

MSMS House of Delegates  
**FINAL ACTION REPORT**

Saturday, May 3, 2025

Ways and Means

D – Public Health

B – Legislation

A – Medical Care Delivery

E – Scientific and Educational Affairs

C – Internal Affairs and Bylaws

REPORT OF WAYS AND MEANS COMMITTEE  
Edward J. Rutkowski, MD, Chair

April 15, 2025

1 **Operating Budget**

2 MSMS and its subsidiaries experienced continued declining revenue in 2024 but was able  
3 to generate a consolidated operating surplus of over \$180,000 compared to the 2023  
4 operating deficit of over (\$850,000). This turnaround in profitability was due to significant  
5 expense reductions driven primarily by reducing staff by 40 percent over the past two  
6 years, going from 35 to 21 currently. These cost reductions positioned MSMS and its  
7 subsidiaries to generate a positive consolidated operating surplus for the first time since  
8 2020. However, these levels of staff reductions cannot continue without the elimination  
9 and reduction of many member services.

10

11 **Long-Term Declining Revenue Trends**

12 Revenue continued to decline last year and has been trending lower since 1999 for dues  
13 revenue (down \$2.6 million or 60 percent) and since 2008 for non-dues revenue (down \$6.7  
14 million or 60 percent). To maintain profitability over the years, expenses were reduced  
15 significantly, including reducing staff by 86 percent since 1999, going from 154 to 21  
16 employees currently. As mentioned above, this level of staff reductions cannot continue  
17 without essential programs being sacrificed. So other structural changes and expense  
18 reductions will need to be considered if revenue continues declining.

19

20 **Structural Changes**

21 During this long period of declining revenue, there was a major shift from physicians in  
22 independent practice to employed models. In addition, the Affordable Care Act was  
23 passed in early 2010 which negatively impacted MSMS' insurance agency business.  
24 Revenue from insurance programs make up 75 percent of non-dues revenue. These are  
25 structural changes impacting MSMS' membership. When there are structural changes in  
26 the market of members within a membership organization like MSMS, it is important for the  
27 organization to adapt to the new environment in order to continue offering value, support,  
28 and engagement.

29

30 MSMS has been taking steps towards better positioning itself to navigate these financial  
31 challenges and maintain its mission. MSMS needs more structural reforms to reduce  
32 costs and reduce administrative staff time. All expenses are being reviewed to prioritize  
33 spending in areas that drive membership and revenue growth. All other expenses will be  
34 eliminated or reduced by finding efficiencies in operations. Diversified revenue streams  
35 have been created and will continue to be investigated. Plans are in development to  
36 account for future financial uncertainties ensuring the society can respond proactively to  
37 ongoing challenges.

38

39 **Fiscal Responsibility**

40 Both the Board and House of Delegates have a fiduciary duty to operate the organization in  
41 fiscally responsible ways. Expense reductions and structural reforms are difficult but are a  
42 necessary function of a fiscally responsible organization. We will need your help in  
43 growing membership and supporting future structural changes and cost reductions as we  
44 work towards implementing longer-term, sustainable changes to MSMS' financial model.

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48 Members of the Ways and Means Committee include: \*Edward J. Rutkowski, MD, Chair;  
49 Anita R. Avery, MD, Vice-Chair; \*E. Chris Bush, MD; \*T. Jann Caison-Sorey, MD, MSA, MBA;  
50 \*Denise D. Collins, MD; \*Robert J. Jackson, MD; and \*Richard C. Schultz, MD.

51  
52 Board Advisors: \*Paul D. Bozyk, MD; Brian R. Stork, MD; Bradley J. Uren, MD; and \*John A.  
53 Waters, MD.

54  
55 The Committee was staffed by: Lauchlin MacGregor, CPA, CFO.

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57 \*Denotes members in attendance.

**REPORT OF  
REFERENCE COMMITTEE D – PUBLIC HEALTH**  
Anthony M. Zacharek, MD, Chair

- 01-25 Availability of Xylazine Tests Kits – **APPROVED AS AMENDED**
- 03-25 Preventing Head Injuries Associated with Standing Motorized Scooter Use –  
**APPROVED AS AMENDED**
- 07-25 Preserve Access to Contraceptives - **APPROVED**
- 21-25 Emotional Support for Women and Men after Spontaneous and Elective Abortion -  
**DISAPPROVED**
- 30-25 Ensuring Accessibility and Inclusivity of CDC Resources – **APPROVED AS  
AMENDED**
- 31-25 Free Menstrual Products in Public Spaces - **APPROVED**
- 34-25 Support for Michigan School Meals Program – **APPROVED AS AMENDED**
- 43-25 Post Suicide Intervention Teams – **APPROVED AS AMENDED**
- 44-25 Standardization of Suicide Reporting - **DISAPPROVED**

**REPORT OF REFERENCE COMMITTEE D**

1 Anthony M. Zacharek, MD, Chair

April 16, 2025

2 Reference Committee D was assigned Resolutions 01-25, 03-25, 07-25, 21-25, 30-25, 31-  
3 25, 34-25, 43-25, and 44-25.

4  
5 **01-25 - Availability of Xylazine Tests Kits – APPROVED AS AMENDED**

6  
7 RESOLVED: That MSMS support the Michigan Department of Health and Human  
8 Services making xylazine test strips available free to the public at various venues,  
9 including hospital emergency departments, local health departments, pharmacies,  
10 and other outlets throughout the state, for the purpose of detecting this intravenous  
11 drug adulterant.

12  
13 The Committee supports the availability of xylazine test kits for individuals who need them.  
14 They amended the resolution to support efforts for MDHHS to make these test kits more  
15 broadly available, and at no cost for groups and organizations. Access to these kits is a  
16 critical component of harm reduction strategies, helping to prevent overdoses and support  
17 safer substance use practices. Ensuring widespread and equitable distribution can save  
18 lives with the tools they need to respond effectively to the presence of xylazine in the drug  
19 supply.

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23 **03-25 - Preventing Head Injuries Associated with Standing Motorized Scooter Use –**  
24 **APPROVED AS AMENDED**

25  
26 RESOLVED: That MSMS support that the Michigan Department of State Police  
27 issuing definitive guidance that standing electronic scooters that meet the  
28 definition of an “electric skateboard” are governed under the Michigan Vehicle  
29 Code and are therefore, subject to all applicable provisions pertaining to their use  
30 including, but not limited to, the use of helmets by people less than 19 years of age  
31 when operating standing electronic scooters; and be it further

32  
33 RESOLVED: That MSMS reaffirms the importance of helmet usage when riding  
34 standing motorized scooters.

35  
36 The Committee agrees wearing helmets while using standing motorized scooters is best  
37 practice and in the best interest of patient safety. They did not think efforts to advocate for  
38 changes to the motor vehicle code in Michigan would give the desired outcome of the  
39 resolution. There were also questions about enforcement and implementation of the

40 proposed changes and that current MSMS policy would be inclusive of standing motorized  
41 scooters.

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45 **07-25 - Preserve Access to Contraceptives – APPROVED**

46  
47 RESOLVED: That MSMS replace existing policy, “Preserve Access to  
48 Contraceptives” to read as follows:

49  
50 MSMS supports the preservation of access to contraceptive services, including  
51 through Title X funds. MSMS opposes Title X eligibility restrictions that limit the  
52 ability of facilities that accept Title X funds to provide complete and accurate  
53 medical information and comprehensive care including pregnancy options  
54 counseling, referrals for abortion care, and abortion care; and be it further  
55

56 RESOLVED: That MSMS supports state efforts to ensure that Title X care remains  
57 funded and accessible in Michigan.

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59 \* \* \* \* \*

60  
61 **21-25 - Emotional Support for Women and Men after Spontaneous and Elective**  
62 **Abortion – DISAPPROVED**

63  
64 RESOLVED: That MSMS’s support of postpartum depression care extend to women  
65 and men affected by spontaneous and elective abortion.

66  
67 After much deliberation of the thoughtful and informative testimony, the Committee  
68 believed the intent of this resolution was already covered by current MSMS policy. As  
69 such, no additional action was necessary at this time.

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72  
73 **30-25 - Ensuring Accessibility and Inclusivity of CDC Resources - APPROVED AS**  
74 **AMENDED**

75  
76 RESOLVED: That the Michigan Delegation to the American Medical Association  
77 (AMA) ask the AMA to encourage the Centers for Disease Control and Prevention to  
78 maintain essential medical and public health resources that remain evidence  
79 based on their website for continued accessibility to clinicians and patients.

80  
81 The Committee supports access to timely and necessary information for physicians and  
82 patients. While there is currently a shift in how this information is accessed, they did not  
83 believe it was necessary to create and maintain a separate, duplicative site for these

84 resources. Recognizing the value of building upon existing infrastructure and initiatives  
85 rather than starting anew, the Committee supported encouraging our AMA to continue its  
86 efforts in this area. The Resolution was extracted and a friendly amendment offered and  
87 approved. The amendment qualifies that resources be “evidence based.”

