MSMS House of Delegates
FINAL ACTION REPORT

Saturday, April 18, 2026

General Session

Ways and Means
A/B – Payer and Legislative Advocacy
D/E – Public Health and Education
C – Internal Affairs, Bylaws, and Rules

Second General Session

C – Internal Affairs, Bylaws, and Rules

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

March 19, 2026

Governance Reforms, Declining Revenue, and the Financial Future of MSMS

For more than 25 years, dues revenue has steadily declined. In addition, our dues paying membership has fallen from approximately 11,000 physicians to about 3,900 today. That is the lowest level in at least four decades. During this time there was a shift from independent practitioners to employed models.

At the same time, non-dues revenue, once a major strength of this organization, has declined significantly as well. Since 2008, it has fallen by approximately 62 percent. Much of that decline is tied to changes in the healthcare marketplace, including the Affordable Care Act, which eliminated many of the insurance products that once generated the majority of our non-dues revenue.

These are not trends that we control. They are external forces that have reshaped the environment in which we operate.

Now, to the credit of current and prior leadership, MSMS has not stood still. Over the past two decades, we have reduced expenses dramatically. We have sold our building. We have closed unprofitable business lines. We have streamlined operations across the organization. But most significantly, we have reduced staff, from 154 employees, to just 20 today. That is an 87 percent reduction.

And yet, despite those reductions, we have largely maintained services. That has only been possible because our remaining staff have taken on significantly expanded roles. Quite frankly, they are doing more with less, and they have been doing so for years.

But we have now reached a point where there is very little left to cut internally without directly impacting core services. Looking ahead, we are projecting that the decline in dues revenue will continue in 2026. If that occurs, and if trends continue, we will face a fundamental choice.

Either we begin using reserves to fund ongoing operating deficits, or we begin downsizing the organization. Funding short-term deficits with reserves is reasonable, but funding ongoing deficits due to declining membership and revenue is fiscally irresponsible.

So that leaves us with downsizing. And when I say downsizing, I want to be very clear about what that means. It means reducing staff further. It means eliminating services. It means selling off business lines. And ultimately, it could mean becoming a three-person organization, focused only on the most basic functions of membership and limited advocacy.

That is not a theoretical scenario. That is the path we are on if current trends continue without meaningful governance reforms.

So, the question before us is this. Do we continue to manage decline? Or do we take action to change the trajectory?

The governance reforms this House will take action on today are not about convenience. They are not about preference. They are about survival and sustainability. These reforms -replace the House of Delegates with an all-member online policy making process, eliminate mandatory dual membership/chartering between MSMS and county medical societies, and restructuring the Board - are designed to do several critical things.

First, reduce the direct costs associated with governance. Second, significantly reduce the administrative burden on staff so they can spend more time growing membership and revenue. Third, create the opportunity to lower membership price, which is essential if we want to remain relevant and competitive. And fourth, modernize how decisions are made so the organization can act more quickly and strategically.

Without these changes, we will be forced to pursue less effective alternatives. These alternatives include but are not limited to - running this House as an online forum, eliminating dues billing for county medical societies, eliminating committees, reducing engagement and scaling back external collaborations. These steps may provide some relief, but they do not solve the underlying problem. They simply delay it.

From a financial perspective, governance restructuring is one of the last remaining areas where we can meaningfully improve efficiency without cutting core services.

The Board, and by extension, this House, has a fiduciary duty to act in the best financial interest of the organization. That duty requires us to make decisions that may be difficult, but necessary. This is one of those moments.

Approving these governance reforms does not guarantee success. But it significantly improves our ability to stabilize the organization, support our staff, and potentially reverse the decline in membership and revenue.

Rejecting these reforms, on the other hand, increases the likelihood that we will need to begin downsizing in the near future. And once that process begins, it becomes very difficult to reverse.

We have spent 25 years adapting to a changing environment. We have done everything we can on the operational side. Now, the only meaningful lever left is governance structural change.

The decision before us today is not whether change will occur. The decision is whether we will guide that change deliberately or be forced into it by continued financial decline.

We urge you to support the governance reforms.

* * * * * * *

Members of the Ways and Means Committee include: *Edward J. Rutkowski, MD, Chair; *Richard C. Schultz, MD, Vice-Chair; Anita R. Avery, MD; *E. Chris Bush, MD; T. Jann Caison-Sorey, MD, MSA, MBA; *Denise D. Collins, MD; *Bryan W. Huffman, MD; *Robert J. Jackson, MD; and *M. Salim Siddiqui, MD, PhD.

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

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

*Denotes members in attendance.

REPORT OF
REFERENCE COMMITTEE A/B – PAYER AND LEGISLATIVE ADVOCACY
Barry I. Auster, MD, Oakland, Chair

01-26	Universal Access to Patient Advocacy Services in Michigan Hospitals - **APPROVED AS AMENDED**
02-26	Increasing Financial Access to In Vitro Fertilization (IVF) Treatment - **DISAPPROVED**
05-26	Standards for Physician-Directed Medical Spa Care and Public Disclosure - **REFERRED**
07-26	Pregnancy-Related Health Coverage for Uninsured Individuals - **APPROVED**
11-26	Additional Nurse Practitioner Certification to Protect Patients – **APPROVED AS AMENDED**
12-26	Eliminate Prior Authorization for Low-Cost Medications and Procedures – **APPROVED AS AMENDED**
13-26	Enhance Physician Value Based Care Literacy - **APPROVED**
16-26	Modernizing Organ Acquisition Reimbursement to Support Normothermic Machine Perfusion and Ensure Equitable Patient Access – **REFERRED**
17-26	Confidentiality of Peer Support Programs within Michigan - **APPROVED**
18-26	Nondiscrimination and Advocacy for Patients with Opioid Use Disorder in Post-Acute Care Settings – **APPROVED AS AMENDED**
22-26	Rescind MSMS Policy Opposing the Interstate Medical Licensing Compact – **APPROVED AS AMENDED**
23-26	Restoring the Prerogatives of the Michigan Board of Medicine - **DISAPPROVED**
31-26	Expand Michigan Medicaid Coverage for Continuous Glucose Monitors - **REFERRED**
32-26	Support for Equity-Focused Scoliosis Screening in Michigan Public Schools – **APPROVED AS AMENDED**
33-26	Expand Medicaid Coverage for GLP-1 - **REFERRED**
37-26	Decriminalization of Harm Reduction Strategies – **APPROVED AS AMENDED**
39-26	Physician Competency and Clinical Care for Patients with ASD – **APPROVED AS AMENDED**
41-26	Incentive Programs for Adherence – **APPROVED AS AMENDED**
43-26	Ensuring Proportional Accountability for Hospital Expenditures Attributed to Medicare ACOs - **APPROVED**

Board Action Report #1-26 - Resolution 02-25 – "Imposition of Penalties by Disciplinary Subcommittee" – **APPROVED** the Board's Action Report to **AMEND** this resolution.

BAR #2-26 - Resolution 05-25 – "Immediate Authorization for HIV Post-Exposure Prophylaxis Medication" - **APPROVED** the Board's Action Report to **AMEND** this resolution.

REPORT OF REFERENCE COMMITTEE A/B
Barry I. Auster, MD, Oakland, Chair

March 31, 2026

Reference Committee A/B was assigned Resolutions 01-26, 02-26, 05-26, 07-26, 11-26, 12-26, 13-26, 16-26, 17-26, 18-26, 22-26, 23-26, 31-26, 32-26, 33-26, 37-26, 39-26, 41-26, 43-26 and BAR 1-26 and BAR 2-26.

01-26 - Universal Access to Patient Advocacy Services in Michigan Hospitals – APPROVED AS MENDED

RESOLVED, that the MSMS advocates for all licensed hospitals in Michigan to maintain readily accessible patient advocacy services for all patients and all families throughout the entirety of their medical care, including during hospitalization, at discharge, and following outpatient visits; and be it further

RESOLVED, that the MSMS supports the development of standardized guidelines for patient advocacy services in Michigan hospitals, including minimum availability, training expectations, and transparency in how patients may access advocacy resources.

There was minimal testimony on this resolution. Committee members agreed with the premise that patient navigators should be available and when implemented properly, can improve patient outcomes. However, they also acknowledged that there is little standardization or agreement as to what exactly should fall under the umbrella of patient navigator which is supported by the second Resolved statement. Given the lack of common guidelines, the Committee accepted the recommendation proposed during testimony that the first Resolved statement be amended to reflect that the use of patient navigators be time limited to specific episodes of care. Language regarding subsequent care-related and medico-legal processes was removed.

* * * * * * *

02-26 - Increasing Financial Access to In Vitro Fertilization (IVF) Treatment - DISAPPROVED

RESOLVED, that the MSMS advocates for legislation requiring Michigan-based insurers to provide comprehensive and equitable coverage for infertility diagnosis and medically necessary infertility treatments, including in vitro fertilization (IVF); and be it further

RESOLVED, that the MSMS advocates for coverage parity ensuring that infertility care, including in vitro fertilization (IVF), is not subject to more restrictive deductibles, annual caps, exclusions, or lifetime limits than other medical or surgical treatments; and be it further

RESOLVED, that the MSMS supports efforts to expand fertility preservation coverage, including oocyte and sperm cryopreservation, for patients undergoing medical treatments that may impair fertility; and be it further

RESOLVED, that the MSMS supports exploration of additional financial pathways to increase access to in vitro fertilization (IVF) in Michigan, such as tax credits, state-funded grants, Medicaid coverage for medically indicated infertility treatment, and employer incentives.

