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

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

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

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

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

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

The adoption of resolutions may cause staff to spend less time on Board strategies, growing revenue, and current HOD policies or potentially cause MSMS to hire more staff and therefore increase costs.
Therefore, Doctor Tom George, Interim MSMS CEO, the MSMS Board, and the Ways & Means Committee urge the Delegation to consider our limited staff resources with the need to balance policy making by the HOD with Board strategic priorities and the day-to-day operations of the organization.

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

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

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

* 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

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

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

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

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

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

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

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

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

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

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05-23 - Inclusive Language Policy - APPROVED

RESOLVED: That MSMS, under the guidance of its Task Force to Advance Health Equity and Policy Manual Review Committee, develop an inclusive language policy consistent with the framework published in the American Medical Association’s
"Advancing Health Equity: a Guide to Language, Narrative, and Concepts;" and be it further

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

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

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

Title: Well Trained County Health Officers and Leadership

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

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

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

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29-23 - Access to Emergency Contraception - APPROVED

RESOLVED: That MSMS partner with other medical organizations to issue a statement encouraging physicians to provide patients with evidence-based information about emergency contraception as part of the counseling and informed consent process provided to any patient requesting emergency contraception; and be it further
RESOLVED: That MSMS support efforts to increase access to emergency contraception in various medical settings including ambulatory offices, pharmacies, emergency departments, and hospitals.

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

Title: Prevent Discrimination Based on Vaccination Status

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

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

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

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

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

RESOLVED: That MSMS support access to gender-affirming care including the spectrum of behavioral, psychological, medical, and surgical interventions for the treatment of gender dysphoria or gender incongruence and shall support public and private health insurance coverage for treatment of gender dysphoria or gender incongruence; and be it further
RESOLVED: That MSMS opposes criminalization and legislative interference in the provision of gender-affirming care as outlined by generally-accepted standards of medical and surgical practice; and be it further

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

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

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

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40-23 - Personal Choices, Sexuality, and Reproductive Health Education - APPROVED

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

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

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44-23 - Climate Change Designation, Goals, and Implementation of Measures – APPROVED AS AMENDED

RESOLVED: That MSMS support efforts to educate physicians and other health care workers that climate change is creating a health care emergency and that these
climate change effects are disproportionately causing health consequences among these vulnerable populations; and be it further

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

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

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

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

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

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

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

A. Reduction in the release of CO2 and methane related to building electricity, building heating and cooling, water heating, vehicle use, components of buildings, and other sources.

B. MSMS supports the exploration of limiting and/or removing deslurane and nitrous in operating rooms within hospitals, private facilities and offices providing anesthesia to patients for surgeries and for procedures.

C. Reduction in greenhouse gas release related to products used in health care, employee and patient travel, and other sources.

D. Electrification of appliances to enable future powering by electricity from sustainable sources, replacing use of fossil fuels.
E. Signing of the HHS pledge form by health care systems in Michigan.
F. Development and participation in climate resilience plans by health care systems.

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

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

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

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

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

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

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

RESOLVED: That MSMS supports Michigan’s Healthy Climate Plan, including measures to fund and implement this plan; and be it further
RESOLVED: That MSMS supports development and implementation of climate plans for counties, townships, cities and other municipalities, school districts, and other governmental entities in Michigan; and be it further

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

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

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Board Action Report #01-23 - Resolution 33-22 - “Repeal of Michigan’s Abortion Law” - APPROVED the Board Action’s Report to AMEND this resolution.

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

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

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

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

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

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

Title: Protect Patients with Medical Debt Burden

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

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

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

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

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

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

RESOLVED: That MSMS believes that a physician must directly supervise all non-physician practitioners. In cases where a non-physician practitioner is practicing unsupervised in a health care facility, the health care facility must acknowledge in
writing that the facility is directly responsible for patient care provided by the
non-physician practitioners; and be it further

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

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

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

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

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

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

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

The Committee recommended disapproval and noted that MSMS has extensive policy
addressing this issue. Testimony in the online forum highlighted support, but also concerns
with setting the threshold to rescind at the level of misdemeanor versus felony. Testimony
also noted inconsistent enforcement of existing policies and laws by local officials due to
concerns over equity and social justice.
Additionally, the Michigan Legislature recently debated the issue of firearm ownership by persons with a history of violence and passed several gun safety reform bills related to the stated goals.

