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*(continued)*
You can find a complete Policy Manual with Addenda on the “Members Only” section of www.msms.org.
ABORTION

No Constitutional Prohibition
There should be no amendment to the Constitution of the United States that would prohibit abortion. (Prior to 1990)

Insurance Coverage
Medical insurance companies should make provision for adequate coverage of abortions. (Prior to 1990) – Edited 1998

Medicaid Funding
The state of Michigan should fund abortions for Medicaid patients deemed necessary by a physician. (Prior to 1990)
– Edited 2012 per Board Action Report #5, re: Res63-HOD11

Abortion as Medical Procedure
Abortion is a medical procedure and should be performed only by a licensed physician in conformance with standards of good medical practice and the Public Health Code of the state of Michigan. (Prior to 1990)

Anti-abortion Coercion
Patients have the right to be free from coercion in determining when and if they will submit to medical procedures such as sterilization and abortion. (Prior to 1990)

Abortion Clinic Access
MSMS endorses the concept of allowing civil action suits to be brought against individuals who interfere with access to health care facilities. (Board-Sep93)

Gender Selection
MSMS opposes prohibiting physicians from performing abortions for women who want to terminate their pregnancy based on the gender of the fetus because MSMS opposes infringement upon the physician/patient relationship. (Board-May94)

See also:
ADOPTION, “Adoptions and Unintended Pregnancies”
ETHICS, “Physician's Rights in Treatment Decisions”

ACUPUNCTURE (see ALLIED HEALTH PROFESSIONALS)

ADOPTION

Adoptions and Unintended Pregnancies
MSMS supports the distribution of adoption information as an option for unintended pregnancies and encourages the counseling of women with unintended pregnancies to the option of adoption. (Prior to 1990)

See also:
HEALTH CARE INSURANCE, “Health Insurance for Adopted Children”

ADVERTISING

Inclusion of Professional Title and License Type in Advertising
MSMS supports requiring that all health care advertising include the professional title and license type. (Res51-HOD11)

AGING

Improving Medical Care in Extended Care Facilities
MSMS supports a requirement for a qualified medical director in every skilled nursing home facility and encourages physicians to continue the care of their patients either directly or by delegation following admission to long term care facilities. (Prior to 1990)

Educational Activities Addressing Needs of the Elderly
MSMS supports, through existing MSMS committees and programs, educational activities addressing the special medical, social and economic needs of the elderly. (Prior to 1990)

Prevention of Elderly Abuse
MSMS urges implementation of current statutes that require providers of health services to report cases of abuse, neglect or exploitation of the elderly to the Michigan Department of Community Health, and urges the provision of appropriate immunity from legal action for those who report such cases in good faith. (Prior to 1990)

ALLIED HEALTH PROFESSIONALS
(including Acupuncture, Chiropractic, Midwifery, Nursing, Optometry, Pharmacy, Physical Therapy, Psychology, Physician Assistants, Surgical Assistants)

Evaluation of Allied Health Professionals
MSMS supports the evaluation of allied health professional methods of practice. (Prior to 1990)

Medical Staff Privileges for Allied Health Professionals
MSMS urges (1) Michigan physicians to examine the credentials and privileges of allied health professionals and (2) hospital medical staffs to periodically review their bylaws to ensure they include the appropriate language describing the credentialing of allied health professionals. (Res26-HOD94A)

Midlevel Provider Use Rules
MSMS supports daily physician supervision of all midlevel providers who provide care to hospitalized patients as documented by a signature. (Board Action Report #7, 2011 HOD, re: Res74-HOD10A)
Physician’s Relationship with Limited Practitioners
A physician should at all times practice a method of healing founded on a scientific basis. A physician may refer a patient for diagnostic or therapeutic services to another physician, licensed limited practitioner, or any other provider of health care services permitted by law to furnish such services whenever the physician believes that this will benefit the patient. As in the case of referrals to physician specialists, referrals to limited practitioners should be based on their individual competence and ability to perform services needed by the patient.

Testimonials should not be used in advertising as such claims tend to mislead the public. In addition, the Society supports Section 16265 of the Michigan Public Health code which states:

“1) An individual licensed under this article to engage in the practice of chiropractic, dentistry, medicine, optometry, osteopathic medicine and surgery, podiatric medicine and surgery, psychology, or veterinary medicine shall not use the terms doctor or dr. in any written or printed matter or display without adding thereto of chiropractic, of dentistry, of medicine, of optometry, or of osteopathic medicine and surgery, of psychology, of veterinary medicine or a similar term, respectively.” (Prior to 1990) – Edited 1998

Acupuncture: Licensure
MSMS opposes the licensure of acupuncturists. (Res30-HOD90A) – Amended 1993

Midwifery: Protection from Unqualified Practitioners
MSMS supports protection of Michigan women from unqualified practitioners of obstetrics. (Prior to 1990) – Edited 1998

Nursing: Direct Reimbursement of Certified Nurse Midwives
MSMS supports direct reimbursement to certified nurse midwives if the regulations stipulate the following:

- An expense-incurred, medical or surgical policy, conversion policy or indemnity policy, that provides coverage for maternity services, shall offer to provide coverage for such services whether performed by a physician or a nurse midwife acting within the scope of his or her license. A certified nurse midwife must include evidence of a collaborative relationship with a physician with obstetrical privileges at the same institution.

- A group or non-group certificate or conversion certificate that provides coverage for maternity services, shall offer to provide or shall provide, coverage for such services whether performed by a physician or a nurse midwife acting within the scope of his or her license. A certified nurse midwife must include evidence of a collaborative relationship with a physician with obstetrical privileges at the same institution. (Board-Sep94)

Nursing: Education
Hospital nursing schools should not be “phased out.” The integration of hospital nursing schools and community and state colleges into a unified academic program should be considered. (Prior to 1990)

Nursing: Scope of Practice
MSMS opposes the practice of medicine by independent nurse practitioners.

MSMS supports the establishment of written protocols between the physician and nurse practitioner. (Res33-HOD91A)
- Edited 1998
- Reaffirmed 2012 (Board-Oct12)

Optometry: Scope of Practice Expansion
MSMS opposes allowing optometrists to expand their scope of practice to include the use of therapeutic drugs, and to expand the area that they may examine from the eyeball to the area surrounding the eye. (Board-Jan93)

Pharmacy: Cooperation to Insure Patient Medication Safety
MSMS works with the Michigan Pharmacists Association to assure patient safety, confidentiality, and continuity of care. (Res88-HOD93A)

Pharmacy: Medication Information
MSMS supports the efforts of pharmacies to educate patients and prevent medication-induced problems. (Res110-HOD97A)

Physical Therapy: Direct Reimbursement
MSMS opposes direct reimbursement to physical therapists. (Board-Jul95)

Physical Therapy: Reimbursement
MSMS opposes requiring commercial payers to directly reimburse physical therapists for their services. (Board-Nov93)

Physician Assistants and Nursing: Prescription Drugs
MSMS supports the concept of permitting physician assistants and registered nurses to order, receive and dispense complimentary starter doses of non-controlled substances. (Board-Jul95)

Physician Assistants (PAs): Prescribing Controlled Substances
MSMS supports changing the Board of Medicine administrative rules so physician assistants (PAs) can write orders for controlled substances in the hospital setting upon verbal order of his or her collaborating physician. (Res59-HOD97A)

Psychology: Prescribing Medications
MSMS opposes psychologists prescribing medications. (Res87-HOD95A)

Psychology: Hospital Staff Privileges
MSMS opposes hospitals credentialing a psychologist to practice independently. (Board-Jul96)

Surgical Assistants: Role and Reimbursement
MSMS supports the role and reimbursement of surgical assistants in the delivery of health care. (Res115-HOD90A)
- Edited 1998

See also:
HOSPITAL–PHYSICIAN RELATIONS, “Hospital Admissions by Allied Health Professionals”

LICENSURE, “Licensing Non-physicians,” “Pharmacy Licensing Fee,” “Medical Technologists Licensure,” “Licensure of Medical Technologists”
ARBITRATION

Arbitration Agreements
MSMS supports a “one time” sign-up of arbitration agreements between physician and patient, making such agreements binding for all areas of care in both office and hospital, and including arbitration as part of any health care contract. (Res102-HOD93A)

Binding Arbitration
MSMS endorses binding arbitration as one of the mechanisms for resolving physician grievances. (Board of Directors-Jul93)

See also:
MEDICAL LIABILITY, including “Arbitration Support,” “Arbitration Panels,” “Voluntary and Binding Arbitration”

ASSISTED SUICIDE, DEATH AND DYING, PAIN MANAGEMENT

Hospice Deaths as Crime Scenes
MSMS opposes attempts by local law enforcement agencies to regard expected hospice deaths as crime scenes.

MSMS opposes the routine deployment of criminal investigators to expected hospice death scenes. (Res45-HOD03A)

Position on Physician Assisted Suicide
MSMS adopts the following position of the American Medical Association on physician assisted suicide:

“Physician assisted suicide occurs when a physician facilitates a patient’s death by providing the necessary means and/or information to enable this patient to perform the life-ending act (e.g., the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide).

“It is understandable, though tragic, that some patients in extreme duress, such as those suffering from a terminal, painful, debilitating illness, may come to decide that death is preferable to life. However, allowing physicians to participate in assisted suicide is fundamentally incompatible with the physician’s role as healer; would be difficult or impossible to control, and would pose serious societal risks.

“Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication.” (Res68-HOD97A) (AMA Current Opinions-98)

Physician Assisted Suicide Legislation
MSMS supports legislation opposing physician assisted suicide, so long as such legislation includes safeguards to protect the legal and ethical rights of physicians and patients. (Res85-HOD98A)

Appropriate End of Life Therapy
MSMS will continue to work at all levels for improved pain management and symptom control.

MSMS will continue education on recognition of depression and its adequate therapy.

MSMS will continue to promote advance directives.

MSMS will continue support for hospice including education about hospice and the use of hospice care. (Res94-HOD97A)

Death with Dignity Law
An attending physician should be allowed legally to participate with the patient and/or the legally appointed agent in deciding the continuation of medical treatment when faced with terminal illness.

MSMS will work with interested groups to resolve and clarify the legal and ethical dilemmas surrounding the withholding and withdrawal of life support therapy. (Prior to 1990)

Living Will
MSMS recognizes the validity of Living Will/Durable Power of Attorney forms in Michigan. (Res92-HOD90A)

Pain Management and Hospice Education
MSMS recommends and promotes effective education in pain management and/or hospice care for physicians and medical students. (Res69-HOD93A)

Pain Management Education and CME Credit
MSMS supports the concept of requiring physicians to be educated in pain management techniques but opposes mandating this type of education through CME credit. (Board-Mar94) – Reaffirmed (Board-Oct05)

Oppose Legislative Interference in Patient/Physician Relationship
MSMS opposes any legislation passed in the area of assisted suicide that interferes with the proper patient/physician relationship, particularly as such legislation relates to pain control and the terminally ill, so that physicians may continue to provide compassionate care to their patients in accordance with principles of medical care and ethics. (Res70-HOD93A)

Public Awareness of Terminally Ill Treatments
MSMS should continue and expand its campaign to bring to public attention the efforts by physicians to treat the terminally ill so that assisted suicide is not considered a necessary alternative to continued medical care. (Res77-HOD93A)

Clergy Involvement with the Terminally Ill
MSMS encourages the inclusion of the clergy in providing care for the terminally ill and in meetings and discussions throughout the state to elicit their views and recommendations on the ethical and practical issues of care of terminal patients. (Res82-HOD93A)

Compassionate Care and Comfort Guidelines
MSMS adopts the Compassionate Care and Comfort Guidelines as being in compliance with the standards of care. See Addendum A in website version. (Res86-HOD95A)

See also:
LONG TERM CARE, “Therapeutic Intervention,” “No CPR Orders in Adult Foster Care and Assisted Living Settings”
AUTOPSIES

Authorization to Retain Tissue
Hospital autopsy authorization forms should include permission to retain tissue. (Prior to 1990) – Edited 1998

Organ Salvage Programs
MSMS supports permitting medical examiner systems to participate in organ salvage programs. (Prior to 1990) – Edited 1998

Maternal Mortality and Autopsies
MSMS supports that an autopsy be performed when a death occurs that meets the Michigan state criteria for a pregnancy related death. (Board Action Report #1, 2011 HOD, re: Res2-HOD10A)

Autopsy Procedures
MSMS supports the formal autopsy of patients whose deaths are unexplained. (Res66-HOD12)

See also:
CONFIDENTIALITY/PRIVILEGED COMMUNICATION, “Release of Medical Records and Privacy of Medical Examiner Records”

BIOETHICS

Stem Cells
MSMS respects the diversity of opinion amongst Michigan physicians regarding human embryonic stem cell research and adopts a neutral position regarding human embryonic stem cell research. (Res28-HOD08A)

Cloning
MSMS supports laws and governmental policies that prohibit human reproductive cloning. (Res60-HOD03A) – Reaffirmed (Res70-HOD06A)

“Baby Doe” and Other Handicapped Individuals
Handicapped individuals, if competent, have the right to choose among treatment alternatives. Incompetent individuals and those unable to express their own opinions have the right to have choices made for them.

In these circumstances, families provided with comprehensive information regarding alternatives can best represent the handicapped.

When questions with respect to the patient’s best interest are raised by the patient’s physician, or the hospital bioethics committee, protections provided by local agencies and courts may be invoked to evaluate fair choices.

Physicians and hospitals can aid by:
1. Providing counsel to patients, families, physicians and agencies charged with individual decisions.
2. Confidential review of decision-making experiences.
3. Aiding in the development of guidelines regarding this process.
(Prior to 1990)

Surrogate Parenting
MSMS endorses the need to define and protect the legal status and rights of a child born as a result of surrogate parenting. MSMS endorsement does not extend to the process of surrogate parenting. (Prior to 1990) – Edited 1998

BIOTERRORISM

Physician Activism
MSMS supports the continued education of Michigan physicians in the clinical aspects of bioterrorism, their role in combating the spread of a population-threatening disease present through bioterrorism and the appropriate reporting requirements to county health departments and law enforcement. (Res10-HOD02A)

See also:
EMERGENCY MEDICAL CARE PUBLIC HEALTH

Bioterrorism Education

See also:
MEDICAL EDUCATION AND TRAINING

BIRTH CONTROL
(see FAMILY PLANNING AND SEX EDUCATION)

Over the Counter Contraception (The Morning After Pill)
MSMS supports the concept of making the “morning after” contraceptive pill an over the counter medication. (Res6-HOD06A)

CANCER

Breast Thermography
MSMS accepts the American College of Radiology position that thermography has not been demonstrated to have value as a screening, diagnostic, or adjunctive imaging tool.

CHILDREN AND YOUTH

Camp Physicals
A physical examination is adequate if 1) done within the previous six months, 2) the child’s immunizations are current, and 3) a child has not been recently exposed to a recent communicable disease. This is not meant to exclude health inspection on the day the child enters camp. (Prior to 1990)

Annual School Physical Examinations
MSMS supports the following guidelines:
1. Complete physical examinations should be required for athletes entering middle school and again when entering high school.
2. During the interim years, an updated statement by parent or physician must be on file for each student who has missed practice or a game(s) as a result of injury or illness.
3. The physical health and examination of the student are the responsibility of his/her parents. (Prior to 1990)
National Athletic Trainers’ Association
MSMS recommends that schools utilize certified athletic trainers. (Prior to 1990)

Athletic Medicine Units
Every school should establish an “athletic medicine unit” and medical schools should train such personnel. (Prior to 1990)

Physical Education in Schools
MSMS believes regular exercise can develop a student’s physical fitness and supports requiring schools to provide appropriate physical education for students in grades K-12 under supervision of qualified personnel. (Prior to 1990) – Edited 1998

Medical Care for Handicapped Children
MSMS opposes federal regulations that require all pediatric wards, nurseries and outpatient clinics to investigate within 24-hours any case where medical care is allegedly being withheld. (Prior to 1990) – Edited 1998

Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)
MSMS supports Early and Periodic Screening, Diagnosis and Treatment Programs to reach as many eligible children as possible. All qualified providers should have equal opportunities to participate in the program. (Prior to 1990)

Teaching of Cardiopulmonary Resuscitation to High School Students
MSMS supports the incorporation of CPR classes as a compulsory part of the high school curriculum. (Prior to 1990) – Edited 1998

Adolescent Health Services
MSMS supports the development of publicly funded pilot projects in areas of greatest need to establish school-based and community health programs for teens that address specific adolescent health needs including prevention of unintended pregnancies and sexually transmitted diseases, drug and alcohol abuse counseling, and suicide prevention. (Prior to 1990)

Infant Formula Advertising
MSMS supports the position of the American Academy of Pediatrics discouraging the advertising of infant formula products to the public. See Addendum B in website version. (Board-90 Annual Report)

Child Neglect Offenders be Placed in LEIN
MSMS supports requiring child neglect offenders automatically being included in the Law Enforcement Information Network. (Res60-HOD94A)

Child Care Centers at Medical Schools and Training Hospitals
MSMS advocates the provision of on-site childcare (day and night) by medical schools as well as training hospital facilities. (Res70-HOD94A)

Human Relations Programs for Children
MSMS supports the concept of comprehensive human relations skills development in schools for grades K through 12, with implementation to be left to local school districts. (Res98-HOD97A)

