobby for a rescindment of any and all firearm possession by
67 people with assault, violent assault and battery, or other violent misdemeanor
68 convictions for 10 years; and be it further

69
70 RESOLVED: That the Michigan Delegation to the American Medical Association
71 (AMA) ask our AMA to study the effect of including a rescindment period of 10 years
72 in accordance with other established rescindment periods presented by other states.

73
74 The Committee recommended disapproval and noted that MSMS has extensive policy
75 addressing this issue. Testimony in the online forum highlighted support, but also concerns
76 with setting the threshold to rescind at the level of misdemeanor versus felony. Testimony
77 also noted inconsistent enforcement of existing policies and laws by local officials due to
78 concerns over equity and social justice.

79 Additionally, the Michigan Legislature recently debated the issue of firearm ownership by
80 persons with a history of violence and passed several gun safety reform bills related to the
81 stated goals.

82
83 This resolution was extracted. The House of Delegates disagreed with the Reference
84 Committee’s recommendation to disapprove and the resolution was approved.

85
86 * * * * *

87
88 **16-23 - Physician Antiretaliation, Due Process, and Indemnification Rights -**
89 **APPROVED**

90
91 RESOLVED: That MSMS (1) continue to assess the needs of employed physicians,
92 ensuring autonomy in clinical decision-making and self-governance; (2) promote
93 physician collaboration, teamwork, partnership, and leadership in emerging health
94 care organizational structures, including but not limited to hospitals, health care
95 systems, medical groups, insurance company networks and accountable care
96 organizations, in order to assure and be accountable for the delivery of quality health
97 care; (3) advocate for the rights of physicians against employer retaliation, including
98 unfair or discriminatory termination of employment or contractual obligation for
99 conscious objection and/or conscious refusal to participate in any activity that the
100 physician judges to be unethical or unsafe for patients; and (4) advocate for the
101 physician’s authority to practice medicine based on medical judgment, conscience,
102 ethics, morals, or good faith obligation toward patients to a non-physician or
103 corporate entity; and be it further

104
105 RESOLVED: That MSMS adopt policy and advocate (1) to ensure physicians on staff
106 receive written notification when their license is being used to document supervision
107 of non-physician practitioners; (2) that physician supervision should be explicitly
108 defined and mutually agreed upon; (3) that advanced notice and disclosure be
109 provided to physicians before they are hired or as soon as practicably known by
110 provider organizations and institutions that anticipate physician supervision of non-
111 physician practitioners as a condition for physician employment; (4) that
112 organizations, institutions, and medical staffs that have physicians who participate in
113 supervisory duties for non-physician practitioners have processes and procedures in
114 place that have been developed with appropriate clinical physician input; (5) that
115 physicians have the right to object to or refuse to allow their license to be used to
116 document supervision of non-physician practitioners without fear of retaliation; (6)
117 that physicians be able to report professional concerns about care provided by the
118 non-physician practitioners to the appropriate leadership with protections against
119 retaliation; and (7) should be indemnified at the organizations’ and institutions’

120 expense from malpractice claims and other litigation arising out of the supervision
121 function.

122
123 This resolution was extracted. The House of Delegates upheld the Reference Committee's
124 recommendation and the resolution was approved.

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127
128 **19-23 - Standards for Collaborative Agreements - APPROVED**

129
130 RESOLVED: That MSMS affirms the urgency of defining standards for "collaborative
131 agreements" with advanced practice registered nurses (APRN)s and that MSMS seek
132 and support legislation that would require APRNs to work in a setting and perform
133 tasks and procedures that are within the collaborating physician's particular field of
134 medicine, as qualified by residency training and/or board certification to perform;
135 and be it further

136
137 RESOLVED: That MSMS believes physicians who enter into collaborative or practice
138 agreements with advanced practice registered nurses (APRNs) or physician assistants
139 (PAs) from a location outside of Michigan must be available to answer questions and
140 directly collaborate with the non-physician practitioners, or to examine the patient,
141 during a majority of the hours of activity of the APRN and/or PA via video
142 conferencing; and be it further

143 RESOLVED: That MSMS supports the appropriate licensing Boards and agency
144 investigating physicians who deliberately violate the spirit of safe collaborative
145 medical practice with non-physicians by (1) engaging in a pattern of negligent
146 delegation to, supervision of, or collaboration with NPPs, (2) supervising activities for
147 which the physician is not formally trained and/or board certified, or (3) not being
148 promptly available to communicate with the NPP and/or patient; and censure
149 physicians who disregard collaborative requirements by aiding and abetting the
150 unlicensed practice of medicine.

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153
154 **20-23 - Dedicated On-Site Physician Requirement for Emergency Departments –**
155 **APPROVED AS AMENDED**

156
157 RESOLVED: That MSMS pursue the enactment of legislation or regulation requiring
158 all facilities in the state of Michigan that imply the provision of emergency medical
159 care have the real-time, on-site presence of a physician, and on-site supervision of
160 non-physician practitioners (e.g., APRNs, PAs, and CRNAs, as defined by CMS) by a
161 licensed physician with training and experience in emergency medical care whose

162 primary duty is dedicated to patients seeking emergency medical care in that
163 emergency department, and be it further

164
165 RESOLVED: That the MSMS Delegation to the American Medical Association (AMA)
166 ask our AMA to pursue the enactment of legislation or regulation requiring all
167 facilities that imply the provision of emergency medical care have the real-time, on-
168 site presence of a physician, and on-site supervision of non-physician practitioners
169 (e.g., APRNs, PAs, and CRNAs, as defined by CMS) by a licensed physician with
170 training and experience in emergency medical care whose primary duty is dedicated
171 to patients seeking emergency medical care in that emergency department.

172
173 Overall testimony was supportive. The Committee removed reference to “real-time”
174 supervision to better reflect the current practices of Emergency Departments, based on
175 testimony from emergency physicians.

