

**FINAL ACTION REPORT
MSMS HOUSE OF DELEGATES**

Saturday, May 11, 2024

Order taken

Ways and Means

C – Internal Affairs and Bylaws

D – Public Health

B – Legislation

A – Medical Care Delivery

E – Scientific and Educational Affairs

REPORT OF WAYS AND MEANS COMMITTEE

Edward J. Rutkowski, MD, Chair

April 24, 2024

Operating Budget

Last year, Board Leadership and Tom George, MD, CEO, decided it was time to modify the Profit and Loss strategy by starting to reduce expenses in all areas of the organization. The goal was to get MSMS back to a positive operating surplus by 2024.

A comprehensive expense reduction plan was developed which involved reviewing line by line every aspect of the MSMS and subsidiary budgets. Expense reductions impacted all areas of the organization including outsourced services, building costs, House of Delegates, Board of Director meetings, AMA Delegation, staff benefits and staff positions. Staff benefits and positions were the largest portion of the total expense reductions at 61 percent. The number of staff positions were reduced by 26 percent. Most of the expense reductions occurred mid-year 2023 so the full effects of the savings will not be realized until 2024. Total expense reductions were almost two million dollars.

As a result of these reductions, we are pleased to report that MSMS is budgeting a \$52,000 surplus for 2024 which is the first budgeted surplus since 2020.

Fiscal Responsibility

The Board and House of Delegates both have a fiduciary duty to operate the organization in fiscally responsible ways. Expense reductions and pricing increases are difficult but are a necessary function of a fiscally responsible organization.

The Committee would like to commend our Board and CEO, Doctor George for their fortitude and leadership in making these difficult decisions to position MSMS for a positive operating surplus in 2024 and beyond.

* * * * *

Members of the Committee: *Edward J. Rutkowski, MD, Chair; *Anita R. Avery, MD, Vice-Chair; *E. Chris Bush, MD; *T. Jann Caison-Sorey, MD, MSA, MBA; *Amit Ghose, MD; *John M. Pelachyk, MD; and Richard C. Schultz, MD.

Board Advisors: *Paul D. Bozyk, MD; *Brian R. Stork, MD; *Bradley J. Uren, MD; and *John A. Waters, M D .

Committee Staff: Lauchlin MacGregor, CPA, CFO.

*Denotes members in attendance.

FINAL HOD ACTION
REFERENCE COMMITTEE C – INTERNAL AFFAIRS, BYLAWS, AND RULES

David W. Whalen, MD, Chair

05-24 Medical Student Section Representation – **APPROVED AS AMENDED ON 1ST READING**

22-24 Restructure Student Dues Assessment - **APPROVED**

31-24 Expand AMA's Position on Healthcare Reform Options – **DISAPPROVED**

33-24 MSMS Medical Student Section Membership Dues – **DISAPPROVED**

38-24 Expand Medicaid for All Undocumented Persons - **DISAPPROVED**

39-24 Single Payer Healthcare System - **DISAPPROVED**

42-24 Lost Direction – **APPROVED AS AMENDED**

Board Action Report #2-24 - Resolution 38-23 – “Free Digital CME for MSMS Members to Promote Membership Growth” - **APPROVED** the Board Action’s Report to **AMEND** this resolution.

Board Action Report #05-24 - Revisions to the MSMS Policy Manual and the 2024 Sunset Policy - **APPROVED**

42-23 Upper Peninsula Regional Director Constitution and Bylaws Amendment – **APPROVED, 2nd and FINAL READING**

REAFFIRMATION CALENDAR

23-24 Repeal Ineffective Pain Management Laws and Mandates - **REAFFIRMED**

24-24 Remove Legal Impediments to Women’s Reproductive Rights - **REAFFIRMED**

28-24 Streamline Payer Quality Metrics - **REAFFIRMED**

REPORT OF REFERENCE COMMITTEE C

David W. Whalen, MD, Chair

April 18, 2024

Reference Committee C was assigned Resolutions 05-24, 22-24, 31-24, 33-24, 38-24, 39-24, 42-24, and Board Action Reports #02-24 and #05-24.

The Committee also considered Resolution 42-23, that constitutes changes to the Bylaws that were approved on first reading at the 2023 House of Delegates.

05-24 - Medical Student Section Representation - APPROVED AS AMENDED ON 1ST READING

RESOLVED: That Section 12.10 of the MSMS Bylaws be amended as follows:

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 Young Physicians Section, a delegate from the International Medical Graduates Section and a total of 7 student delegates and 7 student alternate delegates from the MSMS Medical Student Section, corresponding to 1 delegate and 1 alternate delegate from each of the 7 medical schools in the state of Michigan. These student delegates and alternate delegates must be members of the MSMS Medical Student Section.

The Committee spent significant time discussing the three resolutions involving medical students. The Committee supports the Medical Student Section (MSS) and believes they provide significant value to MSMS. When reviewing the bylaws for the other sections and the specialty societies, the student section is an outlier with delegate representation. Additionally, data has shown that only two student delegates in the last ten years are current members of MSMS. Meaning the increase in student delegates has not had the desired outcome of increasing resident or active members as they progress through their career. Therefore, the Committee supports the resolution to revert to the student section's original delegate representation. This would not change the student's ability to author resolutions or testify at the Reference Committees. This would also not alter any activities of the MSS Governing Council.

The resolution was extracted and amendments offered to provide for specified representation per medical school. Ultimately, the House of Delegates voted to allow for one delegate and one alternate delegate from each of the Michigan medical schools for a total of seven delegates and seven alternate delegates to represent the Medical Student Section.

* * * * *

22-24 - Restructure Student Dues Assessment - APPROVED

RESOLVED: That the MSMS Bylaws be amended as follows:

2.60 STUDENTS (MEDICAL STUDENT SECTION) - Medical students may become members of the State Medical Society through a component society or directly through the MSMS Medical Students Section. Except as provided in Section 12.10 of these Bylaws, they may not vote or hold office. They may be appointed to MSMS committees as student members. State Society dues shall be set **proposed** by the

Board of Directors to cover administrative costs of membership except in the first year of membership and approved by the House of Delegates. Component dues for students shall be determined at the local level.