Lead Screening for Young Children
MSMS urges all its members to screen children for their risk on contact with lead hazards and subsequent lead poisoning, and to complete a capillary or venous blood test for any child deemed to be at high risk for this serious health problem. (Res99-HOD97A)

High School Training in Basic Life Support and Automatic External Defibrillators
MSMS supports training in basic life support and automatic external defibrillators as a requirement for high school graduation. (Res76-HOD05A)

Risk Reduction for Sudden Infant Death
MSMS urges its members to educate parents of young infants and parents-to-be of the benefits of putting young infants to sleep on their backs, refraining from smoking around young infants and pregnant women, and avoiding all soft, cushion materials in the cribs of young infants. (Res100-HOD97A)

SIDS Alliance – Back to Sleep Campaign
MSMS supports the national “Back to Sleep” campaign to educate and reduce the risk of Sudden Infant Death Syndrome (SIDS). (Board-Nov94)

See also:
DOMESTIC VIOLENCE, “Anti-violence Public Education”
HEALTH CARE INSURANCE, “Health Insurance for Adopted Children,” “Children’s Preventive Care”
IMMUNIZATIONS, “Universal Access to Child Immunizations,” “Immunizations and Preventive Health Care for Children”
PUBLIC HEALTH, “Elevated Blood Lead Level in Michigan,” “Lead Free Childcare Facilities”
SAFETY AND ACCIDENT PREVENTION, “Opposition to Use of Infant Walkers”

Children’s Vision Screening
MSMS supports the American Academy of Ophthalmology, the American Association of Pediatric Ophthalmology and Strabismus, and the American Academy of Pediatrics, to encourage vision screening by primary care physicians and establish vision screening programs. (Res46-HOD07A)

Sun Safety Education for School-Aged Children
MSMS encourages sun safety education and supports the distribution of education materials to primary and secondary school-aged children and their parents. (Res49-HOD07A)

See also: PUBLIC HEALTH

COMMUNICATIONS

Physician Relations with Communication Media
All physicians should utilize local outlets of the communications media for the advancement of information on the present system of delivery of medical services. Component societies are encouraged to establish local guidelines for dissemination of information. (Prior to 1990)

Gender-neutral Language
Gender-neutral language is to be incorporated into MSMS bylaws, policies and publications, during the normal process of updating/ printing documents. (Res11-HOD93A)
Dissemination of Practice Guidelines
Michigan Medicine shall disseminate information to Michigan physicians on a regular basis concerning medical practice guidelines developed by specialty societies. (Board-Apr93)

CONFIDENTIALITY AND PRIVILEGED COMMUNICATION

Patients’ Rights to Medical Records
MSMS supports the Michigan Attorney General Opinion No. 5125 in the matter of patients’ rights to medical records which states that patients have the right to have a copy of their medical record, but not the original at a reasonable charge. (Board Action Report #5, 2000 HOD, re Res11-HOD99A)

Also available MSMS booklet “Medical Records Information.”

Physician-Patient Relationship Confidential
MSMS, believing the confidential physician-patient relationship is essential for proper diagnosis and medical treatment, opposes changes in court rules or statutes to waive this privilege when a lawsuit is initiated. (Prior to 1990)

Privileged Communications
MSMS believes in the confidentiality of medical histories and records held by physicians and hospitals and will work to strengthen Michigan laws and court rules to safeguard this. (Prior to 1990)

Opposition to Release of Peer Review Records
Peer review records should not be released under the Freedom of Information Act. (Prior to 1990)

Release of Medical Records and Privacy of Medical Examiner Records
MSMS supports the exemption of the Medical Examiner autopsy reports from the Michigan Freedom of Information Act so as to more evenly balance the privacy of a deceased individual and his/her family against the public’s right to examine autopsy documents, and to ensure confidentiality of such records. (Res44-HOD94A)

Privacy and Confidentiality of Medical Records
MSMS supports the confidentiality and security of patient medical records. (Res18-HOD95A)

See also:
AIDS/HIV, “Confidentiality of HIV Blood Test Results”

CONTINUING MEDICAL EDUCATION

Mission Statement of MSMS CME Program
Purpose: The purpose of the Michigan State Medical Society (MSMS) Continuing Medical Education (CME) Program is to help Michigan physicians meet their continuing medical education needs through the sponsorship of quality Category I CME activities.

Content Areas: The Committee will address educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public. All continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME.

Target Audience: The CME activities will address the needs of Michigan Physicians.

Types of Activities Provided: The MSMS Committee on CME Programming serves the CME needs of MSMS and of non-commercial, health related organizations that are not accredited to offer Category I credit. Jointly sponsored programs must comply with the MSMS CME Programming Committee’s policies and meet its programming criteria in order to receive approval for Category I credit. The Committee on CME Programming shall assure proper needs assessment, development, conduct and supervision of MSMS sponsored CME activities.

Expected Results of Program: The Committee expects that the programs will contribute to cost effective care for the well being of patients and the public; stimulate clinical competency; and provide quality Category I CME activities that give practicing physicians educational opportunities which contribute significantly to the continuum of professional learning. (Revised, Board-Oct01)

Postgraduate Study for Physicians
MSMS endorses the principle of voluntary life-long postgraduate study for all physicians. (Prior to 1990)

Physician Support of Statewide Breast and Cervical Cancer Control Program
MSMS supports and endorses the Breast and Cervical Cancer Control Program and urges members to refer eligible patients to the Program for screening as part of ongoing care. (Res16-HOD93A)

Opposition to Compulsory Content of Mandated Continuing Medical Education
MSMS opposes any attempt to introduce compulsory content of mandated Continuing Medical Education (CME) in the state of Michigan. (Res67-HOD07A)

Required Training for Appointed County Medical Examiners
MSMS supports a requirement for fundamental medicolegal death investigation training applicable to all county medical examiners and deputy medical examiners. (Res21-HOD11)

See also:
AGING, “Educational Activities Addressing Needs of the Elderly”
AIDS/HIV, “CME Credits in HIV/AIDS”
ASSISTED SUICIDE, DEATH AND DYING, PAIN MANAGEMENT, “Pain Management and Hospice Education,” “Pain Management Education and CME Credit,” “Appropriate End of Life Therapy”
CORPORATE MEDICINE

Corporate Employed Physicians Reimbursement
MSMS encourages (1) all corporate employed physicians to be prospectively involved in the health and hospital negotiations for capitation and global billing contracts, (2) health and hospital organizations to inform corporate employed physicians regarding the actual fee that is the physician component of the contractual arrangement and (3) the Michigan Health and Hospital Association (MHHA) to recommend to its membership that corporate employed physicians be prospectively involved in negotiations for contractual arrangements. (Res7-HOD97A)

Employers’ Professional Allowance
MSMS strongly urges physicians’ employers to allocate at least $2,000 as a professional allowance, of which $1,300 can only be spent on county, state and AMA dues. (Res25-HOD97A)

CREDENTIALING (see PROFESSIONAL CREDENTIAL VERIFICATION SERVICE)

Insurance Companies Increasing the Limits of Liability for Credentialing
MSMS opposes mandating increased limits of professional liability insurance coverage at the time of re-credentialing. (Res41-HOD11)

Release of Physician's Personal Medical Record for Hospital Credentialing
MSMS opposes any credentialing process that forces a physician to release his/her personal medical record. (Res38-HOD11)

DISABILITY

Determination of Disability and Impairment
MSMS encourages appropriate agencies adopt the “AMA Guides to the Evaluation of Permanent Impairment” for determining disability and impairment. (Res65-HOD96A)

DISCRIMINATION

MSMS Position on Discrimination
MSMS opposes discrimination in licensure, licensure by endorsement, jobs, promotions, hospital privileges, reimbursement, residency medical staff and academic appointments, professional society memberships, financial aid and board certification. (Res72-HOD91A) – Edited 1998 – Reaffirmed 1998 per Res16-HOD98A

See also:
INTERNATIONAL MEDICAL GRADUATES, “Selection of Residents Based on Skills and Qualifications”
HOSPITAL-PHYSICIAN RELATIONS, “Guidelines–Applications for Hospital Medical Staff Privileges”
(See Addendum G in website version.)
MEDICAL EDUCATION AND TRAINING, “Residency Selection”

DOMESTIC VIOLENCE

Proposed Legal Action
MSMS supports (1) requiring police to make arrests when there is probable cause to believe abuse has occurred, (2) allowing a person to obtain an injunction prohibiting threats of death or serious harm, (3) requiring a prosecutor to prosecute those who violate an injunction, (4) increasing penalties for repeated domestic assaults and (5) requiring the abuser to enter a counseling program. (Res91-HOD92A)

Healthy Family America Program
MSMS supports the concept of the Healthy Family America Program or similar programs around the state. (Res81-HOD94A)

Extension of Statute of Limitations
MSMS supports extending the statute of limitations to 10 years for actions brought by a victim of domestic violence pertaining to making a charge or recovering damages. (Board-Nov95)

Immunity for Reporting Suspected Domestic Violence
MSMS supports immunity for any health care provider who, in good faith, makes a report to law enforcement agencies regarding a suspected case of domestic violence inflicted on an adult. (Res22-HOD97A)

Anti-violence Public Education
MSMS encourages the news media to actively participate in sending out a strong message against violence, urges educating children at the elementary level regarding the pitfalls of violence, and encourages schools to include discussions on resolving conflict and solving problems without resorting to violence at parent/teacher conferences. (Res105-HOD95A)

See also:
HEALTH CARE INSURANCE, “Health Insurers: Domestic Assault Victims”

DRUGS/PHARMACEUTICALS

Marijuana for Medical Use
MSMS supports the use of cannabinoids by routes other than smoking for medical uses, for which scientific evidence supports efficacy equal or superior to established therapies and encourages further research to elucidate the efficacy of cannabinoids in various medical conditions and its optimal dosage and route of delivery. (Res59-08A)

Gender Equity for Prescription Drug Coverage
MSMS supports Michigan insurance carriers and employers to establish gender equity for prescription drug coverage, i.e. birth control pills. (Res4-HOD03A)

Prescription Coverage by Medicare
MSMS supports prescription coverage for patients in the Medicare program. (Res59-HOD99A)

Right of Physician to Dispense
MSMS actively supports the right of physicians to dispense medication. (Prior to 1990)
Unproven Therapeutic Substances
MSMS opposes substituting political considerations for scientific investigation and conclusions for therapeutic substances. However, if political considerations support unproven medical decisions and/or principles, they should be evaluated on an experimental basis following standard experimental drug protocol or as approved by the FDA. (Prior to 1990) – Edited 1998

Closed Drug Formulary
No state agency should be empowered to develop a closed drug formulary that makes unavailable to the indigent any medication that is available to the rest of the population. (Prior to 1990)

Chelation Therapy
MSMS endorses the following AMA policy statement:

“(1) There is no scientific documentation that the use of chelation therapy is effective in the treatment of cardiovascular disease, atherosclerosis, rheumatoid arthritis, and cancer; (2) If chelation therapy is to be considered a useful medical treatment for anything other than heavy metal poisoning, hypercalcemia or digitalis toxicity, it is the responsibility of its proponents to conduct properly controlled scientific studies, to adhere to FDA guidelines for drug investigation, and to disseminate study results in the usually accepted channels.” (AMA Compendium H-175.994) – Reaffirmed 1998

Misuse of DEA Numbers
MSMS opposes any use of the DEA number except when in prescribing controlled substances. (Prior to 1990)

Prescription Drug Abuse
MSMS supports the following AMA position on “Curtailing Prescription Drug Abuse While Preserving Therapeutic Use – Recommendations for Drug Control Policy.”

“The AMA (1) opposes expansion of multiple-copy prescription programs to additional states or classes of drugs because of their documented ineffectiveness in reducing prescription drug abuse, and their adverse effect on the availability of prescription medications for therapeutic use; (2) supports continued efforts to address the problems of prescription drug diversion and abuse through programs, including PADS and PADS II, physician education, and research activities and efforts to assist state medical societies in developing proactive programs; and (3) encourages further research into development of reliable outcome indicators for assessing the effectiveness of measures proposed to reduce prescription drug abuse. (AMA Compendium H-95.979) – Reaffirmed 1998

Guidelines for Drug Screening in the Workplace
MSMS adopts the guidelines for “Drug Screening in the Workplace” prepared by the American Occupational Medical Association.

See Addendum C in website version.
(Prior to 1990) – Reaffirmed 1998

Support of Cholesterol Screening Programs
MSMS supports the AMA cholesterol-screening program. (Prior to 1990)

Oncology Advisory Panel
MSMS supports the establishment of an oncology advisory panel to advise all health insurance carriers about the efficacy, appropriateness and routes of administration for off-label indications of U.S. Food and Drug Administration-approved drugs used in anti-neoplastic therapy. (Board-Jul95)

Out-of-State Prescriptions
MSMS supports the concept of prohibiting a pharmacist, a dispensing prescriber, or any other person from dispensing or repackaging expired medication.

MSMS supports the concept of allowing pharmacists in Michigan to fill prescriptions for drugs, other than controlled substances, written by a physician in another state. (Board-Nov95)

Ban Lindane
MSMS supports the ban of lindane in the state of Michigan. (Res33-HOD05A)

Redistribution of Unused Sealed Medications
MSMS supports the return of sealed, unused, unexpired medications to a collection site for distribution to those in need of the medication and are unable to pay for the medications. (Res25-HOD05A)

Require Prescription for Ephedrine and Pseudoephedrine
MSMS supports limiting the availability of ephedrine and pseudoephedrine for illicit purposes while maintaining legitimate patient and physician access to this medication. (Res9-HOD11)

Food and Drug Administration Approval of Generic Biologics
MSMS supports Food and Drug Administration approval of generic biologics. (Board Action Report #2, 2011 HOD, re: Res3-HOD10A)

See also:
ENVIRONMENT, “Recycling”

Purity and Safety Homeopathic/Naturopathic Products
MSMS supports the oversight of homeopathic/naturopathic products by the Food and Drug Administration or other appropriate agencies, especially with regards to purity and safety. (Res57-10A)

EMERGENCY MEDICAL CARE

Emergency Services at Sports Arenas and Other Facilities
MSMS advocates facilities providing adequate emergency services, including the latest technical medical equipment and trained personnel, at large gatherings. (Res36-HOD90A) – Edited 1998

See also:
MANAGED CARE, “Non-physician Gatekeepers Pre-empting Medical and Treatment Plans of Emergency Room Physicians”
MEDICAL LIABILITY, “Indemnification of Physicians,” “Indemnification,” “Good Samaritan Protection”
PHYSICIAN FEES, “Reimbursement for Emergency Procedures”
ENVIRONMENT

Air and Water Pollution
Reasonable and scientific study should be directed toward the sensible control of the major problems of air and water pollution, whether it is the dusts and wastes of industry, the products of combustion of gasoline or oil (automobiles), the combustion products of home heating and burning equipment, or of smoking tobacco. (Prior to 1990) – Edited 1998

Policy Statement of Environmental Pollution
MSMS supports efforts to improve environmental health. MSMS supports all agencies charged with the control of environmental pollution. (Prior to 1990) – Edited 1998 – Reaffirmed (Res35-HOD95A)

Radioactive Waste Disposal
Lands in northern Michigan should not be used for nuclear waste disposal purposes until it is clearly demonstrated that such disposal of nuclear waste would not be deleterious to the people and the environment of Michigan. (Res1-HOD90A) – Amended 1993 – Edited 1998

Statewide Policy on Storage of High Level Radioactive Waste
MSMS supports development of a statewide policy on storage of high level radioactive waste. (Res114-HOD93A)

Storing of Nuclear Waste Near the Great Lakes Shore
MSMS objects to storing nuclear waste by states and provinces within the Great Lakes Basin area in a manner which threatens to contaminate the Great Lakes. (Res27-09A)

Medical Waste Disposal Costs
MSMS supports reimbursement for the costs incurred of medical waste disposal programs. (Res87-HOD90A) – Edited 1998

Nuclear Power in Michigan
MSMS advocates a public policy of cautious and reasoned development of nuclear power in Michigan. (Prior to 1990) – Edited 1998

Recycling
MSMS supports recycling materials whenever possible and purchasing recycled products. (Res60-HOD90A) – Edited 1998

Toxic Chemicals in Michigan’s Water Supply
MSMS supports the goal of “zero discharge” for PCB/dioxin compounds in the Great Lakes Basin. (Res79-HOD92A) – Amended 1993 – Edited 1998

Great Lakes Toxins

Endorse Environmental Protection Agency (EPA) Air Quality Standards

ETHICS

Chaperones in Exam Rooms
MSMS encourages the use of chaperones in exam rooms during examinations which could result in sexual misconduct allegations in order to provide comfort to the patient and to protect against such allegations. (Board Action Report #6, 1999 HOD, re Res83-HOD98A)

House of Delegates Conflict of Interest Policy
All members of the Michigan State Medical Society House of Delegates should declare any conflict of interest to the House of Delegates and its Reference Committees prior to testimony.