176
177 * * * * *

178
179 **21-23 - Adopting Standard Language for Discussions Regarding Scope of Practice -**
180 **APPROVED**

181
182 RESOLVED: That MSMS use the terms “unsupervised practice of medicine” in place
183 of “independent practice of medicine” when referring to the activities of nurse
184 practitioners, certified registered nurse anesthetists, and physician assistants;
185 “non-physician practitioner” (NPP) to describe physician assistants, nurse
186 practitioners, and clinical nurse specialists; and “residency,” “resident,” “fellowship,”
187 and “fellow” in discussions regarding physicians only.

188
189 * * * * *

190 **31-23 - Enable Over-the-Counter Hormonal Contraception – APPROVED AS AMENDED**

191
192 RESOLVED: That MSMS replace existing policy, “Oral Contraceptives Available
193 Over-the-Counter” to read as follows:

194
195 **Hormonal Contraceptives Available Over-the-Counter**

196 MSMS supports the American College of Obstetricians and Gynecologists’
197 Committee Opinion 788 which supports access to over-the-counter contraception
198 including oral pills, vaginal rings, contraceptive patches, and depot
199 medroxyprogesterone acetate; and be it further;

200
201 RESOLVED: That MSMS supports inclusion of over-the-counter contraception as a
202 qualified medical expense under tax-advantaged accounts including but not limited
203 to health savings accounts and flexible spending accounts.

204 This resolution was extracted. A motion was made to amend the resolution. The House of
205 Delegates supported the amendment and the resolution was approved as amended.

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209 **41-23 - Address Disproportionate Sentencing for Drug Offenses - APPROVED**

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RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to actively lobby for federal and state legislation aimed at eliminating the national crack and powder cocaine sentencing disparity (from 18:1 to 1:1) and apply it retroactively to those already convicted or sentenced; and be it further

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RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to collaborate with appropriate stakeholders, including, but not limited to, courts, government agencies, professional organizations, and criminal/social justice organizations to advocate for addressing excessive legal punishments for low-level, nonviolent drug crimes at state and federal levels.

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225 **48-23 - Removing Legal Impediments to Women’s Reproductive Rights -**
226 **DISAPPROVED**

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RESOLVED: That MSMS encourage the Michigan Legislature to repeal the 1931 law banning abortion; and be it further

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RESOLVED: That MSMS encourage the Michigan Legislature to invalidate any and all laws that currently restrict women’s reproductive rights and are impediments to comprehensive women’s health care.

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The Committee noted the first resolved statement is no longer relevant. Michigan voters adopted Proposition 3 in November 2022 and the Legislature subsequently repealed the 1931 abortion law, which criminalized actions by doctors and patients. Based on the following policy language adopted by the Board as directed by the 2022 HOD, MSMS was supportive of this action:

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242

“That MSMS advocate to repeal Michigan Compiled Laws 750.14 and 750.15, due to the criminalization of physicians.”

243
244

Regarding the second resolved statement, existing MSMS policy addresses and supports access to reproductive health care. Michigan now has some of the most permissive

245 abortion laws in the Country. The Committee was concerned that overly broad policy
246 related to reproductive rights could have unintended consequences. Therefore, should
247 future issues arise that are not covered by current policy, the Committee believed they are
248 best addressed on an issue-by-issue basis.

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252 Members of the Committee include: *Courtland Keteyian, MD, MBA, MPH, Chair;
253 *Christopher J. Allen, MD; *Bradley P. Goodwin, MD; *John M. Pelachyk, MD; *Donald R.
254 Peven, MD; and *Neeraja T. Ravikant, MD.

255

256 Board Advisors were: *Jayne E. Courts, MD, FACP and *Nita M. Kulkarni, MD.

257

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

260

261 The Committee was staffed by Kate Dorsey and Josiah Kissling.

262

263 * Denotes members in attendance.

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

Jon M. Lake, MD, Chair

- 06-23 Requiring Translated Procedural Consent Forms – **APPROVED AS AMENDED**
- 07-23 Transparency Requirement For Hospital Requested Exemption Filing from ACA Categorical Discrimination – **APPROVED AS AMENDED**
- 10-23 Universal Health Coverage for All – **APPROVED AS AMENDED**
- 12-23 Reimbursement for Postpartum Depression Prevention – **APPROVED AS AMENDED**
- 23-23 Create ICD-10 Codes for Drug and Medical Supply Shortages - **DISAPPROVED**
- 24-23 Reducing Stigma for Treatment of Substance Use Disorder - **APPROVED**
- 25-23 Annual Deductible Payment Options - **APPROVED**
- 26-23 Unnecessary Charges for Ophthalmic Medications – **APPROVED AS AMENDED**
- 30-23 Enacting Change for Social Determinants of Health - **APPROVED**
- 33-23 Access to Telemedicine Health Care Delivery System - **APPROVED**
- 36-23 Evidence-Based Anti-Obesity Medication as a Covered Benefit - **APPROVED**
- 53-23 ICD-10 Coding, Site Laterality, and Denial of Claims - **DISAPPROVED**

Board Action Report #02-23 - Resolution 38-22 - "NBPAS as Equivalent Certification for Health Insurers and Hospitals" - **APPROVED** the Board Action's Report to **DISAPPROVE** this resolution.

Board Action Report #03-23 - Resolution 51-22 - "Medicaid Funding to Address Social Determinants of Health" - **APPROVED** the Board Action's Report to **DISAPPROVE** this resolution.

REPORT OF REFERENCE COMMITTEE A

Jon M. Lake, MD, Chair

April 22, 2023

1 Reference Committee A was assigned Resolutions 06-23, 07-23, 10-23, 12-23, 23-23, 24-23,
2 25-23, 26-23, 30-23, 33-23, 36-23, 53-23, and Board Action Reports #02-23 and #03-23.

