2013 HOD Resolutions – Final Action Summary

RESOLUTION 1-13
Title: Two Day/One Night MSMS HOD Meeting. DISAPPROVED.
Introduced by: Robert Levine, MD

Resolved: That the MSMS House of Delegates Meeting become a two-day/one-night meeting.

Rationale: The Committee heard testimony on this resolution. Most testimony focused on the loss of camaraderie, the time constraints of physicians coming from out of state areas, and the difficulty in scheduling the AMA Town Hall if the meeting was limited to two days.

The Committee also did not believe the cost savings would be enough to justify altering the meeting.

RESOLUTION 2-13
Title: Thank You to Congressman Dale Kildee. ADOPTED.
Introduced by: Cathy O. Blight, MD, for the Genesee County Delegation

RESOLVED: That MSMS recognize and thank Congressman Dale Kildee for his years of service; and be it further

RESOLVED: That our AMA ask the AMA House of Delegates to similarly honor Congressman Dale Kildee for his service to the profession of medicine; and be it further

RESOLVED: That the Michigan State Medical Society and Genesee County Medical Society wish Congressman Kildee a wonderful retirement.

RESOLUTION 3-13
Title: Encourage All Counties to Hold Regular Legislative Liaison Meetings. ADOPTED.
Introduced by: Cathy O. Blight, MD, for the Genesee County Delegation

RESOLVED: That MSMS and the current counties performing legislative liaison related activities encourage and use all available methods to encourage all county medical societies in the State of Michigan to hold regular legislative liaison related meetings with their State and Federal elected officials; and be it further

RESOLVED: That county and state medical societies work together to provide reasonable educational support for those counties endeavoring to create legislative liaison procedures.

RESOLUTION 4-13
Title: Group Medical Appointments. ADOPTED AS AMENDED.
Introduced by: Raymond Rudoni, MD, for the Genesee County Delegation

RESOLVED: That MSMS educate its members and work with the federation of medicine at the AMA, state, and county levels to promote education about the potential value of group medical appointments for diagnoses that might benefit from such appointments including chronic diseases, pain, and pregnancy.
Rationale: The Committee heard testimony on the need to provide widespread education to physicians about group medical appointments. Committee members were also asked to consider amending the Resolveds to provide better clarity regarding action to be taken by MSMS. As a result, the Committee combined the original two Resolveds and streamlined the language.

RESOLUTION 5-13
Title: Halt Pharmacy Solicitation of Prescriptions from Physician Offices. ADOPTED AS AMENDED.
Introduced by: Edward P. Washabaugh, III, MD, for the Washtenaw County Delegation

RESOLVED: That MSMS work with our AMA to support efforts to stop local and national pharmacies and pharmacy benefit managers from soliciting prescriptions from physician offices.

Rationale: The Committee agreed with much of the testimony that focused on the importance of actively engaging the patient in their care, as well as the necessity to appropriately monitor the patient. The testimony also raised several concerns regarding the potential for errors, multiple faxed requests for the same prescription renewal, decreased physician-patient interaction, automatic refill requests generated for former patients, and other activities by pharmacies. Committee members added a couple of friendly amendments by referencing “local and national” pharmacies and including “pharmacy benefit managers.”

RESOLUTION 6-13
Title: Classification of Genesee Health Plan. ADOPTED AS AMENDED.
Introduced by: Cathy O. Blight, MD, for the Genesee County Delegation

RESOLVED: That MSMS strongly recommend to the Health Insurance Program of Michigan (HIP Michigan) and the State of Michigan Office of Financial and Insurance Regulation that Genesee Health Plan’s or any other County Health Plan’s classification of “creditable coverage” be removed immediately to allow county health plan recipients who would otherwise qualify as eligible for HIP Michigan, the State of Michigan’s temporary high-risk health insurance pool program, to obtain much needed health insurance coverage available to currently uninsured individuals with pre-existing conditions; and be it further

RESOLVED: That MSMS advocate that the classification of “creditable coverage” not be applied to county health plans for the purpose of determining an individual’s eligibility for health insurance coverage.

Rationale: Testimony was received that suggested that all county health plans be included in the language. Additionally, because the program ends December 31, 2013 and Health Insurance Exchanges begin after that date, Committee members believed it was important to clarify that persons receiving coverage through a county health plan should not be precluded from eligibility under other programs. Therefore, a second Resolved was added to address that point.

RESOLUTION 7-13
Title: Recognition of Haptenation and Hypersensitivity Disorders, the Importance of Identification. ADOPTED.
Introduced by: Gerald Natzke, DO, and Qazi Azher, MD, for the Genesee County Delegation
RESOLVED: That MSMS use its communication vehicles to make physicians aware of the process of haptenation and sensitization and their multiple ramifications; and be it further

RESOLVED: That MSMS use its communication vehicles to help physicians recognize that one can teach patients methods to avoid exposure to the haptens; and be it further

RESOLVED: That MSMS use its communication vehicles to help physicians include chemical sensitivity in the differential diagnosis, take a history focused on exposures to toxins and symptoms related to known toxins and testing; and be it further

RESOLVED: That MSMS disseminate information via its communication vehicles on haptenation in Michigan Medicine and at the Annual Scientific Meeting; and be it further

RESOLVED: That our AMA use its communication vehicles to make physicians nationally aware of the process of haptenation and sensitization and their multiple ramifications, as well as to help physicians teach patients methods to avoid exposure to the haptens, and to help physicians include chemical sensitivity in the differential diagnosis, take a history focused on exposures to toxins and symptoms related to known toxins and testing.

RESOLUTION 8-13
Title: Support of the Clean Air Act. ADOPTED AS AMENDED.
Introduced by: Gerald Natzke, DO, for the Genesee County Delegation

RESOLVED: That MSMS support the Clean Air Act; and be it further

RESOLVED: That our AMA reaffirm support of the Clean Air Act.

Rationale: The Committee reviewed this resolution after hearing several points of testimony. Concerns were raised about the implications of supporting the Clean Air Act and regulations in the legislation limiting the amount of emissions from a coal fired power plant testimony pointed out that due to the strict standards, within five years these plants would be shut down causing a shortage in supply in electricity and driving up the costs of utilities. The Committee believed that supporting the Act and providing cleaner air for citizens and the positive health effects from cleaner air outweighed the concerns for the increased costs of electrical services and believed that the argument of a specific piece of the Act was not relevant to the overall support of the Act. The resolved statement originally only included the AMA to support the Clean Air Act, but the Committee found that MSMS does not have policy on this issue and, therefore, the Committee amended the resolution to include MSMS to support the Clean Air Act and the AMA to continue supporting the Clean Air Act.

RESOLUTION 9-13
Title: Abuse of e-Medicine. ADOPTED.
Introduced by: Peter T. Muller, MD, for the Oakland County Delegation

RESOLVED: That MSMS form a task force of primary care physicians and specialists to investigate the ethical and legal concerns of practicing e-medicine without the establishment of a physician/patient relationship; and be it further

RESOLVED: That MSMS consult with Blue Cross Blue Shield of Michigan and other insurers to withhold covering e-medicine services absent a physician/patient relationship until
they are properly reviewed and aired by the medical community in this state, specifically MSMS; and be it further

RESOLVED: That MSMS, through its Representatives on the Blue Cross Blue Shield of Michigan Board, express its concern over e-medicine practices that lack a physician/patient relationship; and be it further

RESOLVED: That MSMS bring ethical and legal concerns over the practice of e-Medicine without an established physician/patient relationship to the various state provider oversight and licensing boards.

RESOLUTION 10-13
Title: Enforcement of Appropriate Pediatric Athletic Exams. REFERRED TO THE BOARD FOR STUDY.
Introduced by: George Blum, MD, for the Oakland County Delegation

RESOLVED: That MSMS seek legislation and educate the appropriate regulatory agencies and authorities to ensure that school districts not accept the reports from retail health clinics as definitive evaluations for safe participation in athletic teams.

Rationale: The Committee received testimony on this issue that raised serious questions concerning the legality of a physician extender staffed Retail Health Clinic to provide a disclaimer stating that they were not liable for any incident that occurred while the child was participating in school athletics. Further, testimony was provided with MSMS legal counsel asking for clarity on whether the operations of the staff of the Retail Health Clinics fall under the delegation section of the Public Health code providing liability protections for those working under the delegation of a physician. Secondly, it was determined by the Committee the schools who are accepting the completed forms from the Retail Health Clinics could have some liability as well due to the disclaimer and accepting forms that were not properly filled out. With these major legal questions surrounding this practice of the Retail Health Clinics and their staff, and the lack of information provided to the Committee, it was the Committee’s belief that this issue was important and disturbing enough to refer to the MSMS Board of Directors for further study.

RESOLUTION 11-13
Title: Single Payer System. DISAPPROVED.
Introduced by: Harvey W. Halberstadt, MD

RESOLVED: That MSMS support federal legislation for a single payer system modeled upon Medicare.

Rationale: The Committee heard testimony on both sides of this issue. Proponents like the standardization of processes and payments while opponents feel that this means injecting even more control from government into health care. Nearly all of the arguments have been made in prior years. The Committee did not believe that there was compelling evidence to overturn the existing policy of MSMS in opposition to the single payer system of health care.

RESOLUTION 12-13
Title: Out-Of-Network Costs. NO ACTION.
Introduced by: Harvey W. Halberstadt, MD
RESOLVED: That MSMS advocate that third party payers publish their subscribers’ fees for services in a manner that allows their subscribers to compare these fees with those charged by out-of-network providers; and be it further

RESOLVED: That MSMS advocate that out-of-network providers inform patients about their fees and the fees reimbursed by the patients’ insurers.

Rationale: There was no testimony provided in support of this resolution. Committee members believe that it’s the patient’s, not the physician’s, responsibility to know and understand their benefits and whether the physician they are seeing is within their plan’s network.

RESOLUTION 13-13
Title: Doctors as Employees. DISAPPROVED.
Introduced by: Harvey W. Halberstadt, MD, for the Oakland County Delegation

RESOLVED: That MSMS survey both employed and independent doctors regarding whether hospitals require employed physicians to perform unnecessary procedures, order lab tests not clinically indicated, admit patients who should not be admitted, discharge patients early, and/or restrict the referral of patients to independent physicians.

