

**MICHIGAN STATE MEDICAL SOCIETY
2007 HOUSE OF DELEGATES**

RESOLUTION 1-07A

Title: Seek Immunity for Physicians From Driving Law. Disapproved.

Introduced by: Marianna Spanaki-Varelas, MD, for the IMG Section

RESOLVED: That MSMS seek legislation that would provide immunity to physicians and institutions for injuries to or caused by individuals who are impaired due to any disease that reduces mental or physical skills and/or treatment of such condition.

REFERENCE COMMITTEE RATIONALE: During the testimony it was indicated by the author of Resolutions 1-07A and 21-07A that the contents were essentially identical and did not require separate action. Because the Resolution is slightly more specific, the Committee considered Resolution 21-07A and recommend that Resolution 1-07A not be adopted

RESOLUTION 2-07A

Title: Oppose Insurance Company Buyout to Eliminate Competition. No Action.

Introduced by: Marianna Spanaki-Varelas, MD, for the IMG Section

RESOLVED: That MSMS oppose any acquisition of a health insurance company by another wherein the patient's continuity of care is compromised; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to oppose any acquisition of a health insurance company by another wherein the patient's continuity of care is compromised.

REFERENCE COMMITTEE RATIONALE: The Reference Committee determined that the resolution as written would require MSMS to oppose all health plan purchases or mergers, regardless of the merits of each situation. Because MSMS has already set a precedent of contacting the Insurance Commissioner with concerns about the MCARE purchase, they believe that appropriate action can be taken as needed.

RESOLUTION 3-07A

Title: Explore State Sponsored Residency Positions. Substitute Resolution (in lieu of Resolutions 3-07A and 73-07A). Adopted.

Introduced by: Marianna Spanaki-Varelas, MD, for the IMG Section

RESOLVED: That MSMS urgently address the shortage of physicians and strongly initiate action to increase the residency positions in current residency programs and help and encourage starting new residency programs at appropriate larger community hospitals in Michigan; and be it further

RESOLVED: That MSMS ask the state of Michigan to create state sponsored, approved residency and fellowship positions that would require a written commitment from the physician that after completing training, he/she will provide service to the state for a specified period of time.

RESOLUTION 4-07A

Title: Electronic Medical Records (EMR) Assistance. Adopted as Amended.

Introduced by: Mariana Spanaki-Varelas, MD, for the IMG Section

Supported by: The Oakland County Delegation

RESOLVED: That MSMS introduce appropriate state legislation that will grant physicians a full refundable tax credit or equivalent financial mechanism to indemnify physician practices for the cost of purchasing and implementing Electronic Medical Record (EMR) systems; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek a full refundable federal tax credit or equivalent financial mechanism to indemnify physician practices for the cost of purchasing and implementing Electronic Medical Record (EMR) systems.

REFERENCE COMMITTEE RATIONALE: This resolution generated a great deal of consensus regarding the increasing demands placed upon physician practices to implement electronic medical records (EMR) without any sort of economic relief from the cost of purchase and maintenance. This resolution asks for a tax credit to be provided to physician practices to help offset the cost of adopting EMR technology. The Committee was concerned that the accounting practices utilized by many physician practices would not allow them to capitalize on a tax credit. Therefore, the Committee recommended minor edits to specify that the tax credit be refundable or an equivalent financial mechanism in order to assure that physicians would receive financial assistance to help offset the cost of EMR implementation.

RESOLUTION 5-07A

Title: Facilitate Physician Access to Michigan Automated Prescription Service. Adopted.

Introduced by: Marianna Spanaki-Varelas, MD, for the IMG Section

Supported by: The Oakland County Delegation

RESOLVED: That MSMS seek legislation granting physicians access to their own prescription record, more specifically controlled substances prescriptions through the Michigan Automated Prescription Service (MAPS) program; and be it further

RESOLVED: That MSMS ask the Controlled Substances Advisory Commission to support and recommend adoption of legislation granting physicians access to their own prescription record, more specifically controlled substances prescriptions through the Michigan Automated Prescription Service (MAPS) program.