The Committee received testimony that the new membership dues for students implemented in July 2023 was prohibitive to some students. The Committee supported this resolution as it still preserves the Board of Directors fiduciary responsibility to set the dues but provides the House of Delegates oversight and final approval.

* * * * *

31-24 - Expand AMA's Position on Healthcare Reform Options - DISAPPROVED

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) asks our AMA to adopt a neutral stance on single payer health care reform and evaluate single payer proposals by the extent to which they align with the AMA's policy on healthcare reform.

MSMS and the AMA has debated single payer reform for years. The Committee was not interested in taking this up again this year and is content with the extensive policies in both organizations. Resolution 31-24 was extracted and the House of Delegates voted to uphold the Reference Committee's recommendation to disapprove.

* * * * *

33-24 - MSMS Medical Student Section Membership Dues - REFERRED

RESOLVED: That MSMS reduce the financial burden on medical students while ensuring continued access to the benefits and resources by reducing the student membership dues to \$30 for 4 years, with a \$10 fee for pre-existing members (which is a 600 percent increase and 100 percent increase from the original dues rate).

The Committee received testimony that the new membership dues for students implemented in July 2023 was prohibitive to some students. In lieu of this resolution, the Committee supported Resolution 22-24 as it provides the House of Delegates final approval of dues rather than set specific dues amounts in the bylaws. Resolution 33-24 was extracted and the House of Delegates voted to refer the resolution to the MSMS Board of Directors.

* * * * *

38-24 - Expand Medicaid for All Undocumented Persons – DISAPPROVED

RESOLVED: That MSMS advocate for continuation of the AMA's legacy in recognizing health care as a fundamental human right for undocumented individuals in America; and be it further

RESOLVED: That MSMS acknowledge the long-term fiscal benefits and improved health outcomes associated with providing health care access to undocumented immigrants, as demonstrated by the success of Medi-Cal in California; and be it further

RESOLVED: That MSMS advocates for health insurance coverage through Medicaid expansion for all undocumented people residing in the state of Michigan, with guarantee that immigration status will not be collected or reported. The Committee was supportive of the intent of this resolution. After a lengthy discussion, members were concerned that with MSMS' limited resources, this would not be an achievable ask of the organization.

* * * * *

39-24 - Single Payer Healthcare System - DISAPPROVED

RESOLVED: That MSMS support federal efforts to implement a single payer health care system, and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask the AMA to support federal efforts to implement a single payer health care system.

MSMS and the AMA have debated single payer reform for years. The Committee is not interested in taking this up again this year and is content with the extensive policies in both organizations.

* * * * *

42-24 - Lost Direction – APPROVED AS AMENDED

RESOLVED: That MSMS clearly state that its goals are to enhance physician's well-being both personally and professionally, to improve the physician's ability to provide health care, to counter threats that interfere with a physician's ability to provide patient care, and to help advance medicine and medical care.

The testimony was supportive of additional communication of MSMS' goals and to encourage delegates to focus resolutions on those areas identified as high priority for the organization. The Committee omitted the second resolved based on a lack of interest in vetting resolutions and creating another step in the resolution process.

* * * * *

Board Action Report #02-24 - Resolution 38-23 – "Free Digital CME for MSMS Members to Promote Membership Growth" – **APPROVED** the Board Action's Report to **AMEND** this resolution.

* * * * *

Board Action Report #05-24 - Revisions to the MSMS Policy Manual and the 2024 Sunset Policy – **APPROVED**

* * * * *

42-23 - Upper Peninsula Regional Director Constitution and Bylaws Amendment – APPROVED, 2nd and FINAL READING

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 Region 9 may come from the northern lower peninsula of the state.**

* * * * *

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

- 23-24 - Repeal Ineffective Pain Management Laws and Mandates
- 24-24 - Remove Legal Impediments to Women’s Reproductive Rights
- 28-24 - Streamline Payer Quality Metrics

* * * * *

Members of the Committee: *David W. Whalen, MD, Chair; *Edward A. Christy, MD; *Martha L. Gray, MD; *Bryan W. Huffman, MD; *S. Bobby Mukkamala, MD; *Rose M. Ramirez, MD; *Neeraja T. Ravikant, MD; and *Phillip G. Wise, MD.

Board Advisors: *Jayne E. Courts, MD; *Mark C. Komorowski, MD; and *M. Salim Siddiqui, MD, PhD.

AMA Advisors: *Christie L. Morgan, MD; and *M. Salim Siddiqui, MD PhD.

Committee Staff: Rebecca J. Blake.

*Denotes members in attendance.

FINAL HOD ACTION
REFERENCE COMMITTEE D – PUBLIC HEALTH

Sherwin P.T. Imlay, MD, Chair

03-24 Partnership with Mental Health Providers and Law Enforcement – **APPROVED AS AMENDED**

04-24 Plastic Surgery Medical Tourism – **APPROVED AS AMENDED**

08-24 Universal Newborn Eye Screening - **APPROVED**

09-24 Support for Water Safety - **APPROVED**

15-24 Perinatal Mental Health and Substance Use Disorder Services – **APPROVED AS AMENDED**

17-24 No-cost Reproductive Planning for Michigan Users - **APPROVED**

32-24 HPV Vaccination - **APPROVED**

36-24 Free Menstrual Products in Public Schools - **APPROVED**

37-24 Access to Fentanyl Strips – **APPROVED AS AMENDED**

Board Action Report #03-24 - Resolution 47-23 - "Support for Climate Plans for the State of Michigan, Counties, Townships and Municipalities, School Districts and Other Governmental Entities in Michigan"- **APPROVED** the Board Action's Report to **APPROVE** this resolution.