The MSMS House of Delegates considers a potential conflict of interest to exist when a Delegate, Alternate Delegate, other physician member or non-member testifying on the floor of the House of Delegate or in Reference Committee has a relationship, or engages in any activity, or has any personal financial or commercial interest that might impair his or her independence or judgment or inappropriately influence his or her decisions or actions concerning MSMS matters. (Board Action Report #4, 2000 HOD, re Res10-HOD99A and Res13-HOD99A)

Physician’s Definition ofTerminal Illness
MSMS supports a treating physician defining a disease or condition as a terminal illness. (Board-Jan99)

Physician Participation in Patient Mutilation
MSMS declares that physician participating in punitive and/or coerced mutilations is unethical conduct. (Board-Oct08) – Reaffirmed 2012 (Res51-HOD12)

See also:
Female Genital Mutilation (FGM) (Res51-HOD12)

Racism and Sexism in the Practice of Medicine
MSMS opposes racism and sexism in our society. (Res113-HOD99A)

Standards for Due Process in Hospital Ethics Committees
MSMS will work with the Michigan Health and Hospital Association to create policy to ensure that the minimum standards for institutional Ethics Committees include input from the patient, and/or a representative chosen by the patient, and/or a guardian ad litem for the patient to protect the patient’s best interests. (Board-Jan09)

Ethical Guidelines for Physicians
MSMS supports the disclosure by physicians to their patients and their families any possible conflict of interest from the source of payment to the physician, incentive or reimbursement for services rendered in their care. (Res132-HOD99A)

AMA Principles of Medical Ethics
MSMS supports the AMA Principles of Medical Ethics:

"PREAMBLE: The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self."
“The following Principles adopted by the American Medical Association are not laws, but standards of conduct, which define the essentials of honorable behavior for the physician.

I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.

II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.

V. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues and the public, obtain consultation, and use the talents of other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.

VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.” (AMA Current Opinions, 1998) (Prior to 1990) – Reaffirmed 1998

Physician's Rights in Treatment Decisions
Neither physicians, hospitals nor hospital personnel shall be required to perform any act that violates good medical judgment or is contrary to moral principles of the individual. In such circumstances, the physician or other professional may withdraw from the case as long as the withdrawal is consistent with good medical practice. (Prior to 1990)

Sexual Harassment Guidelines
MSMS advocates that guidelines for prevention of sexual harassment be integrated into the medical work place. (Res12-HOD93A) – Edited 1998

Do Not Compete Clauses
It is unethical for a teaching institution to seek a non-competition guarantee from its residents or trainees. (Res30-HOD98A) – Edited 2005

Commercial or Political Exploitation of Officer Titles
Physicians who hold offices or have held offices in MSMS should guard against commercial or political exploitation of any position or title use in any manner that implies, directly or indirectly, endorsement of a commercial product or service by MSMS. (Prior to 1990)

Conflict of Interest Policy
All members of the Michigan State Medical Society Board of Directors should act in the best interest of MSMS. Any conflict of interest should be avoided.

MSMS considers a potential conflict of interest to exist when a Director has a relationship with, or engages in any activity, or has any personal financial interest that might impair his or her independence or judgment or inappropriately influence his or her decisions or actions concerning MSMS matters. It is expected that conflicts of interest will be disclosed to the Board. The Board in its discretion will determine what, if any, limitations on activities with regard to the Director's conflict are required to protect MSMS.

The Board shall report any matter it has found to be a conflict of interest to the House of Delegates annually. (Board Action Report #8, 1993 HOD)

The MSMS Board Chair, after reviewing officers' and directors' conflict of interest statements each year shall provide a formal report to the MSMS Speaker on the information disclosed.

Members at committee meetings shall identify themselves by geography, specialty, and any affiliations related to agenda topics that might constitute a conflict of interest. (Board Action Report #6, 1995 HOD, re Res47-HOD94A) – Edited 1998

Integrity and the Values and Principles Embedded in the Tradition of Medicine

Elimination of all Forms of discrimination Against Women

Developing Due Process Standards for Institutional Ethics Committees in Michigan
MSMS supports that Institutional Ethics Committees in Michigan facilitate due process into their deliberations concerning extraordinary or unusual patient care questions by including the patient or a patient advocate unrelated to the patient, hospital, or physicians(s). (Board-Oct11)

FAMILY PLANNING AND SEX EDUCATION

Family Planning Services
MSMS supports the concept that family planning services are a basic health service and funds should be earmarked to support those services.

Universal family planning is an essential element of responsible parenthood, stable family life and social harmony.

The very personal nature of advice and counseling in family planning makes it mandatory that consideration be given to the patient’s wishes and desires, and to ethnic and religious background. The professional must be prepared to counsel on all aspects of family planning, either in assisting a couple to have a family, or postponing additions to their family. Expert counseling in all techniques, such as rhythm, barrier, hormone or tubal ligation must be available.

Consistent with responsible preventive medicine and in the interest of reducing the incidence of teenage pregnancy, the following is recommended:

a. The teenage minor whose sexual behavior exposes her to possible conception should have access to medical
consultation and the most effective contraceptive advice and methods consistent with her physical and emotional needs.

b. The physician so consulted should be free to prescribe or withhold contraceptive advice in accordance with his or her best medical judgment in the best interests of the patient. (Res24-HOD90A) – Amended 1993 – Edited 1998 – Edited 2005

Choice of Family Planning Method
Everyone in consultation with a physician should be free to choose his or her own method of family limitation, including sterilization. MSMS supports the policy of third party payment for elective sterilization. (Prior to 1990) – Edited 1998 – Edited 2005

Statement on Sex Education
The primary responsibility for family life education is in the home. At local option and discretion there should be complementary family life and sex education programs in the schools at all levels. Such programs should 1) be part of an overall health education program; 2) be presented in a manner commensurate with the maturation level of the students; 3) have professionally developed curricula; 4) include ample involvement of parents and other concerned members of the community; and 5) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training. (Prior to 1990)

Public Funding of Sex Education Programs
MSMS supports public funding of existing state and federal level sex and reproductive education programs including expanded use of the Michigan Model for Comprehensive School Health Education. (Prior to 1990)

Prenatal Health Care for Minors
Parental consent need not be required for minors to obtain prenatal and pregnancy-related medical services. (Prior to 1990)

See also:
CHILDREN AND YOUTH, “Adolescent Health Services”

GOVERNMENT MEDICAL CARE PROGRAMS

Government Financed Health Care
The only purpose of government medical care programs for indigent patients is the delivery of needed quality health care. (Prior to 1990) – Edited 1998

National Health Care
MSMS supports voluntary, free-choice methods of medical and health care rather than a system dominated and controlled by the federal government. (Prior to 1990) – Edited 1998

Physician Input for National Health Care Programs
MSMS supports physician input at all levels in the development of any national health care programs. (Res131-HOD93A)

MSMS supports the utilization of Current Procedural Terminology (CPT) by the Workers Compensation program. (Res73-HOD96A)

Unauthorized Files and Investigations by the Bureau of Occupational and Professional Regulations, Office of Health Services
MSMS is opposed to unauthorized investigations of physicians and the unauthorized development of files against physicians by the administration of Bureau of Occupational and Professional Relations (BOPR), Office of Health Services. (Res106-HOD97A)

CMS Auditing of Medicare and Medicaid
MSMS opposes arbitrary assessment of audit monies by the Centers for Medicare & Medicaid Services (CMS). (Res49-HOD98A) – Edited 2005

For additional information, see the following sections:
MANAGED CARE; MEDICAID; MEDICARE; WORKERS COMPENSATION

HEALTH CARE DELIVERY

Assaults in Emergency Departments
MSMS supports the vigorous prosecution of assaults upon health care workers during the conduct of their duty regardless of setting and work with the Michigan Health and Hospital Association, individual hospitals, the Michigan Nurses Association and the Michigan Chapter of the American College of Emergency Physicians to implement policies to accomplish this objective. (Board Action Report #6, 2003 HOD, re Res35-HOD02A)

Direct Access to Specialists
MSMS supports direct access to specialty physicians when the specialty physician acts as a primary care physician, such as pediatricians and obstetrician/gynecologists. (Board-July99)

See also:
HEALTH CARE DELIVERY, “Ob/Gyn as Primary Care Physician”

Criteria-based Retrospective Reviews
MSMS supports the following:

1. Any guidelines used by third-party payers must be shared with physicians in an educational mode.
2. Physician input, through MSMS and specialty society representatives, must be included in development of a utilization management program.
3. Guidelines must be based on medical evidence and specialty society guidelines.
4. If prior authorization is obtained from the payer, no retrospective payment denial or recovery should be used.
5. Criteria-based retrospective review for the purpose of denial or recovery of payment is neither cost-effective nor a productive model for improvement. (SubRes28-HOD00A, for Res28, 32 & 74-HOD00A)

Timely Payment for Physicians
MSMS supports legislation promoting timely payment of physicians in a fair and reasonable manner, including payments from all health care insurance companies, HMOs, third-party administrators and other similar entities. (Res49-HOD00A)

Prescription Drug Coverage for Contraception
MSMS supports requiring all health plans to provide outpatient coverage for prescription contraceptive drugs without a higher co-pay or deductible than for other drugs. (Res29-HOD00A)
Use of Appropriate Terminology
MSMS encourages federation publications to reverse the trend of using inappropriate terminology when referring to physicians as “providers,” patients as “clients” and medical practices as “businesses.” (Res20-HOD00A)

Emergency Care for Office Based Procedures
MSMS supports a requirement that a physician who performs office based procedures, provide access to post-operative physician care consistent with appropriate standards of care (practice). (Res107-HOD99A)

Universal Coverage
MSMS supports comprehensive health system reform described in the MSMS Future of Medicine Report. (Res81-HOD06A) See also: Addendum P “Guiding Principles for the Future of Medicine and Health Care” in website version.

Job Security for Returning Soldiers
MSMS supports efforts that provide job protection to medical professionals who are military reservists while they are away on a tour of duty. (Res48-HOD06A)

Economic Aspects of Health Care Delivery System
Statement of Principles and Recommendations re Physician Involvement with Economic Aspects of the Health Care Delivery System:
Principles:
1. MSMS and its individual members share with the public a concern for the proper distribution, delivery and utilization of health care.
2. MSMS has an enduring commitment to the delivery of health care in the most cost-effective manner.
3. MSMS believes that physicians have a moral and vital obligation to inform, advise, or assist third parties in deliberations concerning the quality of health care, its utilization and cost. (Prior to 1990)

Physician Leadership Role in Health Care
MSMS accepts its role as an advocate of quality health care for all patients.

In order to ensure the quality of care given to patients, physicians must maintain overall responsibility and leadership in decisions affecting the health care received by the public.

Physicians should be encouraged to strive for unity of purpose in this area of responsibility and leadership and participate in activities, both public and professional, that will serve to advance this goal. (Prior to 1990)

Preferred Provider Organizations
Preferred provider organizations should promote fee for service medicine, balance the marketing advantage of other financial mechanisms and encourage innovations to control health care costs. Physicians should analyze preferred provider organizations based on the following:
1. The PPO plan must assess and maintain quality care and ready access to the system by a peer review mechanism designed by and supported by practicing physicians. In order to assure quality care all PPO’s must have independent outside peer review by physicians.
2. The PPO plan should address overall health care costs to the community including medical education, tertiary care facilities and catastrophic illness. It should not merely be a cost cutting mechanism within its selected population. Access and quality of care should not be sacrificed in favor of cost containment.
3. The PPO plan must assure the physician’s role as the advocate of the needs of each patient. The physician should not be placed in an adversarial position by acting as an agent for the health plan.
4. PPO planning must recognize the role of the physician as the expert in selecting health care for patients. The doctor should select an overall cost-effective treatment plan rather than provide services based solely on the lowest costs.
5. The PPO plan should reinforce the concept of a continuing relationship between physician and patient.
6. Physicians must be actively involved in the planning, organization and management of all plans involving delivery of health care services.
7. Preferred provider plans should provide incentives for consumers to make cost effective choices for their own health care.
8. Physicians should have access to detailed information concerning their own “practice profile.”
9. Advertising for any PPO must be fair, objective and truthful. It should clearly state any limitations in services to be delivered.
10. All PPO plans should make provisions for “freedom of choice” of physicians by the individual patients. This should be accomplished by including reasonable co-payments and deductibles for patients using physicians outside the plan.
11. Preferred provider legislation should be flexible so that innovation in PPO systems can be developed. It should encourage new organizations by health care professionals.
12. All provider-sponsored PPO’s should be exempted from regulations imposed on third party carriers. (Prior to 1990) – Edited 1998 – Edited 2005

CPT Coding
MSMS supports uniform CPT coding for all medical services provided within the state of Michigan. (Res46-92A) – Reaffirmed (Res50-10A)

Equal Payments for Hospital Satellite Clinics and Physicians’ Offices
Equal payments should be made for services delivered by hospital free-standing satellite facilities and by physicians’ offices. (Prior to 1990) – Edited 1998

Domination of Health Care Delivery Market
MSMS opposes any single organization dominating the health care delivery market. (Prior to 1990) – Edited 1998
Denial of Medical Care to Indigents
Indigents should not be denied medical care that is available to the remainder of society. (Prior to 1990) – Edited 1998

Specialty Society Clinical Care Guidelines
MSMS supports the implementation of clinical care guidelines developed by recognized national medical specialty societies to enhance state-of-the-art, quality care for patients. See Addendum F in website version. (Res76-HOD90A and 1990 Board Annual Report) – Edited 1998

Quality of Patient Care
Medical services to the patient should be allocated based upon the physician’s best medical judgment with regard to the patient’s health and welfare. Financial consideration shall not alter the physician’s best medical judgment and treatment of that patient. (Prior to 1990) – Edited 1998

Alternative Uses of Hospital Beds
MSMS supports alternative uses of hospital beds and space. (Prior to 1990) – Edited 1998

Closing of Small Community Hospitals
MSMS supports the reduction of financial constraints on small rural hospitals in order to improve access to health care. (Res16-HOD90A) – Edited 1998

Funding of County Medical Care Facilities
MSMS opposes inappropriate reduction in funding for county medical care facilities. (Res43-HOD91A) – Edited 1998

Sole Source Contracting
MSMS opposes sole source contracts. MSMS encourages competition and believes that any health care provider who can meet cost, quality and access standards should be afforded the opportunity to supply services. (Prior to 1990) – Edited 1998

Ob/Gyn as Primary Care Physician
MSMS supports the designation of the obstetrician/gynecologist as a primary care physician. (Res26-HOD95A)

Due Process and Termination-without-Cause Contract Clauses
MSMS recommends that physicians not enter into any contract that does not include a due process clause and opposes physician termination-without-cause provisions in all physician contracts. (Res37-HOD98A)

See also:
LONG TERM CARE, “Death Notification”

Collection and Use of Physician Specific Data
MSMS supports the amended “Principles on the Release of Physician-Specific and Physician Group Data.” See Addendum J in website version. (Board-May94) – Reaffirmed (Board-March07)

Blue Cross Blue Shield of Michigan (BCBSM) Restrictions for Ambulatory Surgery Centers
MSMS advocates for the elimination of Blue Cross Blue Shield of Michigan Evidence of Need criteria for ambulatory surgery centers and promotes the more generally accepted guidelines for certification of ambulatory surgery centers set forth by Medicare. (Res48-HOD07A)

Limited Antitrust Exemption for Physicians
MSMS supports a limited physician antitrust exemption modeled after the “Quality Health Care Coalition Action” physician organization mechanisms to equilibrate the bargaining position between health care insurance companies and physicians. (Res51-HOD07A)

See also:
PHYSICIAN BUSINESS RELATIONS

Patient Centered Medical Home
MSMS presently accepts the Joint Principles and footnotes as originally proposed while working within the Michigan Primary Care Consortium to assure appropriate physician oversight of nurse practitioners and physician assistants is maintained as the Patient Centered Medical Home is promoted. See Addendum Q in website version. (Board-Apr09)

Continuous Quality Improvement (CQI) Programs
MSMS urges its members to participate in Continuous Quality Improvement (CQI) training programs. (Res111-HOD95A)

HEALTH CARE INSURANCE

Automatic and Affordable Health Insurance Coverage for All
MSMS supports affordable health insurance coverage for Americans. (Res41-HOD01A)

See also:
HEALTH CARE DELIVERY, “Universal Health Care Access”

Prior Authorization for Delivery
MSMS opposes the current practice/rule requiring prior authorization for elective delivery of any patient. (Res74-HOD99A)

Second Opinion
MSMS endorses the concept of “second opinion” when requested by the patient or his or her physician.