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91 **31-25 - Free Menstrual Products in Public Spaces - APPROVED**

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93 RESOLVED: That MSMS encourages the State of Michigan to provide free menstrual  
94 hygiene products in public restrooms in state-owned buildings.

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98 **34-25 - Support for Michigan School Meals Program – APPROVED AS AMENDED**

99

100 RESOLVED: That MSMS supports federal and state efforts to adopt, fund, and  
101 implement universal school meal programs that include the provision of breakfast  
102 and lunch to all school-aged children and those enrolled in special education  
103 programs up to age 26, free of charge to families, regardless of income.

104

105 An amendment was submitted during Reference Committee testimony and was supported  
106 by the authors of the resolution. The amended resolved mirrors AMA policy on Support of  
107 Universal School Meals for School-Age Children and would create alignment with our  
108 policy at the state level. By adopting this amended language, the Committee felt it would  
109 support the importance of equitable access to nutrition for all children and ensure  
110 consistency between state and national advocacy efforts.

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114 **43-25 - Post Suicide Intervention Teams – APPROVED AS AMENDED**

115

116 RESOLVED: That MSMS support the state-wide expansion of post suicide support  
117 programs, to ensure that all counties in Michigan have access to trained crisis  
118 support personnel to assist families and communities in the aftermath of suicide,  
119 including training and program development; and be it further

120

121 RESOLVED: That MSMS support the Michigan Department of Health and Human  
122 Services exploring funding and resources for the development and expansion of  
123 support programs statewide, in alignment with national suicide prevention goals.

124

125 The Committee supports the spirit of the resolution but had concerns regarding the  
126 implications of creating a standardized training and certification program. While  
127 current MSMS policy already supports the use of training programs for suicide

128 awareness and intervention, the Committee acknowledged that this resolution  
129 would further advocate for the expansion of such programs to all counties across  
130 Michigan. They recognized the value in broader access but also noted that  
131 implementation may be complex, as individual counties may have varying  
132 approaches, resources, and existing frameworks. The path toward standardization  
133 is not clearly defined, and the Committee believes additional work is needed to  
134 assess feasibility, ensure consistency, and avoid unintended barriers to access or  
135 participation.

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137  
138 **44-25 - Standardization of Suicide Reporting – DISAPPROVED**

139  
140 RESOLVED: That MSMS advocate for the establishment of a standardized suicide  
141 reporting system across Michigan counties to improve data collection,  
142 documentation, and transmission between counties, ensuring accurate and timely  
143 reporting of suicide cases; and be it further

144  
145 RESOLVED: That MSMS support efforts to identify and address barriers to accurate  
146 suicide reporting at the county level, with an initial focus on counties such as  
147 Saginaw, Bay, and Midland to serve as a model for statewide implementation; and  
148 be it further

149  
150 RESOLVED: That MSMS encourage collaboration with national initiatives, including  
151 the 2024 National Strategy for Suicide Prevention, to align Michigan’s suicide  
152 reporting efforts with broader national goals for suicide-related data surveillance  
153 and prevention.

154  
155 The Committee acknowledged the value of standardized reporting and the importance of  
156 reducing barriers that hinder timely and accurate data collection. During Reference  
157 Committee testimony, there was discussion with the author about potential collaboration  
158 with other organizations engaged in this work, such as the Michigan Association of Medical  
159 Examiners, who noted concerns regarding the unclear scope and expectations of the  
160 proposed effort. The Committee agreed that further investigation may be beneficial and  
161 recommended returning with a more refined resolution that more clearly outlines the  
162 intended direction, objectives, and potential outcomes.

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166 Members of the Committee include: \*Anthony M. Zacharek, MD, Chair; \*Nicolas K.  
167 Fletcher, MD, MHSA; \*Sherwin P.T. Imlay, MD; \*Rama D. Rao, MD; \*Latonya A. Riddle-  
168 Jones, MD; and \*Charita L. Roque, MD.

169  
170 Board Advisors were: \*Annette S. Gilmer, MD, MPH; and \*Melanie S. Manary, MD.  
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172 AMA Advisors were: \*T. Jann Caison-Sorey, MD, MSA, MBA; \*Aliya C. Hines, MD, PhD, MS,  
173 FAAD; Theodore B. Jones, MD; and \*Krishna K. Sawhney, MD.

174

175 The Committee was staffed by: Dara J. Barrera.

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177 \* Denotes Members in attendance.

**REPORT OF  
REFERENCE COMMITTEE B – LEGISLATION**

John A. Hopper, MD, Washtenaw, Chair

- 02-25 Imposition of Penalties by Disciplinary Subcommittee - **REFERRED**
- 08-25 Substance Use During Pregnancy - **APPROVED**
- 22-25 Establish an Independent Physician-Led Medical Review Board for Insurance Disputes - **DISAPPROVED**
- 24-25 Grassroots Patient Advocacy: End Prior Authorization to Increase Access to Care - **DISAPPROVED**
- 33-25 Require Accountability for Inappropriate Prior Authorization and Claim Denials – **APPROVED AS AMENDED**
- 36-25 Access to Opioid Agonist Treatment for Incarcerated Persons - **APPROVED**
- 41-25 Nonpharmacological Pain Management Treatments – **APPROVED AS AMENDED**

Board Action Report #2-25 - Resolution 25-24 - “Modernize Licensure Requirements for Unrestricted Licensure in Michigan”– **APPROVED** the Board’s Action Report to **AMEND** this resolution.

Board Action Report #3-25 - Resolution 27-24 - “Change to Regulations of Botulinum Toxin Usage”– **APPROVED** the Board’s Action Report to **SUBSTITUTE** this resolution.

1 **REPORT OF REFERENCE COMMITTEE B**

2 John A. Hopper, MD, Washtenaw, Chair

3 April 23, 2025

4 Reference Committee B was assigned Resolutions 02-25, 08-25, 22-25, 24-25, 33-25, 36-  
5 25, 41-25, BAR 02-25 and BAR 03-25.

6 **02-25 - Imposition of Penalties by Disciplinary Subcommittee – REFERRED**

7 RESOLVED: That MSMS advocate that a Disciplinary Subcommittee (DSC) of a  
8 licensing board is required to give effect to an Administrative Law Judge’s (ALJ)  
9 Proposal for Decision if the DSC does not support fully or in part or the Findings of  
10 Fact and Conclusions of Law of the ALJ; and be it further

11  
12 RESOLVED: That MSMS believes a Disciplinary Subcommittee (DSC) of a licensing  
13 board should be allowed to hear from the licensee at a regularly scheduled meeting  
14 of the DSC before rejecting in part or the entire Findings of Facts and Conclusions of  
15 Law of the Administrative Law Judge.

16  
17 The Reference Committee heard conflicting testimony on this resolution and believes a  
18 thorough legal review is required before adopting a directive that would change long-  
19 standing Public Health Code rules. Additionally, while the proposal in the first Resolved  
20 statement might advantage some licensees, it may disadvantage others. This proposal  
21 has the potential to erode some elements of professional review and oversight delegated  
22 to the Boards of Medicine and Osteopathic Medicine and Surgery. Committee members  
23 believe the MSMS Board of Directors and MSMS Legal Counsel should examine the overall  
24 impact of the proposed change on licensees and the role of the DSC. In recommending  
25 referral to the Board, the Committee also urges the MSMS Board of Directors to explore the  
26 allegation made by the author of bias toward foreign licensees that is resulting in  
27 inequitable disciplinary decisions.

28  
29 The Resolution was extracted; however, the House of Delegates upheld the Committee’s  
30 recommendation to refer.

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34 **08-25 - Substance Use During Pregnancy – APPROVED**

35  
36 RESOLVED: That MSMS amend existing policy, “Substance Use During Pregnancy,”  
37 to read as follows:

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39 MSMS opposes 1) making the use of controlled substances during pregnancy a  
40 felony; and 2) use of a positive drug test in the pregnancy or peripartum period as a

41 disqualifier for coverage under publicly-funded programs or as the sole determinant  
42 in family separations, including removing the neonate from the parent during the  
43 birth hospitalization.

44  
45 The testimony on Resolution 08-25 was favorable. The Reference Committee agreed with  
46 the arguments presented that MSMS policy should be updated by removing the first line of  
47 existing MSMS policy, “MSMS encourages routine drug screening of pregnant women,” and  
48 retaining the remaining language as presented in the Resolved statement.