There was no testimony in support of Resolution 02-26. Testimony received expressed concerns about the cost implications of comprehensive coverage for infertility care—including in vitro fertilization (IVF). The potential that the Resolution asks for no restrictions on lifetime limits was also cited as a cost factor. The Committee believes the resolution's "asks" are commendable, but agree with those testifying that such coverage with no limitations would be too costly.

* * * * * * *

05-26 - Standards for Physician-Directed Medical Spa Care and Public Disclosure - REFERRED

RESOLVED, that the MSMS advocates for and supports that medical spas operating in Michigan be physician-owned and physician-led, with a licensed physician serving as the provider responsible for clinical protocols, delegation of duties, and complication management, ideally with specialties with established training and expertise in aesthetic medicine such as dermatology and plastic surgery; and be it further

RESOLVED, that the MSMS advocates against ownership and/or operation of medical spas that are independent of physician ownership/physician-directed clinical oversight, with ownership or oversight by non-physicians, such as nurse practitioners, physician assistants, and certified registered nurse anesthetists, which may lead to public confusion regarding physician supervision, undermine accountability for medical decision-making, or compromise patient safety; and be it further

RESOLVED, that the MSMS educates the public on differences in education, clinical training, and scope of practice among providers offering office-based aesthetic and "medical spa" services and promote clear disclosure of the credentials and role of each person providing services.

There was mixed testimony on Resolution 05-26. Supporters cited the need for physician ownership, meaningful clinical oversight, and better transparency pertaining to medical spa personnel. They stated patient safety and number of complaints to the Board of Medicine for adverse outcomes when physicians are not involved as reasons to support the resolution. Opponents and those with concerns raised issues about whether physician ownership should be required or whether true physician clinical leadership and oversight is sufficient, as well as what the role of physicians should be in this space. After considering all arguments, Committee members agreed that this is a complicated issue and that patient safety and additional regulation is needed. However, they believed that more information regarding options is needed before MSMS finalizes policy or advocacy strategy on this topic. Therefore, referral to the MSMS Board of Directors is recommended.

* * * * * * *

07-26 – Pregnancy-Related Health Coverage for Uninsured Individuals - APPROVED

RESOLVED, that the MSMS supports policies ensuring comprehensive pregnancy-related health coverage for individuals who are ineligible for Medicaid and unable to afford private insurance; and be it further

RESOLVED, that the MSMS supports closing health care insurance coverage gaps through eligibility expansion, state-funded options, or public-private bridge programs that ensure continuous care from pregnancy confirmation through 12 months postpartum; and be it further

RESOLVED, that the MSMS supports the development of clinical and administrative best practices to assist healthcare facilities in identifying pregnant patients at risk of being uninsured and connecting them with appropriate coverage resources; and be it further

RESOLVED, that the MSMS promotes expanded pregnancy coverage as a vital strategy for workforce stability, rural hospital sustainability, and the reduction of high-cost emergency utilization.

The author of this Resolution testified to Michigan's poor maternal and infant mortality rates and personal experience with a patient who did not receive appropriate pre-natal care due to a lack of coverage. Other testifiers shared conceptual support. A suggestion was made regarding the need for MSMS to advocate for better reimbursement for pre- and post-natal care and delivery. It was noted that a Resolution directing advocacy for Medicaid to increase reimbursement across-the-board was passed last year. With the adoption of the 2025 updates to the MSMS Policy Manual, the updated policy will read:

> **Equitable Medicaid Reimbursement**
> MSMS opposes all cuts in Medicaid reimbursement budgets and supports an increase in payments to a level that covers physician and hospital costs at a minimum of 100 percent of the geographically-adjusted Medicare Physician Fee Schedule rate.

The Committee agreed with the benefits of this Resolution and recommend approval.

* * * * * * *

11-26 – Additional Nurse Practitioner Certification to Protect Patients – APPROVED AS AMENDED

RESOLVED, that the MSMS reach out to involved stakeholders to ensure that nurse practitioners and physician assistants are adequately educated and trained in their practicing specialty.

The Committee's original recommendation was to disapprove. Resolution 11-26 was extracted and amended by the House of Delegates, which ultimately approved the Resolution as amended.

The Committee's original rationale is as follows:

There was robust testimony in support and opposition to this Resolution. The author cited concerns about the frequency with which nurse practitioners (NPs) change specialties and referenced a

recent study of Florida's experience and an American Medical Association Issue Brief highlighting the problem. Persons testifying in opposition expressed concerns about unintentionally giving credence to current and future efforts to increase scope of practice, as well as to use titles aligned with various physician specialties if this were to pass (e.g., nurse "anesthesiologists"). It was also noted that creating additional state certifications would be burdensome to the Michigan Department of Licensing and Regulatory Affairs. Other testifiers noted the complexity of this issue and encouraged further study.

The Committee was sympathetic to the current problem of non-physician practitioners, including physician assistants, who change specialty focus without comparable training, education, and experience as required for physicians. However, they also discussed that there may be better options to ensure patient safety and quality of care than simply adding certification requirements (e.g., more hours practiced under the supervision of a physician in the specialty focus). They, too, were concerned with points raised about unintended consequences. Finally, they were concerned with the potential implications of the third Resolved statement requiring maintenance of certification for other licensees when existing MSMS Policy, "Specialty Re-certification Tied to Licensure," opposes it for physician licensure.

Taking all of these considerations together, the Committee recommends disapproval.

* * * * * * *

12-26 - Eliminate Prior Authorization for Low-Cost Medications and Procedures – APPROVED AS AMENDED

RESOLVED, that the MSMS advocates and engages with the executive and legislative branches of the government of the State of Michigan to eliminate prior authorization requirements for low-cost and urgent medications and procedures; and be it further

RESOLVED, that the MSMS works with the appropriate State of Michigan leaders and departments to further delineate the medications and procedures to be exempted from prior authorization requirements.

Overall, the testimony was supportive of the Resolution and its "asks." There are ongoing concerns that the use of prior authorization is increasing despite Michigan's law and efforts at the national level. The Committee agreed with Resolution, as well as a suggestion to include urgent medications.

* * * * * * *

13-26 - Enhance Physician Value Based Care Literacy - APPROVED

RESOLVED, that the MSMS supports efforts to enhance physician understanding of value-based care concepts, including through educational programming and the development of a voluntary, physician focused glossary designed to promote shared and consistent terminology across Michigan; and be it further

RESOLVED, that the MSMS, as appropriate, collaborates with interested specialty societies and subject matter experts to review, develop, and disseminate information to support the creation of an accurate, accessible glossary aligned with current value-based care terminology, standards, and practices in Michigan.

The author testified that in his role as the Director of a clinically integrated network he has witnessed the lack of knowledge with value-based care terminology. As more insurers are advancing value-based payment models, it is critical that physicians understand the language, especially as it is included in contracts. The Committee agrees that such information is a good idea and believes there are existing resources available that would make it relatively easy to educate physicians at minimal cost.

* * * * * * *

16-26 – Modernizing Organ Acquisition Reimbursement to Support Normothermic Machine Perfusion and Ensure Equitable Patient Access - REFERRED

RESOLVED, that the MSMS advocates with Michigan commercial payers, and as appropriate engage the Michigan Department of Insurance and Financial Services (DIFS), to modernize organ acquisition reimbursement methodologies and rates to ensure that acquisition payments appropriately reflect contemporary organ preservation practices (including NMP) and procurement travel/logistical realities, thereby preventing financial barriers from restricting equitable access to liver transplantation for Michigan patients; and be it further

RESOLVED, that the Michigan Delegation to the American Medical Association (AMA) asks our AMA to support national efforts to reduce state-by-state variability in organ acquisition reimbursement adequacy by promoting best-practice payer frameworks aligned with contemporary organ allocation and utilization realities; and be it further

RESOLVED, that the Michigan Delegation to the American Medical Association (AMA) asks our AMA to support appropriate recognition and valuation through relevant coding and payment (i.e., CPT and RUC) processes, of the evolving physician work and technical specialty services involved in ex vivo organ management and contemporary organ recovery/preservation practices, so that physicians and transplant programs are not penalized for delivering evidence-based modern transplant care.

The author testified regarding the need for modernization of organ acquisition reimbursement methodologies and rates - particularly among Michigan commercial payers - to reflect contemporary liver transplantation practices, including the use of normothermic machine perfusion (NMP). It was noted that NMP keeps organs alive outside of the body while waiting for transplantation. Although the technology is no longer experimental and the beneficial outcomes have been proven, commercial payers have not revised payment policy to cover this proven technology.

Although Committee members were conceptually supportive, they thought additional information such as whether other relevant specialty societies and organizations in the transplant community have endorsed the technology and made requests for insurers to update their coverage and payment policies.

* * * * * * *

17-26 - Confidentiality of Peer Support Programs within Michigan - APPROVED

RESOLVED, that the MSMS advocates for confidential physician support and wellness programs to support the physical, mental, and emotional wellbeing of physicians; and be it further

RESOLVED, that the MSMS will advocate for the creation and passage of legislation that would provide that communications among participants of physician peer support or wellness programs within the state of Michigan be confidential, not to be used for administrative or judicial processes, and not subject to discovery, subpoena, or admissible as evidence except in cases that a peer supporter has a duty to report.