REFERENCE COMMITTEE RATIONALE: The testimony was overwhelmingly in favor of supporting legislative efforts to allow physicians access to their prescriptive information via the MAPS program. The Committee did make one editorial friendly amendment to change prescription to prescriptive. Otherwise, the Committee agreed that permitting physicians to review their own prescriptive data could be a valuable tool.

RESOLUTION 6-07A

Title: Support Ethical Procurement of Transplant Organs. Adopted as Amended.

Introduced by: Marianan Spanaki-Varelas, MD, for the IMG Section

Supported by: The Organized Medical Staff Section

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to work with The World Medical Association to provide ethical guidelines regarding “transplant tourism,” the traveling to another country for the purposes of organ transplantation, thereby increasing the possibility of exploitation of donors through coercive practices including paid donation.

REFERENCE COMMITTEE RATIONALE: The Committee amended the resolution to include the appropriate oversight organization to assist in accomplishing the intent of this resolution.

RESOLUTION 7-07A

Title: English Skills Testing and the United States Medical Licensing Examination (USMLE) Continuum. Adopted as Amended.

Introduced by: Marianna Spanaki-Varelas, MD, for the IMG Section

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek a change in the United States Medical Licensing Examination (USMLE) that would allow a candidate who fails the English Proficiency test portion to take an alternative spoken English proficiency test approved by the National Board of Medical Examiners and not be required to retake the entire USMLE.

RESOLUTION 8-07A

Title: Support Lifting Medicare Cap on Graduate Medical Education Funding. Adopted as Amended.

Introduced by: Marianna Spanaki-Varelas, MD, for the IMG Section

Supported by: The Organized Medical Staff Section

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to address the issue of the impending physician shortage and seek all means to increase Graduate Medical Education (GME) slots, and explore alternative fully funding mechanisms for those slots by working to eliminate the full time equivalent resident cap on fully funded residency positions established by the Balanced Budget Act of 1997, by working to promote legislation that facilitates the establishment of, and full funding for, new residency programs

with a focus on the establishment of new programs in growing population centers and rural areas, and by working to create a federal loan program that assists hospitals with the initial costs of residency development; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek federal legislation to lift the Medicare cap on GME full funding, and preserve Medicare and Medicaid full funding of GME until a stable alternative full funding source can be established.

REFERENCE COMMITTEE RATIONALE: The Committee accepted the friendly amendment during testimony.

RESOLUTION 9-07A

Title: Increase Ethnic Medical Society Seats in MSMS House of Delegates. Referred to the Board for Study.

Introduced by: Marianna Spanaki-Varelas, MD, for the IMG Section

RESOLVED: That MSMS allocate a delegate slot to organized ethnic medical societies in the state of Michigan, with guidelines developed by MSMS.

REFERENCE COMMITTEE RATIONALE: The Committee was in favor of the intent of this resolution and recommended referring this resolution to the Board, asking that criteria (modeled after criteria currently included in the MSMS Bylaws detailing Specialty Society representation in the MSMS House of Delegates) be developed for ethnic medical society representation.

RESOLUTION 10-07A

Title: Grant Category I Continuing Medical Education Credit to Component County Medical Societies. Referred to the Board for Study.

Introduced by: Marianna Spanaki-Varelas, MD, for the IMG Section

RESOLVED: That MSMS explore alternate ways to entice members by offering Continuing Medical Education Category I credits at county society meetings.

REFERENCE COMMITTEE RATIONALE: The Committee opposed this resolution because it was not consistent with the intent provided by the sponsor during testimony. The Committee also found it difficult to define a "small" county.

RESOLUTION 11-07A

Title: Oppose Bundling of Services by Medicare and Health Plans. Adopted as Amended.