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52 **22-25 - Establish an Independent Physician-Led Medical Review Board for Insurance**  
53 **Disputes – DISAPPROVED**

54  
55 RESOLVED: That MSMS advocate for the establishment of an independent medical  
56 review board to serve as a neutral body to evaluate and resolve disputes between  
57 physicians and insurance companies, ensuring that medical necessity and patient-  
58 centered care remain the primary considerations. The independent medical review  
59 board shall be composed exclusively of licensed physicians who are actively  
60 providing direct patient care, ensuring that clinical decisions are evaluated by peers  
61 with equivalent expertise; and be it further

62  
63 RESOLVED: That MSMS work with state policymakers to establish a legal  
64 framework necessary to establish the authority of an independent medical review  
65 board, to serve as a neutral body to evaluate and resolve disputes between  
66 physicians and insurance companies, to ensure the board’s decisions are  
67 enforceable and binding in disputes between physicians and insurance companies.  
68 Additionally, MSMS shall work to establish clear operational guidelines for the  
69 independent board, including its structure and procedures to ensure effective and  
70 impartial dispute resolution.

71  
72 Testimony received on this resolution included conceptual support but with the need for  
73 further clarification (via the online forum) and opposition. The Reference Committee  
74 discussed the fact that independent review organizations (IRO) already exist. According to  
75 the [National Association of Independent Review Organizations](#), an IRO “acts as a third-  
76 party medical review resource which provides objective, unbiased medical determinations  
77 that support effective decision making, based only on medical evidence.” IROs with URAC  
78 accreditation have to meet standards to ensure that they are “are free from conflicts of  
79 interest, establish qualifications for clinical reviewers, address medical necessity and  
80 experimental treatment issues, have reasonable time periods for standard and expedited  
81 reviews, and appeals processes.” Absent testimony demonstrating a need that is not  
82 currently being met, and in agreement with testimony indicating the need to revise the  
83 resolution to address issues of clarity and scope, the Reference Committee recommends  
84 disapproval.

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**24-25 - Grassroots Patient Advocacy: End Prior Authorization to Increase Access to Care – DISAPPROVED**

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) urge our AMA to support patients and patient care as the number one priority and request governmental assistance to ensure all healthcare funds be directed to direct patient care with a recommendation that a maximum of one to three percent be allocated for administrative costs; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) urge our AMA to support patients being able to receive their medications as prescribed by a licensed physician or health provider licensed to prescribe medications with a recommendation that the maximum co-pay does not exceed \$30; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) urge our AMA and organized medicine to stand with patients and request a governmental end to prior authorization process which may hinder access to life-preserving and life-prolonging medication. We recommend a pro patient stance with a case-by-case evaluation, whereas the insurance company has to put forth arguments as to why the patient should not receive the requested direct patient care services or medication.

No testimony was received on this resolution either via the online forum or virtual Reference Committee meeting. Although the Reference Committee agrees with the need to significantly reform prior authorization, they noted the American Medical Association (AMA) has consistently called for reform, citing prior authorization as a contributor to physician burnout and a barrier to timely, evidence-based care. Prior authorization is one the AMA’s main priorities and they already have several policies related to prior authorization and have devoted significant resources towards advocacy and education on this topic (<https://www.ama-assn.org/practice-management/prior-authorization/prior-authorization>). As a result, the Committee believes the AMA would put these “asks” on the reaffirmation calendar. Also, the Committee has concerns about putting specific percentages and dollar amounts in the Resolved statements. For these reasons, their recommendation is to disapprove the resolution.

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**33-25 - Penalties and Reporting of Inappropriate Prior Authorization and Claim Denials – APPROVED AS AMENDED**

129 Title: Require Accountability for Inappropriate Prior Authorization and Claim  
130 Denials

131  
132 RESOLVED: That MSMS create an ad hoc committee to explore options to improve  
133 Michigan’s prior authorization laws to hold insurers accountable for the  
134 inappropriate denial of services. The committee shall be comprised of MSMS  
135 members representing a diversity of specialties and trainee levels and shall provide  
136 a report with recommendations to the 2026 MSMS House of Delegates.  
137

138 The overall testimony was supportive; however, concerns were raised about potential  
139 unintended consequences should financial penalties become a disincentive for reversing  
140 initial denials. Although the Reference Committee supports the intent of this resolution,  
141 they believe it warrants further review by MSMS to determine the most effective approach  
142 for holding health plans, insurers, and third-party utilization review entities accountable for  
143 their decisions. Instead of recommending referral, the Committee is recommending that  
144 the resolution be amended to establish an ad hoc committee that would report back to the  
145 House of Delegates next year with their recommendations. This approach would enable a  
146 timely review of options and development of a strategic plan. The title was amended to  
147 reflect the changes to the Resolved statement.  
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151 **36-25 - Access to Opioid Agonist Treatment for Incarcerated Persons – APPROVED**

152  
153 RESOLVED: That MSMS advocate for the establishment of mandatory reporting  
154 requirements for all Michigan correctional facilities offering MAT, including annual  
155 data collection on treatment availability, patient outcomes, overdose rates, and  
156 continuity of care post-release; and be it further  
157

158 RESOLVED: That MSMS support the creation of an independent oversight  
159 committee responsible for monitoring the implementation of MAT programs in  
160 Michigan correctional facilities, with authority to assess compliance, identify  
161 barriers, and recommend corrective actions; and be it further  
162

163 RESOLVED: That MSMS support state-funded transitional housing and  
164 transportation support for individuals receiving MAT post-release, addressing  
165 logistical barriers that contribute to treatment discontinuation, overdose deaths,  
166 and recidivism.  
167

168 The Reference Committee agrees that there should be a mechanism to ensure individuals  
169 diagnosed with opioid or substance use disorders and incarcerated in Michigan  
170 correctional facilities receive medication assisted treatment as appropriate. Additionally,  
171 the Committee believes that supports such as housing and transportation for individuals  
172 being treated for OUD and SUD are important as these individuals are particularly

173 vulnerable to relapse and overdose if they are not able to maintain treatment upon  
174 release.

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178 **41-25 - Nonpharmacological Pain Management Treatments – APPROVED AS AMENDED**

179  
180 RESOLVED: That MSMS support reimbursement and coverage for evidence-based  
181 non-pharmacological pain management treatments, ensuring access for all  
182 beneficiaries; and be it further

183  
184 RESOLVED: That MSMS support policies ensuring cost-sharing for evidence-based  
185 non-pharmacological pain treatments be set at parity with primary care visits to  
186 reduce financial barriers for patients.

187  
188 The Reference Committee heard testimony in favor of this resolution, as well as a  
189 proposed friendly amendment to insert “evidence-based” before “non-pharmacological.”  
190 The Committee agrees that the amendment strengthens the resolution and has added it  
191 to the first Resolved statement. Because the AMA already has policies on this issue,  
192 Improved Access and Coverage to Non-Opioid Modalities to Address Pain [H-120.922](#) and  
193 Workforce and Coverage for Pain Management [H-185.931](#), the Committee believes the  
194 second and fourth Resolved statements are already addressed. Therefore, they deleted  
195 them.

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199 **Board Action Report #2-25 - Resolution 25-24 - “Modernize Licensure Requirements for**  
200 **Unrestricted Licensure in Michigan”– APPROVED the Board’s Action Report to**  
201 **AMEND** this resolution.

202  
203 The Reference Committee agrees with the Board’s recommendation.

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207 **Board Action Report #3-25 - Resolution 27-24 - “Change to Regulations of Botulinum**  
208 **Toxin Usage”– APPROVED the Board’s Action Report to SUBSTITUTE** this  
209 resolution.

210  
211 The Reference Committee agrees with the Board’s recommendation.

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215 Members of the Committee include: \*John A. Hopper, MD, Chair; \*Barry I. Auster, MD;  
216 \*Lawrence Handler, MD; \*Warren Lanphear, MD; \*Katherine J. Mills, MD; and \*Sara  
217 Kazyak.

218

219 Board and AMA Advisors were: Michael D. Chafty, MD, JD; \*Leah C. Davis, DO; Kate  
220 Dobesh, MD, JD; Patricia A. Kolowich, MD; \*Rose M. Ramirez, MD; and \*Michael J.  
221 Redinger, MD.

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223 The Committee was staffed by: Kate Dorsey and Stacey P. Hettiger.

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225 \* Denotes members in attendance.

**REPORT OF  
REFERENCE COMMITTEE A – MEDICAL CARE DELIVERY**  
Stephanie G. Clemens, MD, Oakland, Chair

- 04-25 Insurance Coverage for Supplemental Screening for Breast Cancer - **APPROVED**
- 05-25 Immediate Authorization for HIV Post-Exposure Prophylaxis Medication - **REFERRED**
- 12-25 Time to Revise ICD as It Pertains to Abortions - **DISAPPROVED**
- 13-25 Screening for Cannabis Use Disorder in the Primary Care Setting - **DISAPPROVED**
- 17-25 Standardizing Eye Report Forms to Improve Access to Vision Rehabilitation Services – **APPROVED AS AMENDED**
- 19-25 Medicaid Payment for Health Care Services - **APPROVED**
- 37-25 Vaginal Estrogen Treatment for Recurrent Urinary Tract Infections - **APPROVED**
- 39-25 Extending Medicaid Postpartum Coverage – **APPROVED AS AMENDED**
- 40-25 Provider Directory Accuracy - **DISAPPROVED**
- 42-25 Medicare Coverage of Cholesterol Testing Frequency – **DISAPPROVED**

Board Action Report #1-25 - Resolution 16-24 - “Medicaid Payment for Obstetric Care”– **APPROVED** the Board Action’s Report to **DISAPPROVE** this resolution.