Testimony was supportive and stressed the need for conversations held within the auspices of physician wellness programs to be protected from discovery. Although conversations where a practitioner-patient relationship exists are already protected in statutes, many of these programs offer peer-to-peer or life coach interactions , etc. that are not. Therefore, many physicians are fearful of fully utilizing these programs. The Committee agreed with the testimony and background noting that according to the Dr. Lorna Breen Heroes' Foundation, physicians suffer from a critically high degree of burnout and stress, with more than one physician in the United States dying by suicide every day. Peer support programs can help physicians cope with the emotional and professional impact of adverse events such as medical errors, patient loss, or litigation by connecting them with trained colleagues who understand the clinical environment.

* * * * * * *

18-26 - Nondiscrimination and Advocacy for Patients with Opioid Use Disorder in Post-Acute Care Settings – APPROVED AS AMENDED

RESOLVED, that the MSMS supports that patients with opioid use disorder, including those receiving medications for opioid use disorder, not be denied admission to post-acute care facilities on the basis of this diagnosis or treatment; and be it further

RESOLVED, that the MSMS believes state-level funding mechanisms should be explored to support post-acute care facilities in providing care for patients receiving medications for opioid use disorder, including incentives for partnerships between post-acute care facilities and opioid treatment programs; and be it further

RESOLVED, that the MSMS collaborates with state agencies, health systems, and community organizations to develop guidance and best practices for integrating medications for opioid use disorder into post-acute care facilities; and be it further

RESOLVED, that the MSMS supports the modernization of federal methadone regulations that would increase access to medications for opioid use disorder, such as waivers for post-acute care facilities or pharmacist-dispensing models.

The authors testified to the difficulties experienced when trying to arrange post-acute facility placement for adults diagnosed with opioid use disorder (OUD). These individuals experience a

number of barriers should they need ongoing care in a post-acute care facility which can impede their ability to receive medically necessary treatment for OUD and other ailments. The Committee supports the intent of the Resolution, but recommends it move forward as a policy which will allow MSMS to engage in advocacy and other collaborative efforts when opportunities arise.

* * * * * * *

22-26 – Rescind MSMS Policy Opposing the Interstate Medical Licensing Compact – APPROVED AS AMENDED

RESOLVED, that the MSMS policy, "Opposing the Federation of State Medical Boards Interstate Medical Licensure Compact," be rescinded.

There was overwhelming support for this Resolution and the repeal of existing MSMS policy opposing Michigan's participation in the Interstate Medical Licensure Compact (IMLC). The concerns that originally prompted the policy related to maintenance of certification requirements have not come to fruition. Many physicians have voluntarily obtained licensure using the IMLC and are supportive of its continuation, which was threatened by the Michigan Legislature's delay in reinstating Michigan's authorization to participate in the IMLC. The author of the original Resolution that resulted in the policy testified in support of Resolution 22-26.

The Committee agrees the policy should be repealed. They recommend removal of the second Resolved statement calling for legislative advocacy because the Legislature approved and the Governor signed House Bill 5455 on March 26, ensuring Michigan's continued participation in the IMLC and uninterrupted practice for affected physicians.

* * * * * * *

23 -26 – Restoring the Prerogatives of the Michigan Board of Medicine - DISAPPROVED

RESOLVED, that the MSMS seeks opportunities to strengthen the Michigan Board of Medicine by restoring prerogatives that have been stripped away over the years.

The author and former Chair of the Michigan Board of Medicine testified that the Resolution was introduced in an attempt to strengthen the authority and functionality of the Michigan Board of Medicine, citing its current limitations as an advisory body and structural constraints such as limited administrative support, underfunding, and restrictions on engaging with the Legislature. It was noted that the Boards in other states have more authority and independence. Questions were raised by others about what was meant by "restoring prerogatives" and asking for more specificity.

The Committee agrees that more information is required about what prerogatives need to be restored and what functions the Board should have that they don't currently have.

* * * * * * *

31-26 – Expand Michigan Medicaid Coverage for Continuous Glucose Monitors - REFERRED

RESOLVED, that the MSMS supports Michigan Medicaid covering continuous glucose monitors (CGM) for individuals whose improved glycemic control allows transition from insulin therapy to alternative regimens and persons with type-II diabetes who are not treated with insulin.

Generally, testimony was favorable. The author spoke about the number of Michigan residents diagnosed with diabetes and the positive health outcomes for those using continuous glucose monitors (CGMs). One testifier acknowledged the benefits, but believed that is tied to patient motivation and desire for data available when using CGMs. Therefore, there needs to be an assessment to match patients with the appropriate tools. Other testimony questioned whether this should be expanded beyond Medicaid. In general, before adopting this as policy, the Committee thinks it is important to know whether specialty societies representing physicians regularly treating patients for their diabetes agree that this is an appropriate policy. Therefore, they recommend referral to the MSMS Board of Directors.

* * * * * * *

32-26 – Support for Equity-Focused Scoliosis Screening in Michigan Public Schools – APPROVED AS AMENDED

RESOLVED, that the MSMS supports targeted adolescent idiopathic scoliosis screening initiatives in all school districts; and be it further

RESOLVED, that the MSMS encourages collaboration amongst school districts, local health departments, pediatric primary care and orthopedic departments in prioritizing efficient referral pathways for adolescent idiopathic scoliosis treatment in Michigan.

The author testified that earlier detection of adolescent idiopathic scoliosis will prevent long-term complications. For some children, their schools may be the only opportunity to receive this screening. The Committee agrees that this is a non-invasive way to identify scoliosis. They also note that the author indicated that no equipment is necessary to do the “bend” test and can be easily taught to school health personnel and even lay persons. They also agree with testimony to apply this to all school districts instead of limiting it to school districts where routine childhood screenings are not reliably accessible.

* * * * * * *

33-26 - Expand Medicaid Coverage for GLP-1 - REFERRED

RESOLVED, that the MSMS advocates for Medicaid coverage for GLP-1 receptor agonists for pre-diabetics and individuals with obesity.

Testimony from the author spoke to the impact of obesity on quality of life and recent action by the Legislature in the Fiscal Year 2026 budget which limits coverage of GLP-1s for obesity treatment and long-term weight management. However, the majority of testimony indicated conceptual support, but strong concerns regarding the cost of the medication and potential to divert funding for other

essential health care services and treatment. Although nationally Medicaid's new "GENEROUS" plan would allow participating states to buy GLP-1s at lower prices, it is unknown whether the cost is low enough for states and Medicaid Health Plans to decide to participate.

Although the Committee supports the resolution conceptually, it agrees with the concerns about cost and affordability raised during testimony. However, instead of recommending disapproval, the Committee believes MSMS should continue to look into the potential of Medicaid coverage as new evidence emerges supporting the benefits of GLP-1s for obesity, weight management, and other conditions, as well as market pricing changes and mid-term elections that could potentially alter the possibility of Medicaid reinstating coverage.

* * * * * * *

37-26 - Decriminalization of Harm Reduction Strategies – APPROVED AS AMENDED

RESOLVED, that the MSMS supports decriminalization of harm reduction strategies such as needle and hypodermic syringe access programs to decrease the spread of communicable diseases.

The author spoke to the need to change Michigan law as it currently criminalizes the use of tools necessary to help persons who use drugs and provide life-sustaining care. The Committee believes the first resolved is sufficient to address the medically necessary measures to prevent the spread of communicable diseases and that the second resolved is too broad. The second resolved has been stricken.

* * * * * * *

39-26 - Physician Competency and Clinical Care for Patients with ASD – APPROVED AS AMENDED

RESOLVED, that the MSMS supports the development and dissemination of educational resources and clinical toolkits for Michigan physicians addressing communication strategies, sensory accommodations, and examination modifications for patients with Autism Spectrum Disorder; and be it further

RESOLVED, that the MSMS collaborates with Michigan healthcare systems, specialty societies, and patient advocacy organizations to promote adoption of sensory-friendly clinical practices and physician training opportunities for the care of autistic patients.

The author testified that while people with autism spectrum disorder require continuous care throughout their lifetime, few physicians have an understanding of strategies that can be adopted to help their patient's health care experience. The Committee agrees there are benefits to utilizing resources and strategies that advance autism-friendly practices in health care. However, the Committee removed the second Resolved statement based on MSMS policy, "Compulsory Content of Mandated Continuing Medical Education," which opposes mandated compulsory content for CME.

* * * * * * *

41-26 - Incentive Programs for Adherence – APPROVED AS AMENDED

RESOLVED, that the MSMS supports the use of evidence-based incentive and access-enabling programs, such as transportation assistance, cost-sharing reduction, and other targeted supports, to improve patient follow-up adherence and continuity of care; and be it further

RESOLVED, that the MSMS encourages Michigan healthcare systems, FQHCs, local health departments, Medicaid, and public and private health plans to explore and evaluate pilot programs that address structural barriers to follow-up care, particularly in high-risk and underserved populations; and be it further

RESOLVED, that the MSMS supports providing physicians with practical tools and resources to improve patient adherence to medically necessary follow-up care, including strategies that reduce non-medical barriers to access; and be it further

RESOLVED, that the MSMS encourages ongoing evaluation of follow-up adherence programs to assess clinical outcomes, healthcare utilization, cost-effectiveness, and impact on health disparities.