3

4 **06-23 - Requiring Translated Procedural Consent Forms – APPROVED AS AMENDED**

5

6 RESOLVED: That MSMS encourage its members to use translated procedural
7 consent forms in their practice.

8

9 The Committee believed limiting the consent forms to the top three languages in the state
10 aside from English would not serve all populations in all areas of the state. This is because
11 areas of the state may have different top three languages. Therefore, it would be difficult to
12 choose the top three languages statewide. Additionally, this could be burdensome and
13 costly because of having to print the forms in so many different languages.

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17 **07-23 - Transparency Requirement For Hospital Requested Exemption Filing from ACA**
18 **Categorical Discrimination – APPROVED AS AMENDED**

19

20 RESOLVED: That MSMS advocates all health care facilities make their filings for
21 religious or other exemptions accessible to the public; and be it further

22

23 RESOLVED: That MSMS will support that a Freedom of Information Act request is
24 not required for the public to access exemption filing data.

25

26 The Committee believed that the statement of requiring health care facilities to make their
27 filings publicly accessible was too strong of wording and is more comfortable with MSMS
28 advocating that health care facilities make their filings accessible to the public. The creation
29 of a national database is out of MSMS’s scope and may require a large financial
30 contribution.

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33 **10-23 - Universal Health Coverage for All – APPROVED AS AMENDED**

34 RESOLVED: That MSMS continues to express its support for access to
35 comprehensive, affordable, high-quality health care, as pursuant to Resolution 81-06
36 in support of universal health coverage; and it be further

37
38 RESOLVED: That MSMS amend existing policy, "National Health Care," to read as
39 follows:

40
41 **National Health Care**
42 MSMS supports free-choice methods of medical and health care, providing universal
43 health coverage for all as an evidence-based policy informed by the latest in
44 economic and healthcare policy research that continues to fairly fund all physician
45 practices.

46
47 The Committee believed it was important to make a distinction between universal health
48 care coverage and a single payer system. The Committee believed that MSMS should
49 oppose single payer systems but support universal health care coverage. The Committee
50 was comfortable with the revision of MSMS's National Health Care policy; however, they
51 removed the references to physician-designed national health insurance programs because
52 they believed it was indicating a single payer system.

53
54 This resolution was extracted. The House of Delegates upheld the Reference Committee's
55 recommendation and the resolution was approved as amended.

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58
59 **12-23 - Reimbursement for Postpartum Depression Prevention – APPROVED AS**
60 **AMENDED**

61
62 RESOLVED: That MSMS advocates for state Medicaid programs to reimburse
63 applicable CPT codes that can be used for postpartum depression prevention by a
64 broad range of health workers, with services currently covered under the Affordable
65 Care Act; and be it further

66
67 RESOLVED: That MSMS advocates for an initiative to allow all qualified health care
68 professionals to bill under a "pregnancy" diagnosis code, so that they can deliver
69 perinatal and postnatal mental health preventive interventions; and be it further

70
71 RESOLVED: That MSMS advocates for state Medicaid programs to provide avenues
72 for nurses, doulas, community health workers, and health educators trained in these

73 programs as part of physician-led health care teams to deliver these primary
74 prevention interventions and be reimbursed; and be it further

75
76 RESOLVED: That MSMS advocates for states, payers, and health systems to make
77 evidence-based postpartum depression prevention services the official standard of
78 care and increase bundle payments accordingly statewide; and be it further

79
80 RESOLVED: That the Michigan Delegation to the American Medical Association
81 (AMA) ask our AMA to advocate for evidence-based postpartum depression
82 prevention services to become the official standard of care for all federally-funded
83 health care programs for pregnant women federally.

84
85 The Committee removed the references to the specific CPT codes to not limit the
86 reimbursement to those specific codes and to account for other appropriate codes. The
87 Committee believed it was important to allow all qualified health care professionals to bill in
88 these circumstances and not limit it to mental health care professionals. The Committee was
89 concerned that if specific programs were mentioned it may limit the use of future programs.

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92
93 **23-23 – Create ICD-10 Codes for Drug and Medical Supply Shortages - DISAPPROVED**

94
95 RESOLVED: That the Michigan Delegation to the American Medical Association
96 (AMA) ask our AMA to work with other stakeholders to create ICD-10 codes to
97 reflect medication shortages and health care supply shortages that are impacting
98 patient health and well-being.

99
100 The Committee believed that the Michigan Delegation to the American Medical Association
101 could not bring this resolution forward because the American Medical Association does not
102 create ICD-10 codes. This is the responsibility of the World Health Organization.

103
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105
106 **24-23 - Reducing Stigma for Treatment of Substance Use Disorder - APPROVED**

107
108 RESOLVED: That MSMS advocate to require Medicaid coverage for transportation
109 costs for all Medicaid health care services without a “carve out” for patients
110 diagnosed with a substance use disorder who are being treated with medication for
111 opioid use disorder; and be it further

112
113 RESOLVED: That the Michigan Delegation to the American Medical Association
114 (AMA) ask our AMA to advocate coverage for transportation costs for all Medicaid or

115 Medicare health care services without a “carve out” for patients diagnosed with a
116 substance use disorder who are being treated with medication for opioid use
117 disorder.

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25-23 - Annual Deductible Payment Options - APPROVED

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RESOLVED: That MSMS work with the Michigan Department of Insurance and
Financial Services and third-party payers to explore options for the provision of
quarterly and/or monthly payments for the annual deductible amount for all
patients; and be it further

127
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131

RESOLVED: That MSMS work with the Michigan Department of Insurance and
Financial Services to provide public education regarding all available payment
options for health care insurance that will benefit the people of the state of
Michigan.