Introduced by: Marianna Spanaki-Varelas, MD, for the IMG Section

RESOLVED: That MSMS address third party payers that are bundling services rendered outside the hospital, such as home care, with inpatient diagnostic related group (DRG) billing, thus reducing effective payment to hospitals.

REFERENCE COMMITTEE RATIONALE: Based on testimony, the Reference Committee believed that the language in one of the whereas clauses described the issue more accurately, so the action was amended to reflect this clarification.

RESOLUTION 12-07A

Title: Support Fair Trial for Accused Health Professionals in Libya Adopted.

Introduced by: Marianna Spanaki-Varelas, MD, for the IMG Section

RESOLVED: That Michigan Delegation to the AMA ask the AMA to seek U.S. State Department intervention in a recent case in which the Libyan courts have sentenced six health care professionals (five Bulgarian nurses and one Palestinian doctor) to death for their purported role in the spread of AIDS in a Benghazi children's hospital.

RESOLUTION 13-07A

Title: Publish Delegate Count Annually. Adopted.

Introduced by: Marianna Spanaki-Varelas, MD, for the IMG Section

RESOLVED: That MSMS publish the count of delegates from each specialty as well as subspecialty every year at the House of Delegates meeting.

REFERENCE COMMITTEE RATIONALE: The Committee agreed with the resolution to publish the specialty count of delegates, but advised that subspecialty information in the MSMS database is limited.

RESOLUTION 14-07A

Title: Single-Payer System. Tabled.

Introduced by: Harvey W. Halberstadt, MD, Oakland County

RESOLVED: That MSMS oppose the AMA proposed health care system and that MSMS support a single payer system.

REFERENCE COMMITTEE RATIONALE: Board Action Report #14 addresses the need to further discuss a single payer system and other alternative mechanisms. In addition, an opposing policy is contained in Resolution 53-07A, reflecting the diverse views on this subject. The Reference Committee believed that approval of the Board Action and the discussion already facilitated through the single payer forum offered to the MSMS House of Delegates members on Saturday afternoon provided an opportunity to further explore the options.

RESOLUTION 15-07A

Title: Rx for Deployments. Adopted.

Introduced by: A. Bradley Eisenbrey, MD, for the Oakland County Delegation

RESOLVED: That MSMS seek legislation to ensure deployed military personnel can obtain adequate numbers of medication doses to cover the ordered deployment period.

REFERENCE COMMITTEE RATIONALE: The Committee was informed that soldiers deployed overseas may not have access to necessary medications to last the duration of their deployment. Additionally, the formulary available to these patients may be extremely limited and not appropriate for their care.

RESOLUTION 16-07A

Title: Immunizations Mandated as a Covered Benefit. Adopted as Amended.

Introduced by: George L. Blum, MD, for the Oakland County Delegation

RESOLVED: That MSMS work with the Michigan legislature to pass legislation mandating that all health insurance plans cover the true cost and administration of all immunizations required for children by the state of Michigan.

REFERENCE COMMITTEE RATIONALE: The Committee amended the resolution to clarify the intent.

RESOLUTION 17-07A

Title: Fresh Meat Color Preserving. Adopted as Amended.

Introduced by: Robert S. Levine, MD, for the Oakland County Delegation

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek federal regulations to require that any meat sold in the United States that is treated and/or packaged in such a way to retain a fresh red appearance be conspicuously labeled on the front of the package to state: "this meat has been packaged in such a way to maintain a fresh red appearance," and that "the appearance may falsely indicate the meat is fresh."

REFERENCE COMMITTEE RATIONALE: The first resolved was omitted since the Food and Drug Administration (FDA) has direct jurisdiction over this issue.

RESOLUTION 18-07A

Title: Prescription Co-Pay Relief. Adopted.