Testimony from the author addressed the importance of improving patient follow-up and adherence by addressing structural barriers that lead to missed appointments, particularly among Medicaid and underserved populations, through the use of evidence-based interventions such as transportation assistance and targeted incentives. A second testifier suggested expanding the second Resolved statement to include all health care insurers. The Committee agrees with the Resolution and the suggestion to expand the second Resolved statement.

* * * * * * *

43-26 - Ensuring Proportional Accountability for Hospital Expenditures Attributed to Medicare ACOs - APPROVED

RESOLVED, that the Michigan Delegation to the American Medical Association (AMA) ask the AMA to advocate that the Centers for Medicare & Medicaid Services (CMS) establish policies requiring hospitals that receive substantial expenditures attributable to ACO-assigned beneficiaries to enter defined participation and financial accountability agreements with the relevant ACO contracting entity; and be it further

RESOLVED, that the Michigan Delegation to the American Medical Association (AMA) ask the AMA to advocate that, absent such defined participation and accountability agreements, hospital expenditures for ACO-assigned beneficiaries not be included in total cost of care reconciliation calculations under the Medicare Shared Savings Program or other advanced alternative payment models; and be it further

RESOLVED, that the Michigan Delegation to the American Medical Association (AMA) ask the AMA to advocate for enhanced transparency of hospital facility spending attributable to ACO-assigned beneficiaries within benchmarking and reconciliation methodologies; and be it further

RESOLVED, that the Michigan Delegation to the American Medical Association (AMA) ask the AMA to study and report on policy mechanisms to ensure equitable financial accountability for hospital expenditures attributed to Medicare ACOs, including mechanisms addressing site-of-service payment differentials and facility fee impacts.

The author spoke about the way Accountable Care Organizations (ACOs) operate and are structured, noting that often with downside risk, the physician participants are the ones who assume the majority of financial harm when savings do not exceed costs. However, many of the costs attributable to the population in the ACO are from the hospitals. The Committee agrees that this is an issue that deserves further attention and that the AMA is the appropriate organization to delve into the intricacies.

* * * * * * *

Board Action Report #1-26 - Resolution 02-25 – "Imposition of Penalties by Disciplinary Subcommittee" – **APPROVED** the Board's Action Report to **AMEND** this resolution.

Despite testimony raising concerns about whether this is a broader issue or individual complaint, the Committee believes the MSMS Board of Directors studied the issue and put forth language intended to promote transparency and protect the due process rights of physicians facing disciplinary action by their respective licensing Board. The Committee agrees with the recommendation of the MSMS Board of Directors.

* * * * * * *

BAR #2-26 - Resolution 05-25 – "Immediate Authorization for HIV Post-Exposure Prophylaxis Medication" - **APPROVED** the Board's Action Report to **AMEND** this resolution.

There was no testimony on this Board Action Report. The Committee agrees with the recommendation of the MSMS Board of Directors.

* * * * * * *

Members of the Committee include: *Barry I. Auster, MD, Chair; *Kai Anderson, MD; *Lawrence Handler, MD; *Yelena E. Kier, DO; *Sara Liter-Kuester, DO; *Warren Lanphear, MD; and *Kristina Avakumov.

Board Advisors were: Leah C. Davis, DO; *Robert F. Flora, MD, MBA, MPH; and Daniel M. Ryan, MD.

AMA Advisors were: *Brooke Buckley, MD; *E. Chris Bush, MD; *Michael D. Chafty, MD, JD; Betty S. Chu, MD, MBA; Mohammad Ibrahim, DO; *Courtland Keteyian, MD, MBA, MPH; Patricia Kolowich, MD; and Rose Ramirez, MD.

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

* Denotes members in attendance.

REPORT OF
REFERENCE COMMITTEE D/E – PUBLIC HEALTH AND EDUCATION
Aliya C. Hines, MD, PhD, MS, FAAD, Wayne, Chair

03-26	Medication Safety at Home Post-Discharge - **APPROVED AS AMENDED**
04-26	Access to Clothing for Patients in Inpatient Psychiatric Facilities - **APPROVED AS AMENDED**
06-26	Supervision of Children and Public Education to Mitigate the Dangers of Dog Bites - **APPROVED**
09-26	Safe Clinical Learning and Practice Environments – **APPROVED AS AMENDED**
10-26	Adopt Evidence-Based Child, Adolescent, and Adult Immunization Schedules – **SUBSTITUTED**
14-26	The Education of Non-Physicians Elected Officials Practicing Medicine from their Chambers - **APPROVED AS AMENDED**
20-26	Revise Michigan's Universal Lead Testing Law - **APPROVED AS AMENDED**
21-26	Delay Gender-Related Surgeries in Minors - **DISAPPROVED**
24-26	Endorsement of AAP and AAFP Vaccine Recommendations - **SUBSTITUTED**
30-26	Access to Stock Albuterol in Schools - **REFFERED**
34-26	Hemorrhage Control Kits and Bleeding-Control Training in Schools - **APPROVED**
35-26	Making Transportation Accessible, Reliable, and Patient-Centered – **APPROVED AS AMENDED**
36-26	Self-Collected HPV Screening for Cervical Cancer Prevention - **APPROVED AS AMENDED**
38-26	Gradual Return-to-Learn Protocol for Youth After Concussion - **DISAPPROVED**
40-26	Ethical Engagement with Private Equity - **APPROVED AS AMENDED**
42-26	Financial Incentive Programs for Smoking Cessation – **APPROVED AS AMENDED**

Board Action Report 3-26 - Resolution 11-25 – “Resolutions Are Not Publications or Presentations” – **APPROVED** the Board’s Action Report to **AMEND** this resolution.

Board Action Report 5-26 - Resolution 25-25 – “Regulation of Artificial Intelligence in Health Insurance Reimbursement and Coverage Decisions” - **APPROVED** the Board’s Action Report to **AMEND** this resolution.

REPORT OF REFERENCE COMMITTEE D/E
Aliya C. Hines, MD, PhD, MS, FAAD, Wayne, Chair
April 6, 2026

Reference Committee D/E was assigned Resolutions 03-26, 04-26, 06-26, 09-26, 10-26, 14-26, 20-26, 21-26, 24-26, 30-26, 34-26, 35-26, 36-26, 38-26, 40-26, and 42-26 and BAR 3-26 and BAR 5-26.

03-26 - Medication Safety at Home Post-Discharge - APPROVED AS AMENDED

RESOLVED, that the MSMS provides education to the public and to healthcare professionals on the importance of safe medication storage at home following discharge, including the use of medication lockboxes, vials, or safety kits; and be it further

RESOLVED, that the MSMS supports routinely offering medication lockboxes, vials, or safety kits to patients at risk for medication-related harm at the time of hospital or emergency department discharge; or to be supplied from a pharmacy or community organization.

The Committee amended this resolution to suggest appropriate action for MSMS to take. In the second resolved clause, "advocates" was changed to "supports" to reflect a more practical and collaborative role, and to include pharmacies and community organizations as key partners in implementation. The third resolved clause was struck as its intent was sufficiently incorporated into the revised language, streamlining the resolution while preserving its core objectives.

* * * * * * *

04-26 - Access to Clothing for Patients in Inpatient Psychiatric Facilities - APPROVED AS AMENDED

RESOLVED, that the MSMS encourages inpatient psychiatric hospitals to develop, expand, and standardize clothing donation programs that grant access to clothing to ensure patients' basic needs to appropriate clothing during hospitalization and, when necessary, at discharge, using models such as, but not limited to, hospital-funded supplies, donation programs, community partnerships, or hybrid models.

The Committee worked with the author to amend this resolution. The Committee amended the resolution to strike the first and third resolved clauses and incorporate their intent into a strengthened second resolved to improve clarity, reduce redundancy, and align with existing authority under the Michigan Department of Health and Human Services Public Health Code. The revised language focuses on encouraging inpatient psychiatric hospitals to develop, expand, and standardize clothing access programs while maintaining existing programs, providing a more actionable and flexible approach without introducing unnecessary new regulatory requirements.

* * * * * * *

06-26 - Supervision of Children and Public Education to Mitigate the Dangers of Animal Injuries - APPROVED

RESOLVED, that the MSMS advocates for continuous adult supervision when children are near dogs and securing dogs when appropriate, to reduce the number of dog bites in children; and be it further

RESOLVED, that the MSMS advocates for increased education and awareness regarding safe practices in interactions with dogs for both children and adults to prevent dog bite-related injuries.

The Reference Committee recommended that the Resolution be amended. It was extracted and the House of Delegates voted to return to the original language, which it approved.

The Committee's original rationale is as follows:

The Committee collaborated with the author to revise the resolution. After careful consideration, the Committee determined that the first resolved falls outside the purview of MSMS. The second resolved was amended to emphasize responsible pet ownership and to broaden the language from "dogs" to "animals," recognizing that multiple types of animals can pose potential risks. The title was also amended to reflect the updated language.

* * * * * * *

09-26 - Safe Clinical Learning and Practice Environments - APPROVED AS AMENDED

RESOLVED, that the MSMS supports efforts to protect physicians, medical students, and healthcare teams from physical harm, intimidation, or non-clinical disruptions that interfere with patient care, workforce stability, or medical education; and be it further

RESOLVED, that the MSMS reaffirms that safe clinical care and training environments are essential to protecting access to care for Michigan communities.