**REPORT OF REFERENCE COMMITTEE A**

1 Stephanie G. Clemens, MD, Oakland, Chair

April 22, 2025

2 Reference Committee A was assigned Resolutions 04-25, 05-25, 12-25, 13-25, 17-25, 19-  
3 25, 37-25, 39-25, 40-25, 42-25 and BAR 01-25.

4

5 **04-25 - Insurance Coverage for Supplemental Screening for Breast Cancer –**  
6 **APPROVED**

7

8 RESOLVED: That MSMS supports the 2023 United States Food and Drug  
9 Administration mandate to report breast density information in screening  
10 mammography reports; and be it further

11

12 RESOLVED: That MSMS supports legislation that mandates insurance coverage for  
13 supplemental screening is evidence based and fits utilization guidelines for breast  
14 cancer with MRI and/or Ultrasound in patients with dense breast tissue, if  
15 supplemental screening is recommend by a patient’s physician.

16

17 The Reference Committee agreed that MSMS should have policy supporting the inclusion  
18 of breast density information in screening mammography reports, as well as the  
19 requirement that insurance companies cover supplemental screening if recommended by  
20 the patient’s physician.

21

22 The Resolution was extracted and a friendly amendment offered to reference screening  
23 that is “evidence based and fits utilization guidelines.” The House of Delegates approved  
24 the amendment.

25

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28 **05-25 - Immediate Authorization for HIV Post-Exposure Prophylaxis Medication –**  
29 **REFERRED**

30

31 RESOLVED: That MSMS advocate for legislation that guarantee immediate  
32 authorization of a full 28-day supply of HIV PEP medications when prescribed  
33 according to the Centers for Disease Control and Prevention guidelines.

34

35 The Reference Committee supports individuals having timely access to HIV PEP  
36 medications. However, given this resolution asks for legislative advocacy there were  
37 several questions members believe need to be considered including the breadth of the  
38 problem, whether Michigan’s prior authorization law has improved the timeliness of urgent  
39 requests, and how many health plans and insurers require prior authorization for HIV PEP  
40 medications. MSMS staff queried health plans regarding their current policy. To date,

41 three health plans (BCBSM, Meridian, and Priority) have replied and indicated they do not  
42 require prior authorization. Knowing which payers are requiring prior authorization is  
43 important to understand whether policy, advocacy, or both are necessary in order to best  
44 direct MSMS resources and actions.

45  
46 Unfortunately, the author was not able to attend the hearing and no testimony was  
47 provided on the resolution. The Reference Committee believes referral is the appropriate  
48 recommendation in order to gather more information to determine whether legislative  
49 action is required.

50  
51 \* \* \* \* \*

52  
53 **12-25 - Time to Revise ICD as It Pertains to Abortions – DISAPPROVED**

54  
55 RESOLVED: That MSMS and the American Medical Association work to remove ICD-  
56 10 Diagnosis Code O03; and be it further

57  
58 RESOLVED: That the Michigan Delegation to the American Medical Association  
59 (AMA) urge the AMA at the 2025 AMA Annual Meeting to support the deletion of the  
60 term “deliberate” from the definition of “Abortion” from the Google search and all  
61 other search engines; and be it further

62  
63 RESOLVED: That the Michigan Delegation to the American Medical Association  
64 (AMA) urge the AMA at the 2025 AMA Annual Meeting to provide Google and other  
65 search engines with accurate definitions of abortion.

66  
67 Following testimony received in opposition to the resolution, the author indicated an  
68 understanding of the stated concerns and the need for further refinement. The Reference  
69 Committee agreed with the concerns raised including the potential of creating greater  
70 confusion around terminology referencing abortion, coding uncertainties, ICD-11 use in 35  
71 other countries, and the ability to regulate Google and other search engines being beyond  
72 the purview of MSMS and the American Medical Association.

73  
74 \* \* \* \* \*

75  
76 **13-25 - Screening for Cannabis Use Disorder in the Primary Care Setting –**  
77 **DISAPPROVED**

78  
79 RESOLVED: That MSMS release an official statement in support of and encouraging  
80 the following: (a) the implementation of screening tools, such as the CUDIT-R, to  
81 detect mild to high-risk cannabis use and cannabis use disorder in health care  
82 settings and (b) the implementation of EHR clinical decision support tools that  
83 prompt healthcare providers to perform cannabis use disorder screening to

84 patients due for annual screening for substance use disorder in primary care  
85 settings; and be it further

86  
87 RESOLVED: That MSMS advocate for the addition of evidence-based medical  
88 curriculum on the effective use of the appropriate screening tools, such as the  
89 CUDIT-R, to screen for and diagnose cannabis use disorder; and be it further

90  
91 RESOLVED: That the Michigan Delegation to the American Medical Association  
92 (AMA) ask our AMA at the 2025 AMA Annual Meeting to advocate for the addition of  
93 evidence-based medical curriculum on the effective use of the appropriate  
94 screening tools, such as the CUDIT-R, to screen for and diagnose cannabis use  
95 disorder.

96  
97 Testimony on this resolution was provided by the author who indicated the intent is to  
98 encourage the routine screening and widespread adoption of screening tools for cannabis  
99 use disorder (CUD). Although the Reference Committee supports this goal, they were  
100 concerned that promoting or requiring the use of specific screening tools may be  
101 premature at this time. Currently, the U.S. Preventive Services Task Force recommends  
102 screening by asking questions about [unhealthy drug use](#) in adults 18 and older (Grade B),  
103 but does not yet have a recommendation specific to screening for CUD.

104  
105 Additionally, in a 2021 report, the American Academy of Family Physicians expressed  
106 opposition to universal screening due to “a lack of benefit in screening patients for  
107 unhealthy drug use, except opioid use disorder.”\* Committee members believe that  
108 reconsideration of this issue in the future may be warranted if more evidence surfaces over  
109 time supporting the benefits of universal screening and the effectiveness of various  
110 screening tools for CUD.

111 *(\*Fam Physician. 2021;104(6):598-608. Copyright © 2021 American Academy of Family Physicians.)*

112  
113 \* \* \* \* \*

114  
115 **17-25 - Standardizing Eye Report Forms to Improve Access to Vision Rehabilitation**  
116 **Services – APPROVED AS AMENDED**

117  
118 RESOLVED: That MSMS support standardizing the eye report form to improve  
119 access to vision rehabilitation services and remove barriers for individuals living  
120 with visual impairment.

121  
122 The Reference Committee supports the adoption of MSMS policy in support of efforts by  
123 the Michigan Society of Eye Physicians & Surgeons to develop a standardized eye report  
124 form that would be accepted by any agency providing vision rehabilitation services.  
125 Because no such form currently exists, the Committee recommends the deletion of the  
126 second Resolved clause which asks the American Medical Association (AMA) to endorse  
127 the standardization of the eye report form nationally. Should Michigan, another state, or

128 their national society be successful in developing a standardized form, the Committee  
129 encourages the author to resubmit the request to advance this issue to the AMA at that  
130 time.

131

132

\* \* \* \* \*

133

134 **19-25 - Medicaid Payment for Health Care Services – APPROVED**

135

136 RESOLVED: That MSMS advocate with the Michigan Medicaid Program to seek  
137 payment for all medical services at a minimum of 100 percent of the geographically-  
138 adjusted Medicare Physician Fee Schedule rate; and be it further

139

140 RESOLVED: That MSMS advocate for increases in the states’ Federal Medical  
141 Assistance Percentages or other funding to allow state Medicaid programs to  
142 continue serving Medicaid patients.

143

144 The Reference Committee agreed that MSMS should actively advocate for an increase in  
145 Medicaid reimbursement in order to make participation in the program financially viable.

146

147

\* \* \* \* \*

148

149 **37-25 - Vaginal Estrogen Treatment for Recurrent Urinary Tract Infections – APPROVED**

150

151 RESOLVED: That MSMS support Michigan's Medicaid program updating its  
152 formulary to cover vaginal estrogen for UTI prevention.

153

154 The Reference Committee agreed that MSMS should have policy in support of Medicaid  
155 policy that covers vaginal estrogen for the treatment and prevention of recurrent urinary  
156 tract infections.

157

158 The Resolution was extracted based on it being unnecessary due to the existing Medicaid  
159 Drug Formulary. The House of Delegates concurred with the Committee’s  
160 recommendation to approve.

161

162

\* \* \* \* \*

163

164 **39-25 - Extending Medicaid Postpartum Coverage – APPROVED AS AMENDED**

165

166 RESOLVED: That MSMS supports codifying the extension of Medicaid coverage to  
167 12 months postpartum to individuals who are eligible to enroll during their  
168 pregnancy.