Rationale: The Committee understood that there are concerns about the possibility that hospitals may put pressure on employed physicians to order unnecessary lab tests, etc.; however, it did not agree that a survey of independent and employed physicians would provide useful information in addressing these concerns. Additionally, to conduct a proper survey, there would be a considerable cost associated with it, which was not accounted for in the Fiscal Note.

RESOLUTION 14-13
Title: Private Practice and Hospital-Employed Physician Relations. ADOPTED.
Introduced by: Shahrokh Mansoori, MD, for the Oakland County Delegation

RESOLVED: That MSMS form a task force to examine the issue of how private practice and hospital-employed physicians can both effectively compete in the marketplace and work to find solutions to this growing problem within the physician community, with recommendations to be reported at or before the 2014 House of Delegates Meeting.

RESOLUTION 15-13
Title: Physician Assistant Programs. DISAPPROVED.
Introduced by: Jamie V. Aragones, MD, for the Oakland County Delegation

RESOLVED: That MSMS support the monitoring of high-quality physician assistant programs in Michigan and provide recommendations where and when indicated.

Rationale: The Committee believed that the monitoring of physician assistant programs was not within the purview of MSMS; that oversight of these programs already exists; and that there was no identifiable problem that the resolution was attempting to resolve.

RESOLUTION 16-13
Title: Tuberculosis as Qualifying Condition for Medicaid. ADOPTED AS AMENDED.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation
RESOLVED: That MSMS work with the State Medicaid and tuberculosis (TB) programs to make TB disease a qualifying condition for Medicaid and other health care coverage in the State of Michigan; and be it further

RESOLVED: That MSMS work with the Michigan Department of Community Health (MDCH) to support the financial costs of treating tuberculosis (TB) in each county and advocate for the availability of negative pressure rooms in non-hospital settings for persons with infectious TB.

Rationale: The Committee clarified the second Resolved. Members understood the author’s intent but did not want to be too prescriptive in dictating the best solution to the issues counties are facing involving the care and costs of treating persons with infectious TB.

RESOLUTION 17-13
Title: F-1 Graduated Medical Students and H-1B Visas. REFERRED TO THE BOARD FOR STUDY.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That our AMA work with the appropriate governmental authorities to allow all F-1 graduated medical students to obtain an H-1B visa during their residencies and mandate all training sites to do the same.

Note: The Committee recommended disapproval based on the rationale below. The Resolution was extracted and the HOD voted to refer Resolution 17-13 to the Board for study.

Rationale: The Committee believed that there was not an unreasonable burden placed on international students in U.S. medical schools or international medical graduates by the current process. The Committee also believed that the resolution, if adopted, would worsen any existing inequalities, and could have potential unintended consequences.

RESOLUTION 18-13
Title: Barriers to Connectivity. ADOPTED.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That MSMS work with governmental authorities and purchasers of care to compel health systems to cooperate by developing electronic interfaces with physician offices; and be it further

RESOLVED: That our AMA work with the Centers for Medicare and Medicaid Services (CMS) to compel and/or incentivize health systems to work with physician practices to achieve interconnectivity through interfaces.

RESOLUTION 19-13
Title: Mandatory Entry of Adult Immunization into MCIR. ADOPTED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation and Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That MSMS advocate for and work with Michigan Department of Community Health (MDCH) to support the entry of all immunizations administered to adults into the Michigan Care Improvement Registry (MCIR) within 3 business days.
RESOLUTION 20-13  
**Title:** Mandatory MCIR-EHR Interface. **ADOPTED AS AMENDED.**  
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That MSMS support legislation to require electronic health record (EHR) vendors and the Michigan Care Improvement Registry to exchange information regarding the immunization status of all patients.

**Rationale:** During deliberation, the Committee was informed that MCIR is not, at this time, capable of interfacing directly into EHRs. However, officials at MCIR have stated that they are in the testing phase of a query function that will allow for the transmission of immunization records as documents. With this information, the Committee believed it would be appropriate to place the onus of information exchange on the EHR vendor and MCIR.

RESOLUTION 21-13  
**Title:** Net Gain for Michigan Physicians under PGIP. **DISAPPROVED.**  
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That MSMS calculate the net monetary gain, if any, for Michigan physicians participating in Blue Cross Blue Shield of Michigan (BCBSM) incentive plans.

**Note:** The Committee recommended no action based on the rationale below. The Resolution was extracted. The HOD voted to disapprove Resolution 21-13.

**Rationale:** Because there are various funding streams by which physicians may receive either direct or indirect benefit from participation in the PGIP program, it would be extremely costly for MSMS to be able to do an accurate evaluation of the net monetary gain to physicians. The Ways and Means Committee fiscal note is $100,000 to $500,000 to hire a consulting firm that specializes in insurance consulting. The Committee believed that Board Action Report #6-13 provides the vehicle by which MSMS is directed to pursue and communicate additional information regarding funding attributed to PGIP.

RESOLUTION 22-13  
**Title:** Moratorium on BCBSM Incentive Programs. **DISAPPROVED.**  
Introduced by: Ali Moiin, MD for the Wayne County Delegation

RESOLVED: That MSMS undertake discussions with Blue Cross Blue Shield of Michigan (BCBSM) to arrange a one year moratorium on any new BCBSM financial incentive plans.

**Note:** The Committee recommended no action based on the rationale below. The Resolution was extracted. The HOD voted to disapprove Resolution 22-13.

**Rationale:** Committee members noted that BCBSM is making progress to include and incentivize specialists under the Physician Group Incentive Program (PGIP). While sympathetic to the speed with which the PGIP program is expanding, a moratorium would prevent additional specialties from the opportunity to receive uplifts to their E&M codes. Additionally, it would thwart current funding for primary care physicians, specialists, and their Physician Organizations that is funding infrastructure necessary to improve care delivery to patients. Currently, seven specialties have the opportunity to earn an uplift under PGIP as follows: oncology, cardiology,
gastroenterology, obstetrics and gynecology, emergency medicine, nephrology, and orthopedic surgery. BCBSM has indicated that another 14 specialties are expected to be added in 2014.

RESOLUTION 23-13
Title: BCBSM Mutualization Law and Michigan Physicians. ADOPTED.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That MSMS provide membership with an analysis and explanation of the Blue Cross Blue Shield of Michigan (BCBSM) mutualization law with an emphasis on what the law means for medical practice by Michigan physicians.

Rationale: The Committee believes that this resolution is very straight forward and would be a useful tool for physicians. Blue Cross Blue Shield of Michigan (BCBSM) has a large presence in Michigan and their activities often have a disproportionate impact on physician practices. Understanding the changes in the laws that regulate BCBSM would therefore be helpful to physicians and their staffs.

RESOLUTION 24-13
Title: Financial Relations between BCBSM and MSMS. REFERRED TO THE BOARD FOR STUDY.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That MSMS annually provide Michigan physicians with an accounting of the income MSMS and its subsidiaries derive from relationships with BCBSM and its affiliates in the September issue of Michigan Medicine.

Rationale: The Committee had concerns about the focus solely on Blue Cross Blue Shield of Michigan (BCBSM) as opposed to all sources of non-dues revenue. The Committee also had concerns with putting sensitive financial information out in a way that would be public and could potentially be used as a competitive disadvantage. The Committee believed that the idea of financial transparency was valid but the method of disclosure needed further study from the Board.

RESOLUTION 25-13
Title: BCBSM Relations with MSMS Staff and Leadership. ADOPTED AS AMENDED.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That MSMS annually provide Michigan physicians with a list of all officers, officials and candidates, and staff who receive money as salary or non-patient care compensation from Blue Cross Blue Shield of Michigan or any other insurer or medical product company or its affiliates in the September issue of Michigan Medicine.

Note: The Committee recommended disapproval based on the rationale below. The Resolution was extracted and the HOD voted to amend Resolution 25-13 and then to adopt as amended.

Rationale: The Committee was informed that MSMS staff does not receive compensation from BCBSM. Currently, only three members of the MSMS Board receive any type of compensation from BCBSM. Two of the MSMS Board members receive compensation because they are MSMS representatives to the BCBSM Board.
The Committee also believes that the MSMS conflict of interest process is working effectively. The Committee has full confidence that appropriate oversight is handled at the Board level and will continue.

RESOLUTION 26-13
Title: BCBSM Breach of Contract. DISAPPROVED.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That MSMS, on behalf of its physician membership, sue Blue Cross Blue Shield of Michigan (BCBSM) for breach of contract as BCBSM has never proved that money withheld to fund incentive, gainsharing and quality improvement programs goes to improving health care and practice; and be it further

RESOLVED: That if MSMS cannot sue BCBSM for breach of contract for never proving that money withheld to fund incentive, gainsharing and quality improvement programs goes to improving health care and practice, that MSMS delineate how physicians can do so.

Rationale: MSMS Legal Counsel reviewed the BCBSM Practitioner Agreement. In light of language in the Practitioner Agreement stating that portions of the physician’s compensation may be “withheld,” Legal Counsel did not believe there was justification supporting a lawsuit on the grounds described in the Resolution. Additionally, members were reminded through testimony that previous lawsuits against BCBSM were costly and unsuccessful. The Ways and Means Committee provided a fiscal note estimating costs of $200,000 to $500,000 if MSMS were to pursue a lawsuit. The Committee did not recommend moving the resolution forward.

RESOLUTION 27-13
Title: Medicaid Coverage for Women with Molar Pregnancy. ADOPTED.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That MSMS seek administrative and legislative remedies to require Medicaid in Michigan to cover the surveillance and treatment of women with newly diagnosed gestational trophoblastic disease.

Note: The Committee recommended no action based on the rationale below. The Resolution was extracted. The House voted to adopt Resolution 27-13.

Rationale: There was no testimony on this resolution. While Committee members supported the author’s intent, they did not support taking a diagnosis-by-diagnosis approach to Medicaid expansion. Committee members believe it would be more beneficial to devote limited advocacy resources to strategies that provide for expanding coverage more universally.

RESOLUTION 28-13
Title: Prior Authorization for Surgical Procedures. ADOPTED.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That MSMS support legislation for Michigan that requires health plans to finalize their decisions on “prior authorization” at least one calendar week before the scheduled procedure.