Mandatory second surgical opinion programs are not in the best interest of the public. (Prior to 1990)

Uniform Claim Form
MSMS supports implementation of a uniform claim form for all third party payers. (Prior to 1990) – Edited 1998

Tax Deductible Insurance Premiums
All health insurance premiums should be tax deductible. (Prior to 1990) – Edited 1998

Mental Health Insurance Benefits
Mental health benefits should be reimbursed on a par with other health care benefits. (Prior to 1990)

Promotion and Sale of Medical and Disability Insurance Policies
Medical and/or disability insurance policies that contain deceptive exclusionary devices should not be promoted or sold. (Prior to 1990)

Long-term Care Insurance
MSMS supports the availability of insurance for long-term care for Michigan residents. (Prior to 1990)
Health Insurance for Adopted Children
There should be no discrimination in health insurance benefits between adopted and biological children. (Res11-HOD91A)
- Edited 1998

Children's Preventive Care
MSMS supports requiring insurance companies to cover well-baby check-ups, pediatric check-ups and child immunizations. (Board-Nov93)

Pre-existing Conditions
MSMS supports prohibiting health and disability insurers and HMOs from denying coverage and from refusing to issue or renew coverage because of pre-existing condition. (Board-Nov93)

Emotional Disorder as a Pre-existing Condition
MSMS believes no applicant should be denied an insurance policy for health care, sickness and accident, and/or life because the applicant has been treated for any current or previous emotional disorder. (Res88-HOD95A)

Waiting Period for Pre-existing Conditions
MSMS supports coverage of pre-existing conditions by third party payers without a waiting period. (Board-Nov97)

Over Utilization of Radiologic Studies
MSMS recommends that insurers reimburse radiologic procedures fairly and equitably and that over utilization be addressed not by decreasing fees, but by recommending appropriate utilization of radiologic procedures and appropriate credentialing of physicians performing these procedures. (Res67-HOD94A)

Patient Choice Between Vaginal Birth after Cesarean Section (VBAC) and Repeat Cesarean Section Procedures
MSMS believes that the choice between Vaginal Birth after Cesarean Section (VBAC) and repeat cesarean section should be a decision between the patient, her partner and her doctor.

MSMS requests insurance companies to not withhold reimbursement for a repeat cesarean section if this alternative is the patient's informed decision. (Res93-HOD94A)

Evaluation of Health Plan Performance
MSMS continues to evaluate overall performance of health insurance companies with particular emphasis on patient and provider satisfaction, as well as the proportion of premium dollars spent on administration. (Res28-HOD95A)

Genetic Screening Affecting Insurance Policy Rates
MSMS supports prohibiting the health insurance industry from basing coverage and rates on knowledge of genetic risk. (Res36-HOD95A)

No-fault Health Insurance
MSMS supports the concept that health insurance carriers cover the cost of treatment for illness or injury until the responsible payer is identified in order to ensure continuity of care. (Res60-HOD95A)

Access to Psychiatrists
MSMS supports requiring qualified health plans to provide access to psychiatrists. (Res92-HOD95A)

Coverage of Immunization by Third Party Payers
MSMS urges all third party payers, especially fee-for-service health plans, to provide coverage of immunizations recommended by national authorities.

MSMS encourages fee-for-service health plans, large businesses and labor organizations in Michigan to include health insurance coverage of recommended immunizations. (Res51-HOD96A)

Discrimination by Health Insurance Carriers against Breast Reconstruction
MSMS supports the right for all women to have access to breast reconstruction after cancer surgery if they desire it, and that access should be available regardless of timing in relationship to the onset of the deformity or absence of their breast.

MSMS urges health insurance carriers to provide coverage of costs associated with all stages of the breast reconstruction. (Res96-HOD96A)

Uniform Claim Reporting Requirements
MSMS supports standardized claims reporting requirements that would:
- Require licensed health care providers to use the Centers for Medicare & Medicaid Services (CMS) 1500 claim form to bill third party payers.
- Require payers doing business in Michigan to accept data based on the CMS instructions for completion of the CMS 1500.
- For electronic claims submission, require health care providers to submit and payers to accept, directly or through use of a clearinghouse, either the Medicare National Standard Format or the American National Standards Institute (ANSI) 837 standards until further requirements are made by the Centers for Medicare & Medicaid Services requiring a single format for Medicare claims.
- Require use of CPT and CMS modifiers and use of standardized criteria for additional modifiers needed to accommodate policies of specific payers.
- Include a process for monitoring the appropriateness of additional Level III (Local Michigan codes W-Z) codes created by individual carriers.
- Require use of ICD-9-CM codes to report all diagnoses and reasons for encounters and require payers to accept the current ICD-9 diagnosis codes January 1 of each year.
- Assure that AMA interpretations of CPT procedure codes supersede interpretations by payers.
- Mandate that payers reimburse professional services according to fees and procedure codes in effect as of the date of service rather than the date received.
- Require payers who require an identifying number for physicians for referred services to accept the Unique Provider Identification Number (UPIN).
- Require payers who require a number to identify services performed by an individual physician who is part of a group practice, or by a mid-level provider to accept their state license number.
• Enforce payer conformity with uniform reporting requirement through the imposition of penalties for noncompliance. (Board-Jan96) – Edited 2005

Health Insurers: Domestic Assault Victims
MSMS supports the concept of prohibiting insurers, health maintenance organizations and life insurers, from using a person's status as a victim of domestic assault to deny or cancel coverage or charge special rates. (Board-Jul96)

Prostate Cancer Screening
MSMS supports third party coverage of prostate cancer screening. (Board-Jul97)

No-fault Auto Insurance – Coordination of Benefits
MSMS supports the requirement that automobile insurance policies with a coordination of benefits clause pay reasonable charges for products, services and accommodations incurred by the insured that are not covered by his/her primary health care policy, if the services are provided by a qualified health care professional. (Board-Jul97)

See also:
ALLIED HEALTH PROFESSIONALS, “Nursing: Director
Reimbursement of Certified Nurse Midwives” “Physical
Therapy: Reimbursement,” “Physical Therapy: Direct
Reimbursement,” “Surgical Assistant: Role and
Reimbursement”
MANAGED CARE, “Responsibility to Explain Health Care
Contracts,” “Involuntary Garnishment of Reimbursement by
HMOs and Third Party Carriers”
MEMBERSHIP, “Physician Not Labeled as Provider”
PHYSICIAN FEES, “Automotive No-fault Insurance”

For additional information, see the following sections:
MEDICAID; MEDICARE

Physician Penalties for Out-of-Network Services
MSMS vehemently opposes any penalties implemented by insurance companies against physicians when patients independently choose to obtain out-of-network services. (Res25-HOD07A)

Retrospective Revenue Recovery by Third Party Payers
MSMS opposes the policy of third party payers’ retrospective revenue recovery by developing an inventory to collect physician complaints, review policies, and unfavorable appeals to present to legislators and the Insurance Commissioner. (Res39-HOD07A)

Childhood Obesity as a Covered Benefit
MSMS supports the treatment of childhood obesity a benefit covered by health insurance plans. (Res88-10A)

Accountability of Repricing Networks
MSMS supports a physician’s right to withdraw participation from any insurance company that mandates participation in repricing networks or all products clauses. (Res4-HOD11)

Retroactive Recovery of Funds Research
MSMS supports equity in the time frames for both the provider community in submitting a health insurance claim and the insurance carriers in seeking retroactive recovery of payments for services rendered. (Res44-HOD11)

Non-payment of “Authorized” Medical Services
MSMS supports that an insurer’s authorization for specific service(s) is associated with payment for services rendered; that reimbursement for services rendered is received within 30 days; and that services with “authorization” cannot be denied retrospectively with request for return payment. (Res79-HOD11)

HEALTH INFORMATION TECHNOLOGY

e-Visit Reimbursements
MSMS supports and advocates reimbursement of e-visits that involve encounters relating to a patient’s care as a part of ongoing management and maintains appropriate elements of quality, physician accountability, and confidentiality. (Board-April06)

Support Patient Empowerment Controlled Health Records
MSMS supports the development of functional patient-centric information exchange systems to and from a patient-accessible health record that gives patient control to share with others, protects their individual rights to privacy, and supports continuity of care, provider work flow, and provider fulfillment of meaningful use. (Res80-10A)

HEALTH PLANNING

Credentialing or Exclusion of Physicians in Health Care Plans
MSMS opposes the use of board certification as the sole criterion for credentialing or exclusion of physicians in health care plans. (Board-Jul98)

Recredentialing Form
MSMS endorses the Michigan Association of Health Plans Standardized Practitioner Application to be used as a recredentialing form. (Board-Sept98)

Determination of Medical Necessity of Medical Case Management
MSMS opposes third party payer processes that delay timely recognition of advances made by clinical and/or basic research which improved the diagnosis and/or treatment of disease. (Res19-HOD99A)

Certificate of Need

Regionalization
The private physician and local medical societies should be involved in planning for regionalization of medical services. (Prior to 1990)

Continuity of Prenatal Care
All providers of prenatal care in Michigan are obligated to provide continuity of care for labor and delivery. (Prior to 1990) – Edited 1998

Post-operative Care
MSMS supports the position that post-operative care should be provided by the operating surgeon or by a licensed physician trained in post-operative care. (Board Action Report #1, 1993 HOD, re Res29-HOD91A)
Quantity-based Physician Certification/Re-certification
MSMS opposes the use of quantity of services as the sole criterion for physician certification and re-certification. (Board Action Report #3, 1994 HOD, re Res32-HOD93A)

Determination of Medical Necessity of Medical Case Management
The treating physician shall be the sole determinant of medical case management and medical necessity. MSMS believes that an insurer, a health care corporation or a government agency may not interfere with the patient/physician relationship by determining medical necessity or medical case management without a fair and reasonable appeals process and independent binding arbitration in a timely fashion. (Board Action Report #14, 1994 HOD, re Res121-HOD93A)

Identical Rules for Physician Credentialing and Privileges
MSMS supports a requirement that all managed health care companies and health insurance companies have identical rules for physician credentialing and privileges by insurance type. (Res95-HOD96A)

HOSPITAL BOARDS

Physician Representation on Hospital Boards of Trustees
MSMS supports the principle that all physicians seated on hospital boards of trustees be elected to their position by the hospital medical staff members. (Res51-HOD06A)

Physician Representation on Hospital Governing Boards
MSMS encourages all physicians to participate on their hospital governing boards and/or boards of trustees, and recommends in addition that elected chiefs of staff be voting members of their hospital governing boards. (Res22-HOD93A) – Edited 1998

Amending Medical Staff Bylaws
MSMS will assist medical staffs by providing legal help and support, if determined appropriate by the MSMS Board of Directors, when a hospital board of directors unilaterally changes the medical staff bylaws. (Res27-HOD94A)

HOSPITAL-PHYSICIAN RELATIONS

Staff Privileges
MSMS supports hospital medical staffs granting privileges to non-board certified physicians. (Res59-HOD01A)

MSMS opposes recertification as a condition of employment. (Res79-HOD01A)

Oppose Mandatory “Hospitalist” Care
MSMS opposes mandatory requirements that a patient’s physician turn over inpatient care to “hospitalists.” (Res15-HOD99A)

Guidelines for Physician-Hospital Relations
1. Hospital-employed physicians should be included as members of the medical staff and should be subject to its bylaws, rules, and regulations. The following provisions should be included in medical staff bylaws:
   “The credentials committee (or other appropriate committee) shall cooperate with the governing board in reviewing the credentials of all physician applicants for employment by the hospital to assure that such employees qualify for regular membership on the medical staff. The procedures followed in processing applications for regular medical staff appointment and for continued staff privileges shall be applicable to and have control over such employed physicians.”

2. The medical staff should include proper safeguards in all appropriate sections of the medical staff bylaws, rules and regulations to make certain that they apply to all physicians serving on the medical staff, including those employed by the hospital.

3. While medical staff bylaws must be approved by the governing board and, for this reason, are considered to be binding on the governing board, it would appear desirable to include a provision in any contracts with physicians, as well as in the medical staff bylaws, to assure the desired result. The following is suggested:

   “In accordance with and subject to the procedures of the organized medical staff, Doctor _______ is granted and accepts appointment as a member of the medical staff. This Agreement shall terminate automatically if the staff privileges of Doctor _______ are revoked upon recommendation of the organized medical staff.”

4. If there is no organized democratic departmental structure which allows for communication and input, the medical staff should establish an advisory committee to counsel and assist the administrator in carrying out his or her responsibilities.

5. Where the employment of a full-time physician to carry out departmental administrative and operational functions is being considered, it is recommended that consideration be given to employing this physician as an administrative assistant to the elected chief with the delegated functions appropriately spelled out in the medical staff or departmental bylaws.

6. Medical staffs in all types of non-federal hospitals should be alert to the potential dangers of governing board dominance over the executive committee and the need for careful bylaw structuring of the executive committee to prevent this.

7. The American Medical Association should firmly oppose the specific proposals of the American College of Hospital Administrators and the Catholic Hospital Association concerning medical staff structure and medical staff-administrator-board relationships. (Note: The Board has concerned itself only with those specific sections of the documents.)

8. It is emphasized that medical staffs should take a firm stand against governing board control of medical staff activities related to patient care.

9. State and local medical societies are urged to supplement AMA’s effort to assist and offer support to hospital medical staffs involved in negotiations with governing boards and administrations. (Prior to 1990)
Staff Privileges
Every ethical licensed physician should have admitting and staff privileges commensurate with their training and skill. (Prior to 1990)

Medical Staff Reappointment
Reappointment of doctors to the active medical staff should not be denied except for medical ineptitude, character deficiency or conviction of unethical conduct, revocation of license by the state, or violation of the hospital medical staff bylaws that have been approved by the medical staff. (Prior to 1990)

Guidelines for Medical Staff Funds
1. Participation in such funds shall be voluntary.
2. Control of the use of medical staff funds shall be limited to the physicians who have contributed to the fund.
3. The constitution, bylaws or other governing rules of the fund shall provide that all elections and votes on major decisions by the membership shall be by secret written ballot. (Prior to 1990)

Hospital Admissions by Allied Health Professionals
Only physicians and surgeons with staff privileges may admit patients. Allied health professional services may be available, within limits of skill and law, only under direction and supervision of a member of the medical staff qualified in that field. Such services are to be under direction of the department or section responsible for that type of service. (Prior to 1990) – Edited 1998

Medical Staff Self-rule
All hospital medical staffs should have the right to formulate and implement their constitution, bylaws, rules and regulations with the understanding that they are subject to the hospital corporate body. (Prior to 1990) – Edited 1998

Peer Review – Physicians Held Harmless
Physicians should be held harmless as they meet their peer review responsibilities. Hospitals should be advised to introduce “hold harmless” language into their bylaws. (Prior to 1990) – Edited 1998

Unfair Competition by Non-profit and Tax-exempt Organizations
MSMS opposes the unfair privilege of non-profit and tax-exempt organizations providing medical care in competition with the private and taxed physicians providing the same services. (Prior to 1990)

Medical Doctors and Department Heads of Hospital Staffs
It is inappropriate for hospital medical departments in acute care general hospitals to be chaired by persons other than licensed physicians or, when appropriate, dentists. (Prior to 1990) – Edited 1998

Guidelines – Applications for Hospital Medical Staff Privileges
MSMS endorses the Guidelines on Applications for Hospital Medical Staff Privileges. See Addendum G in website version. (Prior to 1990)

National Practitioner Data Bank
MSMS supports repeal of the National Practitioner Data Bank. (Res7-HOD90A) – Amended 1993 – Edited 1998

Arbitrary Denial or Termination of Medical Staff Privileges
MSMS recognizes hospital medical staff bylaws as a contract that affords due process to all members of the medical staff. (Res14-HOD95A)

Consolidation of Medical Staff and Departments
MSMS supports the concept that consolidation of medical staff and departments and associated bylaws and departmental policies and procedures must require the approval of all medical staffs and/or departments so involved. (Res15-HOD95A)

Qualifications for Chief of Medical Staff
MSMS encourages medical staffs to include in their bylaws a provision that all physicians be eligible for election to chief of staff unless the physicians serve in a major medical administrative position at the hospital. (Res12-HOD97A)

Hospital Medical Staff Credentialing of Physicians who Provide Electronic and Other Telemedicine Services for Hospital Patients
MSMS supports the requirement of physicians who provide diagnostic or therapeutic services on a regular, ongoing or contractual basis via electronic or other communications to patients in a hospital setting within Michigan to be fully credentialed by that hospital’s medical staff in accordance with the medical staff bylaws.

MSMS supports the requirement of physicians who provide diagnostic or therapeutic services on a regular ongoing or contractual basis to patients in a hospital setting within Michigan solely via electronic or other distant communications (and so would not otherwise ever have any direct personal interaction with the remainder of the medical staff) be credentialed as active members of that hospital’s medical staff and be held to the same standards of requisite responsibilities as other active members of the medical staff. (Board Action Report #3, 1997 HOD, re Res29-HOD96A, Res97-96HODA and Res98-96HODA)

See also:
AUTOPSY, “Authorization to Retain Tissue”
LICENSEURE, “Interstate Practice of Medicine”
HEALTH CARE DELIVERY, “Alternative Uses of Hospital Beds,”
“Closing of Small Hospitals,” “Due Process and Termination-without-Cause Contract Clauses”
MEDICAL LIABILITY, “Hospital Requirements for Medical Liability Insurance,” “Statistical Disclosure of Medical Liability,” “Indemnification of Physician Hospital Agents,”
“Physician Liability Coverage for Mandatory Hospital Clinic and Emergency Department Service”
MEDICARE, “Outpatient Reimbursement Parity”
IMMUNIZATIONS

Administration of Immunizations
The immunization of children and adults for prophylaxis against infectious diseases is best performed at the direction of physicians involved in continuing care of the individual, taking into account the risks and benefits accruing to the individual. A concerted effort should be made by physicians to ensure that patients begin pediatric immunizations at the earliest medically appropriate time and that patients finish their series. Guidelines and schedules produced by scientific groups and/or governmental agencies, while often helpful, should not be regarded as overriding the exercise of informed decision-making by the physician where the welfare of his or her patient is involved.

Recognizing that circumstances occur in which immunization should be given under other auspices, the common good should be served with due regard for the concerns of the individual. Immunization programs thus carried out under other auspices should be developed with appropriate input from physicians and in concert with the laws regulating medical practice.