Introduced by: Cassandra M. Klyman, MD, for the Oakland County Delegation

RESOLVED: That the Michigan Delegation to the AMA ask that the AMA to establish policy opposing the charging of patients more than one co-pay for multiple prescriptions of the same or varying doses of a long-term medication within a 90-day period when evidence-based medicine dictates that less than 90-day prescriptions should be written during the initialization and dose stabilization of a newly prescribed long-term medication or during change in dosing of a long-term medication currently being taken; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to make mail-order pharmacies, appropriate insurance carriers, and pharmaceutical management companies aware of its policy opposing the charging of patients more than one co-pay for multiple prescriptions of the same or varying doses of a long-term medication within a 90-day period when evidence-based medicine dictates that less than 90-day prescriptions should be written during the initialization and dose stabilization of a newly prescribed long-term medication or during change in dosing of a long-term medication currently being taken.

REFERENCE COMMITTEE RATIONALE: The Reference Committee heard testimony in favor of this resolution and agreed that the action requested was appropriate.

RESOLUTION 19-07A

Title: Essential Services Tax. Adopted as Amended.

Introduced by: Robert S. Levine, MD, for the Oakland County Delegation

RESOLVED: That MSMS vigorously oppose any sales or use tax on essential needs of Michigan citizens, including, but not limited to, education, food items, prescriptions, medical services and also oppose any provider tax.

REFERENCE COMMITTEE RATIONALE: The Committee was supportive of the overall intent to oppose taxing services that are considered to be essential. Adding a sales tax to physician services or any other health care service such as hospital charges or pharmaceuticals could add considerable costs to patients and employers. However, the Committee did not see a need to ask the AMA to oppose a tax on essential services as sales and excise taxes on goods and services are generally within the purview of the states. Therefore, the Committee recommended adoption of the first resolved portion and striking the second resolved.

RESOLUTION 20-07A

Title: Medicare Part D and Tricare for Life. Adopted as Amended.

Introduced by: A. Bradley Eisenbrey, MD, for the Oakland County Delegation

RESOLVED: That MSMS work with the AMA to further investigate the issue of involuntary enrollment of individuals covered by Tricare for Life in the Medicare Part D benefit program and ensure ease of withdrawal when inappropriate enrollment occurs.

REFERENCE COMMITTEE RATIONALE: The Reference Committee heard limited testimony on this resolution and did not have sufficient information to determine whether action was needed on this issue, but felt that the concern was important enough to warrant additional investigation.

RESOLUTION 21-07A

Title: Physician Immunity for Impaired Patients. Adopted.

Introduced by: Marianna Spanaki-Varelas, MD, for the Oakland County Delegation

RESOLVED: That MSMS seek legislation that would provide immunity to physicians and institutions for injuries to or caused by individuals who are impaired due to any disease that reduces mental or physical skills and/or treatment of such condition provided that the physicians in good faith have properly warned the individual and documented such interactions/warnings in the patient's medical record and otherwise complied with state law.

REFERENCE COMMITTEE RATIONALE: The Committee heard considerable testimony in support of this resolution that seeks to provide greater clarity regarding the liability exposure of physicians with respect to impaired drivers. The Committee concurred that there is a need to protect physicians from liability as well as implement policies that are aimed at encouraging physicians to make appropriate determinations about the fitness of impaired patients to drive.

RESOLUTION 22-07A

Title: Simplifying Patient Access to Specialist Care. Referred to the Board for Study.

Introduced by: Robert S. Levine, MD, for the Oakland County Delegation

RESOLVED: That MSMS seek policy to ensure inclusion on all health maintenance organization panels to any specialist regardless of PO, IPA or hospital affiliation, to allow patients appropriate and expedient access to care.

REFERENCE COMMITTEE RATIONALE: Testimony revealed the complex interaction between health plan physician panels and physician organizations, and the Reference Committee believed that the issues of transparency and full disclosure to patients were important.

RESOLUTION 23-07A

Title: Business Ownership of Radiology Practices. Adopted.