The Committee amended the resolution to strike the second resolved clause to maintain a clear and focused scope on ensuring safe clinical and training environments. While protecting Michigan's investment in graduate medical education and physician retention are important, it introduces a separate policy objective that is not directly aligned with the primary intent of addressing safety, workplace protections, and prevention of disruptions to care and training.

* * * * * * *

10-26 - Adopt Evidence-Based Child, Adolescent, and Adult Immunization Schedules - SUBSTITUTED

Resolutions 10-26 and 24-26 are combined into this substitute resolution:

10-26 - Evidence-Based Child, Adolescent, and Adult Immunization Schedules

Whereas, vaccines are recognized as one of the top 10 public health achievements of the 20th century in the Centers for Disease Control's (CDC) Morbidity and Mortality Report (MMWR); and

Whereas, the CDC's Advisory Committee on Immunization Practice (ACIP) was established in 1964 by the Surgeon General of the US Public Health Service to provide expert external advice on vaccine use for the civilian population; and

Whereas, the ACIP has historically worked closely with professional medical societies including the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), American College of Physicians (ACP), and American College of Obstetricians and Gynecologists (ACOG); and

Whereas, the January 2026 CDC Child and Adolescent Immunization Schedule was released decreasing the number of diseases covered from 18 to 11, without any new evidence-based data to recommend a change; and

Whereas, the AAP, AAFP, and ACOG have adopted evidence-based immunization recommendations for their patient populations; and

Whereas, the AAP's 2026 Child and Adolescent Immunization Schedule, which recommends immunizations for 18 diseases for children and adolescents, has been endorsed by 12 medical and health organizations representing physicians, pharmacists, and other pediatric health care professionals; and

Whereas, the Michigan Department of Health and Human Services (MDHHS), which has previously endorsed ACIP, updated their guideline recommendations to AAP, AAFP, and ACOG immunization schedules which is consistent with more than a dozen other state's recommendations; therefore be it

RESOLVED, that the MSMS officially endorses and promotes to relevant organizations evidence-based immunization schedules, such as those developed by the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and American College of Obstetricians and Gynecologists (ACOG) for Children, and Adolescents, and Adults.

The Committee created a substitute resolution combining resolutions 10-26 and 24-26 into a single, unified policy for MSMS's position on immunization schedules. In doing so, the Committee also incorporated "such as" language to provide illustrative examples without locking MSMS into specific immunization schedule recommendations in the future. This approach preserves flexibility to adapt to evolving evidence, public health guidance, and emerging vaccines, while maintaining strong support for immunization as a critical component of patient and public health.

* * * * * * *

14-26 - The Education of Non-Physicians Elected Officials Practicing Medicine from their Chambers – APPROVED AS AMENDED

RESOLVED, that the MSMS works in close collaboration with the American Medical Association, the Michigan Department of Health and Human Services, Endocrine Society, state medical academic centers and other organizations representing multidisciplinary team members such as the American College of obstetricians and Gynecologists, American College of surgeons, American Academy of Pediatrics to develop and disseminate a comprehensive educational program associated with diverse public health clinical issues for elected officials and the general public, addressing best practices, the most recent available evidence based patient centered scientific information on health care processes, products or therapies with define policy goals and scope and free from legislative interference..

Originally, the Reference Committee recommended disapproval. However, Resolution 14-26 was extracted, amended, and approved by the House of Delegates as amended.

The Committee's original rationale is as follows:

The Committee recommends disapproval of this resolution based on the prevalence of opposing testimony presented. The Committee further noted that MSMS already maintains established policy on gender-affirming care, affirming that medical decision-making should remain between patients and their physicians, free from legislative interference.

* * * * * * *

20-26 - Revise Michigan's Universal Lead Testing Law - APPROVED AS AMENDED

RESOLVED, that the MSMS collaborates with state legislators and the Michigan Department of Health and Human Services to revise Michigan's lead testing requirements to eliminate physician-specific fines and limit testing to offices that provide primary care services.

The Committee amended the resolved clause to reflect testimony emphasizing the need for a more practical, prevention-focused, and less burdensome approach to lead screening in Michigan. Testimony highlighted that current policies are burdensome, inconsistently applied, and place undue responsibility on individual physicians, including the use of physician-specific fines. The amendment responds by promoting collaboration with state legislators and the Michigan Department of Health and Human Services to modernize requirements, reduce administrative burden, eliminate punitive measures, and shift toward a more effective public health strategy that emphasizes prevention and appropriate accountability.

* * * * * * *

21-26 - Delay Gender-Related Surgeries in Minors – DISAPPROVED

RESOLVED, that the MSMS opposes gender-related breast/chest, genital, and facial surgical interventions for individuals under the age of 19, recognizing the insufficient evidence of long-term benefits and the potential for significant harms; and be it further

RESOLVED, that the MSMS advocates for a holistic, evidence-based approach to caring for minors with gender dysphoria and gender incongruence, prioritizing psychological support, mental health treatment, and non-invasive interventions while calling for further high-quality research into long-term outcomes.

Although Resolution 21-26 was extracted and a motion to refer to the Board made and seconded, the House of Delegates defeated the motion and voted to disapprove the Resolution.

The Committee's original rationale is as follows:

The Committee chose to disapprove this resolution based on overwhelming testimony heard during the reference committee. Testimony given in opposition cited significant concerns regarding scientific accuracy, policy alignment, and unintended consequences. Multiple speakers emphasized that the resolution inappropriately shifts complex clinical decisions into a policy framework that could invite legislative or regulatory interference in the patient-physician relationship. Additionally, concerns were raised that the proposal relies on selective or outdated interpretations of evidence and does not reflect the positions of relevant specialty societies. For these reasons, the Committee determined that disapproval is warranted to maintain consistency with existing policy and to uphold the principle that medical decision-making should remain between patients, families, and their physicians.

* * * * * * *

24-26 - Endorsement of AAP and AAFP Vaccine Recommendations – SUBSTITUTED

See Resolution 10-26.

* * * * * * *

30-26 - Access to Stock Albuterol in Schools - REFERRED

RESOLVED, that the MSMS supports policy for statewide implementation allowing Michigan public schools to maintain a readily accessible stock of albuterol inhalers with appropriate spacers for use in students experiencing acute respiratory distress during school hours; and be it further

RESOLVED, that the MSMS supports policy for physician-approved standing orders authorizing trained school personnel to administer stock albuterol during respiratory emergencies when a student's personal inhaler is unavailable or when asthma has not been previously diagnosed; and be it further

RESOLVED, that the MSMS supports policy for staff training and extension of existing liability protections to ensure school nurses and trained personnel to administer stock albuterol in good faith pursuant to standing orders.

The Committee originally recommended to amend; however, the Resolution was extracted. A motion to refer to the Board was made, seconded, and approved by the House of Delegates.

The Committee's original rationale is as follows:

The Committee amended the resolution to remove language referencing use without a prior asthma diagnosis, recognizing that making diagnostic determinations falls outside the scope and responsibility of school nurses. The amendment also adds a requirement to notify the student's primary care provider, which was suggested in committee testimony. While maintaining support for improved access to albuterol in schools, these changes reduce clinical ambiguity and potential liability, reinforce physician-directed care, and ensure appropriate follow-up and continuity of care.

* * * * * * *

34-26 - Hemorrhage Control Kits and Bleeding-Control Training in Schools – APPROVED

RESOLVED, that the MSMS supports policies to encourage schools to develop implementation plans for hemorrhage control kits, including staff training, routine inventory checks, and integration into school emergency preparedness and active-violence response plans; and be it further

RESOLVED, that the MSMS supports policies that would require school buildings to maintain at least one hemorrhage control kit containing a tourniquet, bleeding-control dressings, compression bandages, nitrile or latex-free protective gloves, trauma shears, and clear instructions, aligned with the *Stop the Bleed* and American College of Surgeons framework.

* * * * * * *

35-26 - Making Transportation Accessible, Reliable, and Patient-Centered - APPROVED AS AMENDED

RESOLVED, that the MSMS supports policies to make non-emergency medical transportation for preventive care, primary care, prenatal care, behavioral health, chronic disease follow-up, and pharmacy access more accessible, timely, and reliable for all patients.

The Committee amended the resolution to support its overall intent of improving access to non-emergency medical transportation while aligning with existing policy of the American Medical Association and preserving flexibility for MSMS. By striking the second, third, and final resolved clauses, the Committee avoided overly prescriptive requirements and specific operational mandates, allowing MSMS to maintain supportive policy without dictating detailed implementation strategies. This approach ensures a clear, principle-based position while enabling adaptability across varying systems, regions, and stakeholder partnerships.

* * * * * * *

36-26 - Self-Collected HPV Screening for Cervical Cancer Prevention - APPROVED AS AMENDED

RESOLVED, that the MSMS supports equitable access to evidence-based cervical cancer screening, including self-collection of vaginal samples for human papillomavirus testing, consistent with national clinical guidelines; and be it further

RESOLVED, that the MSMS supports the Michigan Department of Health and Human Services to provide clear clinical and administrative implementation guidance including follow-up, referral, and care coordination pathways to ensure patients can complete the full cervical cancer screening continuum after self-collection.