Rationale: The author of this resolution explained that the prior approval practices of insurers for surgical cases can be very frustrating. Delays on the part of the insurers may result in
scheduling issues and other consequences that negatively impact the efficient delivery of care to patients. The Committee understands the frustration of the author of this resolution. Furthermore, the Committee believes that the proposals solution to require insurers to make determinations at least one week prior to the procedure appears to be a reasonable solution to this problem.

RESOLUTION 29-13
Title: Gun Control and Mental Illness. ADOPTED AS AMENDED.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That MSMS ask our AMA to support and advocate for legislation in the United States to enhance access to mental health care and pay greater attention to the diagnosis and management of mental illness and concurrent substances abuse disorders; and be it further

RESOLVED: That MSMS ask component parts of our AMA to identify and develop standardized approaches to mental health assessment for potential violent behavior together with interested stakeholders at the national level; and be it further

RESOLVED: That MSMS ask our AMA to actively engage in our national debate on gun control.

Note: The Committee recommended that Resolution 29-13 be adopted as amended and outlined some of their concerns in the rationale below. The Resolution was extracted and the HOD further amended Resolution 29-13 and voted to adopt as amended.

Rationale: The Committee heard extensive testimony on this and the other issues surrounding violence and mental health in our country. This resolution, in its resolved, provided several points that the Committee believed needed to be addressed when considering the resolution and, therefore, divided the question. When reviewing the four parts that the Committee believed the question could be divided into the Committee agreed with the first statement that there needs to be a greater attention to the needs of mental illness and substance abuse and that there was a need to identify existing and developing assessment tools to evaluate potential behavior. The Committee also agreed that it is only healthy for the physician community to continue to be a part of the national gun control debate.

The major issue that the Committee struggled with is the protection provided to physicians who want to report potentially violent individuals to the proper authorities. The resolution called for law enforcement authorities, but it was the belief of the Committee that that language was too narrow and should provide provisions to report to other authorities that could assist in the treatment of the violent individuals. The Committee could not agree on the proper language on how to support the protections, but requests that the MSMS Committee on Mental Health and Substance Abuse review the matter and have a resolution to the 2014 House of Delegates that provides a solution in providing the protections for reporting.

RESOLUTION 30-13
Title: Oncofertility and Fertility Preservation Treatment. DISAPPROVED.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation
RESOLVED: That MSMS support payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused, directly or indirectly by necessary oncologic treatments as determined by a licensed physician; and be it further

RESOLVED: That our AMA support payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused, directly or indirectly by necessary oncologic treatments as determined by a licensed physician; and be it further

RESOLVED: That MSMS lobby for appropriate legislation requiring payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused, directly or indirectly by necessary oncologic treatments as determined by a licensed physician; and be it further

RESOLVED: That our AMA lobby for appropriate legislation requiring payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused, directly or indirectly by necessary oncologic treatments as determined by a licensed physician.

Rationale: Although the Committee believed that this issue had merit, it believed that the beneficiaries were too narrowly defined. Additionally, the Committee had serious concerns about the ethical and financial ramifications of this resolution.

RESOLUTION 31-13
Title: Blue Cross Blue Shield of Michigan Physician Group Incentive Program - Transparency and Value. ADOPTED AS AMENDED.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That MSMS work with Blue Cross Blue Shield of Michigan (BCBSM) to study new models of value-based partnership programs such as Private Practice Incentive Models (PPIM) to include all physicians of all specialties across the state of Michigan irrespective of their participation in a physician organization.

Rationale: Per the author’s request the first Resolved was deleted because the issue of transparency is addressed in Board Action Report #6-13. Clarification was made to the second Resolved by changing “create” to “study” and by suggesting that the PPIM was one of several programs that could be studied.

RESOLUTION 32-13
Title: Denial of Diagnostic and Therapeutic Procedures by Insurance Companies and Medical Malpractice Liability. REAFFIRMED.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That our AMA expand policy H-320.944 to include that the denial of prior authorization by an insurance company, despite clinical recommendation of the patient’s physician for diagnostic and therapeutic purpose, is the medical liability responsibility of insurance company.

Rationale: After review of the resolution and AMA policy, it was determined that the AMA has addressed this issue in the past and has existing policy.

RESOLUTION 33-13
Title: Health Insurance Companies Dictating the Limits of Professional Liability Coverage. REAFFIRMED.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That MSMS work with the legislature to help draft a bill that prohibits insurance companies from dictating the limits of professional liability for physicians and physician practices; and be it further

RESOLVED: That MSMS work with Office of Insurance Commissioner and other appropriate regulatory bodies to address the issue of insurance companies setting requirements with higher limits of professional liability coverage.

Rationale: After review of the resolution and MSMS policy, it was determined that MSMS has addressed this issue in the past and has existing policy.

RESOLUTION 34-13
Title: Declaring a Patient Dead/End of Life Care Training. REAFFIRMED.
Introduced by: Ali Moiin, MD, for the Wayne County Delegation

RESOLVED: That MSMS work with our AMA and Federation of State Medical Boards to implement such curricula in end of life care, hospice, and declaration of patient death in residency training programs where appropriate; and be it further

RESOLVED: That MSMS develop continuing medical education programs in end-of life care and sensitivity/communication training for physicians.

Rationale: After review of the resolution and AMA and MSMS policy, it has been determined that both the AMA and MSMS have addressed this issue in the past and both organizations have existing policy.

RESOLUTION 35-13
Title: Addressing Drug Shortages. ADOPTED.
Introduced by: James Szocik, MD, for the Washtenaw County Delegation

RESOLVED: That our AMA educate its members and the public as to the economic and health aspects of drug shortages via material on the web; and be it further

RESOLVED: That MSMS and the AMA work to draft example economic contractual solutions to the drug shortages; such as “failure to supply” clauses that are legally enforceable with the aim of decreasing drug shortages by increasing supply, either by encouraging Group Purchasing Organizations to buy more than is needed and stockpile excess drug (and take the financial risk) or encouraging the manufacturer to develop excess capacity to meet sudden unanticipated shortages (and take the financial risk); and be it further

RESOLVED: That our AMA work with the Food and Drug Administration in its continued efforts to decrease drug shortages by tracking the impact of any “failure to supply” clauses on drug costs, drug supply, and drug shortages; and be it further

RESOLVED: That, in the event that legal and contractual solutions fail as evidenced by continued or worsening drug shortages as tracked by the Food and Drug Administration (FDA), that MSMS and the AMA work with legislators to propose laws addressing the economics of the
drug shortage that may act as restraints on trade well outside the jurisdiction of the FDA, such as mandating multiple supply chains, stockpiling of drugs, or other means to decrease shortages; and be it further

RESOLVED: That our AMA advocate that any legislation that addresses the economics of the drug shortage, such as mandating multiple supply chains, stockpiling of drugs, or other means to decrease shortages include both a sunset provision and a monitoring period to assure their effectiveness.

Rationale: The members of the Committee had a great deal of first-hand knowledge and experience with respect to drug shortages. This problem has garnered a great deal of publicity in recent months and presents significant challenges to providing appropriate and cost effective treatments to patients. The Committee agrees that the solution to this problem could entail additional efforts on the part of the FDA, potentially regulating group purchasing organizations, as well as contractual solutions that build appropriate levels of redundancy into the supply chain so as to limit the occurrence of drug shortages into the future. The wording of the resolution is flexible enough to allow a thorough examination of the root cause of the drug shortage problem as well as reasonable solutions. Therefore, the Committee is supportive of the resolution.

RESOLUTION 36-13
Title: Role for Physician Assistants. REFERRED TO THE BOARD FOR STUDY.
Introduced by: Jamie V. Aragones, MD

RESOLVED: That MSMS develop a task force to make recommendations for financial incentives and/or programs designed to expand the appropriate use of physician assistants in rural and underserved areas and increase access to care for patients.

Rationale: The Committee heard a great deal of testimony on the appropriate use of physician assistants and advance practicing nurses. While many of the specific concerns on the part of physicians with respect to the use of mid level providers varied, the recurring theme was the importance of appropriate physician supervision. The Committee believes that referral to the MSMS Board is the best option so that additional study can be conducted to come up with a more comprehensive policy with respect to the use of physician assistants.

RESOLUTION 37-13
Title: Exploring Clinical Integration. ADOPTED AS AMENDED.
Introduced by: Peter T. Muller, MD, for the Oakland County Delegation

RESOLVED: That MSMS ask the AMA litigation center to review the concept of clinical integration and the related Federal Trade Commission ruling on multi-provider networks and develop appropriate educational materials to educate members on the risks and benefits of this ruling; and be it further

RESOLVED: That MSMS ask the AMA litigation center to explore the ramifications of the Federal Trade Commission ruling on multi-provider networks as it pertains to clinical integration and the relationships among employed physicians, private physicians, and large health providers with the idea to educate employed physician members as to the possibilities that this methodology may affect their negotiations with large health providers.

Rationale: Originally, the Resolveds directed MSMS to explore the ramifications of the Federal Trade Commission ruling on multi-provider networks as it pertains to the risks and benefits to
physicians engaged in clinical integration efforts and to produce a legal alert for members. The Ways and Means Committee estimated the cost at $10,000-$50,000. The Committee agreed with a recommendation received during testimony to ask the AMA litigation to step-in and provide such review and related educational materials as this is an issue of national concern.

RESOLUTION 38-13
Title: Maintenance of Licensure. ADOPTED AS SUBSTITUTED.
Introduced by: Kenneth Fisher, MD, for the Kalamazoo County Delegation and Martin S. Dubravec, MD

Title: Maintenance of Licensure versus CME and Lifelong Commitment to Learning
Whereas, plans by licensing boards and "non-profit" certification organizations, among others, threaten to require physicians to complete expensive, time consuming, and bureaucratic certification programs at their own expense and to the detriment of time spent with patients, and

Whereas, in order to simply keep their medical license or hospital privileges above and beyond the present Continuing Medical Education (CME) requirement, and

Whereas, under the guise of improving medical care, these schemes, in reality, serve to increase the power and balance sheets of their proponents and are counterproductive to quality patient care, and

Whereas, the Ohio State Medical Society recently resolved to oppose and actively defeated the Federation of State Medical Boards, INC. (FSMB), Maintenance of Licensure initiative in Ohio in 2012, and

Whereas, the FSMB national efforts would impose burdens on the physicians of Michigan in an adverse manner, and have resulted in active AMA opposition on a national level, and

Whereas, maintenance of licensure processes invoke economic credentialing detrimental to physician availability and patient care with no data to show that the current system of continuous medical education is inadequate; therefore be it

RESOLVED: That MSMS strongly recommend that the present requirement for licensure of 50 credits per year of Continuing Medical Education (CME) is adequate to maintain a medical license. Whereas, MSMS is actively engaged in advocacy to protect physicians from unnecessary regulatory and financial burdens in their practices; and be it further

RESOLVED: That MSMS actively engage the Michigan Board of Medicine and the state legislature to advocate against the adoption of additional continuing medical education (CME) requirements for acquiring or renewing physician licenses in the State of Michigan than what is currently required.