Mass programs should, to the greatest possible degree, defer to successful and affordable approaches to immunization, which do not remove individuals from regular sources of care and should not scatter the individual's immunization record.

A uniform statewide record should be utilized and the parent/guardian should be provided with a cumulative copy of the record. An entry should be made into this record at the time of each immunization. (Prior to 1990)

Mandatory Immunizations: Physicians Held Harmless
MSMS supports physicians being held harmless in the event of a maloccurrence not involving negligence encountered during the administration of immunization to patients as required by federal or state governmental agencies. (Prior to 1990) – Edited 1998

Universal Access to Child Immunizations
MSMS supports a policy of universal access to immunizations for all Michigan children. It further supports a strategy whereby the immunizations are purchased by the state at the lowest possible price and made available to all health care providers administering immunizations. (Board-Nov93)

Immunizations and Preventive Health Care for Children
MSMS supports coverage for preventative health care visits and immunizations for all children. MSMS also supports immunization records being kept by the child's physician, parents and schools. (Res91-HOD90 and 54-HOD92A)
– Edited 1998 – Reaffirmed 2001 per Res56-HOD01A

See also:

INFORMED CONSENT

Universal Access to Child Immunizations
MSMS supports a policy of universal access to immunizations for all Michigan children. (Board-Nov93)

Insurance Coverage for Immunizations
MSMS urges employers to provide health coverage that includes coverage of all immunizations that are recommended by the Centers for Disease Control and the Advisory Committee on Immunization Practices for persons living in the U.S. (Board Action Report #3, 2009 HOD)

Priority Vaccine Distribution to Physician Offices
MSMS supports physicians receiving their orders for seasonal vaccine before delivery to non-medical venues or retail/urgent care clinics. (Res65-10A)

IMPAIRED PHYSICIANS

MSMS Impaired Physician Program
The MSMS program for physicians whose capacity to function professionally has been impaired by alcoholism, drug abuse, mental illness, organic brain disease, or physical disability is motivated by humanitarian concerns for the public and the impaired physician.

All MSMS actions with regard to impaired physicians are intended in the best interest of the physician and the public. They are not designed to be punitive in nature since the best current evidence indicates none of these conditions are voluntarily acquired or “self-inflicted.” (Prior to 1990) – Edited 1998

See also:

LICENSURE, “Suspension of a Physician’s License Following Conviction of a Misdemeanor Involving Possession or Use of Alcohol”

SUBSTANCE ABUSE, “Addiction a Disease,” “Marijuana,” “Pathological Gambling”

Adequate Vaccine Reimbursement
MSMS encourages work with local payers to ensure that the supply of all vaccines recommended by the Centers for Disease Control is available at a reasonable cost and the practice is fully reimbursed if unable to find a supplier charging lower than the reimbursement fee. (Res69-HOD07A)

Universal Access to Child Immunizations
MSMS supports a policy of universal access to immunizations for all Michigan children. (Board-Nov93)

Insurance Coverage for Immunizations
MSMS urges employers to provide health coverage that includes coverage of all immunizations that are recommended by the Centers for Disease Control and the Advisory Committee on Immunization Practices for persons living in the U.S. (Board Action Report #3, 2009 HOD)

Priority Vaccine Distribution to Physician Offices
MSMS supports physicians receiving their orders for seasonal vaccine before delivery to non-medical venues or retail/urgent care clinics. (Res65-10A)

INFORMED CONSENT

MSMS Position on Informed Consent
MSMS strongly endorses the principle of informed consent for medical treatment. Patients have a right to participate in decisions regarding their health care to the extent that they wish; and they have a right to the information necessary for meaningful participation.

However, a right to the information necessary to participate to the extent that the patient desires does not imply that patients should be forced to accept information deemed relevant by an outside party. Respect for patient's rights entails respecting a patient's desires to receive or not receive particular items of information.

In order to respect patients' rights in a compassionate manner, information disclosure should be tailored to the particular needs and desires of the particular patient. MSMS opposes regulatory interference in the physician-patient relationship, either to prohibit the physician from discussing certain information, or requiring that certain information be disclosed in all cases regardless of patient circumstances.

MSMS also believes that current law requires informed consent for all medical treatment and offers adequate recourse if consent...
is not obtained. Therefore, the Society sees no need for specific legislation mandating informed consent for particular procedures or diseases.  (Board-Sep91)

See also: AIDS/HIV, “Elimination of Informed Consent for HIV Testing”

INTERNATIONAL MEDICAL GRADUATES

Equality of Graduates of Foreign Medical Schools
MSMS is concerned and sensitive toward issues facing international medical graduates in Michigan. It will work with the AMA to provide, profess and propagate its intention to work for equality of IMGs with United States medical graduates in training and work places.  (Res98-HOD90A) – Amended 1993 – Edited 1998

Educational Commission for Foreign Medical Graduates (ECFMG) Credentials Verification
Educational Commission for Foreign Medical Graduates (ECFMG) verification should be the primary source for granting permanent state licensing and hospital privileges for international medical graduates.  (Res63-HOD94A)

Visa Status Changes for International Medical Graduates
MSMS supports the position that IMG resident physicians with H-1B status be allowed to keep their H-1B visas for the duration of their current graduate medical education in the United States.  (Res22-HOD95A)

J1 Visa Waivers for Specialists
MSMS supports the distribution of J1 Visa waivers between primary care and specialists depending on their own need.  (Res5-HOD05A)

Selection of Residents Based on Skills and Qualifications
MSMS opposes policies that discriminate against international medical graduates for postgraduate medical training programs.  (Res58-HOD96A)

See also: DISCRIMINATION, “MSMS Position on Discrimination”
HOSPITAL-PHYSICIAN RELATIONS, “Guidelines – Applications for Hospital Medical Staff Privileges”  (See Addendum G in website version.)
LICENSURE, “Language Fluency as Requirement for Licensure”
MEDICAL EDUCATION AND TRAINING, “Residency Selection”

LABORATORY MEDICINE

Laboratory as a Medical Practice
The operation of a medical laboratory represents the practice of medicine and should be actively supervised and directed by a licensed physician.  (Prior to 1990)

Signatures for Diagnostic Laboratory Test Requisitions Creates Inefficiency, Increased Costs and Patient Safety Risks
MSMS opposes requiring signatures for diagnostic laboratory test requisitions.  (Res39-HOD11)

LAWYER-DOCTOR FEES

Suggested Guidelines for Determining Medical/Legal Fees
MSMS endorses the “Suggested Guidelines for Determining Medical/Legal Fees.”  See Addendum H in website version.  (Prior to 1990)

LAWYER-DOCTOR RELATIONSHIPS

Principles Between Physicians and Lawyers
MSMS endorses the Principles between Physicians and Lawyers.  See Addendum I in website version.  (Prior to 1990)

LICENSURE

Licensure for Health Plan Medical Directors
MSMS supports licensure by the state of Michigan for health plan medical directors, even if they are located outside of the state of Michigan and are not engaged in active clinical practice.  (Board-Sept98)

Specialty Re-certification Tied to Licensure
MSMS opposes any proposal whereby a physician’s license will not be renewed because he or she has not been re-certified in his or her specialty.  (Res66-HOD90A)

Fees to be Returned
All medical licensing fees should be returned to the Michigan Board of Medicine.  (Prior to 1990)

Pharmacy Licensing Fee
MSMS opposes the physician pharmacy license fee in Michigan.  (Res59-HOD90A) – Edited 1998

Language Fluency as Requirement for Licensure
MSMS opposes requiring individuals to pass a spoken English proficiency test to receive a medical license in Michigan.  (Res57-HOD92A) – Edited 1998

Suspension of a Physician’s License Following Conviction of a Misdemeanor Involving Possession or Use of Alcohol
MSMS is opposed to the discriminatory summary suspension of health professionals’ licenses or registrations upon their conviction for a misdemeanor involving alcohol.  (Res5-HOD95A)

Examination for State Re-licensure
MSMS opposes mandatory examination for re-licensure by the state of Michigan except for re-licensure after forfeiture of the original license.  (Res41-HOD96A)

Interstate Practice of Medicine
MSMS supports requiring out-of-state physicians treating Michigan patients to be fully licensed by the state of Michigan; however, MSMS does support occasional and irregular medical consultations that are requested by out-of-state physicians who are not licensed in the state of Michigan. MSMS policy is that an out-of-state physician treating a patient within Michigan be subject to jurisdiction at the patient’s location.  (Board Action Report #3, 1997 HOD, re Res29-HOD96A, Res97-HOD96A and Res98-HOD96A)
Educational Loans-Physician Licensure
MSMS opposes using non-payment of student loans to place physicians’ licensure at risk. (Board-Nov97)

Licensing Non-physicians
MSMS opposes extending to non-physicians the right to practice medicine or surgery without physician supervision. (Res30-HOD90A) – Amended 1993 – Edited 1998

Licensure of Medical Technologists
MSMS opposes licensure of medical technologists. (Board-Jul97)

**LONG-TERM CARE**

Definition of Nursing Home
MSMS believes a nursing home should be a facility providing in-patient care for persons requiring nursing care and related services not available at home, but not requiring the services of acute general hospital care. (Prior to 1990) – Edited 1998

Separation of Physician Services from Day Rates
All fees for physicians’ services and medicines should be kept entirely separate from day rates for nursing home care, since the establishment of an all-inclusive rate might lead to poor and inadequate medical care and tend to separate the patient from his/her physician. (Prior to 1990)

Shortage of Nursing Home Beds
MSMS supports attempts to resolve the shortage of basic and skilled nursing home beds. (Res89-HOD90A) – Edited 1998

Therapeutic Intervention
MSMS supports regulations regarding therapeutic interventions for nursing home patients accommodating patient and family choice for treatment of an individual on a case by case basis. (Res92-HOD96A)

No Cardiopulmonary Resuscitation (CPR) Orders in Adult Foster Care and Assisted Living Settings
MSMS supports do-not-resuscitate orders, as well as other advanced directives, for residents of adult foster care facilities, nursing homes and other non-hospital settings. (Res24-HOD97A)

Death Notification
MSMS supports and encourages appropriate death notification by health care facilities in a timely fashion. (Board-Jul97)

See also:
AGING, “Improving Medical Care in Extended Care Facilities”
HEALTH CARE INSURANCE, “Long-Term Care Insurance”

**MANAGED CARE**

Medical Director Oversight
MSMS supports Board of Medicine jurisdiction over health plan medical directors. (Board-Jan99)

MSMS opposes using medical liability as a legal remedy against medical directors of health maintenance organizations. (Board-Jan99) – Edited 2005

Guidelines for Managed Care
MSMS advocates the following managed care guidelines:

1. Medical facilities must be physician-oriented and their medical services be physician-directed.
2. Physicians’ services must be clearly differentiated and separated from hospital services.
3. The patient’s physician should be free of controls and restrictions that interfere with providing the highest quality of medical care.
4. The physician-patient relationship is the keystone to good medical practice, which means that each patient must have freedom of choice of physician and each physician freedom of choice of patient.
5. Frequency of use and criteria for medical care are and must continue to be the responsibility of physicians.
6. Governmental agencies may provide medical service and/or medical facilities only when they cannot be purchased or are not available from private sources. (Prior to 1990) – Edited 1998

Health Maintenance Organizations
MSMS reaffirms its support of a pluralistic health care and reimbursement system and opposes the domination of the HMO industry by any one financial entity. MSMS will continue to carefully monitor the ownership, development and growth of HMOs within Michigan. (Prior to 1990)

Gag Orders and Hold Harmless Clauses
MSMS opposes any form of gag orders, hold harmless clauses and pejorative treatments arising out of contractual stipulations. (Res10-HOD96A)

Non-physician Gatekeepers Pre-empting Medical and Treatment Plans of Emergency Room Physicians
MSMS opposes protocols that allow non-physician gatekeepers to pre-empt the medical decisions and treatment plan of emergency medical situations. (Res58-HOD94A)

Long-Term Psychotherapy
MSMS opposes arbitrary establishment of the number of long-term psychotherapy sessions a patient may receive. (Res93-HOD95A)

Periodic Interim Payments for Prenatal Care
MSMS supports a system for periodic interim payments from major managed care companies and other third party payers for prenatal care. (Res15-HOD90A) – Edited 1998

Advertising/Commercials
MSMS opposes organizations asserting that doctors belonging to their plan represent the best of all physicians. (Res47-HOD96A)

Managed Care Contract Panel
MSMS supports elimination of medical staff membership/privileges as a requirement for participation in a managed care contract panel, as long as the organization has in place a process of providing continuity of care. (Res11-HOD97A)

Responsibility to Explain Health Care Contracts
MSMS supports requiring all health insurance and managed care plans to explain in clear and familiar terms all pertinent information about the health plan to prospective purchasers and enrollees. (Res14-HOD97A)
Involuntary Garnishment of Reimbursement by HMOs and Third Party Carriers
MSMS opposes garnishment of reimbursement or other fees without physician opportunity to first respond to audit questions or allegations before health maintenance organizations or third party payers decide to impose financial sanctions. (Res97-HOD98A)

See also:
HEALTH CARE INSURANCE, “Pre-existing Conditions,” “Health Insurers: Domestic Assault Victims”
HEALTH CARE PLANNING, “Determination of Medical Necessity of Medical Care Management,” “Identical Rules for Physician Credentialing and Privileges”
MATERNAL AND INFANT HEALTH, “Drive-through Deliveries”
MEDICARE, “Payment of Medicare Deductible and Coinsurance Amount”

MATERNAL AND INFANT HEALTH

Free-Standing Birth Centers
MSMS opposes freestanding birth centers in Michigan. (Res34-HOD99A)

Vaginal Birth After Cesarean (VBAC) Safety
MSMS is opposed to mandatory trials of labor for all women with previous cesarean births. (Res126-HOD99A)

Cesarean Section Rates
MSMS opposes the C-section rate as the only measure of quality. (Res127-HOD99A)

Fetal Alcohol Syndrome
MSMS supports requiring a warning statement on all advertising for alcoholic beverages regarding fetal alcohol syndrome (FAS). (Board-May94)

Drive-through Deliveries
MSMS supports post delivery, inpatient hospital services for a mother and her newly born child for a minimum of 48 hours following a vaginal delivery and 96 hours following a cesarean section, unless determined otherwise by the mother, her physician or other health care provider. (Res49-HOD96A)

See also:
ALLIED HEALTH PROFESSIONALS, “Midwifery: Protection from Unqualified Practitioners,” “Nursing: Direct Reimbursement of Certified Nurse Midwives”
HEALTH CARE INSURANCE, “Patient Choice between Vaginal Birth after Cesarean Section and Repeat Cesarean Section Procedures”
HEALTH CARE PLANNING, “Continuity of Prenatal Care”
IMMUNIZATION, “Prenatal Screening for Hepatitis B”
PUBLIC HEALTH, “Alcohol, Tobacco and Other Drugs Screening of Pregnant Women by Primary Physicians”
SUBSTANCE ABUSE, “Alcohol during Pregnancy,” “Substance Abuse during Pregnancy”

MEDICAID

Preventive Services
Preventive health services such as physical examinations, well-baby visits, necessary immunizations and family planning services should be included in the Medicaid program. (Prior to 1990) – Edited 1998

Equitable Medicaid Reimbursement
MSMS opposes all cuts in Medicaid reimbursement budgets and supports an increase in payments to a level that covers physician and hospital costs. (Res99-HOD91A) – Amended 1993 – Edited 1998

Uniform Statewide Medicaid Rules
MSMS supports implementation of uniform statewide Medicaid contract rules. (Board-Sep97)

Coverage of Approved Medications
MSMS supports that Medicaid Health Plans in Michigan cover all medications on the Michigan Medicaid’s Preferred Drug List, without having to repeat prior authorization or step-therapy that has already been documented on the patient. (Res2-HOD12)

See also:
GOVERNMENT MEDICAL CARE PROGRAMS, “CMS Auditing of Medicare and Medicaid”
MEDICAL EDUCATION AND TRAINING, “Medicaid Funding of Graduate Medical Education”
MEDICAL LIABILITY, “Medical Liability Coverage for Medicaid Obstetrical Care”
TAXES, “Provider Taxes”

MEDICAL ADVANTAGE GROUP

Physician Organizations/Physician Hospital Organizations (POs/PHOs), Medical Advantage Group (MAG) Cooperation
MSMS encourages Physician Organizations/Physician Hospital Organizations (POs/PHOs) to cooperate with Medical Advantage Group (MAG) in developing strategies to encourage cost-effective outsourcing of some services and assistance programs for development of PO/PHO revenue sources, management oversight and review programs for POs PHOs. (Res15-HOD97A) – Edited 2005

MEDICAL EDUCATION AND TRAINING

New Medical Schools in Michigan
MSMS urges the state of Michigan to perform a thorough prospective study on the effect of proposed medical schools on existing medical schools before any new medical schools are founded in Michigan and urges state officials to conduct a study on the impact of current and new medical schools, existing residency training positions, and the effect on international medical graduates on the future supply of physicians in Michigan. (Res89-08A)

Defense of Diversity in Medical Education
MSMS supports the American Medical Association policies that promote increasing the number of minority applicants to medical schools. (Res42-HOD04A)
Exploring Options to Protect Medical Students from Potential Future Unexpected Mid-Year and Retroactive Tuition Increases
MSMS opposes mid-year or retroactive increases in tuition for students of medical and related health professional schools in the state of Michigan. (Res50-HOD03A)