REPORT OF REFERENCE COMMITTEE D

Sherwin P.T. Imlay, MD, Chair

April 23, 2024

Reference Committee D was assigned Resolutions 03-24, 04-24, 08-24, 09-24, 15-24, 17-24, 32-24, 36-24, 37-24, and Board Action Report #03-24.

03-24 - Partnership with Mental Health Providers and Law Enforcement – APPROVED AS AMENDED

RESOLVED: That MSMS provide education to the public on the importance of mental health providers accompanying law enforcement officers on calls responding to mental health crises; and be it further

RESOLVED: That MSMS encourages law enforcement agencies in the state of Michigan to incorporate mental health providers on calls regarding mental health crises.

The Committee supported the intent of the resolution but had concerns that the work was outside of the scope of MSMS. They amended the second resolved from asking that MSMS work with law enforcement, to MSMS encourages law enforcement agencies to collaborate with mental health providers. This allows MSMS to support this work and allows the appropriate stakeholders to create solutions that benefit their needs.

* * * * *

04-24 - Plastic Surgery Medical Tourism – APPROVED AS AMENDED

RESOLVED: That MSMS recognizes that medical tourism for cosmetic surgery is an increasingly popular phenomenon amongst Michigan residents and is associated with both risks and complications for the patient; and be it further

RESOLVED: MSMS make a concerted effort to inform the Michigan public about the dangers and risks of medical tourism for cosmetic surgery.

The Committee recognizes that medical tourism is a growing issue in many areas. They supported the resolution as written but amended the first resolved from plastic surgery to cosmetic surgery to match the second resolved. They believe this will clear up some questions regarding the services performed that the resolution is referring to.

* * * * *

08-24 - Universal Newborn Eye Screening - APPROVED

RESOLVED: That MSMS support initiatives for Universal Photographic Newborn Eye Screening in the State of Michigan; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) encourage our AMA to endorse Universal Photographic Newborn Screening as a national practice for newborn children.

* * * * *

09-24 - Support for Water Safety – APPROVED

RESOLVED: That MSMS adopt the following policy supporting water safety in Michigan: MSMS supports (1) early childhood swim lessons for every child in Michigan with the goal of “drown-proofing” the children of our state; (2) the availability of basic water rescue equipment at all public beaches including throw rings and lifejackets; (3) the presence of lifeguards at public beaches in Michigan; and (4) legislative efforts to protect entities that hire lifeguards from liability in a manner similar to good Samaritan laws; and be it further

RESOLVED: That MSMS provide visible support to the efforts of other groups that are working to further MSMS stated policy on water safety issues in Michigan. This support would include vocal support of efforts to improve water safety and adding our support to these groups at legislative hearings in Lansing regarding water safety.

* * * * *

15-24 - Perinatal Mental Health and Substance Use Disorder Services – APPROVED AS AMENDED

RESOLVED: That MSMS will support improvements in mental health and substance use disorder services during the pregnancy and postpartum period including access to non-pharmacotherapy, pharmacotherapy, outpatient services and inpatient psychiatric and medical services; and it be further

RESOLVED: That MSMS will advocate for inclusive private and public insurance coverage of, and sufficient payment for, all mental health services during pregnancy and the postpartum period; and it be further

RESOLVED: That MSMS will advocate for evidence-based, non-punitive, screening and treatment of mental health and substance use disorders as the standard of care during pregnancy and the postpartum period; and be it further

RESOLVED: That MSMS will encourage the expansion of mental health and substance use disorder treatment facilities that provide care during pregnancy and the postpartum period for those in need of inpatient and intensive outpatient disease management, including facilities that enable them to bring their minor children.

The committee supports the resolution. They amended it only to separate each ask into a separate resolved statement, for ease of understanding the separate requests of the authors.

* * * * *

17-24 - No-cost Reproductive Planning for Michigan Users – APPROVED

RESOLVED: That MSMS seek the collaboration of the Michigan Department of Health and Human Services and all Michigan health care services and health insurers to comply with the requirements of the Affordable Care Act as amended and provide comprehensive contraceptive issues, processes, and products as approved by the United States Food and Drug Administration to all pregnancy capable

persons in Michigan at no cost, funded via the Title X funds available to the state for this purpose and all other funds available for similar purpose.

* * * * *

32-24 - HPV Vaccination – APPROVED

RESOLVED: That MSMS encourage and support efforts by the Michigan Legislature, Michigan Department of Health and Human Services, and the Michigan State Board of Education to bolster statewide public education on the benefits of HPV vaccine in reducing not only cervical cancer risk in females, but also oropharyngeal cancer risk in both females and males; and be it further

RESOLVED: That MSMS support efforts to increase the rate of HPV vaccination uptake among children and adults up to the age of 45 of all genders.

* * * * *

36-24 - Free Menstrual Products in Public Schools – APPROVED

RESOLVED: That MSMS encourage all Michigan school districts, other public schools, and chartered nonpublic schools that enrolls girls in grades 6-12 to provide free tampon and pad products to those students; and be it further

RESOLVED: That MSMS encourage each district or school to provide tampon and pad products to students below grade 6 and to inform students where the products are kept in the school.

* * * * *

37-24 - Access to Fentanyl Strips – APPROVED AS AMENDED

Title: Access to Fentanyl Testing Strips

RESOLVED: That MSMS support programs that work to increase access to and education for use of fentanyl test strips; and be it further

RESOLVED: That MSMS encourages inclusion of fentanyl testing strips in save-a-life/harm reduction boxes; and be it further

RESOLVED: That MSMS encourages that save-a-life/harm reduction boxes be available 24/7 in every Michigan county in accessible locations for individuals with substance use disorders to test their substances and make an informed decision about using that substance in order to reduce overdose deaths in Michigan.