The Committee supported the overall intent of the resolution to expand equitable access to evidence-based cervical cancer screening, including self-collection for HPV testing, but amended it to strike the second resolved clause as it extends beyond the primary purview of MSMS. While proactive statewide planning and infrastructure development are important, these functions are more appropriately led by state agencies and health system stakeholders. The remaining resolved clauses appropriately position MSMS in a supportive and advocacy role, aligning with clinical guidelines, while also encouraging the Michigan Department of Health and Human Services to provide clear implementation guidance, thereby maintaining focus on physician practice, patient care, and effective policy support.

* * * * * * *

38-26 - Gradual Return-to-Learn Protocol for Youth After Concussion - DISAPPROVED

RESOLVED, that the MSMS supports implementation of gradual return-to-learn protocol for youth after concussion; and be it further
RESOLVED, that the MSMS encourages the inclusion of implementation of gradual return-to-learn protocol for youth after concussion through policy and legislation.

The Committee recommended disapproval of the resolution while acknowledging its positive intent to support return-to-learn protocols for youth after concussion. Testimony indicated that the proposal lacks sufficient specificity regarding the clinical standards, medical considerations, and evidence-based protocols to be followed, making it difficult to evaluate or implement effectively. Without clearer guidance on best practices or alignment with established clinical frameworks, the resolution is overly general and does not provide adequate direction for policy or legislative advocacy.

* * * * * * *

40-26 - Ethical Engagement with Private Equity - APPROVED AS AMENDED

RESOLVED, that the MSMS supports educational initiatives that address the business, ethical, and clinical implications of private equity ownership in healthcare; and be it further

RESOLVED, that the MSMS encourages full transparency regarding the ownership and corporate structure of their clinical training sites.

The Committee amended the first resolved clause to broaden its scope from medical schools and residency programs to include all physicians, ensuring the policy reflects the ongoing relevance of private equity considerations across all stages of practice. The Committee also struck the third resolved clause to avoid redundancy, as educational resources on the ethical and professional implications of private equity in healthcare already exist through organizations such as the American Medical Association. This revision expands the resolution's reach while keeping the focus on practical application and efficient use of existing guidance.

* * * * * * *

42-26 - Financial Incentive Programs for Smoking Cessation - APPROVED AS AMENDED

The Committee amended the resolved portions to read:

RESOLVED, that the MSMS supports the use of evidence-based financial-incentive programs as an adjunct to smoking cessation efforts, given their demonstrated long-term cost-effectiveness and ability to improve patient engagement, participation, and sustained abstinence; and be it further

RESOLVED, that the MSMS encourages collaboration among the Michigan Department of Health and Human Services, Michigan Medicaid, healthcare systems, and public health agencies to explore sustainable funding mechanisms for evidence-based incentive programs that support smoking cessation and chronic disease prevention.

The Committee supported the resolution with the amendments and recommended striking the second resolved clause. The Committee discussed budget constraints, sustainability, and overall effectiveness of these programs. Evidence suggests financial-incentive programs can improve engagement and support sustained smoking cessation when used alongside comprehensive strategies. The remaining language focuses on evaluating long-term value and encouraging collaboration with the Michigan Department of Health and Human Services and Medicaid partners to explore sustainable funding approaches without overextending implementation expectations.

* * * * * * *

Board Action Report 3-26 - Resolution 11-25 – "Resolutions Are Not Publications or Presentations" – **APPROVED** the Board's Action Report to **AMEND** this resolution.

* * * * * * *

Board Action Report 5-26 - Resolution 25-25 – "Regulation of Artificial Intelligence in Health Insurance Reimbursement and Coverage Decisions" - **APPROVED** the Board's Action Report to **AMEND** this resolution.

* * * * * * *

Members of the Committee include: *Aliya C. Hines, MD, PhD, MS, FAAD, Chair; *Catherine M. Bodnar, MD; *Stephanie G. Clemens, MD; *Zahia Y. Esber, MD; *Sherwin P. T. Imlay, MD; Colleen K. Lane, MD; Mary C. Marshall, MD, RN, FAAFP; and *Natalie Aguilar.

Board Advisors were: *Louito C. Edje, MD, MHPE, FAAFP; *Annette S. Gilmer, MD, MPH; and *Jennifer E. Morse, MD, MPH, FAAFP.

AMA Advisors were: *Nick Bara; *T. Jann Caison-Sorey, MD, MSA, MBA; *Louito C. Edje, MD, MHPE, FAAFP; Amit Ghose, MD; *Aliya C. Hines, MD, PhD, MS, FAAD; *Theodore B. Jones, MD; Krishna K. Sawhney, MD; and *David T. Walsworth, MD.

The Committee was staffed by: *Dara J. Barrera and *Trisha L. Keast.

* Denotes Members in attendance.

REPORT OF
REFERENCE COMMITTEE C – INTERNAL AFFAIRS, BYLAWS, AND RULES
M. Salim Siddiqui, MD, PhD, Wayne, Chair

08-26	Moral Duty to Patients and Ensuring Healthcare Facilities Remain Protected Spaces – **APPROVED AS AMENDED**
15-26	Preserving Michigan's Independent Primary Care Physician Workforce Through Strategic Sustainability Initiatives - **REFERRED**
25-26	Dissolution of the House of Delegates - **APPROVED**
27-26	Amend CME Rules to Align with American Board of Medical Specialties Standards - **APPROVED**
28-26	Shared Mission and Vision for MSMS and Component Societies - **APPROVED AS AMENDED**
29-26	Support for HB 5313 - **APPROVED**
44-26	2026 MSMS House of Delegates Meet in Person - **DISAPPROVED**
Late 45-26	In Memory of Charles Eugene Jessup, DO, FACEP - **APPROVED**

Board Action Report #4-26 - Resolution 46-25 – "Physician Union" - **APPROVED** the Board Action Report to **DISAPPROVE** this resolution.

Board Action Report #6-26 - Chartering Component/County Medical Societies- Resolution 14-25 - Rotation of MSMS House of Delegates Meeting Location; Resolution 16-25 - County and State Medical Society Alliance; Resolution 47-25 - Study Medical Society Structures"– **APPROVED** the Board Action Report to **AMEND** these resolutions.

Board Action Report #7-26 - House of Delegates- Resolution 14-25 - Rotation of MSMS House of Delegates Meeting Location; Resolution 16-25 - County and State Medical Society Alliance; Resolution 47-25 - Study Medical Society Structures"– **APPROVED** the Board's Action Report to **AMEND** these resolutions.

Board Action Report #8-26 - Judicial Commission- Resolution 14-25 - Rotation of MSMS House of Delegates Meeting Location; Resolution 16-25 - County and State Medical Society Alliance; Resolution 47-25 - Study Medical Society Structures"– **APPROVED** the Board's Action Report to **AMEND** these resolutions.

Board Action Report #9-26 - Board of Directors- Resolution 14-25 - Rotation of MSMS House of Delegates Meeting Location; Resolution 16-25 - County and State Medical Society Alliance; Resolution 47-25 - Study Medical Society Structures"– **APPROVED** the Board's Action Report to **AMEND** these resolutions.

Board Action Report #10-26 - Revisions to the MSMS Policy Manual and the 2026 Sunset Report"– **APPROVED**

BYLAWS SECOND and FINAL READING

27-25 Remove Separate County Requirement for Regional Directors- **APPROVED**
49-25 Membership Categories - **APPROVED**

50-25 Revisions to Constitution and Bylaws- **APPROVED**

REAFFIRMATION CALENDAR

19-26 Medicare Coverage for In-Office Vaccines- **REAFFIRMED**

26-26 Oppose Work Requirements for Medicaid Beneficiaries- **REAFFIRMED**

REPORT OF REFERENCE COMMITTEE C
M. Salim Siddiqui, MD, PhD, Wayne, Chair

March 25, 2026

Reference Committee C was assigned Resolutions 08-26, 15-26, 25-26, 27-26, 28-26, 29-26, 44-26, 45-26, BAR #04-26, BAR #06-26, BAR #07-26, BAR #08-26, BAR #09-26, and BAR #10-26.

The Committee also considered Resolutions 27-25, 49-25, and 50-25, that constitute changes to the Bylaws that were approved on first reading at the 2025 House of Delegates.

08-26 - Moral Duty to Patients and Ensuring Healthcare Facilities Remain Protected Spaces – APPROVED AS AMENDED

RESOLVED, that the MSMS reaffirms that the professional and moral duty of every physician is to provide care to all human beings regardless of immigration status, honoring the timeless values of the Hippocratic Oath; and be it further

RESOLVED, that the MSMS supports that medical facilities must remain protected clinical spaces where patients can seek care without fear of immigration enforcement; and be it further

RESOLVED, that the MSMS supports policies that recognize healthcare institutions as sensitive locations, ensuring that the patient-physician relationship remains a safe space for healing.

The Committee supports the ethical foundation and moral clarity of this resolution. Testimony affirmed that the physician's duty to care is universal and must remain insulated from external forces that could erode trust or access to care. At the same time, the Committee carefully considered the operational implications of the language, particularly the distinction between affirming values and committing MSMS to new, potentially resource-intensive advocacy efforts. Concerns were raised that the phrase "actively advocates" could be interpreted as obligating MSMS to pursue new legislative or regulatory initiatives, carrying a meaningful fiscal note. Accordingly, the Committee amended the resolution to preserve its core intent while aligning the language with existing advocacy pathways. This approach allows MSMS to clearly stand for these principles without creating unintended financial or operational burdens.