Note: The Committee considered Resolutions 38-13 and 86-13 together and drafted the substitute resolution above.

RESOLUTION 39-13
Title: Medication Non-Adherence and Errors. ADOPTED.
Introduced by: Adrian J. Christie, MD, for the Macomb County Delegation
RESOLVED: That our AMA work with the Centers for Medicare and Medicaid Services (CMS) or seek federal legislation to require Medicare to provide the option of prescribing, according to patient need, timed calendar blister packs, to be filled locally with pharmacist counseling with no or minimal extra cost to the patient.

Rationale: Compliance with medications is a significant concern for physicians on behalf of their patients. While this resolution is unlikely to universally solve the problem of medication compliance and reducing the occurrence of medical. The Committee did believe that this sort of innovation would be a useful alternative to the status quo.

RESOLUTION 40-13
Title: Submitting Recommendations to Medicare. ADOPTED AS AMENDED.
Introduced by: Adrian J. Christie, MD, for the Macomb County Delegation

RESOLVED: That our AMA work with the Centers for Medicare and Medicaid Services (CMS) and seek federal legislation, if necessary, to provide for the following:

A. That the Center for Medicare and Medicaid Innovation Center website accept suggestions to improve health care and/or reduce costs from physicians; acknowledge submission by receipt, and later notify the individual of the decision on possible implementation with an explanation of the reasons for the decision. If the decision is deemed worthy, the submitter should be kept in the loop and encouraged to participate in further developing the idea if they wish to remain involved.

B. To facilitate evaluation of ideas or policies that involve patient care and affect the patient-physician relationship, both newly suggested and those already in place, appoint a panel of practicing clinicians including primary care physicians, to assess suggested old and new ideas and policies.

C. Because the expected volume of suggestions will be high, consider delegating the responsibility of assessing ideas and policies to each of the State Medical Societies who will in turn forward recommendations to the American Medical Association or directly to the Innovation Center.

Rationale: The Committee adopted two friendly amendments changing “or” to “and” and adding “if necessary” to direction in seeking federal legislation.

RESOLUTION 41-13
Title: Fairness in Ophthalmic Pharmaceutical Pricing. ADOPTED AS AMENDED.
Introduced by: Patrick J. Droste, MD, for the Michigan Society of Eye Physicians and Surgeons

RESOLVED: That MSMS work with our AMA, pharmaceutical companies, and pharmacy benefit managers to develop programs such as discounts for patients who pay out-of-pocket for their ophthalmic and other medications and encourage third-party payers to update their formularies to ensure that appropriate and affordable medications are available to their contracted patients/members.

Rationale: The Committee agreed with the author’s intent and amended the Resolved to include coordination with the AMA, pharmaceutical companies, and pharmacy benefit managers (PBMs) because not all pharmaceutical companies and PBMs are Michigan-based. Due to cost concerns associated with an automatic expansion of formularies without due diligence, the Committee felt that third-party payers should be encouraged to do a comprehensive review of their formularies to ensure that they are up-to-date and include appropriate medications.
Testimony indicated concern about medications that have either been removed or should be removed from formularies.

RESOLUTION 42-12
Title: Contractual Risk/Incentive Adjustment of Optometrists versus Ophthalmologists for BCBSM. REFERRED TO THE BOARD FOR STUDY.
Introduced by: Theresa M. Cooney, MD, for the Michigan Society of Eye Physicians and Surgeons

RESOLVED: That MSMS work with Blue Cross Blue Shield of Michigan to apply the Contractual Risk Adjustment referred to as Incentive Adjustment CO-144 to optometrists as well as ophthalmologists.

Rationale: The author testified that differential payments are being made by BCBSM to optometrists and ophthalmologists for the same CPT codes. There was a lack of information on the rationale for this occurrence. Therefore, the Committee recommended referral to the Board for study in order to properly investigate the stated discrepancy.

RESOLUTION 43-13
Title: Maintaining Residency Positions in Ophthalmology. ADOPTED.
Introduced by: Patrick J. Droste, MD, for the Michigan Society of Eye Physicians and Surgeons

RESOLVED: That MSMS work with the AMA, as well as federal, private, and non-private sources to ensure that adequate opportunities for post graduate ophthalmology training exist to meet the increasing patient demand for ophthalmology services both in Michigan and other parts of the United States.

Rationale: The Committee believed that MSMS and AMA policy and advocacy regarding graduate medical education (GME) funding and residency slots encompasses all specialties and believed that it would be inequitable to focus on a single specialty.

RESOLUTION 44-13
Title: Defective Electronic Health Records (EHR). ADOPTED.
Introduced by: Adrian J. Christie, MD, for the Macomb County Delegation

RESOLVED: That our AMA work with the Centers for Medicare and Medicaid Services (CMS) or seek federal legislation so that physicians can improve patient care and possibly reduce costs by requiring the Office of Inspector General, U.S. Department of Health and Human Services (HHS) to verify that the Electronic Health Records (EHRs) certified by the Office of the National Coordinator for Health Information Technology and offered for sale to physicians offer:

A. User friendly functions to facilitate, not hinder, the work of clinicians and healthcare workers
B. Modular architectures with interfaces that allow extension of product capabilities
C. Innovative use of data, bundled, best-of-breed, interoperable, substitutable technologies that can be optimized for use in health care improvement
D. Transferable or readily retrievable health data stored in other health information technology systems worldwide, subject to patient consent
E. User interfaces similar enough that a clinician working in one health system can intuitively discern how to use another without extensive retraining
F. The ability to perform all HHS requirements for: efficient patient care, payment for meaningful use, encryption and other safeguards to meet HIPAA standards, and prevention of medical record breaches
G. Protections to physicians from meaningful use and electronic breach penalties that occur as a result of technical failures
H. An information backbone for accountable care, patient safety and health care reform.

RESOLUTION 45-13
Title: Single Payer National Health Insurance. DISAPPROVED.
Introduced by: Larry Junck, MD, for the Washtenaw County Delegation, and Alan M. Mindlin, MD

RESOLVED: That MSMS investigate supporting the adoption of a single-payer financing mechanism for national health insurance that does not disrupt or supplant systems of medical practice in the United States and does not impede the choice of physician or other provider, and that MSMS report back to the MSMS House of Delegates in 2014 regarding their investigation; and be it further

RESOLVED: That our AMA investigate supporting the adoption of a single-payer financing mechanism for national health insurance.

Note: The Committee recommended no action based on the rationale below. Resolution 45-13 was extracted and the HOD voted to disapprove the Resolution.

Rationale: The Committee heard testimony in opposition to the concept of a single payer system due to concerns with an expanded role for government. The supporters of this resolution believe that this concept needs the additional efforts of the MSMS Board to research the potential of a single payer financing system for health care in order to have a more informed understanding of the range of issues associated with shifting away from the current employer sponsored approach to providing coverage. The author of this resolution suggests that it is important that physicians have a complete understanding of the full range of options. It was also suggested that upon a more careful examination that the notion of a single payer system might be more favorable than the status quo. The Committee did not agree with this rationale. The implementation of the Affordable Care Act could result in a change in physician attitudes toward how health care coverage is provided. However, the Committee does not believe that it is a lack of understanding of the single payer system that has resulted in the rejection of this concept in prior years. Even though this resolution is an intermediate step between adoption of a position in support of single payer, the Committee does not view this distinction to be sufficient to depart from the previously held position of MSMS to reject single payer.

RESOLUTION 46-13
Title: Genetic Information Non-Discrimination in Insurance Coverage. ADOPTED.
Introduced by: Zach Jarou for the Medical Student Section

RESOLVED: That MSMS encourage physicians to inform patients that their genetic test results may not be currently protected from discrimination by long-term care, disability, or life insurance providers; and be it further

RESOLVED: That MSMS oppose the use of genetic information in decision-making for not only health insurance policies, but also long-term care, disability, and life insurance policies; and be it further
RESOLVED: That our AMA oppose discrimination based on genetic information in decision-making for not only health insurance, but also long-term care, disability, and life insurance policies.

Rationale: This resolution is consistent with existing resources used to provide informed consent to patients regarding the potential consequences of having a genetic test. The rest of this resolution seeks to have long-term care, disability, and life insurance policies treated similarly to health insurance coverage as it pertains to use of genetic information. The Committee believed that this is an issue of fairness and that a consistent requirement for all insurers makes sense.

RESOLUTION 47-13
Title: Extending Medicaid Payment Increases to Primary Care Physicians to Include Obstetrician/Gynecologists. ADOPTED.
Introduced by: Christine Kang for the Medical Student Section

RESOLVED: That MSMS advocate for the extension of Medicaid reimbursement rate increases to primary care physicians to include obstetrician/gynecologists; and be it further

RESOLVED: That our AMA advocate for the extension of Medicaid reimbursement rate increases to primary care physicians to include obstetrician/gynecologists.

Note: The Committee recommended no action based on the rationale below. The Resolution was extracted and the HOD voted to adopt Resolution 47-13.

Rationale: The Committee recognizes that physician payments under Medicaid are inadequate to cover costs. Additionally, the recent implementation of the Affordable Care Act provision to increase payment of Evaluation and Management Codes for qualifying primary care physicians to Medicare rates could be justified for numerous specialties. The rules for which specialties can qualify for these enhanced payments are unlikely to be altered within the next year and a half when the two year appropriation to pay for these increases expires. Michigan currently enhances payments for obstetrical services, but not to the full amount authorized by Medicare. While the Committee agrees that there are several specialties that are deserving of enhanced payment. However, the Committee prefers the existing policy of MSMS to work for Medicaid funding that pays all physicians at rates comparable to those paid by Medicare.