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26-23 - Unnecessary Charges for Ophthalmic Medications – APPROVED AS AMENDED

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RESOLVED: That MSMS encourage Health Institution Pharmacies (HIP) to review
their current practices and modify their inpatient recommendations for eye
medication dispensed in multi-use containers to be consistent with HIP outpatient
practices for ophthalmic medication; and be it further

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RESOLVED: That MSMS support that a patient who receives therapeutic ophthalmic
medicine, to be used after discharge or operation, be able to take this medication,
along with prescriptive instructions, with them when leaving the hospital.

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The Committee supported the concept of dispensing eye medication to patients; however,
they wanted to ensure that it was for multi-use containers only. The Committee was
concerned that single use containers do not contain preservatives and should not be
dispensed to patients. The Committee wanted to ensure the patients left the facility with
instructions on how to use the medication.

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153 **30-23 - Enacting Change for Social Determinants of Health – APPROVED**

154

155 RESOLVED: That MSMS partner with medical, insurance, public health, social
156 services, and government organizations to collectively identify and advocate for
157 adequate reimbursement to screen for, and intervene on, identified social
158 determinants of health.

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162 **33-23 - Access to Telemedicine Health Care Delivery System – APPROVED**

163

164 RESOLVED: That MSMS adopt AMA policy, Coverage of and Payment for
165 Telemedicine H-480.946, to ensure patients’ access to care and improved health
166 outcomes.

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169

170 **36-23 - Evidence-Based Anti-Obesity Medication as a Covered Benefit - APPROVED**

171

172 RESOLVED: That MSMS support and advocate that health care plans cover
173 evidence-based, medically necessary treatments for obesity, and that access to care
174 should not be hindered by undue prerequisites on the part of the patient; and be it
175 further

176

177 RESOLVED: That the Michigan Delegation to the American Medical Association
178 (AMA) ask our AMA to advocate for adequate coverage of FDA approved anti-
179 obesity medications and to not exclude anti-obesity medications from coverage
180 based on a benefit exclusion or a carve-out.

181

182 The Committee had several concerns with the resolution and recommended referral to the
183 MSMS Board of Directors. The anti-obesity medications do not have long term data
184 available to support efficacy and potential long term side effects of the drugs. The
185 Committee believed the phrase anti-obesity was nonspecific. There was concern about
186 medication shortages for off-label use to treat obesity. The Committee believed this was a
187 complicated issue that requires further study.

188

189 This resolution was extracted. The House of Delegates disagreed with the Reference
190 Committee’s recommendation to refer. A motion was made to amend the resolution, but
191 was not adopted. The resolution was approved.

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194 **53-23 - ICD-10 Coding, Site Laterality, and Denial of Claims - DISAPPROVED**

195
196 RESOLVED: That MSMS advocate with third party payors in the State of Michigan to
197 reimburse insurance claims with reasonable documentation, even if site laterality is
198 unspecified; and, be it further

199
200 RESOLVED: That the Michigan Delegation to the American Medical Association
201 (AMA) advocate with the AMA to ban third party payors from denial of insurance
202 claims for professional services based solely on lack of site laterality specification in
203 the ICD-10 code used for billing.

204
205 The Committee believed it is appropriate to code laterality to indicate to the health plan
206 exactly what was completed to avoid erroneous denials in the future. Laterality is a
207 pertinent part of the medical record.

208
209 This resolution was extracted. A motion was made to amend the resolution, but the
210 amendment was not adopted. The House of Delegates upheld the Reference Committee's
211 recommendation and the resolution was disapproved.

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213 * * * * *

214
215 Board Action Report #02-23 - Resolution 38-22 - "NBPAS as Equivalent Certification for
216 Health Insurers and Hospitals" - **APPROVED** the Board Action's Report to **DISAPPROVE** this
217 resolution.

218
219 The Committee heard the author's amendment to change "equivalent" to "acceptable
220 alternative." The Committee believed that approving the original resolution would be
221 endorsing a private entity, which could set a precedent for future private entities to ask for
222 endorsement.

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225
226 Board Action Report #03-23 - Resolution 51-22 - "Medicaid Funding to Address Social
227 Determinants of Health" – **APPROVED** the Board Action's Report to **DISAPPROVE** this
228 resolution.

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231 Members of the Committee include: *Jon M. Lake, MD, Chair; * Barry I. Auster, MD; *Raza UI
232 Haque, MD; *Lawrence R. Hennessey, MD; *Warren F. Lanphear, MD, FACEP; *Wardha
233 Shabbir, MD; and *Emily Ridge.

234

235 Board Advisors were: *F. Remington Sprague, MD and *Bradley J. Uren, MD.

236 AMA Advisors were: *E. Chris Bush, MD; *Rose M. Ramirez, MD; *Krishna K. Sawhney, MD;
237 and *M. Salim U. Siddiqui, MD, PhD.

238

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

240

241 * Denotes members in attendance.

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

Cheryl D. Gibson Fountain, MD, Chair

- 01-23 Paternal and Maternal Leave for Medical Students, Residents, and Physicians – **APPROVED AS AMENDED**
- 09-23 Medical Aid in Dying Practices and Education - **DISAPPROVED**
- 11-23 Importance of Palliative Care Provision and Physician Training – **APPROVED AS AMENDED**
- 14-23 Moving Beyond the BMI – **APPROVED AS AMENDED**
- 17-23 The Designation of Descendants of Enslaved Africans in America – **APPROVED AS AMENDED**
- 22-23 New Consolidated Appropriations Act Law and Michigan CME Requirements – **APPROVED AS AMENDED**
- 27-23 Use of Artificial Intelligence in Medicine - **DISAPPROVED**
- 28-23 Physician Right to Prescribe Approved Devices and Drugs - **DISAPPROVED**
- 51-23 Medical Education for Medication Reconciliation - **APPROVED**
- 52-23 Prohibit Discriminatory ERAS® Filters In NRMP Match – **APPROVED AS AMENDED**

REPORT OF REFERENCE COMMITTEE E

Cheryl D. Gibson Fountain, MD, Chair

April 22, 2023

1 Reference Committee E was assigned Resolutions 01-23, 09-23, 11-23, 14-23, 17-23, 22-23,
2 27-23, 28-23, 51-23, and 52-23.