Introduced by: Richard M. Chesbrough, MD, for the Oakland County Delegation

Supported by: Michigan Radiological Society and the MI Society of Michigan Therapeutic Radiologists and Oncologists

RESOLVED: That MSMS urge Governor Granholm and the Michigan legislature to enforce existing laws regarding the Corporate Practice of Medicine; and be it further

RESOLVED: That MSMS request the State Attorney General to pursue civil and criminal penalties, against non-licensed individuals and corporations illegally practicing medicine in violation of Attorney General Ruling OAG 1979-1980, No. 5676, p 700, 701 (April 8, 1980).

REFERENCE COMMITTEE RATIONALE: The Committee heard compelling testimony regarding the proliferation of corporate ownership of medical practices as well as the potential negative consequences to patient care. This resolution asks that MSMS seek greater enforcement of existing laws designed to protect patients and physicians. The Committee considered this a sensible approach to addressing the concerns contained within the resolution.

RESOLUTION 24-07A

Title: Quality of Imaging Services in Physician's Office Practice. Adopted as Amended.

Introduced by: Richard M. Chesbrough, MD, for the Oakland County Delegation

Supported by: The Michigan Radiological Society and the MI Society and the Michigan Therapeutic Radiologists and Oncologists

RESOLVED: That MSMS urge member physicians to comply with standard of care and quality in medical imaging when offering such services within the scope of their office-based practice.

REFERENCE COMMITTEE RATIONALE: The Committee amended the resolution to reflect existing AMA policy.

RESOLUTION 25-07A

Title: Physician Penalties for Out-of-Network Services. Adopted as Amended.

Introduced by: Robert S. Levine, MD, for the Oakland County Delegation

RESOLVED: That MSMS vehemently oppose any penalties implemented by insurance companies against physicians when patients independently choose to obtain out-of-network services; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to vehemently oppose any penalties implemented by insurance companies against physicians when patients independently choose to obtain out-of-network services.

REFERENCE COMMITTEE RATIONALE: The amended language makes the distinction between sanctions for out-of-network referrals as opposed to patients seeking out-of-network services by their own choice.

RESOLUTION 26-07A

Title: Wrist Bands/ID Bracelets. Adopted.

Introduced by: Dennis C. Szymanski, MD, Berrien County

RESOLVED: That MSMS recommend to the Michigan Health and Hospital Association and the American Hospital Association that an industry standard common patient identification wrist band be adopted and other designations also be standardized to avoid confusion and promote patient safety.

RESOLUTION 27-07A

Title: Unnecessary Drug and Medication Regimen Review. Adopted as Amended.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS review the new State Operations Manual Interpretive Guidelines/Surveyor Guidance F-tags F329 and F428 for inappropriate expansion of required medication reduction of all psychoactive medications; and be it further

RESOLVED: That MSMS review the new State Operations Manual Interpretive Guidelines/Surveyor Guidelines F-tags F329 and F428 for extensive documentation of medical decisions; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to review Michigan State Medical Society's findings regarding the new State Operations Manual Interpretive Guidance F-tags F329 and F428 and make recommendations to the Centers for Medicare and Medicaid Services, including any reimbursement changes needed.

REFERENCE COMMITTEE RATIONALE: The issues raised in this resolution and Resolution 28-07A were closely linked, and the Reference Committee amended the language to address the additional reimbursement needed to compensate for the added work of additional documentation requirements. This amendment addressed the intent of Resolutions 27-07A and 28-07A.

RESOLUTION 28-07A

Title: Centers for Medicare and Medicaid Services (CMS) Requirements and Payments for Services. No Action.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That if the Centers for Medicare and Medicaid Services (CMS) requires drug changes based on a schedule, that physicians be reimbursed for their services necessary to comply with these changes and documentation.

REFERENCE COMMITTEE RATIONALE: The amendment of resolution 27-07A includes the action requested in this resolution; therefore no additional action was needed.

RESOLUTION 29-07A

Title: Support for the U.S. Global Health Initiative. Adopted.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS record its support for the U.S. Global Health Service concept and convey that support to the AMA, as well as Michigan and national leaders.