RESOLUTION 48-13
Title: Change Title of MSMS Executive Director to Chief Executive Officer. APPROVED ON FIRST READING.
Introduced by: Jeffrey E. Jacobs, MD, for the Houghton-Baraga-Keweenaw County Delegation

RESOLVED: That MSMS amend its bylaws to change the title of our lead staff person from Executive Director to the more contemporary title of Chief Executive Officer to more accurately reflect that position’s duties and responsibilities.

NOTE: This resolution necessitates a change to the following sections of the MSMS Bylaws. Deletions are indicated by strikethroughs, additions are indicated in bold type):

17.50 CHAIR OF THE BOARD—The Chair shall preside at all meetings of the Board of Directors and its Executive Committee and direct and supervise the preparation of the agenda for the meetings of the Board and the Executive Committee. The Chair
shall consult with the Presidents and Executive Director/Chief Executive Officer as necessary and appropriate on behalf of the Society.

The Chair of the MSMS Board shall be the chief operating and executive officer of the Society and as such be familiar with the day-to-day operations of the Society and its executive staff, to provide advice and guidance regarding the implementation of policy.

17.85 Be available to the Executive Director/Chief Executive Officer and staff for consultation and advice on day-to-day staff problems.

17.90 EXECUTIVE DIRECTOR/CHIEF EXECUTIVE OFFICER—There shall be an Executive Director/Chief Executive Officer, not necessarily a doctor of medicine or a member of the Society, who shall be designated by contract approved by the Board of Directors on an annual basis and who shall be remunerated in an amount which shall be fixed by the Board of Directors. The Executive Director/Chief Executive Officer shall be bonded in an amount considered sufficient by the Board of Directors, the cost of which shall be paid from the funds of the Society.

20.10 RECOGNIZED SPECIALTY AND ETHNIC MEDICAL SOCIETIES—To provide representation for the interests of medical specialty and ethnic medical societies within the structure of the Michigan State Medical Society, Michigan specialty and ethnic medical societies can be recognized and eligible for a delegate and alternate delegate to the MSMS House of Delegates provided the criteria as set forth in Section 20.20 has been met. A list of recognized specialty and ethnic medical societies will reside in the MSMS Executive Director/Chief Executive Officer’s Office.

Rationale: The Committee made a friendly amendment to the second paragraph of Section 17.50 for clarification of the MSMS Board Chair duties.

RESOLUTION 49-13
Title: Tobacco-Free Parks and Beaches. REAFFIRMED.
Introduced by: Gary Johnson, MD, for the Genesee County Delegation

RESOLVED: That MSMS endorse making all parks and beaches in Michigan 100 percent tobacco-free; and be it further

RESOLVED: That our AMA endorse making all parks and beaches in the United States 100 percent tobacco free and to pursue this goal by working with all state medical societies to establish similar policy implementation in their respective states.

Rationale: After review of the resolution and AMA and MSMS policy, it has been determined that both the AMA and MSMS have addressed this issue in the past and both organizations have existing policy.

RESOLUTION 50-13
Title: New Hassles Regarding Prescribing Sympathomimetic Medications. NO ACTION.
Introduced by: Shafi Ahmed, MD, for the Genesee County Delegation

RESOLVED: That MSMS work with the Michigan Pharmacists Association and the Michigan Department of Licensing and Regulatory Affairs (LARA) to either update or eliminate
the regulatory requirement that prescriptions for Sympathomimetic medications include, in the physicians own handwriting, the purpose for which the drug is being prescribed.

Rationale: This resolution seeks to address a recently enforced provision of the Board of Medicine administrative rules that required a handwritten diagnosis to fill a prescription for sympathomimetic medications. This rule was originally instituted in the 1970’s to address the perceived overprescribing of this class of drugs for weight loss. This rule had been largely ignored recently until insurance companies began to penalize pharmacies for not meeting this requirement. Consequently, this rule started to be enforced earlier this year. Due to involvement by MSMS and the Michigan Pharmacists Association, this rule was rescinded on March 19, 2013. Because this issue has been resolved in the timeframe between the House of Delegates and the time this resolution was originally authored, the Committee believes that this resolution is no longer needed and therefore recommends no action.

RESOLUTION 51-13
Title: Reduce Length of Undergraduate Studies to Reduce Costs. DISAPPROVED.
Introduced by: Ved Gossain, MD, for the Ingham County Delegation

RESOLVED: That our AMA work with appropriate agencies such as the Association of American Medical Colleges and the Liaison Committee on Medical Education to reduce the number of years of undergraduate college required before entering medical schools.

Rationale: The Committee saw merit with the resolution to decrease the academic requirements of future physicians. The Committee also believed that there were sufficient alternative mechanisms of shortening the duration of undergraduate studies, including but not limited to AP courses; and, therefore, recommended disapproval.

RESOLUTION 52-13
Title: Changing Language in Psychiatric Certifications. ADOPTED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS work with the State of Michigan Probate Court to find language that would allow a Clinical Certification to be filled out on a patient on whom a medical screening exam was performed pursuant to compliance with the Emergency Medical Treatment and Active Labor Act (EMTALA) and prior to the certification statement being read to the patient.

Rationale: The Committee agrees with the author of this resolution that compliance with this clinical certification requirement is unworkable. Furthermore, the resolution appears to be a reasonable approach toward trying to address the problem perceived by the author. The Committee is therefore supportive of this effort.

RESOLUTION 53-13
Title: Creation of Electronic Do-Not-Resuscitate System. REFERRED TO THE BOARD FOR STUDY.
Introduced by: Nicholas K. Fletcher for the Medical Student Section

RESOLVED: That MSMS support the development and implementation of a state-wide Electronic Do-Not-Resuscitate System registry; and be it further
RESOLVED: That MSMS work with state and local health departments, Emergency Medical Services, and the appropriate agencies to create and implement a state-wide Electronic Do-Not-Resuscitate System registry; and be it further

RESOLVED: That MSMS encourage attending physicians and all authorized entities of DNR orders in the state of Michigan to immediately enter patient information into a state-wide Electronic Do-Not-Resuscitate System registry should such a registry become operational; and be it further

RESOLVED: That our AMA support the development and implementation of state-wide Electronic Do-Not-Resuscitate System registries and ultimately a national registry.

Note: The Committee recommended disapproval based on the rationale below. The Resolution was extracted and the HOD voted to refer Resolution 53-13 to the Board for study.

Rationale: The Committee recognized that there may be ways to streamline and improve the Do Not Resuscitate process. However, the Committee believed that current technology (as demonstrated by the interconnectivity issues of EMRs) provided an adequate infrastructure to provide immediate and accurate patient information (i.e., results may inadvertently cause harm).

RESOLUTION 54-13
Title: Amend Physician Assistant Supervision Regulations. REFERRED TO THE BOARD FOR STUDY.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS support legislation to amend Michigan’s Public Health Code to limit the number of mid-level providers practicing in private offices, clinics, and hospitals that a physician is allowed to mentor/monitor no more than two (2) mid-level providers per physician.

Rationale: The Committee heard a great deal of testimony on the appropriate use of physician assistants and advance practicing nurses. While many of the specific concerns on the part of physicians with respect to the use of mid level providers varied, the recurring theme was the importance of appropriate physician supervision. The Committee believes that referral to the MSMS board is the best option so that additional study can be conducted to come up with a more comprehensive policy with respect to the use of physician assistants.

RESOLUTION 55-13
Title: Advocacy Training in Medical Schools. ADOPTED.
Introduced by: Scott Kuhnert, MD, for the Ingham County Delegation

RESOLVED: That MSMS strongly encourage all Michigan medical schools and residency programs to incorporate significant, more formalized training in health care policy and patient care advocacy into their curricula to aid in the development of our next generation of physician leaders; and be it further

RESOLVED: That our AMA strongly encourage all United States medical schools and residency programs to incorporate significant, more formalized training in health care policy and patient care advocacy into their curricula to aid in the development of our next generation of physician leaders.

RESOLUTION 56-13
Title: Regulatory Modernization. ADOPTED.
Introduced by: David T. Walsworth, MD, for the Ingham County Delegation

RESOLVED: That MSMS work with regulatory bodies at the state level to identify outdated regulations and modernize them to better reflect the current state of medical practice; and be it further

RESOLVED: That MSMS work with regulatory bodies at the state level to review regulations on a scheduled basis of not less than every ten (10) years to continually modernize them to better reflect the current state of medical practice; and be it further

RESOLVED: That our AMA work with regulatory bodies at the national level to identify outdated regulations and modernize them to better reflect the current state of medical practice; and be it further

RESOLVED: That our AMA work with regulatory bodies at the national level to review regulations on a scheduled basis of not less than every ten (10) years to continually modernize them to better reflect the current state of medical practice.

Rationale: The Committee concurred with the author of the resolution that there is an opportunity to better monitor our regulatory environment to assure that physicians are able to take advantage of technology and other efficiencies without having to work around outmoded rules. The Committee believes that periodic review of our regulatory climate is a reasonable approach to ensuring that physicians are able to assure our regulations are consistent with the state of medical practice.

RESOLUTION 57-13
Title: Voting Rights for Patients with Dementia. REFERRED TO THE BOARD FOR STUDY.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS review current state voting laws and present legislation mandating that patients who have been declared legally incompetent to manage their finances and their medical care be prohibited from voting in all local, state, and national elections; and be it further

RESOLVED: That MSMS work with the Michigan Secretary of State to arrange physician reporting of patients who have been declared legally incompetent to manage their finances and their medical care with subsequent removal of these patient names from the statewide qualified voter list; and be it further

RESOLVED: That MSMS provide education to physicians about any new requirement to report patients who have been declared legally incompetent to manage their finances and their medical care to the Michigan Secretary of State.

Note: The Committee recommended disapproval based on the rationale below. The Resolution was extracted and the HOD voted to refer Resolution 57-13 to the Board for study.