The committee supported the spirit of the resolution but felt that the inclusion of the education material for use of fentanyl test strips was important as well. They amended the first resolved to ask that MSMS support the use of and education for fentanyl test strips overall. The second resolved was amended into two resolved

statements. One asking to include the fentanyl test strips in all save-a-life/harm reduction boxes, and a new third resolved that supports the availability of the save-a-life/harm reduction boxes across the state.

* * * * *

Board Action Report #03-24 - Resolution 47-23 - "Support for Climate Plans for the State of Michigan, Counties, Townships and Municipalities, School Districts and Other Governmental Entities in Michigan"- **APPROVED** the Board Action's Report to **APPROVE** this resolution.

* * * * *

Members of the Committee: *Sherwin P.T. Imlay, MD, Chair; *Titilola A. Famakinwa, MD; *Daniel J. Johnston, MD; *Natalie Mironov, DO; *Tudor D. Moldovan, MD; *Rama D. Rao, MD; *Anthony M. Zacharek, MD; and *Tien Hua.

Board Advisors: *Annette S. Gilmer, MD, MPH; and *Melanie S. Manary, MD.

AMA Advisors: *Theodore B. Jones, MD; and Richard E. Smith, MD.

Committee Staff: Dara J. Barrera and Trisha L. Keast

* Denotes Members in attendance.

FINAL HOD ACTION
REFERENCE COMMITTEE B – LEGISLATION

Cheryl Gibson Fountain, MD, Chair

06-24 Release of Sensitive Information – **APPROVED AS AMENDED**

07-24 Physician Rights and Responsibilities Regarding Collaboration with Non-Physician Practitioners –
APPROVED AS AMENDED

14-24 Alternative Physician Licensure Pathways – **APPROVED AS AMENDED**

19-24 Addressing the Unregulated Body Brokerage Industry - **APPROVED**

20-24 Repeal Laws and Mandates Related to Breast Cancer Management – **APPROVED AS AMENDED**

25-24 Modernize Requirements for Unrestricted Licensure in Michigan - **REFERRED**

27-24 Change to Regulations of Botulinum Toxin Usage - **REFERRED**

Board Action Report #1-24 - Resolution 08-23 – “Credential, Supervision, and Outcomes Transparency” -
APPROVED the Board Action’s Report to **DISAPPROVE** this resolution.

REPORT OF REFERENCE COMMITTEE B

Cheryl Gibson Fountain, MD, Chair

April 25, 2024

Reference Committee B was assigned Resolutions 06-24, 07-24, 14-24, 19-24, 20-24, 25-24, 27-24, and Board Action Report #1-24.

06-24 - Release of Sensitive Information – APPROVED AS AMENDED

RESOLVED: That MSMS supports the imposition of a reasonable time period before certain sensitive health information is required to be released to patients to prevent unnecessary emotional and physical harm or stress to patients from receiving such information without the benefit of a discussion with their physician or other health care practitioner; and be it further;

RESOLVED: That MSMS actively identify and work with partners, including patient advocacy groups, to draft legislation that establishes a reasonable time before certain sensitive health information is released in order to 1) protect patients from harm, and 2) avoid potential for federally stipulated monetary penalties to providers who are considered to be in violation of the information blocking provision of the 21st Century Cures Act; and be it further

RESOLVED: That MSMS continues to update and provide educational resources for physicians and their practices to help them maintain compliance with the 21st Century Cures Act.

The resolution was presented by the Michigan Society of Hematology and Oncology in response to a growing trend of patients accessing negative or confusing health information, including but not limited to test results, via electronic means before speaking with their health care practitioner. Given the speed with which such information is uploaded to a patient portal, physicians are often unable to review and present the information to the patient with context and explanation, often resulting in significant distress to the patient. The majority of testimony received was supportive. The author was asked if the Society would be open to consideration of involving patient advocacy groups in discussions about legislation and he agreed that was their intent to be inclusive of impacted parties.

The Committee believed it was important to include patient advocacy groups in any efforts to draft legislation. The committee also removed the reference to a 72-hour window, believing it best to leave specific timelines to be decided during the legislative process, with input from patient advocacy groups and other interested organizations.

* * * * *

07-24 - Physician Rights and Responsibilities Regarding Collaboration with Non-Physician Practitioners – APPROVED AS AMENDED

RESOLVED: That MSMS update existing policy, "Standards for Collaborative Agreements," to recognize that the decision to collaborate must be made voluntarily, not as a condition of employment, and with a formal collaborative practice agreement; and be it further

RESOLVED: That MSMS support legislation or regulation to ensure that the employers of nonphysician practitioners have the financial and administrative responsibility to provide work and staffing conditions that offer (1) a safe level of collaboration in the independent medical judgment of the collaborative physician and (2) timely and safe level of oversight in the independent medical judgment of on-site physicians who may be asked to verify with or without attestation to medical acts of the nonphysician practitioner; and be it further

RESOLVED: That MSMS seek and support legislation regarding physicians with no active collaborative agreement(s), regardless of employment arrangement, that requires the following:

1. That on-site physicians may verify a medical task performed by a nonphysician practitioner provided that the verifying physician is present for key portions of any patient care task or procedure verified (similar to the standards for the verification of resident physician care).
2. That on-site physicians may only attest, through signature or other written documentation, to tasks, procedures, and elements of patient care that they have verified.
3. That the attestation of tasks, procedures, and patient care notes for patients whom the physician has not seen and a request from the employer that a physician attest to care that the physician has not participated in may constitute a breach of ethics or contract on the part of the employer.
4. That, to ensure a safe level of patient care provided by nonphysician practitioners, on-site physicians who formally agree to be available for verification or attestation of medical acts by nonphysician practitioners (1) have adequate time set aside from other professional responsibilities and duties to perform the verification and attestation function as determined by the respective physician's independent medical judgment and (2) receive adequate compensation to account for the loss of individual productivity and lost revenue due to the verification and attestation functions; and be it further

RESOLVED: That MSMS seek and support legislation on behalf of physicians with one or more active collaborative agreements, regardless of employment arrangement, requires the following:

1. That physicians be allowed to fully participate in the recruitment, selection, hiring, performance evaluation and firing decisions regarding the nonphysician practitioner.
2. That, to ensure a safe level of patient care provided by nonphysician practitioners, physicians engaged in collaborative agreement (1) have adequate time set aside from other professional responsibilities and duties to perform the collaborative function as determined by the respective physician's independent medical judgment and (2) receive adequate compensation to account for the loss of individual productivity and lost revenue due to the collaborative function.