Financial Aid for Medical Students
Adequate financial aid systems should be available for financially needy medical students. (Prior to 1990)

Automatic Eligibility for Licensure Limited to Graduates from Medical Schools which Meet LCME Standards
Only graduates from medical schools which meet standards established by the Liaison Committee for Medical Education should be automatically eligible for licensure as medical doctors in Michigan. (Prior to 1990)

Medical School Curriculum
MSMS supports medical school facilities educating medical students on the management of stress, exercise and nutrition. (Res29-HOD90A) – Edited 1998

American Citizens Enrolled in Medical Schools Abroad
MSMS opposes freestanding clinical education by hospitals in our state for American citizens enrolled in medical schools abroad. For the purposes of this policy, “freestanding” is defined as a clinical education offered without the supervision of a medical school in the United States or Canada. (Prior to 1990) – Edited 2005

Residency Review Committee Representation
Community hospital physician-educators should be represented on residency review committees. (Prior to 1990)

Medicaid Funding for Graduate Medical Education
MSMS supports increased funding for graduate medical education by Medicaid. (Prior to 1990)
– Edited 1998
– Edited 2012 (Res22-HOD12)

Opposition to Centralized Postgraduate Medical Education
MSMS supports a pluralistic system of postgraduate medical education for house officer training and opposes the mandatory centralization of postgraduate medical training under the auspices of the nation’s medical schools. (Prior to 1990)

Implementation of Business and Management Education in Michigan Medical Schools
That MSMS supports the inclusion of a practical medicine course into the curricula of accredited schools of medicine in the state of Michigan that are designed to educate future generations of physicians about the business aspects associated with operating a medical practice such as practice management, billing, the impact of federal/state laws and regulations, and how to structure a practice to be solvent over the long term. (Res41-HOD05A)

Residency Selection
Admission to residency training shall be based upon the merit of the applicant without regard to race, color, creed, gender and country of original medical training when such an applicant has satisfied all current legal and regulatory requirements for medical practice in the United States of America. (Res47-HOD97A) – Reaffirmed 2004 per RES24-04A

See also:
AGING, “Educational Activities Addressing Needs of the Elderly”
AIDS/HIV, “CME Credits in HIV/AIDS”
LICENSEURE, “Education Loans and Physician Licensure”

Diversity and Equality of Opportunity in Admissions to Michigan’s Medical Colleges
MSMS supports and encourages Michigan's medical colleges to consider the socioeconomic status of applicants when evaluating and deciding admissions to academic programs. (Res54-HOD07A)

Medical School Debt Forgiveness
MSMS supports the principle of debt forgiveness for students of Michigan medical schools in return for service in primary care in the state of Michigan. (Res90-10A)

Ethical Duties in Teaching Medicine
MSMS supports that undergraduate and postgraduate medical trainees be taught by the example of their teachers that the ultimate welfare of each patient is primary and takes precedence over educational needs where there is a conflict between these two goals. (Res15-HOD12)

Adopting Alternative Sources of Graduate Medical Education Funding
MSMS supports the principle or concept of an all-payer fund that would distribute the cost of training physicians across Medicare, Medicaid, and private health insurance plans. (Res22-HOD12)

The Recognition and Protection of Human Trafficking Victims
MSMS supports training medical students, residents, and physicians to understand their role in treating patients who are victims of human trafficking. (Res23-HOD12)

MEDICAL LIABILITY

Expert Witness Qualifications in All Courts
MSMS supports the position that the qualifications for an expert witness established in Public Act 78 of 1993 be used in all legal proceedings against health care professionals. (Res15-HOD00A)

Affidavit of Merit
MSMS will pursue a statutory requirement that the plaintiff must provide, at the time a complaint is filed, an affidavit by an expert witness attesting to the merit of the complaint as a deterrent to frivolous and nuisance complaints. (Prior to 1990)

Arbitration Support
MSMS supports arbitration as a means of resolving medical liability disputes. (Prior to 1990) – Edited 2005

Arbitration Panels
Criteria for lists of medical arbitrators and attorney arbitrators available for selection to an arbitration proceeding should be broadly representative of their respective disciplines. (Prior to 1990)

Voluntary and Binding Arbitration
There should be multiple systems for handling medical liability claims by mediation, binding arbitration, and courtroom litigation. (Prior to 1990) – Edited 2005
Ceiling on Awards for Pain and Suffering
MSMS believes actual damages should be awarded in a proven medical liability case. Ceilings on awards for pain and suffering should be maintained. (Prior to 1990) – Edited 1998 – Edited 2005

Hospital Requirements for Medical Liability Insurance
It is appropriate that practicing physicians carry medical liability insurance for themselves and their patients.

MSMS opposes unilateral arbitrary hospital governing board edicts that mandate medical liability coverage as a requirement of hospital staff membership when these edicts are passed without medical staff approval or acceptance.

The decision to require medical liability insurance as a requisite for hospital medical staff privileges and the limits of such insurance coverage should be a decision mutually agreed upon by the hospital medical staff and the hospital board of trustees.

Physicians who are unable to obtain medical liability insurance and who are otherwise in good standing with the Michigan Board of Medicine, hospital and medical staff should not automatically be denied hospital privileges. (Prior to 1990) – Edited 1998 – Edited 2005

Continuous Study of Medical Liability
MSMS and Michigan’s medical liability insurance carriers should monitor the current and evolving medical liability situation and study alternatives to the tort system. (Prior to 1990) – Edited 1998 – Edited 2005

Medical Liability Cost
All health care carriers should accept the physicians’ liability premiums medical costs and adjust their payments accordingly. (Prior to 1990) – Edited 2005

Expert Witness Monitoring
In an attempt to assure competency of expert medical witnesses, the appropriate component medical society and/or specialty society will be requested to monitor the testimony or review the deposition and render a written report to MSMS on the quality of the testimony for its subsequent review and appropriate action. (Prior to 1990)

Permit Annuity Payments of Medical Liability Awards
Payments could be made over a period of time, for corrective/rehabilitative services, as an alternative to lump sum payments when medical liability suits are settled in a court of law as are currently allowed by Michigan’s Arbitration Law. (Prior to 1990) – Edited 2005

Insurance Premiums
Premium schedules for medical liability insurance should be based on the actual cost and risk.

Physicians’ insurance premiums should not be raised merely for their having been named in a medical liability suit. (Prior to 1990)

Premium Notices
MSMS supports the promulgation of rules by the Michigan Insurance Commission to demand premium notification to policyholders at least thirty (30) days prior to renewal date for medical liability insurance policies. (Res10-HOD90A) – Edited 2005

Expert Witnesses – Regional Restriction
Medical expert witnesses should be limited by law to those acquainted with the standards of practice in the community of the claimed negligence or a comparable Michigan community. The law also should require that expert witnesses must have been in active practice in the same field as the defendant at the time of the alleged malpractice. (Prior to 1990)

Statistical Disclosure of Medical Liability
All insurers including self-insured hospitals should disclose pertinent statistical information on claims, settlement and judgment. Such information should be available for public review. (Prior to 1990) – Edited 2005

Support for Physicians’ Counter Suits in Nuisance Claims
MSMS should support physicians who are considering counter suits against a plaintiff or attorney, or both, following medical liability cases totally without merit. As MSMS cannot itself bring such a suit, it could assist the physician and his attorney by providing expert medical and legal review and research to support and encourage aggrieved defendant physicians in bringing counter actions. (Prior to 1990) – Edited 2005

Attorneys Not Immune
Attorneys should not be immune from civil suits arising from non-meritorious medical liability lawsuits. (Prior to 1990) – Edited 2005

Court Costs and Legal Fees in Non-meritorious Suits
MSMS supports court rules that would award all legal and court costs together with punitive damages of the defendant in non-meritorious suits against physicians, hospital and significant others. (Prior to 1990) – Edited 1998

Monitoring the Judiciary
MSMS supports monitoring decisions at all levels of the state judiciary regarding medical liability. (Prior to 1990) – Edited 1998 – Edited 2005

Indemnification of Physician Hospital Agents
Hospital administrators and board of trustees should be required to indemnify physicians against civil liability when such physicians are acting as agents for the hospital. (Prior to 1990) – Amended 1993 – Edited 1998

Indemnification for Physicians Treating Indigent Obstetrical Patients

Indemnification

Good Samaritan Protection
MSMS supports legal protection for doctors, nurses, and paramedical personnel who assist travelers experiencing medical problems. (Prior to 1990)
Mandatory Medical Liability Insurance

Subrogation Lien Rights
MSMS supports banning subrogation lien rights by third party health insurers. (Res71-HOD91A) – Edited 1998

Medical Liability Coverage for Medicaid Obstetrical Care
MSMS supports a plan for the Michigan Department of Community Health to assume responsibility for all medical liability for obstetrical care for the Medicaid population. (Prior to 1990) – Edited 1998 – Edited 2005

Medical Liability Demonstration Project
MSMS supports the practice parameters and risk management protocols as an affirmative defense in medical liability cases and requiring medical liability insurers to report claims data related to physician participation. (Board-Mar93)

Immunity – Uncompensated Care
MSMS supports limiting the liability of physicians who provide uncompensated care to patients. (Board-Mar93) – Reaffirmed 2001 per Res38-HOD01A

State of Michigan Medical Liability Coverage for Volunteer Physicians
MSMS supports the concept that the state of Michigan should provide medical liability insurance coverage for physicians who volunteer their professional services. (Res67-HOD95A)

Tort Reform and the Tobacco Industry
MSMS opposes the exclusion of tobacco companies or tobacco products from liability. (Res1-HOD95A)

Physician Liability Coverage for Mandatory Hospital Clinic and Emergency Department Service
MSMS supports hospitals providing liability coverage for the physicians rendering services to unattended patients in hospital outpatient clinics and emergency departments who are not part of the physician’s practice. (Res65-HOD95A)

Physicians in Health Facilities/Agencies Partial Medical Liability Insurance Reimbursement
MSMS opposes establishment of a state fund from which physicians in medical service entities will be reimbursed for a portion of their medical liability insurance premium that equals the percentage of all medical services rendered for which they received minimal compensation from Medicaid. (Board-Jul95) – Edited 2005

Liability Immunity/Correctional Facilities
MSMS believes health care workers employed by, or acting under contract, in a state correctional facility, county jail or local police lock-up, should be immune from tort liability for injuries to persons or damages to property caused by the employee in the course of employment or volunteer service while acting on behalf of a governmental agency. (Board-Jul95)

Medical Liability: Sporting Events
MSMS supports the exemption of physicians and other health care personnel from liability under certain circumstances related to sporting events. (Board-Jul95)

See also:
IMMUNIZATIONS, “Mandatory Immunizations: Physicians Held Harmless”

Expert Plaintiffs Witness Testimony Review Service
MSMS supports policies that permit the use of peer review of expert witness testimony with the expectation that deliberately false, fraudulent, or deceptive testimony be appropriately sanctioned by MSMS, the respective specialty society, and the Board of Medicine. (Res15-HOD06A)

Immunity for Disaster Relief
MSMS supports model legislation in Michigan for physicians engaged in disaster relief that provides immunity from civil liability except in instances of willful misconduct and gross negligence. (Res53-09A)

Michigan Physician “Apology”
MSMS supports the ability of physicians to apologize and express sympathy for errors and adverse events without having such apology used against them in a malpractice suit or as evidence of liability in unexpected adverse events. (Res51-10A)

Exempt Physicians Providing Pro Bono Health Care to Uninsured Patients from Legal Action and Insurance Penalties
MSMS supports the exemption of physicians providing pro bono health care to uninsured patients at their practice sites from legal action, including medicolegal and criminal charges stemming from the care of pro bono-treated patients. (Res82-10A)

Driving Recommendations in Patients with Epilepsy
MSMS supports a standard of gross negligence on all Emergency Medical Treatment and Active Labor Act related care. (Res61-HOD11)

MEDICAL RESEARCH

Humane Use of Animals
MSMS supports the humane use of stray animals for medical research. (Prior to 1990) – Edited 1998

MEDICARE

Medicare Fraud and Abuse Law
MSMS opposes the private use of qui tam plaintiff provisions. (Res41-HOD99A)

Center for Health Outcomes and Evaluation
MSMS supports in principle the Center for Health Outcomes and Evaluation and recommends MSMS work intensively to impact the organization and process of the Center as it applies to the Medicare practice of Michigan physicians. (Board-Jan93)

Medicare Payment for Diagnostic Medical Tests
MSMS supports allowing payment for diagnostic tests at a frequency deemed necessary by a beneficiary’s personal physician and within the boundaries of generally accepted standards of practice set by the medical profession. (Res2-HOD97A)
Payment of Medicare Deductible and Coinsurance Amount
MSMS advocates requiring any insurer, health maintenance organization, third party administrator and network manager in the state of Michigan to pay the coinsurance and deductible amounts up to the Medicare fee schedule. (Res104-HOD97A)

Reduction of Physician Payment and Participation by CMS
MSMS opposes the Centers for Medicare & Medicaid Services (CMS) proposals that threaten to reduce physician payment and participation with the Medicare program. (Board-Jul97) – Edited 2005

Outpatient Reimbursement Parity
MSMS opposes co-payments by beneficiaries (Medicare patients) to hospital outpatient departments and hospital-owned physician practices above those the beneficiaries would have to pay at a private practitioner’s office. (Res79-HOD98A)

See also:
GOVERNMENT MEDICAL CARE PROGRAMS, “CMS Auditing of Medicare and Medicaid”
PEER REVIEW, “Medicare Peer Review”

MEMBERSHIP

Unified Membership
MSMS supports the concept of unified membership in MSMS, the component society and the AMA. (Prior to 1990)

Collection and Use of Physician Specific Data
MSMS supports the “Principles on the Release of Physician Specific Data.” See Addendum J in website version. (Board-May94)

Advise Physicians Regarding the Importance of Organized Medicine
MSMS advocates educating Michigan physicians regarding the value of membership in their respective county medical societies, MSMS and the AMA. (Res17-HOD96A)

Designation of State and County Medical Society for Retired Physician Membership
MSMS permits a retired physician member of the federation of medicine to designate the county and state medical society where the physician last belonged as the tally and credit site for membership regardless of the physician’s retirement address. (Res53-HOD96A)

AMA Statement of Collaborative Intent
MSMS endorses the AMA Statement of Collaborative Intent. See Addendum K in website version. (Board-Sep97)

Physician Not Labeled as Provider
MSMS opposes the current custom by government and insurance companies of labeling physicians as providers and encourages proper identification of physicians and/or surgeons.

MSMS supports physicians who request they be identified as “physicians” apart from other “providers” on any contracts or documents they are asked to sign. (Res38-HOD90A) – Amended 1993 – Edited 1998

MENTAL HEALTH

Involuntary Hospitalization
MSMS supports appropriate modification of the Michigan Mental Health Code in order to make involuntary hospitalization more rapidly accessible for mentally ill persons requiring such intervention for the benefit of their safety and the safety of others. (Prior to 1990)

Increasing Funding for Mental Health Hospitals
MSMS supports restoration of budget cuts and increased expenditures in the public mental health hospital system so that quality care again may be provided by upgrading staff levels to recommended requirements.

MSMS supports increased state funding for psychiatric research so as to develop more efficacious treatment for the mentally ill.