Rationale: The Committee believes that the author raises an interesting point about the potential for patients with dementia to be taken advantage of by family members or caregivers. However, the Committee was not sure if this is an appropriate role for physicians. Competency is a legal
term determined by a judge, so it was not clear to the Committee if a physician should breach patient confidentiality to report to the Secretary of State. Unlike the reporting of impaired drivers, voters do not pose an immediate risk to the public raising further questions about the appropriateness of breaching patient confidentiality. The Committee did not agree with the author that the inability to manage finances or medical care necessarily means that individuals would be incapable of making the decisions required to vote.

RESOLUTION 58-13
Title: Cost of Interpretive Services for Hearing Impaired Patients. ADOPTED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS advocate for an amendment to Michigan law, seeking reimbursement for physicians for the cost of interpretive services for hearing impaired patients.

Rationale: The Committee is familiar with scenarios whereby the costs associated with a translator easily surpasses the amount paid by the insurer for the care delivered by the physician. The Committee agrees with the intent and wording of this resolution.

RESOLUTION 59-13
Title: Violence and Mental Illness. ADOPTED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS either reconvene the Mental Health Committee, or establish a task force of qualified members, to develop an advocacy plan to promote public safety and improve treatment for individuals whom physicians consider at risk of violence due to mental illness in Michigan.

RESOLUTION 60-13
Title: Modification of MSMS Policy regarding Michigan Certificate of Need. ADOPTED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS policy be changed to state that MSMS supports repeal of Certificate Need legislation and repeal of Certificate of Need Standards, specifically those addressing physician ownership of or investments in ambulatory surgery centers, rudimentary or advanced imaging centers, extracorporeal shockwave lithotripsy, laboratories, and advanced radiotherapy treatment centers.

Rationale: This resolution seeks to alter the existing policy of MSMS in support of the repeal of the Certificate of Need (CON) law in Michigan by clarifying that this could mean the outright repeal of CON or individual standards or services within the CON process. The Committee believes that the changes in this resolution provide greater flexibility for MSMS to pursue changes to the CON law into the future.

RESOLUTION 61-13
Title: Clarification of State of Michigan Smoke Free Workplace Laws. ADOPTED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS investigate whether the Smoke Free Workplace Laws of 2010 apply to marijuana smoke, and if not, work with the legislature to amend those laws to include this substance.
Rationale: Currently, it appears that the Ron Davis, MD, Smoke Free Workplace Law and the Michigan Medical Marijuana Act (MMA) provide appropriate prohibitions on smoking in public places. However, should there be any changes to the MMA or should marijuana be decriminalized, the Ron Davis, MD, Smoke Free Workplace Law would only apply to tobacco products. This resolution is worded in such a way that this can provide appropriate direction for MSMS to assure the intent of the smoke free air statute is preserved into the future.

RESOLUTION 62-13
Title: Exchange of Peer Review Material among Medical Entities. ADOPTED AS AMENDED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That the MSMS Board of Directors in consultation and collaboration with their attorneys and hospital associates evaluate current Michigan Peer Review statutes to determine if we can better:

1. Promote peer review activity,
2. Share peer review information between all medical entities in the state of Michigan; and be it further

RESOLVED: That MSMS reaffirm and promote peer review activity; and be it further

RESOLVED: That MSMS reaffirm the need to continue strict peer review confidentiality; and be it further

RESOLVED: That MSMS study the advantages and pitfalls of the exchange of peer review information between medical entities and report the findings and any recommendations to the 2014 House of Delegates.

Rationale: The Committee accepted the author’s friendly amendment to change the fourth “Whereas” to “Resolved” to clarify the intent of the resolution. The first resolved was removed because it was duplicative of the “Whereas.”

RESOLUTION 63-13
Title: Observation Status and Medicare Part A Qualification. ADOPTED AS AMENDED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That our AMA seek and/or support a requirement that a 72 hour hospital stay, either under inpatient status or under observation status, will qualify a patient for Medicare Part A coverage for skilled services after discharge.

Rationale: The Committee added a friendly amendment to change the wording from “pursue” to “seek and/or support.” They also removed the “legal” requirement to support other means of resolving the stated problem.

RESOLUTION 64-13.
Title: Electronic Health Record Penalties: Taxation without Representation?. ADOPTED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
RESOLVED: That our AMA work to have all federal penalties tied to the use of Electronic Health Records (EHRs) revoked as yet another form of unfair financial penalty for physicians.

RESOLUTION 65-13
Title: Hyperbaric Oxygen Chamber Accreditation. REFERRED TO THE BOARD FOR STUDY
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS work with the Michigan Department of Licensing and Regulatory Affairs, Bureau of Health Systems, to mandate that all hyperbaric oxygen chambers in the state of Michigan be fully accredited on a regular basis to improve patient and staff safety; and be it further

RESOLVED: That MSMS work with the Michigan Department of Licensing and Regulatory Affairs, Bureau of Health Systems, to mandate that all hyperbaric oxygen chambers in the state of Michigan be available 24/7, seven days a week, for emergency care of patients as a requirement for accreditation; and be it further

RESOLVED: That our AMA work with the Undersea and Hyperbaric Medicine Society (UHMS), which in collaboration with The Joint Commission serves as the accreditation agency for hyperbaric oxygen chambers, to mandate that all hyperbaric oxygen chambers be fully accredited on a regular basis to improve patient and staff safety; and be it further

RESOLVED: That our AMA work with the Undersea and Hyperbaric Medicine Society (UHMS) to require that all hyperbaric oxygen chambers be available 24/7, seven days a week, for emergency care of patients as a requirement for accreditation.

Rationale: The Committee reviewed testimony provided to them along with information from the Undersea and Hyperbaric Medicine Society on the accreditation process provided to facilities and employees associated with hyperbaric chambers. The Committee learned that in the state, 40 chambers are in operation with only two being available 24/7. The Committee agrees with the accreditation of the chambers, but finds that they have several questions surrounding the accreditation process. The Committee heard there are three levels of accreditation that already exist with only the first levels addressing 24/7 operations. The Committee believes that requiring all chambers to be Level 1 accredited is not feasible, but the current statute does not meet the needs of Michigan’s citizens. There was no information given to the Committee on the distribution of the current facilities. It was the determination of the Committee there were so many unanswered questions, but that this is a substantive issue. Therefore, it was the recommendation of the Committee to refer this resolution to the Board for further study.

RESOLUTION 66-13
Title: Increasing Post-Graduate Medical Education Slots in the State of Michigan. REAFFIRMED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS work with the State of Michigan and the federal government to increase funding from private and federal sources for post graduate residency training in the State of Michigan.
Rationale: After review of the resolution and MSMS policy, it was determined that MSMS has addressed this issue in the past and has existing policy.

RESOLUTION 67-13
Title: Increase Funding for Post-Graduate Education. REAFFIRMED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS work with the American Medical Association and the federal government to increase funding for post graduate medical education, nationwide.

Rationale: After review of the resolution and AMA and MSMS policy, it was determined that both the AMA and MSMS have addressed this issue in the past and both organizations have existing policy.

RESOLUTION 68-13
Title: Protecting Patient Confidentiality with Electronic Medical Record (EMR) Portals. REAFFIRMED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS work with state and federal regulatory agencies to protect the confidentiality of the patient-physician relationship.

Rationale: After review of the resolution and MSMS policy, it was determined that MSMS has addressed this issue in the past and has existing policy.

RESOLUTION 69-13
Title: Increasing Residency Slots for Post-Graduate Medical Education in the State of Michigan. REAFFIRMED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS encourage the American Medical Association, American Counsel of Graduate Medical Education (ACGME), federal government, and financially supporting hospital(s) and institution(s) to increase residency positions for qualified American and International medical graduates in the State of Michigan.

Rationale: After review of the resolution and MSMS policy, it was determined that MSMS has addressed this issue in the past and has existing policy.

RESOLUTION 70-13
Title: Blue Cross Blue Shield of Michigan to inform Patients of Payment Responsibilities. ADOPTED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS work with Blue Cross Blue Shield of Michigan to include patient payment responsibilities for items such as co-pays, deductibles, and non-covered services in their formal publication listing the responsibilities of the patient to the providers.

RESOLUTION 71-13
Title: Reduction of Continuing Medical Education Requirements. DISAPPROVED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
RESOLVED: That MSMS seek legislation or a change in regulations to require the Michigan Department of Community Health to begin a rolling application system or do an immediate screening of J-1 Visa Waiver applications to inform applicants of their status within four weeks of the application deadline.

*Rationale:* The Committee believed that the current continuing medical education requirements were not onerous, and that CME and board recertification were two separate issues that should not impact one another.

**RESOLUTION 72-13**
*Title:* Lift the FDA’s Ban on Men Who Have Sex with Men Blood Donors.  **ADOPTED AS AMENDED.**

Introduced by: Nicholas K. Fletcher and Vanessa Stan for the Medical Student Section

RESOLVED: That MSMS ask the AMA to support lifting the Food and Drug Administration’s lifetime ban against Men Who Have Sex with Men (MSM) blood donors.

*Rationale:* The Committee reviewed this resolution and testimony given and determined that with the changes in medicine over the past 50 years, this current FDA policy is outdated. Studies currently show that STI’s and STD’s can be identified in blood within 10 days of donation allowing for the safeguards that protect the general public from the spread of any infection or disease. The lifting of this archaic policy only made sense to the Committee. By proposing a lift of the ban, the Committee believed that the second resolved was not needed due to AMA policy already in place and, therefore, struck it. The Committee wanted to commend the Medical Student Section for bringing forth this common sense piece of legislation and putting in the thoughtful research and time into this issue.

**RESOLUTION 73-13**
*Title:* Inform J-1 Visa Waiver Applicants of Status on Rolling Basis or Within Four Weeks of Application Deadline.  **ADOPTED.**

Introduced by: Allen C.D. Brown, MD, for the International Medical Graduates Section

RESOLVED: That MSMS seek legislation or a change in regulations to require the Michigan Department of Community Health to begin a rolling application system or do an immediate screening of J-1 Visa Waiver applications to inform applicants of their status within four weeks of the application deadline.

**RESOLUTION 74-13**
*Title:* Term Limits for MSMS Committee Chairs.  **APPROVED ON FIRST READING.**

Introduced by: Jeffrey E. Jacobs, MD, for the Houghton-Baraga-Keweenaw County Delegation

RESOLVED: That chairs and vice chairs of MSMS Committees be term limited positions to a maximum of two years.