RESOLUTION 30-07A

Title: End Forced Opioid Withdrawal in Michigan Jails. Adopted as Amended.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

Supported by: The Michigan Society of Addiction Medicine

RESOLVED: That MSMS advise the Michigan Department of Community Health to communicate to each county sheriff the standard of care for the management of opioid withdrawal of incarcerated addicts to end forced opioid withdrawal; and be it further

RESOLVED: That jail physicians should become qualified in the management of opioid withdrawal.

REFERENCE COMMITTEE RATIONALE: The Committee was unsure if Suboxone is the current standard of care for opioid withdrawal. The Committee also felt the amendment allowed for future changes to the standard of care.

RESOLUTION 31-07A

Title: Co-Pay Responsibility and Collection. Adopted.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS work with the Michigan Office of Financial and Insurance Services to require insurance companies to collect co-pays not paid at the time of service and reimburse the physician for this co-pay.

REFERENCE COMMITTEE RATIONALE: There was broad support for making insurers more accountable for the collection of co-pays. While the Committee understood that it may be difficult to change the current reimbursement structure to place this responsibility back upon the insurer, the expense associated with collecting co-pays that are relatively small amounts of money can be extremely costly. Therefore, the Committee supported the concept of the resolution.

RESOLUTION 32-07A

Title: Incentives to Reduce Services to Patients. Adopted as Amended.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS ask the MSMS Bioethics Committee to study the ethics of the practice of physicians accepting incentives that may negatively affect patient care; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to ask the Council on Ethical and Judicial Affairs (CEJA) and/or the Council on Medical Service of the AMA to study the ethics of the practice of physicians accepting incentives that may negatively affect patient care.

REFERENCE COMMITTEE RATIONALE: The author testified that this resolution was written based on a specific health plan that has created financial incentives for physicians to release postpartum patients early in an attempt to get around state laws regarding “drive through deliveries.” The Reference Committee believed that it is important to explore the potential compromise of patient care due to physician incentives at the state and national level.

RESOLUTION 33-07A

Title: Lead Levels in Pregnant Women. Disapproved.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to recommend to the American College of Obstetricians and Gynecologists (ACOG) that lead levels be considered in prenatal profile studies.

REFERENCE COMMITTEE RATIONALE: After learning that the occurrence of elevated lead levels in pregnant women is not prevalent and predominantly work-related, and that local health departments offer free lead screening, the Committee recommended that this resolution not be approved.

RESOLUTION 34-07A

Title: Hemoglobin Levels Requiring Transfusions. Disapproved.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to work with the Centers for Medicare and Medicaid Services (CMS) to change present rules that allow or disallow transfusions based solely on a hemoglobin level.

REFERENCE COMMITTEE RATIONALE: During testimony it was revealed that Medicare and Medicaid does not have established levels of hemoglobin required for transfusions.

RESOLUTION 35-07A

Title: Insurance Company Collusion. Disapproved.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to lobby the appropriate federal agencies to consider the sharing of information between third party payers collusion and subject to antitrust prosecution.

REFERENCE COMMITTEE RATIONALE: The Reference Committee felt that the wording of the resolution was too vague and it was not clear what was being asked.

RESOLUTION 36-07A

Title: Insurance Company Disclosure. No Action.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS work with the Michigan Office of Financial and Insurance Services to mandate that insurance companies disclose that increased premiums are not reflected in an increase in physician fees.

REFERENCE COMMITTEE RATIONALE: There was a fair amount of debate within the Committee regarding this resolution. There was broad consensus within the Committee that there is a misperception by the public that the precipitous increases in health insurance premiums is mainly attributable to corresponding increases to physician fees. However, there was concern that the proposed solution would not have the desired effect. First, a certain percentage of increases in premiums may be attributable to increases in physician fees or increases in the overall amount of money spent on physician services. Secondly, it is not clear whether mandating insurance companies to disclose this information would necessarily change the perception of the public.