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

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16-23 - Physician Antiretaliation, Due Process, and Indemnification Rights - APPROVED

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

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

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

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19-23 - Standards for Collaborative Agreements - APPROVED

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

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

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

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20-23 - Dedicated On-Site Physician Requirement for Emergency Departments – APPROVED AS AMENDED

RESOLVED: That MSMS pursue the enactment of legislation or regulation requiring all facilities in the state of Michigan that imply the provision of emergency medical care have the real-time, on-site presence of a physician, and on-site supervision of non-physician practitioners (e.g., APRNs, PAs, and CRNAs, as defined by CMS) by a licensed physician with training and experience in emergency medical care whose
primary duty is dedicated to patients seeking emergency medical care in that emergency department, and be it further

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

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

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21-23 - Adopting Standard Language for Discussions Regarding Scope of Practice - APPROVED

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

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

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

Hormonal Contraceptives Available Over-the-Counter
MSMS supports the American College of Obstetricians and Gynecologists’ Committee Opinion 788 which supports access to over-the-counter contraception including oral pills, vaginal rings, contraceptive patches, and depot medroxyprogesterone acetate; and be it further;

RESOLVED: That MSMS supports inclusion of over-the-counter contraception as a qualified medical expense under tax-advantaged accounts including but not limited to health savings accounts and flexible spending accounts.
This resolution was extracted. A motion was made to amend the resolution. The House of Delegates supported the amendment and the resolution was approved as amended.

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

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

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

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

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.

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:

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

Regarding the second resolved statement, existing MSMS policy addresses and supports access to reproductive health care. Michigan now has some of the most permissive
abortion laws in the Country. The Committee was concerned that overly broad policy related to reproductive rights could have unintended consequences. Therefore, should future issues arise that are not covered by current policy, the Committee believed they are best addressed on an issue-by-issue basis.

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

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

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

The Committee was staffed by Kate Dorsey and Josiah Kissling.

* 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.
April 22, 2023

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

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

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

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

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

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

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

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

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

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

RESOLVED: That MSMS amend existing policy, “National Health Care,” to read as follows:

**National Health Care**

MSMS supports free-choice methods of medical and health care, providing universal health coverage for all as an evidence-based policy informed by the latest in economic and healthcare policy research that continues to fairly fund all physician practices.

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

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

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12-23 - Reimbursement for Postpartum Depression Prevention – APPROVED AS AMENDED

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

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

RESOLVED: That MSMS advocates for state Medicaid programs to provide avenues for nurses, doulas, community health workers, and health educators trained in these
programs as part of physician-led health care teams to deliver these primary prevention interventions and be reimbursed; and be it further

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

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

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

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

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

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

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

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

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to advocate coverage for transportation costs for all Medicaid or
Medicare health care services without a “carve out” for patients diagnosed with a substance use disorder who are being treated with medication for opioid use disorder.

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25-23 - Annual Deductible Payment Options - APPROVED

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

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

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

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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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.

The Committee heard the author’s amendment to change “equivalent” to “acceptable alternative.” The Committee believed that approving the original resolution would be endorsing a private entity, which could set a precedent for future private entities to ask for endorsement.

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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.

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

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

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

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

* 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

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

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

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

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

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09-23 - Medical Aid in Dying Practices and Education - DISAPPROVED

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

RESOLVED: That MSMS sunset its existing policies “Position on Physician Assisted Suicide” and “Oppose Legislative Interference in Patient/Physician Relationship;” and be it further

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

RESOLVED: That due to the ruling allowing a Michigan patient to visit Oregon to undergo MAID for the purposes of medical tourism, MSMS advocate for state
legislative action that would protect and serve Michigan patients wishing to pursue MAID; and be it further

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

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

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11-23 - Importance of Palliative Care Provision and Physician Training – APPROVED AS AMENDED

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

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

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

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14-23 - Moving Beyond the BMI – APPROVED AS AMENDED

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

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

The Committee originally recommended disapproval. While the author’s resolution was well-intentioned, the Committee believed that while BMI may be an imperfect metric, there
is not currently a better alternative metric in use. The Committee also believed that the issue is not solely the usage of BMI as a metric, but rather the stigma associated with weight bias.

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

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

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

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

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

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

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

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

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

The Committee removed the second resolved statement due to the recent issuance of DEA guidance allowing the use of previously attained pain and management CME for Michigan licensing to count towards the CAA requirements. Additionally, after consultation with the MSMS Chief Financial Officer, based on the removal of the second resolved, Resolution 22-
23 falls under the category of Education/Outreach with an estimated fiscal note of $2,000-$4,000.