*Note:* This resolution necessitates a change to the following sections of the MSMS Bylaws.

16.10 **STANDING COMMITTEES—**The Board of Directors shall designate standing committees of the Society to deal with ongoing subjects. The chair and members shall be appointed by the Board of Directors upon recommendation of the Chair of the Board of Directors. Committee chairs shall be appointed for one year and shall...
be eligible for re-appointment to serve for a term of two years. Members shall be appointed to serve two-year staggered terms, and be eligible for re-appointment.

16.20 LIAISON COMMITTEES—The Board of Directors shall designate liaison committees to carry out MSMS liaison relationships with selected organizations and agencies. The chair and members shall be appointed by the Board of Directors upon recommendation of the Board Chair. Committee chairs shall be appointed for one year and shall be eligible for reappointment to serve for a term of two years. Members shall be appointed to serve two-year staggered terms, and be eligible for reappointment.

16.30 TASK FORCES—The Board of Directors shall create task forces as needed for specific assignments. Each task force shall be charged to study certain problems and to recommend courses of action to the Board of Directors. The chair shall be appointed to serve for a term of two years. The members shall be appointed by the Board of Directors upon recommendation of the Board Chair.

Rationale: The Committee is supportive of the author’s intent to allow new views and leaders to serve on the MSMS Committees and recommended a two year term for the chair serving on the Standing Committees, Liaison Committees, and Task Forces.

RESOLUTION 75-13
Title: Allow Electronic Amphetamine Prescriptions. ADOPTED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS work with the State of Michigan to review and update the Board of Medicine laws to allow for electronic information exchange; and be it further

RESOLVED: That MSMS work with the State of Michigan to review other related medicine laws and make them more compliant with our future state of technology.

Rationale: This resolution asks that MSMS work with the state of Michigan to review and update the Board of Medicine laws to allow for electronic information exchange and work with the State of Michigan to review other related medicine laws and make them more compliant with our future state of technology. The Committee agrees with the premise of this resolution that MSMS should take a more active role in minimizing regulatory obstacles to physician practices. To that end, this resolution seems reasonable to the Committee and received their support.

RESOLUTION 76-13
Title: Standard Concentrations for Compounded Oral Medications. ADOPTED.
Introduced by: Edward P. Washabaugh, III, MD, for the Washtenaw County Delegation

RESOLVED: That MSMS support single standard concentrations for compounded oral medications for pediatric patients; and be it further

RESOLVED: That MSMS ask the Michigan Department of Community Health to develop a standard concentration for all compounded medications given to children; and be it further

RESOLVED: That MSMS work with the Michigan Pharmacists Association to require all pharmacies to compound only the same strength for compounded oral medications.
RESOLUTION 77-13  
**Title:** PAP Testing HEDIS Guidelines versus USPSTF. ADOPTED AS AMENDED.
Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS urge third party payers not to withhold payment to physicians for preventive health services that fall under accepted guidelines, even if they differ from the payer’s own guidelines, and be it further

RESOLVED: That the AMA urge third party payers not to withhold payment to physicians for preventive health services that fall under accepted guidelines, even if they differ from the payer’s own guidelines.

*Rationale: The Committee agreed with the spirit of the resolution, but thought that it was too narrow. With the cooperation and agreement of the resolution’s original author, the Committee drafted the amended Resolved sections.*

RESOLUTION 78-13  
**Title:** Reduction of Gun Violence. ADOPTED AS AMENDED.
Introduced by: Cynthia Hegg Krueger, MD, for the Washtenaw County Delegation

RESOLVED: That MSMS support federal and state legislation ensuring that physicians can fulfill their role in preventing firearm injuries by health screening, patient counseling on gun safety, and referral to mental health services for those with behavioral/emotional medical conditions; and be it further

RESOLVED: That MSMS support federal and state evidence-based research on firearm injury and the use of state/national firearms injury databases (National Violent Death Reporting System) to inform state/federal health policy; and be it further

RESOLVED: That our AMA support federal and state evidence-based research on firearm injury and the use of state/national firearms injury databases (National Violent Death Reporting System) to inform state/federal health policy.

*Rationale: The Committee reviewed the resolution and commends the sponsor for bringing this issue forward to the Committee. The Committee believed that the first resolution needed to be specific on the type of counseling provided by physicians due to the national attacks by groups to disallow physicians to ask about guns in the homes of patients. By providing the protections of being able to ask about guns in the home, a physician provides the opportunity to educate and deter potentially dangerous situations in the home. The Committee recognized the sponsor of the resolution was passionate about the issue, but believes that the word “aggressively” was redundant and therefore struck.*

RESOLUTION 79-13  
**Title:** Increase Medicaid Reimbursement for Specialist Services. NO ACTION.
Introduced by: Naeem Ahmed, MD, for the International Medical Graduates Section

RESOLVED: That MSMS advocate for an increase in Medicaid reimbursements for specialists to Medicare rates; and be it further
RESOLVED: That our AMA advocate for an increase in Medicaid reimbursements for specialists to Medicare rates.

Rationale: The Committee recognizes that physician payments under Medicaid are inadequate to cover costs. Additionally, the recent implementation of the Affordable Care Act provision to increase payment of Evaluation and Management Codes for qualifying primary care physicians to Medicare rates could be justified for numerous specialties. The rules for which specialties can qualify for these enhanced payments are unlikely to be altered within the next year and a half when the two year appropriation to pay for these increases expires. The Committee agrees that there are several specialties that are deserving of enhanced payment. However, the Committee prefers the existing policy of MSMS to work for Medicaid funding that pays all physicians at rates comparable to those paid by Medicare.

RESOLUTION 80-13
Title: MSMS Officer Disqualification if Third Party Payer Employee. DISAPPROVED.
Introduced by: Pyara S. Chauhan, MD, for the Macomb County Delegation

RESOLVED: That no MSMS member can hold an office of MSMS if they receive greater annual remuneration from any/all third party payer(s) for administrative duties than from direct patient care responsibilities. An office being defined as: President, President-Elect, Past-President, Chair, Vice-Chair, Speaker, Vice-Speaker, Secretary, or Treasurer. All MSMS officers will need to sign an affidavit annually, attesting to this requirement and remove themselves from office immediately if they become so disqualified.

Rationale: The Committee heard compelling testimony on both sides of the issue, but the majority of the testimony was against the resolution. The Committee believes that there are processes in place including the Conflict of Interest Policy that every Board member signs to ensure a proper safeguard against any potential exposure for negative consequence. The processes that are in place are working, and the Committee expects they will continue to work into the future. The Committee also believes the board elections should be left up to the board and that if individual physicians have problems with board elections, they should work through their district directors to address those concerns.

There were also concerns from the Committee about setting precedence against certain categories of physicians serving in leadership roles for MSMS.

LATE RESOLUTION 81-13
Title: Nurse and Pharmacist Access and Reporting to the Michigan Automated Prescription System (MAPS). NOT APPROVED FOR CONSIDERATION.
Introduced by: P. Dileep Kumar, MD, for the St. Clair County Delegation

RESOLVED: That MSMS work with the Michigan Department of Licensing and Regulatory Affairs to enable nurses and pharmacists working in the acute care settings such as acute care hospitals’ emergency rooms and floors to access and report the details of Michigan Automated Prescription System (MAPS) in a HIPAA compliant manner.

Rationale: The Committee determined that Late Resolution 81-13 did not meet the criteria for consideration of a late resolution.

LATE RESOLUTION 82-13
Title: Make “Doctor Shopping” a Crime in Michigan. NOT APPROVED FOR CONSIDERATION.
Introduced by: P. Dileep Kumar, MD, for the St. Clair County Delegation

RESOLVED: That MSMS work with the Michigan legislature to enact laws making “doctor shopping” for the purpose of obtaining controlled substances a crime with the goal of promoting responsible patient physician interactions and, thereby, preventing the epidemic of prescription drug abuse in Michigan.

Rationale: The Committee determined that Late Resolution 82-13 did not meet the criteria for consideration of a late resolution.

LATE RESOLUTION 83-13
Title: Monitoring of Pharmacy Enhanced Vaccination Programs. ADOPTED AS AMENDED.
Introduced by: Fred Patterson, MD, for the Washtenaw County Delegation

RESOLVED: That MSMS study the medical benefits and risks of any health plan-sponsored vaccination program that permits or encourages adult enrollees of the health plan to receive multiple different vaccinations at a pharmacy that participates in the health plan’s network, without a prescription or pre-authorization from the enrollee’s primary care physician, in terms of patient safety, convenience, disruption of the patient-physician relationship, compatibility with the Patient-centered Medical Home model, and Michigan Care Improvement Registry (MCIR) data integration.

Rationale: The Committee added a friendly amendment to add “MCIR data integration” to the list of items to be reviewed.

LATE RESOLUTION 84-13
Title: Limiting Charges for Hospital Services to Uninsured Patients. NOT APPROVED FOR CONSIDERATION.
 Introduced by: Fred Patterson, MD, for the Washtenaw County Delegation

Resolved: That MSMS actively seek legislation to require hospitals licensed by the State of Michigan to restrict the hospital charges imposed on any uninsured Michigan resident whose annual personal or family gross income is less than 500% of the federal poverty level to no more than 115% of the applicable payment rate under Medicare; and be it further

Resolved: That MSMS actively seek legislation to require hospitals licensed by the State of Michigan to restrict the hospital charges imposed on any uninsured Michigan resident whose annual personal or family gross income is between 500% and 1000% of the federal poverty level to no more than 135% of the applicable payment rate under Medicare.

Rationale: The Committee determined that Late Resolution 84-13 did not meet the criteria for consideration of a late resolution.

LATE RESOLUTION 85-13
Title: Maintenance of Certification versus CME and Lifelong Commitment to Learning. ADOPTED.
Introduced by: Martin S. Dubravec, MD
RESOLVED: That MSMS seek legislation in Michigan that will prohibit discrimination by hospitals and any employer, the Michigan Board of Medicine, insurers, Medicare, Medicaid, and other entities, which might restrict a physician's right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of participation in prescribed corporate programs including Maintenance of Certification or expiration of time limited board certification.