The Committee heard testimony in support of this resolution, which seeks to promote guidelines to the use of collaborative agreements with non-physician practitioners. There was a suggestion to remove reference to language regarding the delegation of tasks not being a usual or customary duty since delegation and supervision does occur. The Committee agreed with the resolution and proposed friendly amendment. The language was removed from the first and third resolved statements.

* * * * *

14-24 - Alternative Physician Licensure Pathways – APPROVED AS AMENDED

RESOLVED: That MSMS will engage in communications with policy makers when proposals arise related to alternative licensing pathways to ensure adequate training, supervision by physicians, external

funding for training, and credentialing opportunities. MSMS will monitor national efforts related to alternative licensing pathways and share recommendations with policy makers as appropriate.

Testimony was presented for and against this resolution. The Committee discussed the negative aspects of a return to an apprentice-style of medical training and the importance of maintaining a high quality of patient care. They also acknowledged the importance of MSMS being a resource to legislators trying to find creative solutions to increasing the number of physicians practicing throughout Michigan, particularly in medically underserved areas, and ensuring those conversations prioritize adequate education, training, and experience in any pathway to licensure. There was discussion amongst committee members that even if licensure is addressed, without board certification many insurers will not credential these licensees. It was also mentioned that a group of national organizations has convened to look at issues of foreign-trained and licensed physicians who have been practicing abroad.

The Committee was supportive of policy that would provide MSMS with some flexibility to engage in policy change with the Legislature, while maintaining standards to ensure adequate training and patient safety. Additionally, there was recognition that there is a difference between foreign-trained medical students and fully licensed physicians who have been licensed and practicing in another country. Therefore, the Committee struck the first and third resolved statements and amended the second.

* * * * *

19-24 - Addressing the Unregulated Body Brokerage Industry – APPROVED

RESOLVED: That MSMS support federal and state legislation aimed at tracking what becomes of donors' bodies or body parts within the body broker industry to ensure they are handled with dignity and returned to their loved ones after cremation.; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to collaborate with appropriate organizations, including but not limited to government agencies and professional organizations, to advocate for state and federal legislation that will provide the oversight and authority over body broker entities that receive donated human bodies and body parts for education and research.

Support was provided by the Wayne County Medical Society and there was no stated opposition. The Committee recommends the House of Delegates approve.

* * * * *

20-24 - Repeal Laws and Mandates Related to Breast Cancer Management – APPROVED AS AMENDED

RESOLVED: That MSMS supports repeal of MCL 333.17013, "Alternative methods of treatment of breast cancer; duty of physician to inform patient; standardized written summary or brochure; form; civil action."

The author testified that Michigan law requiring physicians to inform patients who have been diagnosed with breast cancer about alternative methods of treatment of the cancer including any advantages, disadvantages,

and risks is obsolete, no longer enforced, and an intrusion into the practice of medicine. This resolution directed MSMS to seek its repeal.

The Committee agreed that obsolete laws should be repealed but was concerned about the fiscal note. Instead, they replaced “work for” with “supports” to make this a policy of MSMS instead of a mandate for action. This change will allow MSMS to act quickly should legislation be introduced to repeal the law. The Committee anticipates change in the fiscal note from advocacy (\$16,000-\$32,000) to policy (\$1,000-\$2,000) with this modification.

* * * * *

25-24 - Modernize Requirements for Unrestricted Licensure in Michigan – REFERRED

RESOLVED: That MSMS should endorse the concept of requiring a physician to have completed either an Accreditation Council for Graduate Medical Education or American Osteopathic Association approved residency program or at least three years of post-graduate training in a single field of medicine as a prerequisite for the granting of a new, unrestricted medical license to practice medicine in the state of Michigan.

There was mixed testimony on this resolution. The author advocated that additional years of post-graduate training before receiving a full, unrestricted license resulted in better prepared physicians with improved outcomes and fewer disciplinary actions. Opponents stated there would be unintended consequences disproportionately affecting resident physicians and their ability to moonlight. Testimony was presented about strict protocols residency programs have in place for residents who are allowed to moonlight. It was also noted that the Board of Medicine recently reduced the requirement from two years to one year of post-graduate training, which aligns with the requirement for osteopathic physicians. The Committee was empathetic to both positions presented and believed there are many complexities that need to be considered before adopting policy on this topic. Therefore, they recommend referral to the MSMS Board of Directors.

* * * * *

27-24 - Change to Regulations of Botulinum Toxin Usage – REFERRED

RESOLVED: That MSMS advocate for a change to current regulations to reflect the standard of care that allows for the use of botulinum toxin more than 24 hours if refrigerated after reconstitution with bacteriostatic saline and in more than one patient per vial.

Testimony was generally supportive; however, there were some questions requiring additional information. Unfortunately, neither the author nor a representative was available to present the resolution and address questions. Although the committee was largely supportive of the resolution in concept, they had questions about where the single-use requirement originated and which governing body is responsible for its enforcement. Depending on whether the origination or enforcement is at the state or federal level could influence whether action is within the scope of MSMS or the American Medical Association. The Committee believes additional information is required and recommends referral to the MSMS Board of Directors.

* * * * *

Board Action Report #1-24 - Resolution 08-23 – “Credential, Supervision, and Outcomes Transparency”-
APPROVED the Board Action’s Report to **DISAPPROVE** this resolution.