RESOLUTION 37-07A

Title: Insurance Company Profiles. Adopted.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS work with the Michigan Office of Financial and Insurance Services to publish insurance company profiles, i.e. patient outcomes, costs and profits per member to help patients choose the appropriate insurance company.

REFERENCE COMMITTEE RATIONALE: This resolution asked MSMS to work with the Insurance Commissioner to establish and publish insurance company profiles. The Committee agreed with the intent of this resolution to provide useful information to patients and health care purchasers regarding insurance companies. Profiling is a trend in judging the performance of physicians and facilities, and if it is an appropriate measure for these entities it should also be for insurers.

RESOLUTION 38-07A

Title: The Collection of Co-Pays When Medicaid is a Secondary Insurance. Adopted.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS work with primary insurance companies to encourage payment of co-pays by the primary insurance when the patient has Medicaid or Children's Special Health Care Services as a secondary insurance.

REFERENCE COMMITTEE RATIONALE: This resolution spoke to a recurring problem within many physician practices regarding unpaid co-pays by Medicaid. Many on the Committee were familiar with this issue and were extremely supportive of the concept of this resolution.

RESOLUTION 39-07A

Title: Retrospective Revenue Recovery by Third Party Payers. Adopted as Amended.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS continue to oppose the policy of third party payers' retrospective revenue recovery by developing an inventory to collect physician complaints, review policies, and unfavorable appeals to present to legislators and the Insurance Commissioner.

REFERENCE COMMITTEE RATIONALE: MSMS has existing policy regarding seeking legislative relief for retroactive recoveries by third party payers. However, this resolution also asked that MSMS collect data on physician experiences with retroactive audits. For this reason the Committee recommended making a minor amendment to reconcile the resolution with existing policy while keeping the portion that would be new policy.

RESOLUTION 40-07A

Title: A Requirement of Personal Medical Insurance for Those Who Purchase Motorcycle License Plates. Adopted as Amended.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS encourage the Michigan legislature to require no-fault personal injury protection for all people who purchase license plates for motorcycles.

REFERENCE COMMITTEE RATIONALE: The Committee was supportive of efforts to require insurance coverage that is appropriate to the health risk motorcycle operators present. Currently, motorcycle operators enjoy the benefits of the auto no-fault laws while not bearing responsibilities similar to other drivers under the no-fault law. The Committee did amend the resolution to apply the proper terminology as used under the laws governing auto no-fault insurance.

RESOLUTION 41-07A

Title: Accutane “I Pledge” Program. Adopted as Amended.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to survey the Accutane “I Pledge” Program to ascertain problems and reasons for patient dropout in order to make the program user-friendly to patients and doctors or ask the Food and Drug Administration (FDA) to dissolve the program; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to partner with other interested organizations such as the American Academy of Dermatology to survey the Accutane “I Pledge” Program to ascertain problems and reasons for patient dropout in order to make the program user-friendly to patients and doctors or ask the Food and Drug Administration (FDA) to dissolve the program.

REFERENCE COMMITTEE RATIONALE: The first resolved was amended because the AMA cannot dissolve the “I Pledge” Program. The second resolved was added through a friendly amendment during testimony.

RESOLUTION 42-07A

Title: Alternative Delivery Sites for Rabies Vaccination Series. Not Approved.

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

RESOLVED: That MSMS work with the Michigan Department of Community Health to develop alternative delivery sites for injections two through five of the rabies vaccine in coordination with the Health Department.

REFERENCE COMMITTEE RATIONALE: After careful consideration, the Committee concluded that due to the high cost of purchasing and storing the vaccine; and the specific schedule for the rabies vaccination series, the Emergency Room (ER) is the most appropriate delivery site. The Michigan Department of Community Health has recently spent considerable energy to help develop this current policy. Many local health departments have successfully worked with area hospitals to offer injections 2 through 5 and charging for the vaccine and appropriate administrative fees without including standard ER charges.

RESOLUTION 43-07A

Title: Medical Cost Shield for Patients Not Qualifying for Assistance. No Action.