3 4 **01-23 - Paternal and Maternal Leave for Medical Students, Residents, and Physicians –** 5 **APPROVED AS AMENDED**

6
7 RESOLVED: That MSMS encourage policy development regarding the allowance of
8 up to 12-weeks paternal and maternal leave for medical students, residents, and
9 attending physicians in accordance with recommendations from the American
10 Academy of Pediatrics, while ensuring that individuals understand the consequences
11 such leave may impact graduation date and board eligibility.

12
13 The Committee supports the policy and, based on testimony, added further clarification that
14 individuals be made aware of any consequences of such leave. Additionally, because the
15 American Academy of Pediatrics recommendation is 12-weeks, the resolved statement was
16 amended to support "up to" 12-weeks versus "a minimum of" 12-weeks.

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18 * * * * *

19 20 **09-23 - Medical Aid in Dying Practices and Education - DISAPPROVED**

21
22 RESOLVED: That MSMS define and adopt medical aid in dying (MAID) as allowing
23 competent and terminally ill patients months to request a physician's prescription for
24 lethal medications they plan to self-administer, and that this term be distinct from
25 physician assisted suicide and medical euthanasia; and be it further

26
27 RESOLVED: That MSMS sunset its existing policies "Position on Physician Assisted
28 Suicide" and "Oppose Legislative Interference in Patient/Physician Relationship;" and
29 be it further

30
31 RESOLVED: That MSMS should bring to public attention to the options physicians
32 have to treat terminally ill patients so that assisted suicide is not considered a
33 necessary alternative to continued medical care and that medical aid in dying is a
34 part of end-of-life discussions; and be it further

35
36 RESOLVED: That due to the ruling allowing a Michigan patient to visit Oregon to
37 undergo MAID for the purposes of medical tourism, MSMS advocate for state

38 legislative action that would protect and serve Michigan patients wishing to pursue
39 MAID; and be it further

40
41 RESOLVED: That MSMS adopt a position of studied neutrality on MAID, allowing for
42 physicians of diverse backgrounds and lived experiences to share their perspectives
43 in a way that protects their freedoms to participate in MAID prescribing or opting
44 out.

45
46 The Committee believes there is clear MSMS and AMA policy opposing physician-assisted
47 suicide and the authors would be better served putting forth a resolution supporting
48 education and provision of palliative care. The Committee also believed there was
49 compelling testimony that the suggested use of the term “medical aid in dying” was
50 insufficient due to already-existing nomenclature.

51
52 * * * * *

53
54 **11-23 - Importance of Palliative Care Provision and Physician Training – APPROVED**
55 **AS AMENDED**

56
57 RESOLVED: That MSMS encourage the usage of palliative care and the provision of
58 palliative care education in the training of physicians with an emphasis on those in
59 primary care; and be it further

60
61 RESOLVED: MSMS work to identify and mitigate barriers to the provision of palliative
62 care.

63
64 Committee testimony suggested that expanding language in the second resolved statement
65 to exploring and mitigating barriers was important. The Committee agreed and added the
66 words “identify and mitigate.”

67
68 * * * * *

69
70 **14-23 - Moving Beyond the BMI – APPROVED AS AMENDED**

71
72 RESOVLED: That MSMS recognize that the BMI is a limited metric; and be it further

73
74 RESOLVED: That MSMS acknowledge that weight bias is a pervasive problem in
75 medicine which actively harms patients.

76
77 The Committee originally recommended disapproval. While the author’s resolution was
78 well-intentioned, the Committee believed that while BMI may be an imperfect metric, there

79 is not currently a better alternative metric in use. The Committee also believed that the issue
80 is not solely the usage of BMI as a metric, but rather the stigma associated with weight bias.

81

82 This resolution was extracted. A motion was made to amend the resolution. The
83 amendment was adopted and the resolution approved as amended.

84

85 **17-23 - The Designation of Descendants of Enslaved Africans in America – APPROVED**
86 **AS AMENDED**

87

88 RESOLVED: That MSMS supports the term Descendants of Enslaved Africans in
89 America should be defined and added to the glossary of the Association of American
90 Medical Colleges and medical school applications; and be it further

91

92 RESOLVED: That MSMS work with organized medicine and medical schools to
93 accurately separate Descendants of Enslaved Africans in America from the generic
94 terms African American and Black.

95

96 The Committee combined the first and second resolved statements for brevity.

97

98 This resolution was extracted. The House of Delegates upheld the Reference Committee's
99 recommendation and the resolution was approved as amended.

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103 **22-23 - New Consolidated Appropriations Act Law and Michigan CME Requirements –**
104 **APPROVED AS AMENDED**

105

106 RESOLVED: That MSMS work with Michigan Department of Licensing and Regulatory
107 Affairs to include the Consolidated Appropriations Act training requirements (once
108 determined by the DEA and SAMHSA) in the current Michigan CME requirements for
109 physician licensure; and be it further

110

111 RESOLVED: That MSMS advocate that the Consolidated Appropriations Act training
112 requirements replace the current Michigan CME requirements for the one-time
113 opioids training standards requirement and the ongoing three-year licensure/re-
114 licensure cycle requirement for pain and symptom management/controlled
115 substance prescribing.

116

117 The Committee removed the second resolved statement due to the recent issuance of DEA
118 guidance allowing the use of previously attained pain and management CME for Michigan
119 licensing to count towards the CAA requirements. Additionally, after consultation with the
120 MSMS Chief Financial Officer, based on the removal of the second resolved, Resolution 22-

121 23 falls under the category of Education/Outreach with an estimated fiscal note of \$2,000-
122 \$4,000.