169

170 The Reference Committee received testimony that 12 months of postpartum coverage is  
171 critical in order to properly identify and begin treatment for hypertension, infections,

172 depression, and substance use disorders that can present following childbirth. The  
173 Committee also received testimony that effective April 1, 2022, the Michigan Department  
174 of Health and Human Services extended continuous postpartum Medicaid coverage to 12  
175 months. However, it was noted that this was achieved through a State Plan Amendment  
176 and not legislative action. Therefore, it was suggested that the Committee amend the  
177 Resolved clause to support codification of the current policy. The Committee viewed this  
178 as a friendly amendment and recommends revision of the Resolved clause.

179

180

\* \* \* \* \*

181

#### 182 **40-25 - Provider Directory Accuracy – DISAPPROVED**

183

184 RESOLVED: That the Michigan Delegation to the American Medical Association  
185 (AMA) ask the AMA to advocate for enforcement of the payers requirement to  
186 update provider directories monthly, consistent with the current CMS requirements  
187 for Medicare Advantage plans (MCM Chapter 4, 110.2.2 Provider Directory  
188 Updates), to ensure that patients have access to the most accurate and up-to-date  
189 information about in-network providers; and be it further

190

191 RESOLVED: That the Michigan Delegation to the American Medical Association  
192 (AMA) ask the AMA to advocate for a standardized provider directory system for  
193 health care providers to update their practice information, including network status,  
194 contact information, and acceptance of new patients, which would be accessible to  
195 all payers.

196

197 Mixed testimony was received on this resolution including a suggested amendment to  
198 replace the monthly reporting requirement with a requirement of at least quarterly.  
199 Although the Reference Committee supports the intent of the resolution to promote  
200 patient autonomy, hold health plans and insurers accountable, and reduce administrative  
201 burdens for all parties, members were concerned that this proposal may not address root  
202 causes that are resulting in inaccurate provider directories. Currently, common  
203 databases such as CAQH and the Michigan Department of Licensing and Regulatory  
204 Affairs health professionals' database already exist. For example, the [November-  
205 December BCN Provider News](#) (p. 3) stated, "to remain listed in Blue Cross Blue Shield of  
206 Michigan's provider directories, including *Find a Doctor*, professional practitioners must  
207 attest to their information in CAQH." The article went on to say that "attestation must be  
208 completed in the CAQH Provider Data Portal (formerly known as CAQH ProView®) every  
209 90 and 120 days..." Additionally, it states that "professional practitioners must attest to  
210 the following data elements every 90 days: name, specialty, address, phone number and  
211 digital contact information. Attestation is required even if no changes are needed." Every  
212 120 days attestation is required for other data elements not mentioned above such as  
213 credentialing and licensing.

214

215 This raises the question of why information remains outdated - - is it a lack of due

216 diligence on the part of health plans and insurers, a delay in reporting changes by  
217 licensees, etc. Until some of these questions are addressed, the Committee is  
218 concerned that the directive in the resolution might inadvertently create an undue burden  
219 on physicians and their practices. Instead, the Committee encourages additional  
220 exploration by the authors to determine whether alternative language is warranted that  
221 recognizes the existence of currently accessible databases used by plans and whether  
222 they are being optimized.

223  
224 \* \* \* \* \*

225  
226 **42-25 - Medicare Coverage of Cholesterol Testing Frequency – DISAPPROVED**

227  
228 RESOLVED: That the Michigan Delegation to the American Medical Association  
229 (AMA) ask the AMA to advocate that Medicare expand cholesterol testing coverage  
230 to three tests per year or more to provide more comprehensive cardiovascular risk  
231 management, especially for individuals at high risk of CVD.

232  
233 The Reference Committee conceptually supports the intent of this resolution, but  
234 questions whether this is a case of coding for screening tests versus diagnostic tests once  
235 a patient is determined to have known risk factors. Proper coding is essential as it  
236 determines the benefit level for coverage and payment. According to the [American](#)  
237 [Academy of Professional Coders](#):

238  
239 “When it comes to Medicare coverage, it’s important to know the difference between a  
240 screening test and a diagnostic test:

241  
242 **Screening lipid tests** are typically conducted in asymptomatic individuals or those  
243 without known risk factors for cardiovascular disease. It aims to identify individuals who  
244 may have abnormal lipid levels and are at risk for developing cardiovascular problems in  
245 the future. Medicare has covered lipid panel 80061 under its array of preventive and  
246 screening services since 2005. The test is covered for patients with no apparent  
247 cardiovascular disease signs or symptoms once every five years. ICD-10-CM code  
248 Z13.6 *Encounter for screening for cardiovascular disorders* is used for billing this service.

249  
250 **Diagnostic lipid tests** are performed in individuals who exhibit symptoms of or have  
251 known risk factors for cardiovascular disease such as chest pain, hypertension, or  
252 diabetes. The lab is also useful in evaluating patients already diagnosed with  
253 hyperlipidemia. The results of this diagnostic lipid test help guide further medical  
254 management and treatment decisions for cardiovascular risk reduction.

255  
256 Medicare sets an extensive list of diagnoses for which lipid tests are considered medically  
257 necessary and, thus, covered. The list includes [ICD-10-CM](#) mapping available in the policy  
258 document Medicare National Coverage Determinations (NCD) Clinical Diagnostic  
259 Laboratory Services, section 190.23 – Lipid Testing.

260 The policy also includes coverage limitations. For example, except for 80061-specific  
261 screening coverage, Medicare does not cover routine or prophylactic testing for lipid  
262 disorders, even in the presence of risk factors such as family history or tobacco use. Also,  
263 if the provider does not recommend dietary or pharmacological therapy to monitor an  
264 established diagnosis, the lipid panel test is considered unnecessary.

265  
266 Other coverage limitations include frequency in patients undergoing long-term anti-lipid  
267 dietary or pharmacologic therapy or those with borderline high lipid levels, which may only  
268 require an annual test. However, more frequent testing may be necessary for marked  
269 elevations, changes in treatment due to inadequate initial response, or other clinical  
270 situations.”

271  
272 Additionally, the U.S. Preventive Services Task Force guideline, [Statin Use for the Primary](#)  
273 [Prevention of Cardiovascular Disease in Adults: Preventive Medication](#), does not currently  
274 recommend routine testing in adults without known risk factors multiple times per year.  
275 Therefore, the Reference Committee recommends disapproval.

276  
277 \* \* \* \* \*

278  
279 Board Action Report #1-25 - Resolution 16-24 - “Medicaid Payment for Obstetric Care”  
280 **APPROVED** the Board Action’s Report to **DISAPPROVE** this resolution.

281  
282 The Reference Committee agreed with the Board’s recommendation and noted that  
283 Resolution 19-25 remedies the identified concerns with Resolution 16-24 by broadening  
284 the scope of reimbursement advocacy efforts to all physicians enrolled in Medicaid.

285  
286 \* \* \* \* \*

287  
288 Members of the Committee include: \*Stephanie G. Clemens, MD, Chair; \*Kai  
289 Anderson, MD; \*Steven D. Daveluy, MD; \*Khaled M. Ismail, MD; \*Yelena E. Kier, DO; and  
290 \*Colleen K. Lane, MD.

291  
292 Board and AMA Advisors were: \*Brooke Buckley, MD; \*E. Chris Bush, MD; Betty S. Chu,  
293 MD, MBA; Courtland Keteyian, MD, MBA, MPH; \*Daniel M. Ryan, MD; and \*F. Remington  
294 Sprague, MD.

295  
296 The Committee was staffed by: Stacey P. Hettiger and Stacie J. Saylor.

297  
298 \* Denotes members in attendance.

**REPORT OF**  
**REFERENCE COMMITTEE E – SCIENTIFIC AND EDUCATIONAL AFFAIRS**  
Cheryl Gibson Fountain, MD, Wayne, Chair

- 09-25 Prohibition of Mandatory Requirement of Physicians to Disclose  
Mental Health Information – **APPROVED AS AMENDED**
- 10-25 Deepfake Technology and Harm to Physicians and Patients -  
**APPROVED**
- 11-25 Resolutions Are Not Publications or Presentations - **REFERRED**
- 20-25 Reliable Research in Pediatric Gender Medicine - **DISAPPROVED**
- 25-25 Regulation of Artificial Intelligence in Health Insurance  
Reimbursement and Coverage Decisions - **REFERRED**
- 26-25 Decrease CME Requirements - **APPROVED**
- 32-25 Preventing Sleep Deprivation and Supporting Medical Student  
Wellness – **APPROVED AS AMENDED**
- 35-25 Pain Management for Patients during Intrauterine Device Insertions -  
**DISAPPROVED**

**REPORT OF REFERENCE COMMITTEE E**

1 Cheryl Gibson Fountain, MD, Wayne, Chair

April 17, 2025

2 Reference Committee E was assigned Resolutions 09-25, 10-25, 11-25, 20-25, 25-25, 26-  
3 25, 32-25, and 35-25.

4

5 **09-25 - Prohibition of Mandatory Requirement of Physicians to Disclose Mental Health**  
6 **Information – APPROVED AS AMENDED**

7

8 RESOLVED: That MSMS advocate for policy reforms that eliminate mandatory  
9 disclosures of physician mental health diagnoses while ensuring the availability of  
10 confidential, non-punitive health programs that allow physicians to seek care  
11 without fear of professional repercussions; and be it further

12

13 RESOLVED: That MSMS support the implementation of alternative monitoring  
14 strategies that focus on physician function rather than diagnosis, ensuring that  
15 patient safety is maintained without unnecessarily penalizing physicians who  
16 proactively manage their mental health.