* * * * *

Members of the Committee: *Cheryl Gibson Fountain, MD, Chair; *Christopher J. Allen, MD; *Barry I. Auster, MD; *Denise D. Collins, MD; *John A. Hopper, MD; *Courtland Keteyian, MD, MBA, MPH; *Jon M. Lake, MD; Katherine J. Mills, MD; and *Nishant Kumar.

Board Advisors: *Leah C. Davis, DO; and *Kaitlyn Dobesh, MD, JD.

AMA Advisors: *Brooke Buckley, MD; *Michael D. Chafty, MD, JD; and *Kaitlyn Dobesh, MD, JD.

Committee Staff: Kate Dorsey and Stacey P. Hettiger.

* Denotes members in attendance.

FINAL HOD ACTION
REFERENCE COMMITTEE A – MEDICAL CARE DELIVERY

Lawrence R. Hennessey, MD, Chair

- 01-24 Guaranteed Access to Subcutaneous Immune Globulin Therapy - **APPROVED**
- 10-24 Abortion is Healthcare - **APPROVED**
- 11-24 Insurance Coverage of Abortion - **APPROVED**
- 12-24 Oppose the Criminalization of Self-Managed Abortion – **APPROVED AS AMENDED**
- 13-24 Shield Laws - Protecting Access to Care - **APPROVED**
- 16-24 Medicaid Payment for Obstetric Care - **REFERRED**
- 29-24 Impact of Patient Nonadherence on Quality Scores - **APPROVED**
- 40-24 Over-The-Counter Access to Medication Abortion – **APPROVED AS AMENDED**
- 41-24 Reproductive Health Insurance Coverage – **APPROVED AS AMENDED**

Board Action Report #4-24 - Resolution 50-23 - "Patient's Right to Choose Non-Participating Physician Practices" – **APPROVED** the Board Action's Report to **AMEND** this resolution.

REPORT OF REFERENCE COMMITTEE A

Lawrence R. Hennessey, MD, Chair

April 17, 2024

Reference Committee A was assigned Resolutions 01-24, 10-24, 11-24, 12-24, 13-24, 16-24, 29-24, 40-24, 41-24, and Board Action Report #4-24.

01-24 - Guaranteed Access to Subcutaneous Immune Globulin Therapy – APPROVED

RESOLVED: That MSMS affirms the decision to administer subcutaneous versus intravenous immune globulin in the treatment of immune globulin deficiency should be left to the discretion of the patient and their physician and not to the patient's insurer; and be it further

RESOLVED: That MSMS opposes insurers limiting access to indicated therapy that would be the safest, most effective, and most convenient option for treatment of immune globulin deficiency; and be it further

RESOLVED: That MSMS opposes insurers requiring patients to first undergo intravenous immune globulin therapy and only be allowed to receive subcutaneous immune globulin therapy after first suffering debilitating and potentially dangerous side effects; and be it further

RESOLVED: That MSMS affirms the decision to proceed with subcutaneous versus intravenous immune globulin therapy should be a choice made by the patient and their physician without third party interference.

The resolution was presented by the Michigan Allergy and Asthma Society in response to a pattern of insurers denying access to subcutaneous immune globulin despite this being the standard of care and it being less costly than having to undergo intravenous infusions. The Committee agreed that physicians and patients should be able to make the decision that is in the best interest of the patient.

* * * * *

10-24 - Abortion is Healthcare – APPROVED

RESOLVED: That MSMS replace existing policy, "Abortion as a Medical Procedure" to read as follows:

Abortion is healthcare. MSMS opposes limitations on access to evidence-based reproductive health services.

There was a great deal of testimony in support and opposition to this resolution. Proponents presented that abortion care is broader and more complex than a single medical procedure and that MSMS policy should be updated to reflect this. Opponents presented positions in opposition to elective abortions and concerns that one of the outcomes of the language would be to allow non-physician practitioners to perform abortions. The Committee originally recommended the Resolved statement be amended by adding language to clarify that physician involvement, as the leader of the health care team, is essential. They also sought to provide more specificity to the original statement that "abortion is healthcare" and modeled language after that found in one of the provisions in existing AMA policy D-5.999, "Preserving Access to Reproductive Health Services."

However, Resolution 10-24 was extracted and the House of Delegates voted to approve the original version of the resolution.

* * * * *

11-24 - Insurance Coverage of Abortion – APPROVED

RESOLVED: That MSMS replace existing policies, “Medicaid Funding” and “Insurance Coverage,” with a single policy to read as follows:

MSMS recognizes that abortion is healthcare, and as such, that public and private health insurance should include abortion care as a covered benefit.

The Committee received robust testimony in support and opposition to Resolution 11-24. Concerns were raised about patients not having coverage to concerns about employers dropping health care coverage if they were required to include coverage for abortion. Ultimately, the Committee determined the “ask” in this resolution did not present a substantial change from existing MSMS policies, “Medicaid Funding” and “Insurance Coverage.” It was also noted that both policies were reaffirmed in 2022 and 2021, respectively. For these reasons the Committee recommended disapproval. The resolution was extracted and the House of Delegates voted to approved Resolution 11-24 as originally introduced.

* * * * *

12-24 - Oppose the Criminalization of Self-Managed Abortion – APPROVED AS AMENDED

RESOLVED: That MSMS adopts AMA policy H-5.980, “Oppose the Criminalization of Self-Managed Abortion.

There was robust testimony in support and opposition to Resolution 12-24. Proponents expressed concerns about how the fear of prosecution can impede access to care and result in the reluctance to share relevant health information with health care practitioners. They also stressed that safe and effective care should be a priority over punishment. Opponents stated concerns about the necessity of this resolution following the passage of Proposal 3, as well as concerns about how self-managed abortion is defined and for what time period self-management is appropriate without medical intervention.