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

The Committee amended the resolved portions to read:

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

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

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

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

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

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

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

The Committee believes existing MSMS and AMA policy is adequate, and that the policy would likely be added to the AMA’s reaffirmation schedule. Further, 21 U.S.C. Sec. 396
adequately protects a physician’s ability to prescribe devices and drugs off-label. In addition, Section 3306 of the Consolidated Appropriations Act of 2023 authorizes the FDA to ban specific intended uses of a medical device if that use presents an unreasonable or substantial injury risk. Further, in 2021, a federal appeals court rules that the current statute, which authorizes the FDA to ban a medical device for posing such a risk, does not authorize the FDA to ban only specific uses of a device.

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51-23 - Medical Education for Medication Reconciliation - APPROVED

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

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

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

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

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

The Committee added the use of discriminatory filters for foreign graduates to the resolved to meet the intent of author.
This resolution was extracted. The House of Delegates upheld the Reference Committee’s recommendation and the resolution was approved as amended.

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

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

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

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

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

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

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

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

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

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

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

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

a) Two Directors (the “Regional Directors”) from each of the nine regions depicted on Exhibit A to the Bylaws (each a “Region” and collectively the “Regions”). The Regional Directors shall be elected by those members holding membership in a county located in that Region. No more than one Regional Director may hold membership in a single county unless a region consists of a single county. One Regional Director must hold membership in a county located in the upper peninsula unless no such member is available in which case, the two Regional Directors from the lower peninsula portion of Region 9.
The Committee was supportive of the resolution. The resolved was amended to clarify the intent.

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

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

**ARTICLE VII—HOUSE OF DELEGATES**

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

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.

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.

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

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

12.40 SEATING - TENURE—A delegate becomes a member of the House of Delegates when the Speaker is notified in writing of the delegate's election by the secretary of the component society, specialty society, Resident and Fellow Section, Medical Student Section, Young Physicians Section, International Medical Graduates Section or Organized Medical Staff Section. Such certification shall be submitted by February 1 of each year. The delegate shall remain a member of the House of Delegates until the Speaker is notified, in writing, by the secretary of the component society, specialty society, Resident and Fellow Section, Medical Student Section, Young Physicians Section, International Medical Graduates Section, Senior Physicians Section, or Organized Medical Staff Section that the delegate has been replaced. The delegate shall remain a member of the House of Delegates regardless of whether or not an alternate substitutes for him/her at any meeting of the House.

12.50 SEATING OF ALTERNATE DELEGATES—An alternate delegate may substitute for a duly certified delegate at any regular or special meeting of the House of Delegates provided that such substitution is authorized in writing by the secretary of the component society, specialty society, Resident and Fellow Section, Medical Student Section, Young Physicians Section, International Medical Graduates Section, Senior Physicians Section, or Organized Medical Staff Section.

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

The purpose of the Section will be to provide a forum within the organizational structure of the Society for the study and consideration of matters of special interest or significance to senior physicians in Michigan.
At its annual meeting, the Section shall elect a chair, a vice-chair, a secretary and at least two at-large members. It shall also elect one delegate and one alternate delegate to the MSMS House of Delegates, each of whom shall serve for a term of two years.

The Committee was intrigued by the idea and appreciated the author’s interest. However, the Committee received limited testimony and had some concerns. The House of Delegates is already well represented by members over 65 and in light of the budget discussion had this weekend, the Committee could not justify the expense of an additional section.

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49-23 - Repeal of HOD Resolution 65-14 - DISAPPROVED

RESOLVED: That Resolution 65-14, requiring that resolutions submitted to the MSMS House of Delegates that require action by the AMA may only be submitted by MSMS members that are also members of the AMA be repealed.

The Committee did not receive any testimony on this legislation. Committee members did not find the policy onerous, membership in an organization for which one is requesting work is standard practice. Additionally, delegates have found work arounds by partnering with another AMA delegate to author a resolution with AMA action.

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Resolution 50-23 - Patients’ Right to Choose Non-Participating Physician Practices – REFERRED

RESOLVED: That MSMS work with Michigan health insurers to educate them on the role of Direct Primary Care physicians and other practices which may not be associated with hospital system offices, in promoting high quality care while decreasing health care costs for patients with health insurance; and be it further RESOLVED: That MSMS work with health insurers to allow Direct Primary Care physicians to prescribe medication, order tests, and referrals on patients who have health insurance plans.

The Committee was sympathetic to the problems this creates for physicians practicing direct primary care. As this is a complex health care economics issue that involves patients, physicians, health plans and employers, the Committee recommends referral to the Board.

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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.

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

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

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

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

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

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

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

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

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

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

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

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

* Denotes members in attendance.