17

18 It was decided during the Reference Committee testimony that the first resolved was  
19 redundant in its ask to the second and third Resolveds. The authors agreed to a friendly  
20 amendment to strike the first resolved.

21

22

\* \* \* \* \*

23

24 **10-25 – Deepfake Technology and Harm to Physicians and Patients – APPROVED**

25

26 RESOLVED: That MSMS advocates for and supports state legislation aimed at  
27 enhancing the identification and mitigation of harmful and misleading deepfake  
28 content disseminated by internet service providers, social media platforms, and  
29 search engines, with a particular emphasis on protecting physicians and the  
30 integrity of medical practice; and be it further

31

32 RESOLVED: That the Michigan Delegation to the American Medical Association  
33 (AMA) urge the AMA to recognize that while there are documented advantages of  
34 deepfake technology for medical education, training, and patient engagement,  
35 there currently exists a significant regulatory void. This lack of oversight can result in  
36 harmful consequences, including the manipulation of patients, the spread of  
37 misinformation, and the potential for injury or death; and be it further

38

39 RESOLVED: That the Michigan Delegation to the American Medical Association  
40 (AMA) urge our AMA to engage proactively with relevant stakeholders including

41 healthcare professionals, technology developers, government regulators, social  
42 media platforms, and the public, to formulate comprehensive federal legislation  
43 and regulations regarding deepfake technology. These measures must aim to  
44 uphold the integrity of the medical profession against malpractice, increase  
45 awareness of the risks associated with deepfake content, and safeguard patient  
46 well-being across all communities.

47  
48 \* \* \* \* \*

49  
50 **11-25 - Resolutions Are Not Publications or Presentations – REFERRED**

51  
52 RESOLVED: That MSMS educate and advise all authors of resolutions that  
53 resolutions are resolutions, not publications or presentations, by physicians and  
54 staff; and be it further

55  
56 RESOLVED: That the MSMS Constitution & Bylaws be amended to clearly indicate  
57 that resolutions are not publications or presentations and any reference to a  
58 resolution as publication or presentation is unprofessional and potentially  
59 unethical behavior as well as a violation of MSMS policy.

60  
61 The Committee believes that resolution writing and advocacy play an important role for  
62 medical students and residents. They heard testimony from several medical school  
63 faculty who they believe best explained important reasons to include resolutions and  
64 advocacy work on residency program applications and curriculum vitae. The Committee  
65 believes that many medical schools are now trying to implement advocacy in their medical  
66 school training. MSMS also offers internships around policy. It is important that this work  
67 is able to be shared. Testimony was also heard that being able to include resolutions in  
68 publications keeps students and members involved. The Committee would like to  
69 encourage authors to come back with a different resolution that encourages MSMS to work  
70 with the AMA to work with ERAS to include a special area on the application that more  
71 distinctly differentiates the work being done.

72  
73 The Resolution was extracted and a motion to mad to refer instead of disapprove as  
74 recommended by the Committee. The House of Delegates approved the motion to refer.

75  
76 \* \* \* \* \*

77  
78 **20-25 - Reliable Research in Pediatric Gender Medicine – DISAPPROVED**

79  
80 RESOLVED: That MSMS develop an ad hoc committee to examine the therapeutic  
81 evidence for the treatment of pediatric gender dysphoria and make  
82 recommendations for updating MSMS policy based on the latest research. The ad  
83 hoc committee shall submit its recommendations for updated MSMS policy as a  
84 Board Action report for the 2026 House of Delegates.

85  
86 The Committee agreed that forming an ad hoc committee to research this policy is not in  
87 the purview of the state medical society and is not good use of MSMS resources. The  
88 Committee further believes that other specialty societies are better equipped to form a  
89 more detailed policy on gender care. As current MSMS policy closely aligns with current  
90 AMA policy, the Committee recommends no other policy updates are needed at this time.

91  
92 Resolution 20-25 was extracted and refer moved. The House of Delegates agreed with the  
93 Committee’s recommendation to disapprove.

94  
95 \* \* \* \* \*

96  
97 **25-25 - Regulation of Artificial Intelligence in Health Insurance Reimbursement and**  
98 **Coverage Decisions – REFERRED**

99  
100 RESOLVED: That MSMS advocate for legislation requiring health insurers operating  
101 in Michigan to ensure that any artificial intelligence-assisted prior authorization,  
102 reimbursement, or coverage decisions are subject to review and approval by a  
103 physician; and be it further

104  
105 RESOLVED: That MSMS support legislation that prohibits insurers from solely  
106 relying on artificial intelligence-based algorithms to wholly or partially deny, delay,  
107 or modify healthcare claims; and be it further

108  
109 RESOLVED: That MSMS urge the Michigan Department of Insurance and Financial  
110 Services to establish regulations prohibiting the exclusive reliance on artificial  
111 intelligence in making prior authorization, coverage, and reimbursement decisions,  
112 ensuring that all such decisions involve appropriate and timely physician oversight  
113 to protect patient care and physician interests.

114  
115 The Committee heard testimony asking for an amendment to include “review by board  
116 certified clinically active physician in the same medical specialty” in place of “qualified  
117 human personnel” and “human oversight.” The Committee believed that requiring the  
118 reviewing physician is both clinically practicing and in the same medical specialty would  
119 cause delays and bottlenecks in the review process, but that all AI cases should be  
120 reviewed by a physician, thus amending the first resolved to include “physician” and the  
121 third resolved to include “timely physician oversight”.

122  
123 The Resolution was extracted. Following discussion, a motion was made and approved to  
124 refer.

125  
126 \* \* \* \* \*

127 **26-25 - Decrease CME Requirements – APPROVED**

128

129 RESOLVED: That MSMS seek legislation and/or regulatory relief in order to simplify  
130 and reduce the quantity of total CME and the mandated training areas for physician  
131 licensure.

132

133

\* \* \* \* \*

134

135 **32-25 - Preventing Sleep Deprivation and Supporting Medical Student Wellness –**  
136 **APPROVED AS AMENDED**

137

138 RESOLVED: That MSMS advocate that medical schools formally adopt work-hour  
139 policies for medical students including limits on shift length, mandatory rest  
140 periods, and total weekly hours; and be it further

141

142 RESOLVED: That the Michigan Delegation to the American Medical Association  
143 (AMA) ask the AMA to support the development of national standards to act as the  
144 official guideline for medical student work-hour limits, time off after a 24 hour shift,  
145 and work-hour guidelines.

146

147 The Committee removed “LCME” in the second Resolved, in hope that this would create  
148 more leeway on the development of national standards. While the Committee heard  
149 testimony from physicians who believe this is already in the works, they feel that it’s  
150 important that MSMS have policy supporting the creation of a standard to help the  
151 process.

152

153 The Resolution was extracted. A friendly amendment was offered to change “duty” to  
154 “work. The House of Delegates approved the amendment.

155

156

\* \* \* \* \*

157

158 **35-25 - Pain Management for Patients during Intrauterine Device Insertions –**  
159 **DISAPPROVED**

160

161 RESOLVED: That MSMS advocate that physicians offer patients pain management  
162 (OTC or lidocaine) for IUD insertion; and be it further

163

164 RESOLVED: That the Michigan Delegation to the American Medical Association  
165 (AMA) ask the AMA to advocate that physicians offer patients pain management  
166 (OTC or lidocaine) for IUD insertion.

167

168 The Committee believes that this policy creation should be left to the experts and heard  
169 testimony from multiple physicians that there is not enough evidence supporting positive  
170 pain management with suggested protocols.

171 The Resolution was extracted; however, the House of Delegates voted in favor of the  
172 Committee's recommendation to disapprove.

173

174

\* \* \* \* \*

175

176 Members of the Committee include: \*Cheryl Gibson Fountain, MD, Chair; \*Zahia Y.  
177 Esber, MD; \*Ved V. Gossain, MD; \*Patricia A. Kolowich, MD; \*Sara Liter-Kuester, DO;  
178 \*Neelima Thati, MD; and \*Grace Tremonti.