* * * * * * *

15-26 - Preserving Michigan's Independent Primary Care Physician Workforce Through Strategic Sustainability Initiatives - REFERRED

RESOLVED, that the MSMS affirms its commitment to preserving and strengthening independent private practice medicine, including primary care and specialty practices, as a critical component of Michigan's healthcare infrastructure; and be it further

RESOLVED, that MSMS leadership be authorized to review and engage with relevant nonprofit organizations focused on private practice primary care workforce stabilization and practice

sustainability; identifying potential areas of alignment and collaboration that facilitate the addition of primary care physicians into existing independent private practices through succession planning resources, recruitment pathways, educational programming, and policy coordination; and be it further

RESOLVED, that the MSMS explores supporting collaborative funding opportunities or grant applications submitted by nonprofit organizations that aim to strengthen the sustainability of independent private practice primary care with the acknowledgment that MSMS shall not expend significant monetary resources and that any such involvement be consistent with the Society's standard review and approval processes.

The Committee recognizes this resolution addresses a critical and increasingly urgent issue regarding sustainability and preservation of independent medical practice, particularly in primary care. However, as much of this resolution complements and aligns with ongoing work, including the newly released MSMS Task Force Report on Physician Workforce, and given the complexity of the issue, the Committee recommends referral to the Board. This will allow thoughtful coordination, integration, and planning with existing work. The Committee thinks this approach best positions MSMS to meaningfully address the issue rather than symbolically acknowledge it.

* * * * * * *

25-26 - Dissolution of the House of Delegates – APPROVED

RESOLVED, that the MSMS dissolves the House of Delegates as its chief policy-making body and adopt an executive form of governance and policy development; and be it further

RESOLVED, that the MSMS maintains democratic representation at local and state levels, while reducing the size of the MSMS Board of Directors; and be it further

RESOLVED, that the MSMS recognizes that component societies, while remaining semi-independent, may beneficially collaborate in providing forums and services that align with the mission and goals of MSMS.

This resolution aligns with the recommendations within the MSMS Task Force on Reorganization and the Board of Directors to replace the House of Delegates with an all-member, year-round, online policy forum. Testimony reflected that this proposal is not an isolated structural change, but part of a comprehensive effort to modernize governance, improve engagement, and ensure organizational viability. As such, the Committee supports approval in alignment with that broader strategy, recognizing that the question before the House is not whether the current model has value, but rather whether it remains sustainable and effective in its current form.

* * * * * * *

27-26 - Amend CME Rules to Align with American Board of Medical Specialties Standards - APPROVED

RESOLVED, that the MSMS reaffirms its commitment to work with the Michigan Boards of Medicine and Osteopathic Medicine and Surgery to amend the Michigan Administrative Code, Rules 338.2443 and 88 338.143, or to seek legislative remedy, to align with the new American Board of Medical Specialties' Standards for Continuing Certification such that active participation in specialty continuing certification constitutes evidence of substantial compliance with continuing medical education (CME) requirements and an acceptable means of meeting CME requirements for license renewal.

This resolution was extracted from the Reaffirmation Calendar. As this resolved is existing policy, the Committee supports approval.

* * * * * * *

28-26 - Shared Mission and Vision for MSMS and Component Societies – APPROVED AS AMENDED

RESOLVED, that the leadership of MSMS and component medical societies consider the following shared mission:

- To advocate on behalf of physicians and their patients
- To educate the profession and public in matters related to health and medical care
- To communicate to members, government agencies, political leaders, and health care providers regarding health and medical care issues of importance to the public
- To convene as necessary to address emergency threats (e.g., COVID, drastic cuts to Medicaid)
- To provide services to its membership that facilitate sound, ethical medical practices
- To work in affiliation with the AMA to advocate, educate, and lead in matters related to health and medical care

The Committee supports the sentiment of the resolveds, that organized medicine in Michigan must work congruently for the benefit of physicians and patients. Testimony and deliberation underscored a shared belief that, regardless of structural evolution, organized medicine in Michigan must remain aligned in purpose and collaborative in action. The Board also agrees with the intent that the state and county societies are more effective together. However, due to the counties and state being separate entities, concerns were raised regarding the prescriptive nature of the original language, particularly considering potential reorganization and the independent governance of county medical societies. The Committee agreed that mission and vision statements are most appropriately developed through governing bodies, not imposed through resolution. Thus, the resolved was amended to encourage all parties to consider aligning missions and priorities rather than mandate them. This preserves the spirit of unity and collaboration while respecting governance boundaries and the evolving organizational structure.

* * * * * * *

29-26 - Support for HB 5313 - APPROVED

RESOLVED, that the MSMS supports passage of HB 5313 which decreases CME from 150 hours to 75, would require review of mandated topics, sunsets administrative errors after seven years, and creates transparency and fairness in the investigative process.

This resolution was extracted from the Reaffirmation Calendar. MSMS has existing policy to decrease the required hours of CME and the mandated content areas for licensure. MSMS also worked with the sponsor of the bill to draft the legislation. Therefore, the Committee supports approval.

* * * * * * *

44-26 - 2026 MSMS House of Delegates Meet in Person – DISAPPROVED

RESOLVED, that the MSMS requires at least one of the meetings of the House of Delegates in 2026 to be live and in-person to discuss, debate, and vote to approve any bylaws changes.

Although Resolution 44-26 was extracted and a motion to refer to the Board made and seconded, the House of Delegates defeated the motion and voted to disapprove the Resolution.

The Committee's original rationale is as follows:

The Committee heard compelling and heartfelt testimony regarding the value of in-person meetings, especially their role in fostering engagement, mentorship, and the relational fabric of organized medicine. The Committee strongly agrees with this sentiment. However, the Committee must also weigh that value against the current financial realities of the organization. Testimony from the Ways and Means Committee, Officer Speeches, and Reorganization presentations made shockingly clear that MSMS does not have the financial capacity to fund an in-person House of Delegates at this time. The Reorganization Task Force and Board of Directors are recommending an online policy forum to engage all members in important policy making. Additionally, according to bylaws, the Board of Directors retains fiduciary responsibility and authority over such decisions. At this time, the Board has determined the House of Delegates to be held virtually. Accordingly, while affirming the importance of in-person engagement, the Committee concludes that this resolution is not feasible under current circumstances and recommends disapproval. The Committee encourages continued exploration of fiscally responsible opportunities for in-person connection in the future.

* * * * * * *

Late Resolution 45-26 - In Memory of Charles Eugene Jessup, DO, FACEP - APPROVED

RESOLVED, that the MSMS recognize the outstanding love for and contributions to Emergency Medicine of Charles E. Jessup, DO, FACEP, to the specialty of Emergency Medicine as a clinician, partner, educator, leader and mentor; and be it further

RESOLVED, that the MSMS extend to the family of Charles E. Jessup, DO, FACEP, especially his son, Tom, an Emergency Medicine Physician Assistant, and his daughter Debbie, his colleagues, partners, former staff, and friends, our condolences along with our profound gratitude for his lifetime of service to his patients and the specialty of Emergency Medicine in Michigan, where his impact will be felt for generations to come.

The Committee concurred the resolution met the criteria to be accepted as a late resolution and unanimously supports honoring Charles Eugene Jessup, DO.

* * * * * * *

Board Action Report #4-26 - Resolution 46-25 - "Physician Union"– **APPROVED** the Board's Action Report to **DISAPPROVE** this resolution.

RESOLVED, that the MSMS evaluate the feasibility of a state-based physician union.

Members supported the Board's rationale of general support of an initiative to research a state organized medicine led physician union. However, a project of this size was not possible this year as Board and staff leadership have been occupied with the reorganization work. All were supportive of revisiting this request at a later date.

* * * * * * *

Board Action Report #6-26 - "Chartering Component/County Medical Societies" - Resolution 14-25 - Rotation of MSMS House of Delegates Meeting Location; Resolution 16-25 - County and State Medical Society Alliance; Resolution 47-25 - Study Medical Society Structures – **APPROVED** the Board's Action Report to **AMEND** these resolutions.

RESOLVED, that the 2026 House of Delegates eliminate mandatory dual membership and chartering of county medical societies.

The MSMS Reorganization Task Force, appointed by the Board of Directors following resolutions adopted by the 2025 House of Delegates, was charged with developing recommendations to modernize governance, improve efficiency, and strengthen engagement across the organization. After extensive review and deliberation, the Task Force and Board of Directors recommend a series of comprehensive structural changes designed to position MSMS for the next decade of success. They strongly believe these changes are needed for MSMS to continue its current levels of advocacy, services, and activities for physicians. These recommendations will modernize governance, improve efficiency, and strengthen engagement across the organization. The recommendations are data and research driven. These changes have worked in other states and would position MSMS for long-term viability.

The recommendation asks the 2026 House of Delegates to eliminate mandatory dual membership and chartering of county medical societies for the following reasons:

- Addresses the inequitable dues structures between counties (CMS dues range from $0 to $415) and the resulting barriers to state membership

- Reduces administrative complexity (over 2,300 dues combinations) and costs
- Aligns with legal counsel's findings that the dual membership model poses significant liability risks for MSMS and the CMS
- Empowers counties to operate independently while continuing advocacy and collaboration with MSMS
- Modernizes membership to reflect the realities of modern medical practice, supporting flexibility and affordability

This item generated substantial discussion. The Committee heard clear testimony that the current dual membership and chartering structure is administratively complex, financially inefficient, and increasingly misaligned with modern practice realities. At the same time, concerns were expressed regarding potential impacts on County societies and physician engagement.