Although committee members recognize that existing MSMS policy, “Oppose Criminalization of Physicians and Patients for Evidence-based Standard of Medical Care,” broadly addresses the issue of criminalization, they were cognizant of the interest in having more specificity as it relates to self-managed abortion due to the increase in legislative efforts to criminalize such care management. Instead of the original language proposed by the authors, the Committee is recommending that existing American Medical Association policy H-5.980, “Oppose the Criminalization of Self-Managed Abortion,” which has been vetted and adopted at the national level, be approved as MSMS policy. The AMA policy reads as follows:

Oppose the Criminalization of Self-Managed Abortion H-5.980

Our AMA: (1) opposes the criminalization of self-managed abortion and the criminalization of patients who access abortions as it increases patients’ medical risks and deters patients from seeking medically necessary services; and (2) will advocate against any legislative efforts to criminalize self-managed abortion and the

criminalization of patients who access abortions; and (3) will oppose efforts to enforce criminal and civil penalties or other retaliatory efforts against these patients and requirements that physicians function as agents of law enforcement – gathering evidence for prosecution rather than as a provider of treatment.

* * * * *

13-24 – Shield Laws - Protecting Access to Care – APPROVED

RESOLVED: That MSMS opposes criminal and civil penalties or other retaliatory efforts, including adverse medical licensing actions, the termination of medical liability coverage or clinical privileges, against patients, patient advocates, patients’ families, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services (including abortion care) and gender-affirming care; and be it further

RESOLVED: That MSMS opposes extradition of patients and healthcare providers based upon accusations of providing or receiving health care (including care related to self-managed abortion, other abortion care, and gender-affirming care) that is legal in Michigan; and be it further

RESOLVED: That MSMS will advocate for legal protections for patients who cross state lines to receive health care (including care related to self-managed abortion, other abortion care, or gender-affirming care), or who receive medications for abortion or gender-affirming care from across state lines, and will advocate for legal protections for those that provide, support, or refer patients to these services; and be it further

RESOLVED: That MSMS will advocate for legal protections for medical trainees and physicians who cross state lines to receive education in, or deliver, reproductive health care (including abortion care) and gender-affirming care.

The Committee believes Resolution 13-24 compliments existing MSMS policy and recommends it be approved. The resolution was extracted and referral recommended. The House of Delegates voted to support the Reference Committee’s recommendation to approve.

* * * * *

16-24 - Medicaid Payment for Obstetric Care – REFERRED

RESOLVED: That MSMS advocate with the Michigan State Medicaid Program to seek payment rates for obstetric services at a minimum of 100 percent of the geographically adjusted Medicare Physician Fee Schedule rate; and be it further

RESOLVED: That MSMS advocate that obstetric care for high-risk obstetrics patients enrolled in Medicaid may be billed outside of the global obstetric codes to reflect the amount and complexity of the care and improve outcomes; and be it further

RESOLVED: That MSMS advocate for increases in the states’ Federal Medical Assistance Percentages or other funding during significant economic downturns to allow state Medicaid programs to continue serving Medicaid patients and cover rising enrollment.

The Committee was sympathetic to the request from the Michigan Section of the American College of Obstetricians and Gynecologists to advocate for a Medicaid fee schedule that provides more accurate reimbursement for complications and any extra time necessary to care for persons with a high-risk pregnancy. They were also sympathetic to the testimony suggesting other specialties are also underpaid by Medicaid. The Committee believes that this issue deserves further study by the MSMS Board of Directors to determine whether obstetricians and gynecologists are disproportionately underpaid than other specialties under the Medicaid fee schedule.

* * * * *

29-24 - Impact of Patient Nonadherence on Quality Scores – APPROVED

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to study the issue of patients and parents not adhering to primary care physicians’ recommendations such as preventive screening and vaccinations resulting in a deficiency of quality metrics by primary care physicians for which the physicians are penalized and identify equitable and actionable solutions.

The Committee agreed that this is an issue deserving of further study by the AMA. Committee members also suggest MSMS staff provide more specificity when submitting the resolution to the AMA.

* * * * *

40-24 - Over-The-Counter Access to Medication Abortion – APPROVED AS AMENDED

Title: Reducing Barriers to Accessing Mifepristone

RESOLVED: That MSMS will support reducing barriers to accessing mifepristone, including the elimination of Risk Evaluation and Mitigation Strategies (REMS) restrictions on the use of mifepristone.

The Committee heard mixed testimony on this resolution. Most testifiers stated the proposed amendatory language from the authors was an improvement; however, some remained opposed. Committee members supported the new language as they agreed that eliminating the REMS restrictions would help enable access and use in health care settings.

* * * * *

41-24 - Reproductive Health Insurance Coverage – APPROVED AS AMENDED

The Committee amended the resolved portions to read:

RESOLVED: That MSMS supports established definitions of infertility, etiologies of infertility, and evidence-based medicine recommended by the American Society for Reproductive Medicine and American College of Obstetrics and Gynecology for insurance coverage of fertility treatment and preservation.

The Committee heard testimony in support and opposition to Resolution 41-24. Proponents stressed the emotional and financial barriers imposed by many insurers including how they define infertility and eligibility

for treatment. Opponents warned about the cost mandatory coverage would impose and stated that any MSMS policy should apply broadly to all individuals seeking fertility treatment. Committee members support the resolution's goals in concept but concur with concerns about whether a coverage mandate is economically viable or legislatively feasible. Therefore, the Committee proposes to delete the first, third, and fourth resolved statements and amend the second. As proposed, the Committee believes the amendment to the second resolved statement establishes policy recognizing the social infertility concerns expressed by proponents, as well as the breadth and fiscal concerns expressed by opponents.

* * * * *

Board Action Report #04-24 - Resolution 50-23 - "Patient's Right to Choose Non-Participating Physician Practices" – **APPROVED** the Board Action's Report to **AMEND** this resolution.

