

Title: Strengthen Support for Local Health Department Medical Directors and the Medical Health Officer Role

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Referred To: Reference Committee D

House Action: **APPROVED AS AMENDED**

Whereas, public health is defined as the science of protecting the safety and improving the health of communities through education, policy making, and research for disease and injury prevention, and

Whereas, the three fundamentals in the philosophy of public health are scientific method, analysis, and synthesis which are core skills of physician training and practice, and

Whereas, during the COVID-19 pandemic, where the science is emerging and rapidly evolving, the skills of physicians trained in scientific method, analysis, and synthesis have been even more profoundly important and have illustrated the value of physicians being at the decision-making table, and

Whereas, Michigan’s Public Health Code, MCL 333.2428, addresses the appointment, qualifications, and powers and duties of local health officers and includes the following:

“(1) A local health department shall have a full-time local health officer appointed by the local governing entity or in case of a district health department by the district board of health. The local health officer shall possess professional qualifications for administration of a local health department as prescribed by the department.

(2) The local health officer shall act as the administrative officer of the board of health and local health department and may take actions and make determinations necessary or appropriate to carry out the local health department's functions under this part or functions delegated under this part and to protect the public health and prevent disease,” and

Whereas, Michigan Administrative Rule, R 325.13001, states that “A health officer shall be a medical health officer or administrative health officer. If the health officer is not a physician, a medical director shall also be employed who is responsible to the health officer for medical decisions,” and

Whereas, the expectations for the leadership role of the medical director are not defined in the Public Health Code, with the unintended consequence that some Medical Directors act as an advisor rather than part of the leadership team; therefore be it

RESOLVED: That MSMS work with the Michigan Association of Local Public Health and the Michigan Association of Preventive and Public Health Physicians in addition to other state agencies

50 and medical specialty groups to identify common goals and objectives for improved synergy and
51 advancement of physician leadership roles in local and state health departments; and be it further
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53 RESOLVED: That MSMS advocate for strong physician-led teams within governmental
54 public health as to support and enhance the voice of physicians for the benefit of population
55 health; and be it further
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57 RESOLVED: That MSMS work with the Michigan Association of Local Public Health and the
58 Michigan Association of Preventive and Public Health Physicians as a liaison with other health care
59 stakeholders including, but not limited to, third party payers and the Michigan Health & Hospital
60 Association.
61

62 RESOLVED: That MSMS adopt policy to read as follows: MSMS shall advocate for (a)
63 consistent, sustainable funding to support our public health infrastructure; (b) incentives, including
64 loan forgiveness and debt reduction, to help strengthen the governmental public health workforce
65 in recruiting and retaining staff; (c) public health data modernization and data governance efforts
66 as well as efforts to promote interoperability between health care and public health; and (d) efforts
67 to ensure equitable access to public health funding and programs.
68

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70 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$4,500-\$9,000 for messaging campaign.

Relevant MSMS Policy:

Organized Medicine’s Liaison with Public Health

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

Definition of Public Health

MSMS supports the Precise Definition of Public Health and the Proper Role of a Public Health Department. (See Addendum M in website version) (Prior to 1990)
– Reaffirmed (Res31-11)

Establish and Maintain Stand-Alone Michigan Department of Public Health

MSMS supports the establishment and maintenance of a standalone Michigan Department of Public Health that is organized in a way to ensure that an effective structure is in place to prioritize, meet, and respond to the public health needs of Michigan residents. (Res62-16)

Require MDHHS Director to be a Physician

MSMS supports a requirement that the director of the Michigan Department of Health and Human Services be a physician licensed in the state of Michigan. (Board Action Report #13, 2000 HOD, re Res112-99A)
– Edited 2016

Relevant AMA Policy:

Full Commitment by our AMA to the Betterment and Strengthening of Public Health Systems D-440.922

Our AMA will: (1) champion the betterment of public health by enhancing advocacy and support for programs and initiatives that strengthen public health systems, to address pandemic threats, health inequities and social determinants of health outcomes; (2) develop an organization-wide strategy on public health

including ways in which the AMA can strengthen the health and public health system infrastructure and report back regularly on progress; (3) work with the Federation and other stakeholders to strongly support the legal authority of health officials to enact reasonable, evidence-based public health measures, including mandates, when necessary to protect the public from serious illness, injury, and death and actively oppose efforts to strip such authority from health officials; and (4) advocate for (a) consistent, sustainable funding to support our public health infrastructure, (b) incentives, including loan forgiveness and debt reduction, to help strengthen the governmental public health workforce in recruiting and retaining staff, (c) public health data modernization and data governance efforts as well as efforts to promote interoperability between health care and public health; and (d) efforts to ensure equitable access to public health funding and programs.

Organized Medicine and Public Health Collaboration H-440.960

Our AMA (1) encourages medical societies to establish liaison committees through which physicians in private practice and officials in public health can explore issues and mutual concerns involving public health activities and private practice; (2) seeks increased dialogue, interchange, and cooperation among national organizations representing public health professionals, including representatives from governmental public health, and those representing physicians in private practice, employed in health systems, employed in academic medicine, and working in other clinical settings; (3) actively supports promoting and contributing to increased attention to public health issues in its programs in medical science and education; (4) encourages public health agencies to focus on assessment of problems, assurance of healthy living conditions, policy development, and other related activities; (5) encourages physicians in private practice and those in public health to work cooperatively, striving to ensure better health for each person and an improved community as enjoined in the Principles of Medical Ethics; and (6) encourages state and local health agencies to communicate directly with physicians licensed in their jurisdiction about the status of the population's health, the health needs of the community, and opportunities to collectively strengthen and improve the health of the public.

Public Health Leadership H-440.888

Our AMA: (1) urges that appropriately trained and experienced licensed physicians (MDs or DOs) be employed by state and local health departments to be the responsible leader when patient care decisions are made, whether for individuals in the STD or TB Clinics or for the community at large when an epidemic is to be managed;

(2) defines public health leadership and decision-making that promotes health and prevents disease in the community as the practice of medicine, requiring a licensed practitioner with all the skills, training, experience and knowledge of a public health trained physician;

(3) encourages the Association of American Medical Colleges (AAMC), American Association of Colleges of Osteopathic Medicine (AACOM), and Accreditation Council for Graduate Medical Education (ACGME) to highlight public/population health leadership learning opportunities to all learners, but especially encourage dissemination to women physician groups and other groups typically underrepresented in medicine; and

(4) encourages public health leadership programs to evaluate the effectiveness of various leadership interventions.