LATE RESOLUTION 86-13
Title: Maintenance of Licensure versus CME and Lifelong Commitment to Learning.
ADOPTED AS SUBSTITUTED (See Resolution 38-13).
Introduced by: Martin S. Dubravec, MD

Board Action Report #1-12. APPROVED ON FIRST READING AS AMENDED.
Resolution 7-11 – Elimination of Life Member Category
Resolution 8-11 – Dues for Retired Members
Resolution 40-11 – Dues Payment and Membership Categories

Note: This Board Action Report necessitates a change to the following sections of the MSMS Bylaws. Deletions are indicated by strike-throughs, additions are indicated in bold type):

2.70 RETIRED EMERITUS MEMBERS—Members who have maintained active membership in any one or more component societies in Michigan for a period of five or more years, and who have retired from practice, may be transferred to the retired emeritus members roster of such component society and this society, provided the member’s dues have been paid to the end of the preceding calendar year. Retired members shall pay no dues or assessments, but shall have the right to vote and hold office, and shall be entitled to receive publications at such rates as the Board of Directors may determine.

2.71 ACTIVE EMERITUS—A member who has been elected an active emeritus member, who pays an annual fee set by the Board of Directors, shall be classified as an active emeritus member. Active emeritus members will receive Society publications; may serve on committees; may vote in elections and hold officer positions; may serve as delegate or alternate delegate to House of Delegates; will be included in the Society membership count; will be included in the count for District Directors and Delegates to the House of Delegates; will be eligible for Society insurance and member rate for Society sponsored continuing education.

2.72 EMERITUS—A member who has been elected an emeritus member, who does not pay the annual fee set by the Board of Directors, shall be classified as an emeritus member. Emeritus members will not receive Society publications by mail but will be able to have member access to the msms.org website and to participate in MSMS online advocacy activities; may not serve on committees; may not vote in elections and hold officer positions; may not serve as delegate or alternate delegate to House of Delegates; will be included in the Society membership count; will not be included in count for district directors and delegates to the House of Delegates; will be eligible for Society insurance and member rate for Society sponsored continuing education.
2.80 LIFE MEMBERS

2.81 Doctors of medicine who have maintained an active membership in good standing for twenty-five years in any one or more constituent state societies of the American Medical Association, with any five years in Michigan, with dues paid for the previous calendar year and who 1) have attained the age of 70 years or 2) have been in practice for 50 years, may be transferred to the life membership roster of the component society and this Society.

2.82 Each President, Chair of the Board of Directors and Speaker of the House of Delegates of this Society shall, upon retiring from office, become a life member of this Society without further action.

2.83 Life members shall pay no dues or assessments but shall have the right to vote and hold office and shall be entitled to receive publications at such rates as the Board of Directors may determine.

2.84 No members shall be transferred to the former life member classification following the 149th session of the House of Delegates held on Sunday, April, 27, 2014.

Board Action Report #1-13 - ADOPTED
Resolution 8-12 - Mandating E-Prescribing

RECOMMENDATION: That the 2013 MSMS House of Delegates adopt Resolution 8-12, “Mandating E-Prescribing,” as amended to read:

RESOLVED: That MSMS encourage the AMA to work with representatives of pharmacies, pharmacy benefits managers, and software vendors to expand the ability to electronically prescribe all medications.

Board Action Report #2-13. ADOPTED.
Resolution 29-12 - Michigan Health Savings Account

RECOMMENDATION: That the 2013 MSMS House of Delegates adopt Resolution 29-12, “Michigan Health Savings Account,” as amended to read:

RESOLVED: That MSMS encourage interested insurance carriers to develop a competitive high-deductible health plan/health savings account product to be made available for the general public; and be it further

RESOLVED: That MSMS educate the influential members of the Michigan legislature and administration to offer a competitive high-deductible health plan/health savings account product to all government employees who qualify.

Rationale: Limited testimony was provided, the majority of which was supportive. In discussion, Committee members believed the marketplace was already driving the issue and believed the Board’s recommendation was appropriate. The author of Resolution 29-12 also stated his support.

Board Action Report #3-13. ADOPTED.
Resolution 43-12 - Remove Inpatient Pharmacy Requirements of Labeling/Dispensing Sparsely Used Meds to Patients at Discharge

RECOMMENDATION: That the 2013 MSMS House of Delegates adopt Resolution 43-12, “Remove Inpatient Pharmacy Requirements of Labeling/Dispensing Sparsely Used Meds to Patients at Discharge,” as amended to read:

RESOLVED: That MSMS, in communication with the Michigan Pharmacists Association and Michigan Health and Hospital Association, investigate which labeling and dispensing requirements need to be revised to make it possible for patients to safely take home their partially used medications at time of discharge.

Rationale: The author is supportive of the Board’s recommendation. Additionally, there was no testimony in opposition. Committee members believed the Board adequately addressed the issues of concern that were raised during consideration of Resolution 43-12 at the 2012 House of Delegates meeting.

Board Action Report #4-13. ADOPTED.
Resolution 50-12 - EHR Donation Safe Harbor

RECOMMENDATION: That the 2013 MSMS House of Delegates take no action on Resolution 50-12, “EHR Donation Safe Harbor.”

Board Action Report #5-13. ADOPTED.
Resolution 52-12 - Truth in Advertising for Medical Marijuana Retail Clinic

RECOMMENDATION: That the 2013 MSMS House of Delegates adopt Resolution 52-12, “Truth in Advertising for Medical Marijuana Retail Clinic.”

Rationale: The Committee received no testimony on this issue, but was supportive of the findings of the Board to approve this resolution.

Board Action Report #6-13. ADOPTED AS AMENDED.
Resolution 56-12 - Blue Shield and Physician Payments Withhold
Resolution 65-12 - Blue Cross Blue Shield of Michigan Transparency

RECOMMENDATION: That the 2013 MSMS House of Delegates approve the substitute Resolution 56-12, “Blue Cross Blue Shield of Michigan and Physician Payments Withhold,” to read:

TITLE: Blue Cross Blue Shield of Michigan Physician Payments under PGIP

Whereas, Blue Cross Blue Shield of Michigan’s (BCBSM) Physician Group Incentive Program (PGIP) was created in 2004, and

Whereas, PGIP initially focused on chronic disease management and promoting generic drugs, and

Whereas, in 2007, PGIP and the Physicians Organization Gain Sharing Program (POGS) were combined, and
Whereas, as of December 2011, PGIP includes 40 Physician Organizations (POs) from across the state of Michigan, representing nearly 15,000 primary care and specialty physicians who are members of the BCBSM Trust PPO and/or Traditional networks, and

Whereas, BCBSM claims that through PGIP, BCBSM is helping to improve the quality of care for all Michigan residents, and

Whereas, approximately 66 percent of active primary care Trust physicians and 15 percent of specialty physicians in the Trust PPO network benefit from PGIP, and

Whereas, for services subject to the Trust PPO fee schedule, BCBSM funds the physician incentive reward pool by securing a portion (4.2 percent as of July 1, 2011) of the Physician fee for most procedure codes; therefore be it

RESOLVED: That MSMS ask Blue Cross Blue Shield of Michigan (BCBSM) to disclose on the BCBSM web site the Reward Pool Accrual from the Physician Group Incentive Program; and be it further

RESOLVED: That MSMS ask Blue Cross Blue Shield of Michigan (BCBSM) to disclose on the BCBSM web site the method or formula for payment distribution of PGIP dollars to physician organizations; and be it further

RESOLVED: That MSMS ask Blue Cross Blue Shield of Michigan (BCBSM) to do the following:

1. Work expeditiously to involve the respective state of Michigan specialty societies in discussions on the development and selection of quality metrics for specialists under the Physician Group Incentive Program (PGIP);

2. Accelerate access across all specialties to the ability to earn uplifts under PGIP for quality and process improvement;

3. Consider segregating a pool of funds attributed to each specialty that will be available for distribution when the specialty is eligible to earn an uplift under PGIP; and be it further

RESOLVED: That MSMS ask Blue Cross Blue Shield of Michigan (BCBSM) to demonstrate the outcomes of PGIP pertaining to the effect on clinical quality, safety, efficiency, appropriateness, and service; and be it further

RESOLVED: That MSMS work with the leadership of Michigan Physician Organizations/Physician Hospital Organizations (POs/PHOs) to increase the transparency of sources and uses of funds received through PGIP by POs.

Rationale: The Committee on Health Care Quality, Efficiency and Economics and the Liaison Committee with Third Party Payers met jointly twice to consider Resolutions 56-12 and 65-12. The Joint Committee process incorporated much fact-finding and discussion. The substitute reflects an attempt to recognize and address concerns with transparency, accountability, specialty input, ability of specialists to participate, and evidence of outcomes. Members of Reference Committee A amended the title of the Resolution to more accurately reflect the breadth of issues addressed in the Resolution.
Board Action Report #7-13. ADOPTED.
Resolution 68-12 - Eliminate Cap on J-1 Visa Waiver Slots for Each State

RECOMMENDATION: That the 2013 MSMS House of Delegates adopt Resolution 68-12, “Eliminate Cap on J-1 Visa Waiver Slots for Each State.”

Board Action Report #8-13. ADOPTED.
Resolution 70-12 - State Medicaid GME Funding for New GME Slots

RECOMMENDATION: That the 2013 MSMS House of Delegates adopt Resolution 70-12, “State Medicaid GME Funding for New GME Slots.”

Rationale: The Committee received no testimony on this issue, but was supportive of the findings of the Board to approve this resolution.

Board Action Report #9-13. ADOPTED.
Late Resolution 87-11A - State Funding for GME Slots for Resident Physicians Committed to Staying in Michigan

RECOMMENDATION: That the 2013 MSMS House of Delegates not adopt Board Action Report #9, Late Resolution 87-11A, “State Funding for GME Slots for Resident Physicians Committed to Staying in Michigan.”

Rationale: The Committee received no testimony on this issue, but was supportive of the findings of the Board to address the issue of state GME funding expressed in Board Action Report #8-13 instead of this resolution.

Board Action Report #10-13. ADOPTED.
Revisions to the MSMS Policy Manual

RECOMMENDATION: That the 2013 House of Delegates approve the attached additions to the MSMS Policy Manual and that upon House approval, the updates will be placed in the Policy Manual and on the MSMS web site.