The Committee heard from one speaker who shared that the author of Resolution 50-23 was supportive of the MSMS Board of Director's recommendation.

* * * * *

Members of the Committee: *Lawrence R. Hennessey, MD, Chair; *Stephanie G. Clemens, MD; *Nicolas K. Fletcher, MD; *Bradley P. Goodwin, MD; *Warren F. Lanphear, MD, FACEP; Ethiraj G. Raj, MD; *Neha Thawani, MD; and *Deepthi Devireddy

Board Advisors: Dennis M. Ramus, MD; and *F. Remington Sprague, MD

AMA Advisors: *E. Chris Bush, MD; *Betty S. Chu, MD, MBA; and *Krishna K. Sawhney, MD

Committee Staff: Stacey P. Hettiger and Stacie J. Saylor.

* Denotes members in attendance.

FINAL HOD ACTION
REFERENCE COMMITTEE E – SCIENTIFIC AND EDUCATIONAL AFFAIRS

Steven D. Daveluy, MD, Chair

02-24 Anti-Racism Training for Medical Students and Medical Residents – **APPROVED AS AMENDED**

18-24 Advancing Acute Care at Home – **APPROVED AS AMENDED**

21-24 Make Implicit Bias Training One Time Only - **DISAPPROVED**

26-24 Controlled Substance Prescription Transfer Between Pharmacies - **APPROVED**

34-24 Cannabis-based Employment Discrimination in Healthcare Settings - **DISAPPROVED**

35-24 Language Modules for Medical Students in Michigan – **APPROVED AS AMENDED**

REPORT OF REFERENCE COMMITTEE E

Steven D. Daveluy, MD, Chair

April 16, 2024

Reference Committee E was assigned Resolutions 02-24, 18-24, 21-24, 26-24, 34-24, 35-24.

02-24 - Anti-Racism Training for Medical Students and Medical Residents – APPROVED AS AMENDED

RESOLVED: That the Michigan State Medical Society (MSMS) make a concerted effort to require that Michigan medical schools and residency programs include anti-racism training for medical students and residents.

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to make a concerted effort to require that the Liaison Committee on Medical Education and the Accreditation Council on Graduate Medical Education require, rather than encourage, anti-racism training for medical students and medical residents.

The committee heard testimony both in favor and against this resolution. The committee felt the intent of the resolution would be better served by adding a second resolved clause to have state policy match the ask of the AMA. The resolution was amended to include the organizations capable of fulfilling the request.

* * * * *

18-24 – Advancing Acute Care at Home – APPROVED AS AMENDED

RESOLVED: That MSMS advocate for passage of federal legislation that provides permanence to the Centers for Medicare and Medicaid Services acute care at home model; and be it further

RESOLVED: That MSMS identify state-level barriers to implementing and expanding acute care at home, and be it further

RESOLVED: That MSMS, in coordination with other acute care at home advocacy groups, work to address any concerns of state regulators; and be it further

RESOLVED: That MSMS engage with allied health organizations to share perspectives and address concerns about the benefits and challenges of acute care at home.

The committee heard positive testimony on this resolution and amended the second and fourth resolveds to broaden the resolution and to align it with current AMA policy.

* * * * *

21-24 - Make Implicit Bias Training One Time Only – DISAPPROVED

RESOLVED: That MSMS petition the Michigan Department of Licensing and Regulatory Affairs and any other oversight body to make the requirement for implicit bias training a one-time requirement for licensees and licensure applicants.

The committee heard support both in favor and against this resolution. The committee agrees with the intent of decreasing the amount of CME mandates while still acknowledging the importance of implicit bias training, if administered effectively. The committee felt that MSMS should work with LARA to simplify and reduce all mandated CME.

* * * * *

26-24 - Controlled Substance Prescription Transfer Between Pharmacies – APPROVED

RESOLVED: That MSMS work with interested organizations within Michigan to assure pharmacy compliance with the United States Drug Enforcement Administration’s regulations regarding transfer of electronic prescriptions for controlled substances between pharmacies.

The committee heard testimony in support of this resolution, and recommended it be approved as submitted.

* * * * *

34-24 - Cannabis-based Employment Discrimination in Health Care Settings – DISAPPROVED

RESOLVED: That MSMS support policies making it unlawful for health care employers to discriminate in hiring, termination, or any term or condition of employment if the discrimination is based upon the person’s use of cannabis off the job and away from the workplace; and be it further

RESOLVED: That MSMS oppose one-time *Tetrahydrocannabinol* (THC) screening for employment in health care.

The committee heard testimony both in support and opposition to this resolution. The committee supports all efforts to eliminate discrimination in the workplace. The committee felt that because of the responsibility medical providers have in ensuring a safe environment, approving this type of policy would be detrimental to patient safety. The committee also has concerns that while cannabis is legal on the state level, it is still illegal on the federal level and could have impacts on federal funding and other unintended consequences if passed.

* * * * *

35-24 - Language Modules for Medical Students in Michigan – APPROVED AS AMENDED

RESOLVED: That MSMS recommend medical schools in Michigan expose students to patients who do not speak English well during the pre-clinical and clinical training and teach students about the importance of removing linguistic barriers in patient care.

The committee heard support both in favor and in opposition to this resolution. The committee amended the resolution by removing the first two resolved clauses that they believed were overly prescriptive and left the third resolved clause which meets the intent of the resolution while still providing necessary flexibility.

* * * * *

Members of the Committee: *Steven D. Daveluy, MD, Chair; *Sara Jaber, MD; *Neil K. Khanna, MD; *Viktoria Koskenoja, MD; *Sara Liter-Kuester, DO; *Latonya A. Riddle-Jones, MD; *James F. Szocik, MD; and *Brandon Leung.

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

AMA Advisors: *Amit Ghose, MD; Charlotte Jackson; and *David T. Walsworth, MD.

Committee Staff: Leah Flanigan and Joshua C. Richmond.

* Denotes members in attendance.