MSMS supports efforts to assure adequate treatment in Michigan Department of Community Health mental health facilities as required by state law. (Prior to 1992)

Requirements for Reporting or Hospitalizing Suicidal Patients
MSMS supports using the same requirements for reporting or hospitalizing suicidal patients as the Michigan law for patients who have the intent of inflicting physical violence and who have the ability to carry out that treat in the foreseeable future. (Res91-HOD95A)

Requiring Physician Visits for a Patient in Seclusion or Restraints
MSMS supports the concept that assessment and management of hospitalized patients in seclusion or restraints requires no more than once daily face-to-face assessment by the patient’s physician unless individual conditions warrant additional visits. (Res63-HOD97A)

Director of MDCH Mental Health Agency
MSMS supports the requirement that the Director of the Mental Health Agency of the Michigan Department of Community Health be a physician who is licensed in the state of Michigan (Res96-HOD95A) – Edited 1998

Parity for Mental Health
MSMS encourages covering the treatment of mental illness to the same limits applied to the treatment of all other non-psychiatric diagnoses. (Res86-HOD96A) – Reaffirmed 2002 per Resolution 19-02A

Needs of Dementia Patients
MSMS supports public funding for diagnostic and assessment services, a registry and a post-mortem examination program to meet the needs to patients with dementia and their families. (Res95-HOD90A) – Edited 1998

See also:
HEALTH CARE INSURANCE, “Mental Health Insurance Benefits,” “Emotional Disorders as a Pre-existing Condition,” “Access to Psychiatrists”
MANAGED CARE, “Long Term Psychotherapy”
MIDWIFERY (see ALLIED HEALTH PROFESSIONALS)

MISSION STATEMENT

MSMS Mission Statement
The mission of the Michigan State Medical Society is to promote a health care environment which supports physicians in caring for and enhancing the health of Michigan citizens through science, quality and ethics in the practice of medicine. (Board-May99)

See also:
CONTINUING MEDICAL EDUCATION, “Mission Statement of MSMS CME Program”

NURSING AND NURSES (see ALLIED HEALTH PROFESSIONALS)

NUTRITION

Nutritional Label Education
MSMS supports nutrition education programs that would promote the involvement of parents in their children’s nutrition education. (Res52-HOD07A)

See also:
CHILDREN AND YOUTH

Banning the Use of Trans Fats in Restaurants and Bakeries in the U.S.
MSMS opposes the use of trans fats in restaurants and bakeries in Michigan. (Res49-08A)

Enhancing Public Safety Relation to the Food Industry
MSMS supports, where appropriate, Michigan-based community health initiatives or educational programs that promote public awareness of food safety and the source of food products available to consumers. (Res36-10A)

Nutrition Information Availability in Restaurants
MSMS supports requiring that clear nutrition information be provided for items sold in restaurants in Michigan. (Res72-10A)

Hazards of Energy Beverages, Their Abuse and Regulation
MSMS supports the regulation of the sale and distribution of energy beverages to protect the public from their deleterious effects. (Res42-HOD11)

Nutrition Labels and Nutrition Education in Elementary School
MSMS supports nutrition education, including how to read and interpret nutrition labels on food packaging, be implemented in elementary school curricula in Michigan as a prevention measure for obesity and resulting morbidity. (Res18-HOD12)

ORGAN DONATION AND TRANSPLANT

“Mandated Choice” Policy
MSMS supports a “mandated choice” policy requiring people to indicate whether or not they consent to be organ donors when they renew a driver’s license, file a tax return or perform other tasks required by the state. (Res58-HOD00A)

Payment for Organs
MSMS opposes payment in any form to the donor, the donor’s family members, or the donor’s agents for organs used for transplant. (Res5-HOD93A)

Organ Donations
MSMS supports efforts which 1) make it easier to donate body parts upon one’s death and require individuals to make a deliberate decision to donate their body parts or not to donate their body parts upon their death, 2) appropriately address the issue of parental consent for minors who wish to be organ donors and 3) ensure that recognized national and state procurement societies are utilized for organ donation and recipient selection. (Board-Jul96)

See also:
AUTOPSY, “Organ Salvage Programs”

PATIENT’S BILL OF RIGHTS

Statement of Patient’s Rights
1. Each patient must have freedom of choice of physician and each physician must be free to offer his/her services to all patients.

2. The patient’s physician must be free of controls and restrictions that interfere with providing the highest quality of medical care.

3. The freedoms we believe necessary for patients and physicians should apply to all aspects of medical care.

4. The quality of a patient’s medical care must be judged by practicing physicians, responsible only to their own hospital staffs and medical association.

5. The primacy of a physician's responsibility to his patient cannot be delegated or usurped by a hospital or other corporation.

6. Any plan for financing medical costs must recognize variables in cost of provision, and kinds of service; and must not interfere with the individual patient-physician contract.

7. The principle of reciprocal doctor-patient responsibility must be preserved. (Prior to 1990)

See also:
ABORTION; BIOETHICS

PEER REVIEW

Concurrence with AMA Statement
MSMS supports the following AMA policy on peer review:

“Medical society ethics committees, hospital credentials and utilization committees, and other forms of peer review have been long established by organized medicine to scrutinize physicians’ professional conduct. At least to some extent, each of these types of peer review can be said to impinge upon the absolute professional freedom of physicians. They are, nonetheless, recognized and accepted. They are necessary. They balance the physician’s right to exercise his medical judgment freely with his obligation to do so wisely and temperately.” (Prior to 1990) (AMA Current Opinions-98)
Accountability of Utilization Review Firms
Utilization review firms employed by insurance companies should be held accountable for medical decisions based on their review. (Res14-HOD92A)

Scrutiny of MPRO Review and Denial Process
MSMS supports interaction between county societies and local hospital medical staffs in monitoring Michigan Peer Review Organization (MPRO) activities at the county level.

MSMS supports member participation as physician reviewers in all peer review activities. (Prior to 1990) – Edited 1998

Medicare Peer Review
A Michigan-based physician-directed organization should operate as the Medicare peer review organization, if administratively and financially feasible. (Prior to 1990)

Professional Review Organization Peer Review
MSMS recommends that professional review organizations accept national medical specialty society guidelines or parameters for review processes, where they exist, and that critiques be by peers in the same specialty. (Res19-HOD97A)

Peer Review Protection for Physician Organizations (POs) and Group Practices
MSMS believes physician organizations (POs) and group practices peer review should have the same protection afforded hospital medical staff peer review, and state and county (local) medical societies. (Res65-HOD97A)

Utilization Review in the Practice of Medicine
MSMS advocates that only licensed practicing physicians in the same specialty may perform utilization review for health plans. (Res29-HOD97A)

See also:
CONFIDENTIALITY AND PRIVILEGED COMMUNICATION, “Opposition to Release of Peer Review Records”
HOSPITAL-PHYSICIAN RELATIONS, “Peer Review – Physicians Held Harmless”

PENSION PLANS
Exemption from Bankruptcy Proceedings
MSMS supports legal exemption of pension/profit-sharing plans from bankruptcy proceedings. (Prior to 1990)

PHARMACISTS (see ALLIED HEALTH PROFESSIONALS)

PHYSICAL FITNESS
Physical Fitness Programs
MSMS, through public relations, will cooperate with recognized health and physical fitness programs. (Prior to 1990)

MSMS supports the provision of traffic lanes and trails open to public use for the purposes of biking, hiking and jogging. In addition, MSMS encourages the appropriate state and local governmental agencies to convert unused railroad beds for such uses. (Res64-HOD92A) – Amended 1993 – Edited 1998

PHYSICIAN ADVERTISING
Unfair Advertising
MSMS opposes advertising practices that are potentially detrimental to the physician-patient relationship. (Res10-HOD93A)

PHYSICIAN-BUSINESS RELATIONS
Physician-Business Coalition Recommendations
MSMS supports the following physician and business coalition initiatives:

- Facilitate physician-business dialogue and interaction.
- Encourage and promote effective physician participation in business/health planning coalition activities.
- Encourage the formation of business coalitions to allow physicians to concentrate their efforts with local businesses to discuss issues such as direct contracting, quality measures, and local control of health care delivery.
- Develop effective MSMS staff interaction with the staffs of business/health planning coalitions.
- Serve as a resource center for physicians involved in dialogue with employers.
- Educate physicians on the importance of effective communication between physicians and employers.
- Establish contacts with business leaders that can be utilized by developing physician organizations, facilitate discussions between them and offer the resources of the management services organization where appropriate.
- Designate the MSMS Advisory Committee on Medical Economics as the appropriate body to provide physician input, monitor ongoing activities and identify future needs. (Board-Sep96)

See also:
HEALTH CARE DELIVERY, “Due Process and Termination-without-Cause Contract Clauses”

PHYSICIAN FEES
Physician's Right to Bill
Every physician, hospital-based included, has the right to bill patients for the professional component of services irrespective of where those services were rendered.

In addition, MSMS supports physicians who strive to preserve the right to establish their own fees without hospital interference, regulation or threat of loss of contract privileges. (Res18-HOD92A) – Amended 1993 – Edited 1998

Facility Fee
Third party payers should pay an additional fee for increased overhead expenses for procedures performed in freestanding non-hospital-based ambulatory settings or in the physician’s office. (Prior to 1990)

Equal Fee for Equal Service
MSMS upholds the principle of equal fee for equal service. (Prior to 1990)
Direct Patient Financial Participation
Patients should pay a portion of the cost of their medical care. (Prior to 1990) – Edited 1998

Automobile No-fault Insurance
MSMS opposes the use of the Workers Compensation fee schedule, or other governmental mandated fee schedule, for auto insurance health care services. (Res14-HOD90A and Res86-HOD91A) – Edited 1998

Fee Schedules
MSMS, when appropriate, will actively participate in the development or modification of reimbursement methodologies and governmental fee schedules.

MSMS opposes government fee schedules and reimbursement methodologies that were developed without appropriate physician input which limit patient access to quality medical care or unfairly reimburse physicians. (Res65-HOD93A)

Reimbursement for Emergency Procedures
MSMS advocates increased reimbursement for procedures done as emergencies because of the increased risk and complications involved in emergency procedures. (Res2-HOD94A)

Fees for Out-of-state Patients
MSMS supports reimbursement to Michigan physicians for services to out-of-state patients at the fee schedule of their home state. (Res90-HOD95A)

Separate Reimbursement for Consultation Fees
MSMS affirms that consultations are services separate from any care rendered thereafter and, therefore, consultation fees are legitimate charges in their own right, whether or not a procedure with a fee occurs afterward, and that consultations should be reimbursed separately from procedure. (Res84-HOD97A)

See also:
LONG TERM CARE, “Separation of Physician Services for Day Rate”
HEALTH CARE INSURANCE, “No-fault Auto Insurance – Coordination of Benefits”

PHYSICIAN HOSPITAL RELATIONS
Required Physical Exams of Physicians by Hospitals
MSMS opposes hospital medical staff policy that mandates all physicians of a particular age undergo physical and neuropsychological exams in order to remain on staff. (Res16-HOD12)

PHYSICIAN ORGANIZATIONS/PHYSICIAN HOSPITAL ORGANIZATIONS (POs/PHOs)
Physician Organization Networks
MSMS supports formation of physician organizations (POs) and PO networks to facilitate the provision of high-quality, efficient care and the communication of information. (Res21-HOD94A)

See also:
MEDICAL ADVANTAGE GROUP, “POs/PHOs, Medical Advantage Group Cooperation”
PEER REVIEW, “Peer Review Protection for Physician Organizations and Group Practices”

PHYSICIAN PRIVACY
Privacy of Physician Prescriber Data
MSMS supports prohibiting pharmacies from providing physician-specific prescribing data to pharmaceutical companies and other non-regulatory entities that are not involved in an individual patient’s care. (Res67-10A)
The Committee added “of Physicians” in the title to clarify the intent of the policy.

POLITICAL ACTION
MDPAC
MSMS supports MDPAC and recommends that its annual dues billing be separately identified on the dues billing form. (Res112-HOD91A) – Edited 1993

PROFESSIONAL CREDENTIAL VERIFICATION SERVICE (PCVS)
Expand Promotion of the Professional Credentials Verification Service (PCVS)
MSMS supports the Professional Credentials Verification Service (PCVS). (Res20-HOD95A) – Edited 2005

Common Physician Credentialing Form
MSMS supports the concept of a common credentialing form. See Addendum L in website version.
(Res21-HOD94A)
See also:
HEALTH CARE PLANNING, “Identical Rules for Physician Credentialing and Privileges”
HOSPITAL-PHYSICIAN RELATIONS, “Hospital Medical Staff Credentialing of Physicians who Provide Electronic and other Telemmedicine Services for Hospital Patients”

PUBLIC HEALTH
Junk Food in Schools
MSMS supports working toward the total elimination of selling junk food as defined by the USDA in elementary, middle, and high schools in the state of Michigan. (Res44-HOD06A)

Unnecessary Health Screenings
MSMS supports that marketing of preventive health screening directly to the public should include information on risks and benefits of screening; disclose whether the screening is recommended by the U.S. Preventive Services Task Force or other well recognized specialty societies.

MSMS supports that those performing the screenings and reviewing the results of the tests be appropriately credentialed. (Board-Oct04)

Biological Disaster Plans
MSMS encourages the inclusion of biological and chemical disaster preparation plans in hospitals. (Res88-HOD00A)

Require MDCH Director to be a Physician
MSMS supports a requirement that the director of the Michigan Department of Community Health be a physician licensed in the state of Michigan. (Board Action Report #13, 2000 HOD, re Res112-HOD99A)
Teaching Life-Saving Skills in Schools
MSMS supports the inclusion of basic first aid and age-appropriate life-saving skills in school curricula. (Res51-HOD00A)

Definition of Public Health
MSMS supports the Precise Definition of Public Health and the Proper Role of a Public Health Department. See Addendum M in website version. (Prior to 1990) - Reaffirmed Res31-HOD11

Organized Medicine's Liaison with Public Health
MSMS encourages its component medical societies to develop liaison committees with their local public health departments and participate in local community assessment and improvement programs. (Board-Mar97)

Fluoridation
MSMS supports the current public health guidelines for water fluoridation. (Res2-HOD11)

Screening for Sickle Cell Trait and Rubella
MSMS supports screening for the following: sickle cell trait and rubella. (Prior to 1990) – Edited 1998

Support of Healthy Lifestyle
MSMS supports a healthy lifestyle related to nutrition and exercise and the avoidance of alcohol and tobacco. (Res36-HOD93A)

“Safe Sex” a Deadly Misnomer
MSMS supports the wording “less dangerous sex” when referring to sex using latex condoms in all educational and public health materials. (Res39-HOD93A)

Increase Sexually Transmitted Diseases (STDs) Counseling of Adolescents
MSMS encourages physicians, when counseling adolescents, to include counseling on sexually transmitted diseases and AIDS in their interactions. (Res53-HOD93A)

Stressing Abstinence to Prevent Sexually Transmitted Diseases (STDs)
MSMS encourages public health departments at local and state levels to stress abstinence as a part of STD prevention programs. (Res56-HOD94A)

Availability of Latex Condoms in Schools
MSMS is in favor of schools being permitted to dispense devices to prevent sexually transmitted diseases. (Res81-HOD95A)

Home Alone
MSMS is opposed to children being left alone. (Res86-HOD93A)

Establishment of the Epidemiology of Elevated Blood Lead Level in Michigan
MSMS supports the requirement that cases of elevated blood lead levels in Michigan be reported to the Michigan Department of Community Health. (Res95-HOD93A)

Lead Free Childcare Facilities
MSMS supports the concept of all Michigan childcare facilities having lead free environments. (Board Action Report #8, 1994 HOD, re Res67-HOD93A)

Education of Students on the Hazards of Ultraviolet Radiation (Tanning Rays)
MSMS supports the education of students about the hazards of ultraviolet radiation. (Res124-HOD93A)

Health Education in Public Schools
MSMS supports health education classes in all public schools starting at the elementary level and encourages physician involvement at the local level in the development and implementation of health education curricula. (Res77-HOD95A)

Secure Environment for Care for Rape Victims
MSMS supports specialized care for rape victims in a secure, dedicated environment. (Res9-HOD94A)

Mammography Screening
MSMS endorses baseline mammography screening prior to age 40 and subsequent annual mammograms beginning at age 40. If there are risk factors present, annual screening should be considered sooner than age 40. (Res95-HOD97A)

Alcohol, Tobacco and Other Drugs (ATOD) Screening of Pregnant Women by Primary Physicians
MSMS encourages physicians to conduct alcohol, tobacco and other drug (ATOD) assessment of pregnant women as a health initiative in Michigan. (Res101-HOD97A)

Pap Smear Screening
MSMS supports the current American Cancer Society standard that: “All women who are, or who have been, sexually active or who have reached 18 years of age should undergo pap test and pelvic examination. After a woman has had three or more consecutive satisfactory, annual cytological examinations with normal findings, the pap test may be performed less frequently on a low-risk woman at the discretion of her physician.” (Board Action Report #10, 1998 HOD, re Res97-HOD97A)

Ban Bath Salts
MSMS opposes the sale of bath salts and other products containing a significant quantity of methylenedioxyprovalerone or mephedrone in Michigan. (Res5-HOD11)

Expedited Partner Therapy for Gonorrhea and Chlamydia
MSMS supports amending the public health code to make expedited partner therapy legal in Michigan and supports immunity from professional and civil liability if expedited partner therapy is provided according to the regulations.

MSMS supports immunity from professional and civil liability if expedited partner therapy is provided according to the regulations. (Res1-HOD12)
Lead Free Wheel Weights
MSMS opposes the use of lead wheel weights in Michigan. (Res10-HOD12)

Ban Tanning Booth Use by Minors in Michigan
MSMS opposes access to the use of indoor tanning equipment by anyone under the age of 18. (Res38-HOD12)

Confirmed HIV Positivity as Sexually Transmitted Disease
HIV positivity, if confirmed, indicates a disease that can be sexually transmitted and should be reported as a sexually transmitted disease. (Prior to 1990) – Edited 1998

Elimination of Informed Consent for HIV Testing
MSMS supports (1) elimination of the informed consent requirements for HIV testing and (2) the ability of physicians to perform HIV tests on patients as they feel it is appropriate for proper medical management of the patient. (Res2-HOD92A and Res95-HOD92A) – Reaffirmed 2001 per Res98-HOD01A – Reaffirmed (Board-Oct2009)

Confidentiality of HIV Blood Test Results
MSMS supports safeguards to protect the confidentiality of HIV test results. (Res61-HOD97A)

HIV Testing for Women
MSMS supports the Michigan Department of Community Health’s efforts to inform the public about the risks of perinatal HIV transmission and recommends HIV testing for all pregnant women and those considering pregnancy. (Res125-HOD93A)

Routine Premarital HIV Testing
MSMS supports premarital HIV testing. (Res58-HOD97A)

CME Credits in HIV/AIDS
MSMS advocates and encourages all physicians to earn continuing medical education (CME) credits in HIV infection prevention diagnosis, care and/or treatment but opposes requiring CME for physicians on any specific aspect of HIV. (Res24-HOD94A)

Routine Testing for HIV in Medical Care Settings
MSMS supports, promotes, and participates in the establishment and utilization of guidelines for routine HIV testing in medical settings, including the necessary alterations in current Michigan law that will facilitate this step. (Res68-HOD07A)

See also:
INFORMED CONSENT, “MSMS Position on Informed Consent”
IMMUNIZATIONS, “Immunizations and Preventive Health Care in Children,” “Newborn Hepatitis B Immunization Program”
TOBACCO, “Alcohol and Tobacco Advertising”

PUBLIC SAFETY
Ban Hand-Held Cell Phone and Hand-Held Communication Device Use While Driving
MSMS endorses legislation that would ban the use of hand-held cell phones and hand-held communication devices while driving. (Res89-09A)

QUALITY ASSURANCE
Prevention of Medical Errors
MSMS supports actions that will encourage the prevention of medical errors on the state and local level. (Board-Jan01)

Payment for Medical Staff Quality Assurance by Hospitals to Medical Staff Organizations
MSMS encourages hospitals to reimburse the medical staff organization for quality assurance and leadership functions performed. (Res29-HOD01A)

Guidelines for Quality Assurance Programs
MSMS insists that any quality assurance program, whether by hospitals, third party payers or managed care programs, include physician input in the development of quality guidelines; and that each program must include due process for the physician indicating the right of appeal.