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126 **27-23 - Use of Artificial Intelligence in Medicine - DISAPPROVED**

127

128 The Committee amended the resolved portions to read:

129

130 RESOLVED: That MSMS explore the potential uses and risks of Artificial Intelligence
131 (AI) in medicine including, but not limited to, ~~the development of sophisticated~~
132 diagnostic tools to augment physician delivery of health care, the use of AI in
133 telehealth services, the application, benefits, and risks of AI to medical research, and
134 the potential for AI to improve patient outcomes, and reports its findings.

135

136 The Committee recommended to amend the resolution. The first resolved statement was
137 amended due to concerns heard in testimony regarding the potential risks of using AI, and
138 that diagnoses be determined by a human physician. The second resolved was removed
139 due to the financial implications of creating a task force.

140

141 This resolution was extracted. There was a motion to amend the resolution. The
142 amendment was adopted; however, the House of Delegates ultimately voted to disapprove
143 the resolution.

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147 **28-23- Physician Right to Prescribe Approved Devices and Drugs - DISAPPROVED**

148

149 RESOLVED: That MSMS advocate against any state of Michigan attempts to restrict
150 off-label prescribing; and be it further

151

152 RESOLVED: That the MSMS Delegation to the American Medical Association (AMA)
153 ask the AMA to advocate against any attempts to restrict off-label prescribing; and
154 be it further

155

156 RESOLVED: That MSMS Delegation to the American Medical Association (AMA) ask
157 the AMA to seek repeal of the FDA authority contained in the Consolidated
158 Appropriations Act, 2023 to restrict a physician's right to prescribe off-label use of
159 drugs and devices.

160

161 The Committee believes existing MSMS and AMA policy is adequate, and that the policy
162 would likely be added to the AMA's reaffirmation schedule. Further, 21 U.S.C. Sec. 396

163 adequately protects a physician’s ability to prescribe devices and drugs off-label. In
164 addition, Section 3306 of the Consolidated Appropriations Act of 2023 authorizes the FDA
165 to ban specific intended uses of a medical device if that use presents an unreasonable or
166 substantial injury risk. Further, in 2021, a federal appeals court rules that the current statute,
167 which authorizes the FDA to ban a medical device for posing such a risk, does not authorize
168 the FDA to ban only specific uses of a device.

169

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171

172 **51-23 - Medical Education for Medication Reconciliation - APPROVED**

173

174 RESOLVED: That the Michigan Delegation to the American Medical Association
175 (AMA) ask our AMA to work with Centers for Medicare and Medicaid Services and
176 other relevant organizations to study current medication-reconciliation practices
177 across transitions of care with dissimilar electronic health records to evaluate the
178 impact on patient safety and quality of care, and to determine the potential need for
179 additional medical education to ensure patient safety and quality of care related to
180 medication errors; and be it further

181

182 RESOLVED: That the Michigan Delegation to the American Medical Association
183 (AMA) ask the AMA to work with the Accreditation Council for Graduate Medical
184 Education to determine potential changes in graduate medical education
185 requirements to improve medication reconciliation and to ensure improved patient
186 safety and quality of care related to medication errors.

187 RESOLVED: That MSMS works with the Michigan Pharmacists Association for
188 discharge and admission to extended care facility medication reconciliation.

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192 **52-23 - Prohibit Discriminatory ERAS® Filters In NRMP Match – APPROVED AS**
193 **AMENDED**

194

195 RESOLVED: That the Michigan Delegation to the American Medical Association
196 (AMA) ask our AMA to oppose the use of discriminatory filters for foreign graduates
197 in the Electronic Residency Application Service® (ERAS®) system and aggressively
198 work to eliminate discriminatory filters that prevent international medical graduates
199 and other groups from consideration by the program directors.

200

201 The Committee added the use of discriminatory filters for foreign graduates to the resolved
202 to meet the intent of author.

203 This resolution was extracted. The House of Delegates upheld the Reference Committee's
204 recommendation and the resolution was approved as amended.

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208 Members of the Committee include: *Cheryl D. Gibson Fountain, MD, Chair; *Nicolas K.
209 Fletcher, MD, MHSA; *Ved V. Gossain, MD; *Sara Jaber, MD; *Aaron W. Sable, MD; *John E.
210 VanSchagen, MD, and *Kiersten Walsworth.

211

212 Board Advisors were: *Robert Francis Flora, MD, MBA, MPH and *David T. Walsworth, MD.

213

214 AMA Advisors were: *Ashton Lewandowski; *Christie L. Morgan, MD; Michael J. Redinger,
215 MD; and *David T. Walsworth, MD.

216

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

218

219 * Denotes members in attendance.

**REPORT OF
REFERENCE COMMITTEE C – INTERNAL AFFAIRS, BYLAWS, AND RULES**

David W. Whalen, MD, Chair

- 38-23 Free Digital CME for MSMS Members to Promote Membership Growth – **APPROVED AS AMENDED**
- 42-23 Upper Peninsula Regional Director Constitution and Bylaws Amendment – **APPROVED AS AMENDED**
- 43-23 Establish a Senior Section for MSMS Members - **DISAPPROVED**
- 49-23 Repeal of HOD Resolution 65-14 – **DISAPPROVED**
- 50-23 Patients’ Right to Choose Non-Participating Practices - **REFERRED**

Board Action Report #04-23 - Resolution 04-21 – “Dissemination of Information to the County Medical Societies” - **APPROVED** the Board Action’s Report to **AMEND** this resolution.