After deliberation, the Committee concluded that the status quo is not sustainable. The recommendation to eliminate mandatory dual membership addresses inequities in dues structures, reduces administrative burden, mitigates legal risk, and modernizes the membership model.

Importantly, the Committee emphasizes that this does not sever the relationship between MSMS and County Medical Societies. MSMS and the County Medical Societies are stronger together. The financial requirement does not change our relationship or partnership to represent physicians in Michigan. This is not being proposed and will not change. All organizations will continue to work on policy and advocacy together. Rather, it removes a rigid structural requirement while preserving and indeed relying on continued collaboration in advocacy and service to physicians.

* * * * * * *

Board Action Report #7-26 - "House of Delegates" - Resolution 14-25 - Rotation of MSMS House of Delegates Meeting Location; Resolution 16-25 - County and State Medical Society Alliance; Resolution 47-25 - Study Medical Society Structures – **APPROVED** the Board's Action Report to **AMEND** these resolutions.

RESOLVED, that the 2026 House of Delegates replace the House of Delegates with an all MSMS member, online policy-making process.

The MSMS Reorganization Task Force, appointed by the Board of Directors following resolutions adopted by the 2025 House of Delegates, was charged with developing recommendations to modernize governance, improve efficiency, and strengthen engagement across the organization.

After extensive review and deliberation, the Task Force and Board of Directors recommend a series of comprehensive structural changes designed to position MSMS for the next decade of success. They strongly believe these changes are needed for MSMS to continue its current levels of advocacy, services, and activities for physicians. These recommendations will modernize governance, improve efficiency, and strengthen engagement across the organization. The recommendations are data and research driven. These changes have worked in other states and would position MSMS for long-term viability.

The recommendation asks the 2026 House of Delegates to replace the House of Delegates with an all MSMS member, online policy-making process for the following reasons:

- Expands participation to all members, rather than the small percentage currently represented in the House of Delegates
- Reduces direct costs (~$60,000 for an in-person meeting) and indirect staff time
- Modernizes governance through continuous, year-round policy engagement using digital platforms
- Retains democratic decision-making while improving efficiency and inclusivity

This was among the most consequential items before the Committee. Testimony reflected both strong support for modernization and deep appreciation for the traditions and relational value of the House of Delegates. The Committee found both perspectives valid.

However, the Committee concluded that the current model is no longer financially sustainable in its present form. The proposed transition to an all-member, year-round online policy process expands participation, reduces cost, and allows for more agile and continuous engagement.

The Committee recognizes that this represents a meaningful cultural shift. Nonetheless, it is an existentially essential one at this time. Adoption is recommended with the expectation that implementation be transparent, inclusive, and attentive to preserving opportunities for engagement and leadership development.

* * * * * * *

Board Action Report #8-26 - "Judicial Commission" - Resolution 14-25 - Rotation of MSMS House of Delegates Meeting Location; Resolution 16-25 - County and State Medical Society Alliance; Resolution 47-25 - Study Medical Society Structures – **APPROVED** the Board's Action Report to **AMEND** these resolutions.

RESOLVED, that the 2026 House of Delegates eliminate the Judicial Commission and requirement for county medical societies to maintain a peer review and ethics committee.

The MSMS Reorganization Task Force, appointed by the Board of Directors following resolutions adopted by the 2025 House of Delegates, was charged with developing recommendations to modernize governance, improve efficiency, and strengthen engagement across the organization.

After extensive review and deliberation, the Task Force and Board of Directors recommend a series of comprehensive structural changes designed to position MSMS for the next decade of success. They strongly believe these changes are needed for MSMS to continue its current levels of advocacy, services, and activities for physicians. These recommendations will modernize governance, improve efficiency, and strengthen engagement across the organization. The recommendations are data and research driven. These changes have worked in other states and would position MSMS for long-term viability.

The recommendation asks the 2026 House of Delegates to eliminate the Judicial Commission and requirement for county medical societies to maintain a peer review and ethics committee for these reasons:

- Reflects common practice among other state medical societies
- Streamlines governance by referring complaints to appropriate professional licensing boards while retaining MSMS authority over membership status

The Committee agreed that this represents an appropriate modernization of legacy structures. Testimony indicated that these functions have largely been supplanted by external regulatory bodies. Eliminating redundant structures streamlines governance while maintaining appropriate oversight through existing mechanisms.

* * * * * * *

Board Action Report #9-26 - "Board of Directors" - Resolution 14-25 - Rotation of MSMS House of Delegates Meeting Location; Resolution 16-25 - County and State Medical Society Alliance; Resolution 47-25 - Study Medical Society Structures – **APPROVED** the Board's Action Report to **AMEND** these resolutions.

RESOLVED, that the 2026 House of Delegates reduce the size of the MSMS Board of Directors from 36 to 13 members, focusing on skill-based rather than representational governance with intent for diversity of geography, specialty, and practice type.

The MSMS Reorganization Task Force, appointed by the Board of Directors following resolutions adopted by the 2025 House of Delegates, was charged with developing recommendations to modernize governance, improve efficiency, and strengthen engagement across the organization.

After extensive review and deliberation, the Task Force and Board of Directors recommend a series of comprehensive structural changes designed to position MSMS for the next decade of success. They strongly believe these changes are needed for MSMS to continue its current levels of advocacy, services, and activities for physicians. These recommendations will modernize governance, improve efficiency, and strengthen engagement across the organization. The recommendations are data and research driven. These changes have worked in other states and would position MSMS for long-term viability.

The recommendation asks the 2026 House of Delegates to reduce the size of the MSMS Board of Directors from 36 to 13 members, focusing on skill-based rather than representational governance with intent for diversity of geography, specialty, and practice type for these reasons:

- Reflects nonprofit best practices for associations under $3 million in revenue
- Promotes strategic decision-making grounded in financial, organizational, and physician leadership expertise

The Committee supports the proposed restructuring of the Board to create a smaller, more skill-based composition. Testimony and comparative data suggest that this aligns with best practices for organizations of similar size and complexity. A more focused Board is expected to improve strategic

decision-making while maintaining appropriate diversity across geography, specialty, and practice setting.

* * * * * * *

Board Action Report #10-26 - Revisions to the MSMS Policy Manual and the 2026 Sunset Report– **APPROVED**

* * * * * * *

27-25 - Remove Separate County Requirement for Regional Directors – APPROVED

RESOLVED, that the MSMS Constitution, Article IX, Section 1a, be amended by addition as follows:

Two Directors (the "Regional Directors") from each of the nine regions depicted on Exhibit A to the Bylaws (each a "Region" and collectively the "Regions"). The Regional Directors shall be elected by those members holding membership in a county located in that Region. No more than one Regional Director may hold membership in a single county unless a region consists of a single county **and unless no such member is available in which case two Regional Directors can come from the same county for that term**. One Regional Director must hold membership in a county located in the upper peninsula unless no such member is available in which case, the two Regional Directors from Region 9 may come from the northern lower peninsula of the state.

* * * * * * *

49-25 - Membership Categories – APPROVED

RESOLVED, that membership categories be simplified to the following:

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

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

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

~~3.30 NON-RESIDENT MEMBERS - A component society may elect as non-resident members any doctors of medicine residing and practicing outside of the county who are members in good standing of their Michigan component societies. Non-resident members shall not have the right to vote or hold office.~~

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

* * * * * * *

50-25 - Revisions to Constitution and Bylaws – APPROVED

RESOLVED, that the MSMS amend the MSMS Constitution and Bylaws recommended by the Task Force on Bylaws pursuant to the attached marked up version of the Constitution and Bylaws, deletions are indicated by strikethroughs and additions are indicated in bold type.

* * * * * * *

The Committee reviewed the Existing Policy Reaffirmation Calendar. The House of Delegates received four resolutions that contained existing policy; two were extracted and reviewed above.

19-26 - Medicare Coverage for In-Office Vaccines - **REAFFIRMED**

26-26 - Oppose Work Requirements for Medicaid Beneficiaries - **REAFFIRMED**

* * * * * * *

Closing Words from Committee Chair

Dear Delegates, Members, and Colleagues,

The Committee approached its work with a clear understanding that many of these decisions are tremendously difficult, not because they lack merit, but rather because they require urgent change for the viability of this beloved organization.

The testimony reflected both a deep respect for what this organization has been and a sober recognition of what it must become to remain viable.

Our recommendations attempt to honor both.

With profound sincerity and humility,

Doctor Siddiqui and members of your Reference Committee C

Members of the Committee included: *M. Salim Siddiqui, MD, PhD, Chair; *Brooke M. Buckley, MD; *Sara S. Chakel, MD, FACEP; *Kenneth Elmassian, DO; *Cheryl Gibson Fountain, MD; *Martha L. Gray, MD; *Thomas J. Klein, MD; *Richard C. Schultz, MD; and *Nick Bara.

Board and AMA Advisors were: *Paul D. Bozyk, MD; *Pino D. Colone, MD; *Mark C. Komorowski, MD; *Christie L. Morgan, MD; *Brian R. Stork, MD; *Bradley J. Uren, MD; *John A. Waters, MD; and David W. Whalen, MD.

The Committee was staffed by: Rebecca J. Blake.

* Denotes members in attendance.