179

180 Board and AMA Advisors were: \*Nick Bara; \*Louito C. Edje, MD, MHPE, FAAFP; \*Amit  
181 Ghose, MD; Brittany Tayler, MD; and \*David T. Walsworth, MD.

182

183 The Committee was staffed by: Leah Flanigan and Trisha L. Keast.

184

185 \* Denotes members in attendance.

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

David W. Whalen, MD, Kent, Chair

- 06-25 Annual Scorecard to Evaluate the AMA’s Impact – **APPROVED**
- 14-25 Rotation of MSMS House of Delegates Meeting Location – **REFERRED**
- 15-25 Resolution Authorship Transparency – **APPROVED AS AMENDED**
- 16-25 County and State Medical Society Alliance - **APPROVED**
- 27-25 Remove Separate County Requirement for Regional Directors -  
**APPROVED AS AMENDED ON FIRST READING**
- 28-25 County Society Executives at MSMS Board of Directors Meetings –  
**APPROVED AS AMENDED**
- 29-25 Review of Past Resolutions – **APPROVED AS AMENDED**
- 46-25 Physician Union - **REFERRED**
- 47-25 Study Medical Society Structures - **APPROVED**
- 48-25 Board of Directors Term Limits - **DISAPPROVED**
- 49-25 Membership Categories – **APPROVED ON FIRST READING**
- 50-25 Bylaws Changes – **APPROVED AS AMENDED ON FIRST READING**

Board Action Report #4-25 - Resolution 33-24 – “MSMS Medical Student Section Membership Dues”– **APPROVED** the Board’s Action Report to **AMEND** this resolution.

Board Action Report #5-25 - Revisions to the MSMS Policy Manual and the 2025 Sunset Report”– **APPROVED**

**BYLAWS SECOND and FINAL READING**

- 05-24 Medical Student Section Representation - **APPROVED**
- 22-24 Restructure Student Dues Assessment - **APPROVED**

**REAFFIRMATION CALENDAR**

- 18-25 Excessive Cost of Multi-State DEA Licensure - **REAFFIRMED**
- 23-25 Patient Choice of Physician - **REAFFIRMED**

**REPORT OF REFERENCE COMMITTEE C**

1 David W. Whalen, MD, Kent, Chair

April 24, 2025

2 Reference Committee C was assigned Resolutions 06-25, 14-25, 15-25, 16-25, 27-25, 28-  
3 25, 29-25, 46-25, 47-25, 48-25, 49-25, 50-25, BAR #04-25 and BAR #05-25.

4  
5 The Committee also considered Resolutions 05-24 and 22-24, that constitute changes to  
6 the Bylaws that were approved on first reading at the 2024 House of Delegates.

7  
8 **06-25 - Annual Scorecard to Evaluate the AMA’s Impact – APPROVED**

9  
10 RESOLVED: That the Michigan Delegation to the American Medical Association  
11 (AMA) ask our AMA to implement a comprehensive scorecard to measure its  
12 effectiveness in key areas including, but not limited to, the following specific  
13 metrics:

- 14
- 15 1. Medicare Impact: percent change in the Medicare Physician Fee Schedule;
- 16 2. Advocacy Impact: number of federal policies successfully influenced or
- 17 implemented;
- 18 3. House of Delegates Impact: number of AMA policies translated into legislation
- 19 or federal policy;
- 20 4. Financial Impact: percentage of revenue dedicated to advocacy; and,
- 21 5. Physician Engagement: total number of its member physicians directly engaged
- 22 in advocacy efforts through contact with lawmakers.
- 23

24 The AMA Board of Trustees shall finalize metric definitions and targets by the 2026  
25 AMA Interim Meeting. Any future updates to metrics or targets shall be  
26 recommended in a Board of Trustees Report to the AMA House of Delegates so that  
27 the AMA HOD can approve final metrics and targets for the subsequent year before  
28 or during the AMA Interim Meeting immediately preceding the year the metrics and  
29 targets are to take effect.

30  
31 The AMA Board of Trustees shall publish the AMA’s scorecard performance for the  
32 prior year by the end of the first month of the following year, starting in January  
33 2026.

34  
35 The Committee supported the resolution, and the merits of reporting metrics based  
36 on effectiveness and impact for the purpose of informing membership.

37  
38 \*\*\*\*\*

39 **14-25 - Rotation of MSMS House of Delegates Meeting Location – REFERRED**  
40

41 RESOLVED: That the MSMS House of Delegates shall return to the rotation of  
42 alternating meetings between an outstate venue and a southeast Michigan venue  
43 with the 2026 meeting to be held in the Detroit area.  
44

45 Testimony online and at the Reference Committee was split with Wayne County delegates  
46 in support but all other testimony in opposition. While some testimony questioned the  
47 differences in hotel prices in Detroit versus Lansing, citing other possible options than the  
48 example used in the fiscal note, the larger financial line items included Board and staff  
49 travel and overnights. Based on testimony, the Committee disapproved as most preferred  
50 a more centralized location for less travel time allowing the majority of delegates to drive to  
51 the meeting and back home in the same day. This format preserves resources for MSMS  
52 but also delegates who had previously covered their overnight accommodations.  
53

54 The Resolution was extracted. Following discussion, a motion was made to refer. The  
55 House of Delegates approved the motion.  
56

57 \* \* \* \* \*

58  
59 **15-25 - Resolution Authorship Transparency – APPROVED AS AMENDED**  
60

61 RESOLVED: That MSMS add additional documentation space in the header portion  
62 of the resolution to both attribute original authorship and the MSMS member(s)  
63 adapting the original work for submission to the MSMS House of Delegates  
64 submission; and be it further  
65

66 RESOLVED: That disclosed author conflicts of interest on the resolution  
67 submission form be listed within the MSMS notes at the bottom of the printed  
68 resolution in the HOD Handbook; and be it further  
69

70 RESOLVED: That MSMS add an entry field in the online resolution submission form,  
71 for authors to disclose any current, very similar, or pending resolutions at other  
72 state medical societies that they are aware of and have that disclosed information  
73 listed within the MSMS notes at the bottom of the printed resolution in the HOD  
74 Handbook.  
75

76 Testimony online and at the Reference Committee was mixed. The resolution was written  
77 to address an issue last year whereas the same resolution was introduced at several state  
78 medical societies. The intent is to ask for disclosure in this scenario in the future. There  
79 was some testimony concerned with the costs associated with implementing additional  
80 submission fields. The Committee supported the intent of author transparency. The  
81 Committee deleted the first resolved as redundant. They also added clarification that the  
82 disclosure is to the extent the author is aware of and extensive research is not required.

83 For delegate information, conflicts of interest are currently collected via the online  
84 submission form. If that information is submitted, it is included in the resolution.

85  
86 \* \* \* \* \*

87  
88 **16-25 - County and State Medical Society Alliance – APPROVED**

89  
90 RESOLVED: That MSMS create a task force of physicians across the state, in both  
91 county and state society leadership, to do the following:

- 92  
93 1. Examine the history, finances, and bylaws of our county and state societies;  
94 2. Be bold and creative in offering a unified solution to solve this historical issue,  
95 and future-proof our organizations so we can focus on our mission together;  
96 3. Utilize MSMS legal counsel to aid in this effort by examining county medical  
97 society and state medical society bylaws and offering a clear plan on how to  
98 update county and state medical society bylaws to achieve the mutual goals;  
99 and  
100 4. Present recommendations to county and state medical societies prior to the  
101 2026 House of Delegates, with any MSMS bylaws changes presented for a first  
102 vote at that time.

103  
104 With the long-term trend of declining membership and the current finances of MSMS and  
105 the county medical societies, testimony and the Committee supported approval.

106  
107 The Resolution was extracted. The House of Delegates upheld the Committee’s  
108 recommendation to approve.

109  
110 \* \* \* \* \*

111  
112 **27-25 - Remove Separate County Requirement for Regional Directors – APPROVED AS**  
113 **AMENDED ON FIRST READING**

114  
115 RESOLVED: That the MSMS Constitution, Article IX, Section 1a, be amended by  
116 deletion as follows:

117  
118 Two Directors (the “Regional Directors”) from each of the nine regions depicted on  
119 Exhibit A to the Bylaws (each a “Region” and collectively the “Regions”). The  
120 Regional Directors shall be elected by those members holding membership in a  
121 county located in that Region. No more than one Regional Director may hold  
122 membership in a single county unless a region consists of a single county **and**  
123 **unless no such member is available in which case two Regional Directors can**  
124 **come from the same county for that term.** One Regional Director must hold  
125 membership in a county located in the upper peninsula unless no such member is

126 available in which case, the two Regional Directors from Region 9 may come from  
127 the northern lower peninsula of the state.

128  
129 Reference Committee testimony and the Committee supported filling Regional Director  
130 seats rather than leaving them empty. They amended the resolution to reflect that this  
131 would only be allowed if the other counties could not locate a willing member to serve in  
132 the position.