Board Action Report #05-23 - Revisions to the MSMS Policy Manual and the 2023 Sunset Policy - **APPROVED**

BYLAWS SECOND AND FINAL READING

- 40-22 MSMS Bylaws Revision to Codify Standard Practice for Members Joining or Transferring Membership – **APPROVED, 2nd and FINAL READING**

REAFFIRMATION CALENDAR

- 15-23 Equitable Interpreter Services and Fair Reimbursement
- 32-23 Advancing Efforts to Decrease Maternal Mortality
- 37-23 The Rising Cost of Medical Care
- 39-23 The Practice of Medicine

REPORT OF REFERENCE COMMITTEE C

David W. Whalen, MD, Chair

April 22, 2023

1 Reference Committee C was assigned Resolutions 38-23, 42-23, 43-23, 49-23, and Board
2 Action Reports #04-23 and #05-23.

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4 The Committee also considered Resolution 40-22, that constitutes changes to the Bylaws
5 that were approved on first reading at the 2022 House of Delegates.

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7 **38-23 - Free Digital CME for MSMS Members to Promote Membership Growth –**
8 **APPROVED AS AMENDED**

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10 RESOLVED: That the MSMS Board of Directors study the possibility of offering free
11 online CME for state mandated content (pain, ethics, implicit bias, human trafficking,
12 and any future requirement) to MSMS members to promote retention and
13 recruitment of membership for the purposes of growing membership revenue.

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15 The Committee was supportive of the study to evaluate offering state mandated CME as a
16 member benefit. The resolved statement was amended to clarify the proposal pertains to
17 the mandated content and not the 150 hours.

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19 This resolution was extracted. The House of Delegates upheld the Reference Committee’s
20 recommendation and the resolution was approved as amended.

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24 **42-23 - Upper Peninsula Regional Director Constitution and Bylaws Amendment –**
25 **APPROVED AS AMENDED**

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27 RESOLVED: That the MSMS Constitution Article IX, Section 1(a) be amended by
28 **addition** to read as follows:

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30 a) Two Directors (the “Regional Directors”) from each of the nine regions depicted
31 on Exhibit A to the Bylaws (each a “Region” and collectively the “Regions”). The
32 Regional Directors shall be elected by those members holding membership in a
33 county located in that Region. No more than one Regional Director may hold
34 membership in a single county unless a region consists of a single county. One
35 Regional Director must hold membership in a county located in the upper
36 peninsula **unless no such member is available in which case, the two**
37 **Regional Directors from the lower peninsula portion of Region 9.**

38 The Committee was supportive of the resolution. The resolved was amended to clarify the
39 intent.

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43 **43-23 - Establish a Senior Section for MSMS Members - DISAPPROVED**

44 RESOLVED: That the MSMS Constitution and Bylaws be amended by **addition** to
45 establish a Senior Physicians Section as follows:

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ARTICLE VII—HOUSE OF DELEGATES

49 Section 1. - COMPOSITION—The House of Delegates shall be the legislative body of
50 the Society and shall consist of delegates elected by component societies,
51 recognized specialty societies, delegates from the Residents and Fellows, Students,
52 Young Physicians, Organized Medical Staff, **Senior Physicians**, and International
53 Medical Graduates Sections, and other sections as shall from time to time be
54 approved by the House of Delegates, delegates-at-large and ex officio members, as
55 prescribed by the Bylaws.

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12.10 COMPOSITION—The House of Delegates shall be composed of members
elected by the component societies, a delegate from each recognized specialty
society, a delegate from the Resident and Fellow Section, one delegate from the
Organized Medical Staff Section, **a delegate from the Senior Physicians Section**, a
delegate from the Young Physicians Section, a delegate from the International
Medical Graduates Section and one voting at-large delegate for every 50 MSMS
student members to be selected by the MSMS Medical Student Section. These
student delegates and alternate delegates must be members of the MSMS Medical
Student Section. All other delegates and alternate delegates must be voting
members of MSMS.

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Each component society shall be entitled to send to the House of Delegates each
year one delegate for each fifty voting members (active, life, and active emeritus) and
one delegate for each additional major fraction thereof. Any component society
having less than fifty members shall be entitled to send one delegate.

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The president of a component medical society that all or part of which is located
more than 400 miles by road from the site of the House of Delegates may designate
a Regional Director of its region to serve as a delegate to the House of Delegates,
provided that no member of the component medical society will otherwise be
present in person serving as a delegate in any capacity. In the case of such
designation of a single Regional Director by two or more component societies, said

79 Regional Director shall have only one vote on all matters before the House of
80 Delegates.

81
82 12.30 ELECTION - CERTIFICATION—Each component society shall elect the number
83 of delegates to which it is entitled. The number of delegates shall be determined by
84 the State Society as of December 1, preceding the House of Delegates meeting. The
85 component society shall also elect an equal number of alternate delegates and shall
86 designate the order or seniority thereof. Promptly after election the secretary of the
87 component society, recognized specialty society, Resident and Fellow Section,
88 Medical Student Section, Young Physicians Section, International Medical Graduates
89 Section, **Senior Physicians Section**, or Organized Medical Staff Section shall certify
90 the names of its delegates and alternate delegates to the Secretary of this Society.

91 12.40 SEATING - TENURE—A delegate becomes a member of the House of
92 Delegates when the Speaker is notified in writing of the delegates election by the
93 secretary of the component society, specialty society, Resident and Fellow Section,
94 Medical Student Section, Young Physicians Section, International Medical Graduates
95 Section or Organized Medical Staff Section. Such certification shall be submitted by
96 February 1 of each year. The delegate shall remain a member of the House of
97 Delegates until the Speaker is notified, in writing, by the secretary of the component
98 society, specialty society, Resident and Fellow Section, Medical Student Section,
99 Young Physicians Section, International Medical Graduates Section, **Senior**
100 **Physicians Section**, or Organized Medical Staff Section that the delegate has been
101 replaced. The delegate shall remain a member of the House of Delegates regardless
102 of whether or not an alternate substitutes for him/her at any meeting of the House.
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104 12.50 SEATING OF ALTERNATE DELEGATES—An alternate delegate may substitute
105 for a duly certified delegate at any regular or special meeting of the House of
106 Delegates provided that such substitution is authorized in writing by the secretary of
107 the component society, specialty society, Resident and Fellow Section, Medical
108 Student Section, Young Physicians Section, International Medical Graduates Section,
109 **Senior Physicians Section**, or Organized Medical Staff Section.