MSMS encourages medical staff to work with their local third party carrier or managed care organization to share data, provide adequate safeguards for due process, develop proper protocols and assist in setting educational programs. (Res19-HOD93A)

QUALITY AND PATIENT SAFETY
Oversight of Office Invasive Procedures and Sedation
MSMS supports the Michigan Quality Improvement Consortium (MQIC) Guideline on Office-Based Surgery; supports dialogue with the health plans and the Michigan Department of Community Health to determine if the Michigan Quality Improvement Consortium (MQIC) Guideline on Office-based Surgery is used; and supports consideration of other options to promote adherence to the guideline including quality and safety collaborative to address office-based surgery or potential changes to the Public Health Code. (Board Action Report #5, 2010 HOD, re Res107-09A)

REIMBURSEMENT
Exempt Physicians Providing Pro Bono Health Care to Uninsured Patients from Legal Action and Insurance Penalties
MSMS supports allowing physicians to provide pro bono health care to uninsured patients at their practice sites without a subsequent denial of payment for treatment of insured patients. (Res82-10A)

SAFETY AND ACCIDENT PREVENTION
(Firearms, Automobiles, etc.)
Firearm Education
MSMS supports a basic course in care and handling of firearms. (Res79-HOD94A)

MSMS supports age- and developmentally-appropriate gun safety education. (Res33-HOD01A).

Safety and Driver Capabilities
MSMS endorses the report on drivers and dementia for senior citizens. See Addendum O in website version. (Board-Nov98)
Auto Safety
MSMS encourages: 1) stricter enforcement of existing laws relative to driving while drunk and imposition of more serious penalties for violations thereof; 2) detection and prosecution of the reckless or careless driver; and 3) provision for a more careful and appropriate interval examination of all drivers. (Prior to 1990) – Edited 1998

Drunk Driving
MSMS supports the following measures to reduce drunk driving:

1. The establishment of a blood alcohol concentration of 0.05 as per se illegal for driving in Michigan.
2. Administrative license revocation upon arrest for operating under the influence.
3. Mandatory blood alcohol testing for any driver involved in a motor vehicle accident that results in personal injury.
4. Establishment of a color-coded operator’s license for persons under 21 years of age.
5. Mandatory alcohol treatment and counseling for repeat violators of drunk driving laws.

MSMS supports activities to educate the public and physicians to secure their cooperation in the stringent enforcement of drunk driving laws. (Prior to 1990)

Provide Transportation for the Alcohol Impaired Driver
MSMS supports the availability of year round safe transportation home for intoxicated persons. (Res35-HOD95A)

Designated Driver Promotion
MSMS encourages establishments serving alcohol to promote the identification of a designated driver. (Res40-HOD95A)

Drivers with Suspended Licenses
MSMS supports impounding and/or confiscation of motor vehicles being operated by individuals with suspended licenses. MSMS supports the confiscation of privately owned vehicles used by drivers with suspended licenses while driving under the influence of alcohol. (Board Action Report #4, 1997 HOD, re Res31-HOD96A and Res35-HOD96A)

Driver Capabilities
MSMS reaffirms its offer to assist the Legislature and the Secretary of State in an advisory capacity to develop means whereby a fair evaluation of driver capabilities may be accomplished to permit restriction or withdrawal of driving privileges from those judged to be physically or mentally incapable. (Prior to 1990)

Driver License Suspensions
MSMS supports the development of guidelines for the assessment of a driver’s competence because of medical illness, an emotional disorder, medications and/or alcohol or illicit drug abuse which include due process to protect individuals’ driving privileges and ensure that persons’ health records are not made public. (Res34-HOD96A)

Automobile Seat Belts and other Restraints
MSMS supports the mandatory use of automobile seat belts. (Prior to 1990)

MSMS supports the use of appropriate restraining devices and protection for any person riding in the back of a pickup truck. (Res53-HOD92A) – Amended 1993 – Edited 1998

Motor Vehicle and Bicycle Safety
MSMS supports the lack of safety belt use being designated a “primary enforcement offense.”

Bicycle Helmets
MSMS endorses the use of American National Standards Institute (ANSI) or Snell Foundation approved helmets for all bicycle riders and passengers. (Prior to 1990)

Support Standard Enforcement of Safety Belt and Child Restraint
MSMS supports standard enforcement of seat belt and child restraint usage. (Res89-HOD97A)

Redefinition of Automobile Manufactures’ Responsibility
MSMS considers part of the responsibility of automobile manufacturers is to manufacture safer vehicles. (Res79-HOD97A)

Rented or Leased Unsafe Automobiles
MSMS opposes the rental or leasing of vehicles with uncorrected safety defects within the state of state of Michigan. (Res111-HOD97A)

Handgun Control and Education
MSMS recommends effective controls on the assembly, manufacture, distribution and possession of handguns.

MSMS supports distribution of educational materials to firearm purchasers. The materials should address the use of lock boxes, trigger locks, childproof safety catches and loading indicators. (Res58-HOD92A) – Amended 1993 – Edited 1998

Ban Look-alike Toy Guns
MSMS supports a ban on look-alike toy guns. (Prior to 1990)

Limit Ownership of Assault Weapons
MSMS supports efforts to limit ownership and use of assault weapons. (Res100-HOD89A)

Weakening Handgun and Assault Weapon Regulations
MSMS opposes weakening the current laws regarding the manufacture, importation and/or ownership of assault weapons and/or handguns. (Res37-HOD96A)

Concealed Guns
MSMS opposes liberalization of concealed gun laws. (Res18-HOD98A)

Snowmobile Speed Limit Policy
MSMS supports reasonable snowmobile speed limits and appropriate law enforcement. (Res65-HOD94A, Res55-HOD96A)

Snowmobile Helmets and Safety
All snowmobile drivers and passengers should be required to wear helmets, and children should be adequately and appropriately supervised. (Res47-HOD98A)
Opposition to Use of Infant Walkers
MSMS discourages the use of infant walkers and asks physicians to counsel parents of the significant risk of injury from infant walkers. (Prior to 1990)

Snowboarding and Skiing Helmets
MSMS recommends that all snowboarders and skiers wear proper helmets and encourages public education regarding the safety of this issue. (Res27-HOD05)

Runners Encouraged to Wear Reflective Clothing
MSMS supports Michigan physicians to educate their patients who run or jog to wear brightly colored, lighted, or reflective clothing while in the street when appropriate. (Res97-10A)

SCOPE OF PRACTICE
Clear Identification of Health Worker Position/Title with ID Tags
MSMS supports that physicians, nurses and other health providers wear a clearly visible photo identification badge that states their credentials in large block letters with descriptions such as "physician," "nurse," "physician assistant," "nurse practitioner," and that the badges be worn at all times when in contact with patients. (Res50-HOD11)

Health Profession Boards Need to Protect Patients
MSMS opposes efforts by licensing boards of non physicians to establish their own scope of practice, and expansion in non-physicians scope of practice may only occur with approval of the Boards of Medicine, the respective non-physician licensing board, and the Legislature. (Res20-HOD12)

SEX EDUCATION
(see FAMILY PLANNING AND SEX EDUCATION)

SPECIALIST
Definition of a Specialist
A specialist shall be a physician:
1. Certified by an appropriate specialty board, approved by the American Board for Medical Specialties and by the American Medical Association Council on Medical Education, or
2. Practicing as a specialist not possessing a specialty board certificate, but has completed an approved residency in that specialty, or
3. Recognized as a specialist by the staff of the hospital in which he/she practices provided it is an accredited hospital, and is a physician who is eligible for certification by his/her specialty board. (Prior to 1990)

SPORTS
Opposition to Boxing
MSMS supports the American Medical Association’s position opposing boxing. (Prior to 1990)

Limits on Weight Loss for Wrestlers
MSMS supports the adoption of a policy by the Michigan High School Athletic Association to limit the amount of weight a wrestler can lose. (Res59-HOD92A)

Prohibition of Ultimate Fighting (Barbaric and Blood Sports)
MSMS opposes ultimate fighting (barbaric and blood sports) competitions in the state of Michigan. (Res89-HOD96A)

SUBSTANCE ABUSE AND ADDICTION
Addiction a Disease
MSMS consider drug intoxication and addiction as diseases. (Prior to 1990)

Marijuana
MSMS considers marijuana abuse a public health problem with potentially severe adverse effects on health. (Prior to 1990)

Drug Educational Programs
Drug educational programs by public agencies should be expanded and all medical schools, hospitals and medical societies should establish such programs, with particular attention paid to programs treating pregnant women and teenagers. (Res43-HOD90A) – Amended 1993 – Edited 1998

Hospital Treatment
Hospitals should provide treatment and rehabilitation facilities for substance abuse. (Res43-HOD90A) – Amended 1993 – Edited 1998

Forfeiture of Property
MSMS supports forfeiture of real property used in committing a violation of the substance abuse act and allocating 50 percent of forfeiture proceeds for community-based educational and substance abuse treatment programs. (Prior to 1990) – Edited 1998

Alcohol during Pregnancy
MSMS opposes the use of alcohol by pregnant women. (Res71-HOD95A)

Substance Abuse During Pregnancy
MSMS opposes making the use of controlled substances during pregnancy a felony. MSMS encourages routine drug screening of pregnant women. (Board-Jul96)

Pathological Gambling
MSMS advocates treatment for gambling addiction. (Res99-HOD98A)

See also:
IMPAIRED PHYSICIANS
PUBLIC HEALTH, “Alcohol, Tobacco and Other Drugs Screening of Pregnant Women by Primary Physicians”
TOBACCO, “Alcohol and Tobacco Advertising”

TAXES
Repeal or Revision of Single Business Tax
The Single Business Tax statute should be repealed or otherwise amended, so as to exempt service professions from this tax. (Prior to 1990) – Edited 1998

Excessive Medical Administrative Costs
MSMS opposes additional regulatory requirements that place a financial burden on the physicians or hospitals without compensation. (Res81-HOD90A) – Edited 1998
Provider Taxes
MSMS is opposed to a provider tax in any form. (Res43-HOD94A)

Tax Credits for Provision of Free Medical Care
MSMS supports the concept that physicians receive tax credits for the provision of free medical care at both the state and federal taxing authority levels. (Res87-97A) – Reaffirmed (Res32-10A)

Essential Services Tax
MSMS vigorously opposes any sales or use tax on essential needs of Michigan citizens, including, but not limited to education, food items, prescriptions, medical services, and also oppose any provider tax. (Res19-07A) – Reaffirmed (Board-Oct2009)

TOBACCO AND SMOKING

Tobacco Related Ordinances
MSMS supports local units of government passing tobacco related ordinances that are more restrictive than state law. (Board-Jan99)

MSMS Position/Program of Action re Smoking-Health
1. MSMS encourages its members to reflect their knowledge of the hazards of smoking by personally stopping smoking;
2. MSMS asks its members to encourage their individual employees and hospital staff members to stop smoking;
3. MSMS is opposed to the use of tobacco products in all hospitals and health facilities;
4. MSMS urges its members to avail themselves of all opportunities to lead or participate in the dissemination of information regarding the hazards of smoking, cooperating with existing agencies with like goals.
5. MSMS is opposed to smoking in enclosed public places except in designated smoking areas.

MSMS encourages members to record on death certificates the use of tobacco, drugs or alcohol as a contributing factor to deaths. (Prior to 1990) – Edited 1998 – Reaffirmed 1998 per Res116-HOD98A

Tobacco Free Michigan Active Doctors (TFMAD) and Tobacco Free Michigan Coalition (TFMAC) Health Care Campaign
MSMS supports the Tobacco Free Michigan Active Doctors and the Tobacco Free Michigan Action Coalition health care campaign. (Board-Mar94) – Reaffirmed 1998 per Res116-HOD98A

Federal Assistance to the Tobacco Industry
MSMS opposes federal government financial assistance to the tobacco industry. (Prior to 1990) – Reaffirmed 1998 per Res116-HOD98

Investment in Tobacco Holdings
When feasible, MSMS will refrain from making financial investments in tobacco holdings. (Res94-HOD92A) – Reaffirmed 1998 per Res116-HOD98A

Removal of Tobacco Stocks from MSMS Portfolio
MSMS should not hold stock in companies that sell tobacco products. (Res35-HOD97A) – Reaffirmed 1998 per Res116-HOD98A

Prohibit Tobacco Promotion

Restricting Alcohol and Tobacco Advertising
MSMS opposes alcohol and tobacco advertising on billboards or buildings within the immediate vicinity of schools and hospitals. MSMS opposes alcohol and tobacco advertising during family and children television programs. (Res60-HOD96A) – Reaffirmed 1998 per Res116-HOD98A

Ban on Smoking in Public Places
MSMS supports seeking legislation at the state level calling for a ban on smoking in all public places. (Res93-HOD06A)

Ban Smoking in All Areas of Employment, Restaurants and Malls
MSMS opposes smoking in all enclosed areas of employment and all areas where second hand smoke compromises the air quality, including restaurants and malls. (Res53-HOD94A and Res54-HOD94A) – Reaffirmed 1998 per Res116-HOD98A

Minors Purchasing Tobacco Products
MSMS is opposed to allowing the sell of tobacco to minors. MSMS opposes the use of vending machines for the sale of tobacco. (Res1-HOD94A) – Reaffirmed 1998 per Res116-HOD98A

Mini-Packaged and Complimentary Cigarettes
MSMS opposes the distribution of mini-packaged or complimentary cigarettes. (Res60-HOD97A) – Reaffirmed 1998 per Res116-HOD98A

Ban on Dissolvable Tobacco Products
MSMS opposes the distribution and sale of dissolvable tobacco products in Michigan. (Res18-09A)

Ban Smoking in Cars with Children
MSMS supports banning smoking in cars and other vehicles containing children. (Res4-10A)

Smokeless Marijuana Treatments
MSMS supports a smokeless society and replacing smoked marijuana with tablets or oral spray manufactured by a reputable and licensed company and available only by prescription. (Res87-10A)

Ban E-Cigarettes from Public Venues
MSMS supports banning the use of e-cigarettes in public places. (Res66-HOD11)

See also:
MEDICAL LIABILITY, “Tort Reform and Tobacco Industry”
PUBLIC HEALTH, “Support Healthy Life Style”

UTILIZATION REVIEW

Principles for Utilization Management and Medical Review
MSMS supports the Principles for Utilization Management and Medical Review. See Addendum N in website version. (Board-Mar95)

See also:
PEER REVIEW, “Accountability of Utilization Review Firms.”
“Utilization Review in the Practice of Medicine”
WAR

Global Nuclear Disarmament
MSMS encourages global nuclear disarmament. (Prior to 1990)
– Edited 1998

Ban on Land Mines
MSMS is opposed to the manufacture, trade and use of all land mines. (Res51-HOD97A)

WORKERS’ COMPENSATION

Health Service Rules
MSMS policy on the Workers’ Compensation Health Service Rules and fee schedule is as follows:

1. MSMS opposes use of budget neutrality as a guiding consideration in changing the fee schedule for workers compensation health services.

2. MSMS supports movement to a single conversion factor for all categories of service and proposes raising the conversion factors for medicine and radiology services to the same conversion factor as surgery services, through a three-year phase in. When increases are applied selectively during the phase in period, the conversion factor for medicine services should have priority.

3. MSMS supports use of a single statewide fee schedule, accomplished through a blend of the geographic practice cost indices for southeast Michigan and the rest of the state.

4. MSMS urges adoption of methodology that will update the fee schedule annually, regardless of changes to relative value units. It urges use of the Medicare Economic Index, and that the index be applied retroactively for four years, during which time the fee schedule has been frozen.

5. MSMS supports immediate efforts to examine the unique nature of health services to injured workers. Specific issues that need to be addressed differently for injured workers than for Medicare patients are office visits, follow up days and the relative values for hand surgery procedures.

6. MSMS encourages inclusion in the rules of measures to address the administrative complexity associated with treatment of injured workers. (Board-Mar98)

See also:
GOVERNMENT MEDICAL CARE PROGRAMS, ”Use of Current CPT Codes and Reimbursement in Workers’ Compensation”
PHYSICIAN FEES, “Automobile No-fault Insurance”