133  
134 \* \* \* \* \*

135  
136 **28-25 - County Society Executives at MSMS Board of Directors Meetings – APPROVED**  
137 **AS AMENDED**

138  
139 RESOLVED: That the MSMS Board of Directors invite a county medical society  
140 administrative executive as a non-voting advisor to MSMS Board of Directors  
141 meetings.

142  
143 Previously, a county administrative executive and their county president were invited as  
144 guests to each MSMS Board meeting. The practice inadvertently fell to the wayside during  
145 Covid. The MSMS Board Chair testified he would be very willing to reinstate the invitations  
146 but had concerns with the House creating policy on this as well as dictating Board  
147 procedures. Other testimony also supported the concept through a general agreement  
148 rather than an official policy. The Committee agreed and amended the resolution to  
149 reflect the change.

150  
151 The Resolution was extracted and an amendment to change “consider inviting” to “invite”  
152 was offered. The House of Delegates approved the amendment.

153  
154 \* \* \* \* \*

155  
156 **29-25 - Review of Past Resolutions – APPROVED AS AMENDED**

157  
158 RESOLVED: That the Michigan Delegation to the American Medical Association  
159 (AMA) encourage the AMA Board of Trustees to present, by the 2025 AMA Interim  
160 Meeting, a detailed and aggregate report that is easily accessible and includes the  
161 following data for the past 10 years; the total number of resolutions submitted and  
162 passed; the number of those resolutions specific to advocacy on the sustainability  
163 of medical practices; a breakdown of these resolutions by Annual and Interim  
164 meetings; and the percentage of resolutions that have been successfully  
165 implemented.

166  
167 The report shall be produced on an annual basis and included in the Interim  
168 meeting handbook.

169 The Committee amended the resolution to include the request that submitted and passed  
170 resolutions be reported in the evaluation of the AMA House of Delegates.

171

172

\* \* \* \* \*

173

174 **46-25 - Physician Union – REFERRED**

175

176 RESOLVED: That MSMS evaluate the feasibility of a state-based physician union.

177

178 The Committee received little testimony but with the broader discussion of restructuring,  
179 they were interested in investigating whether this could be an option for MSMS. While the  
180 fiscal note for a consultant is costly, referral to the Board allows the Board to carefully  
181 manage fees.

182

183

\* \* \* \* \*

184

185 **47-25 - Study Medical Society Structures – APPROVED**

186

187 RESOLVED: That MSMS study the organizational structures, Constitution and  
188 Bylaws, and business model of other state medical societies as potential options  
189 for improving the efficiency and productivity of our organization.

190

191 With the long-term trend of declining membership and the current finances of MSMS,  
192 testimony and the Committee supported approval.

193

194

\* \* \* \* \*

195

196 **48-25 - Board of Directors Term Limits – DISAPPROVED**

197

198 RESOLVED: That term limits for MSMS Board of Director positions be modified to  
199 allow a return to the Board after a one-year absence for another six years after a  
200 nine- or twelve-year term.

201

202 The amendment to the MSMS Constitution and Bylaws, 17.00 Officers is as follows,  
203 deletions are indicated by strikethroughs and additions by underline.

204

205 17.10 TERM OF OFFICE—Except as herein otherwise provided, officers shall take  
206 office immediately after the election and shall serve until the next Annual Session  
207 and until their respective successors shall have been elected. Regional Directors  
208 shall serve for three years and may not serve more than three consecutive terms.  
209 **However, a Regional Director may serve additional terms after an absence of at**  
210 **least one year.**

211

212 **~~A physician may not serve on the Board of Directors for more than 12 years in~~**

213 **any capacity. After serving an initial 12 years on the Board of Directors, a**  
214 **physician may return for another 6 years after a one-year absence.** The slotted,  
215 one-year positions for the Student Section, the Resident and Fellow Section, and  
216 the Young Physician Section will not be counted in the lifetime aggregate of 12  
217 years.

218  
219 There was limited testimony on this resolution. The Committee appreciates the time,  
220 effort and dedication of current and past Board members to MSMS. They also appreciate  
221 the value of historical knowledge. However, they felt that the most vibrant and successful  
222 organizations have an infrastructure to foster new leadership. An important part of  
223 growing any association is connecting with the next generation to make the case for  
224 membership. Having opportunities for new members to be involved in meaningful ways  
225 helps achieve organizational longevity. For these reasons, the Committee did not support  
226 Board terms of more than twelve years.

227  
228 \* \* \* \* \*

229  
230 **49-25 - Membership Categories – APPROVED ON FIRST READING**

231  
232 RESOLVED: That membership categories be simplified to the following:

- 233  
234 1. Active, Full - \$495 Full dues paying members or group discounted  
235 2. Active, Half - \$245 Half dues paying would include first- year in practice, spouse  
236 of an Active-Full member and part-time  
237 3. Physician in-training - \$100 Includes all postgraduate  
238 4. Medical Students - \$30  
239 5. Active Emeritus - \$150  
240 6. Non-dues Paying Members - Non-voting hardship, Government employees,  
241 Emeritus and Life  
242 7. Remove the designations of Honorary, Nonresident and Affiliate

243  
244 The amendment to the MSMS Constitution and Bylaws, 2.0 Membership-  
245 Classification-Election is as follows, deletions are indicated by strikethroughs.

246  
247 ~~3.20 HONORARY MEMBERS--A component society may elect as an honorary~~  
248 ~~member any person distinguished for service or attainments in medicine or the~~  
249 ~~allied sciences, or who have rendered other services of unusual value to organized~~  
250 ~~medicine or the medical profession. Upon recommendation of a component~~  
251 ~~society, the House of Delegates may elect such persons honorary members of the~~  
252 ~~Society. Honorary members shall pay no dues and shall be without the right to vote~~  
253 ~~or hold office in either this or the component society.~~

254 ~~3.30—NON-RESIDENT MEMBERS--A component society may elect as non-resident~~  
255 ~~members any doctors of medicine residing and practicing outside of the county who~~  
256 ~~are members in good standing of their Michigan component societies. Non-resident~~

257 ~~members shall not have the right to vote or hold office.~~  
258 ~~3.40— AFFILIATE MEMBERS— Component societies may elect to affiliate~~  
259 ~~membership lay persons in areas of endeavor which are related to medicine and~~  
260 ~~medical practice. Affiliate members shall pay no dues and may not vote or hold~~  
261 ~~office. They shall be entitled to receive publications at such rates as the Board of~~  
262 ~~Directors may determine.~~

263  
264 No testimony was provided on this resolution. The Committee did appreciate the effort to  
265 simplify the administration of membership. Since MSMS currently does not have anyone  
266 paying dues in these categories, the Committee supported approval.

267  
268 \* \* \* \* \*

269  
270 **50-25 - Revisions to Constitution and Bylaws – APPROVED AS AMENDED ON FIRST**  
271 **READING**

272  
273 RESOLVED: That MSMS amend the MSMS Constitution and Bylaws recommended  
274 by the Task Force on Bylaws pursuant to the attached marked up version of the  
275 Constitution and Bylaws, deletions are indicated by strikethroughs and additions  
276 are indicated in bold type.

277  
278 This Resolution was extracted in order to consider amendments to the proposed  
279 Constitution and Bylaws. The House of Delegates approved the proposed changes as  
280 presented by the Committee except for Sections 7.0 through 7.16, 7.2 through 10.4, and  
281 15.0 through 15.86. For these Sections, the House of Delegates reinstated language that  
282 was originally proposed to be stricken.

283  
284 \* \* \* \* \*

285  
286 **Board Action Report #4-25 - Resolution 33-24 - “MSMS Medical Student Section**  
287 **Membership Dues”– APPROVED the Board’s Action Report to AMEND this resolution.**

288 \* \* \* \* \*

289  
290 **Board Action Report #5-25 - Revisions to the MSMS Policy Manual and the 2025 Sunset**  
291 **Report– APPROVED**

292  
293 \* \* \* \* \*

294  
295 The Committee reviewed the Existing Policy Reaffirmation Calendar. The House of  
296 Delegates received two resolutions that contained existing policy.

297  
298 **18-25 - Excessive Cost of Multi-State DEA Licensure - REAFIRMED**

299  
300 **23-25 - Patient Choice of Physician - REAFIRMED**

301 Members of the Committee include: \* David W. Whalen, MD, Chair; Brooke M. Buckley,  
302 MD; Martha L. Gray, MD; \*Bryan W. Huffman, MD; \*Rose M. Ramirez, MD; \*Neeraja T.  
303 Ravikant, MD; and \*Phillip G. Wise, MD.

304

305 Board and AMA Advisors were: Pino D. Colone, MD; \*Mark C. Komorowski, MD; \*Eric L.  
306 Larson, MD; and \*M. Salim Siddiqui, MD, PhD.

307

308 The Committee was staffed by: Rebecca J. Blake.

309

310 \* Denotes members in attendance.