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111 **20.80 SENIOR PHYSICIANS SECTION - "To provide representation for the**
112 **interests of senior physicians within the structure of the Michigan State Medical**
113 **Society, there shall be a section on senior physicians, composed of physicians**
114 **over 65 years of age and who are active or active emeritus members of MSMS.**

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116 **The purpose of the Section will be to provide a forum within the organizational**
117 **structure of the Society for the study and consideration of matters of special**
118 **interest or significance to senior physicians in Michigan.**

119 **At its annual meeting, the Section shall elect a chair, a vice-chair, a secretary**
120 **and at least two at-large members. It shall also elect one delegate and one**
121 **alternate delegate to the MSMS House of Delegates, each of whom shall serve**
122 **for a term of two years.**
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124 The Committee was intrigued by the idea and appreciated the author’s interest. However,
125 the Committee received limited testimony and had some concerns. The House of Delegates
126 is already well represented by members over 65 and in light of the budget discussion had
127 this weekend, the Committee could not justify the expense of an additional section.
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131 **49-23 - Repeal of HOD Resolution 65-14 - DISAPPROVED**
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133 RESOLVED: That Resolution 65-14, requiring that resolutions submitted to the
134 MSMS House of Delegates that require action by the AMA may only be submitted by
135 MSMS members that are also members of the AMA be repealed.
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137 The Committee did not receive any testimony on this legislation. Committee members did
138 not find the policy onerous, membership in an organization for which one is requesting
139 work is standard practice. Additionally, delegates have found work arounds by partnering
140 with another AMA delegate to author a resolution with AMA action.
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144 **Resolution 50-23 - Patients’ Right to Choose Non-Participating Physician Practices –**
145 **REFERRED**
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147 RESOLVED: That MSMS work with Michigan health insurers to educate them on the
148 role of Direct Primary Care physicians and other practices which may not be
149 associated with hospital system offices, in promoting high quality care while
150 decreasing health care costs for patients with health insurance; and be it further
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152 RESOLVED: That MSMS work with health insurers to allow Direct Primary Care
153 physicians to prescribe medication, order tests, and referrals on patients who have
154 health insurance plans.
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156 The Committee was sympathetic to the problems this creates for physicians practicing direct
157 primary care. As this is a complex health care economics issue that involves patients,
158 physicians, health plans and employers, the Committee recommends referral to the Board.
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161 Board Action Report #04-23 - Resolution 04-21 – “Dissemination of Information to the
162 County Medical Societies” - **APPROVED** the Board Action’s Report to **AMEND** this
163 resolution.

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167 Board Action Report #05-23 - Revisions to the MSMS Policy Manual and the 2023 Sunset
168 Policy - **APPROVED**

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172 **40-22 - MSMS Bylaws Revision to Codify Standard Practice for Members Joining or**
173 **Transferring Membership – APPROVED, 2nd AND FINAL READING**

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

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178 2.20 MEMBERSHIP PREREQUISITE-All members of the several component societies,
179 when in good standing, are thereby and must be members of this Society. All
180 members of this Society must be members of a component medical society
181 **where they reside or primary location of practice** or direct members
182 through the Resident and Fellow Section or the Medical Student Section.

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184 4.10 MEMBERSHIP AS PRIVILEGE - NOT RIGHT--- **Anyone eligible may apply for**
185 **component membership within the county where they reside or primary**
186 **location of practice. Any exception would require written, mutual**
187 **agreement between the physician and/or physician group, MSMS, and**
188 **the respective county(ies).** Admission to membership in any component
189 society is not a matter of right, but one of privilege, to be accorded or
190 withheld at the sole discretion of such society. Each component society may
191 determine the manner of electing its members and shall be the sole judge of
192 the qualifications of applicants for membership therein. There shall be no
193 discrimination on the basis of race, religion, sex, ethnic origin, or sexual
194 orientation.

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196 5.10 CHANGE OF LOCATION - PROCEDURE---When a member of a component
197 society, by reason of change of **residence or primary location of practice**
198 ~~location~~, desires to transfer membership to another component society, such
199 member shall make application thereto accompanied by tender of dues for
200 the remaining half of the current year (any major fraction of a half being
201 regarded as a full half and any minor fraction being disregarded). Thereupon,
202 the secretary of the society to which application is made shall request

203 certification of standing from the Society from which the member desires to
204 transfer and upon receipt of such request the secretary of the latter Society
205 shall supply certification of good standing, provided the following
206 requirements have been met:

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210 The Committee reviewed the Existing Policy Reaffirmation Calendar. The House of
211 Delegates received four resolutions that contained existing policy.

212
213 15-23 - Equitable Interpreter Services and Fair Reimbursement

214
215 32-23 - Advancing Efforts to Decrease Maternal Mortality

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217 37-23 - The Rising Cost of Medical Care

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219 39-23 - The Practice of Medicine

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223 Members of the Committee include: *David W. Whalen, MD, Chair; *Edward A. Christy, MD;
224 *Betty S. Chu, MD, MBA; *Pino D. Colone, MD; *Kenneth Elmassian, DO; and *Theodore B.
225 Jones, MD, FACOG.

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227 Board Advisors were: *Bryan W. Huffman, MD and *Phillip G. Wise, MD.

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

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

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233 * Denotes members in attendance.