Introduced by: Caroline G. M. Scott, MD, Saginaw County

RESOLVED: That MSMS urge Governor Jennifer Granholm and the Michigan legislature to develop a program to assist/protect the working poor with health insurance in the event their medical needs are greater than they can afford.

REFERENCE COMMITTEE RATIONALE: Later in the report, the Reference Committee recommended an amended version of Board Action Report #14 that addresses the intent of this resolution, so no additional action was needed.

RESOLUTION 44-07A

Title: Safety Belts in School Buses. Disapproved.

Introduced by: Ronald C. Barry, MD, Saginaw County

RESOLVED: That MSMS urge the Michigan legislature to support the requirement of lap-shoulder belts in school buses in Michigan.

REFERENCE COMMITTEE RATIONALE: The Committee reviewed recommendations by the National Highway Traffic Safety Administration that school buses are one of the safest forms of transportation and that seat belts would not have prevented most of the serious injuries and fatalities from occurring in school bus crashes. The Committee was also concerned with the cost effectiveness of such a mandate during the state's current budget crisis.

RESOLUTION 45-07A

Title: Incentive for Surgeons Taking Emergency Department Call. No Action.

Introduced by: Ronald C. Barry, MD, Saginaw County

RESOLVED: That MSMS urge the federal government to support the Emergency Medical Treatment and Active Labor Act (EMTALA) mandate that physicians provide care for the uninsured emergency department patients by providing some tax relief for these services in the form of a deductible business expense no less than 25 percent of the Medicare allowed costs for the procedures or services performed.

REFERENCE COMMITTEE RATIONALE: Board Action Report #5 addresses national efforts to address problems in hospital emergency call coverage, so the issue of tax credits or other incentives can be handled through that action.

RESOLUTION 46-07A

Title: Children's Vision Screening. Approved.

Introduced by: Theresa Cooney, MD, for the MI Society of Eye Physicians and Surgeons

RESOLVED: That MSMS support the American Academy of Ophthalmology and the American Association of Pediatric Ophthalmology and Strabismus, and the American Academy of Pediatrics to encourage vision screening by primary care physicians and established vision screening programs.

RESOLUTION 47-07A

Title: Allowing Patients to See Out-of-Network Physicians. Referred to the Board for Study.

Introduced by: Shakeeb Chinoy, MD, for the Young Physician Section

RESOLVED: That MSMS work with insurance plans and the legislature to allow patients to see out-of-network physicians in their area at no increased cost to them instead of traveling great distances to see an in-network physician; and be it further

RESOLVED: That MSMS work with Medicaid managed care plans to allow physicians to limit their acceptance of these plans to provide service to patients within a limited geographic area.

REFERENCE COMMITTEE RATIONALE: This resolution raised very important questions about patient access to care within a geographic region. The Committee was aware that accepting Medicaid patients can lead to taking patients from across the state as opposed to just those within the community in which the physician practices. There was some concern that the proposed solution of this resolution may not have the desired effect of providing better access for Medicaid patients within their communities. Due to the severity of this problem, the Committee proposed referral to the Board so that additional research can be performed in order to adequately address the issues raised by this resolution.

RESOLUTION 48-07A

Title: Blue Cross Blue Shield of Michigan (BCBSM) Restrictions for Ambulatory Surgery Centers. Adopted.

Introduced by: Shakeeb Chinoy, MD, for the Young Physician Section

RESOLVED: That MSMS advocate for the elimination of Blue Cross Blue Shield of Michigan Evidence of Need criteria for ambulatory surgery centers and promote the more generally accepted guidelines for certification of ambulatory surgery centers set forth by Medicare.

REFERENCE COMMITTEE RATIONALE: In past years, MSMS has addressed the duplicative Evidence of Need requirements imposed by BCBSM on ambulatory surgical centers and agreed that renewed action on this issue would be very appropriate.

RESOLUTION 49-07A

Title: Sun Safety Education for School-Aged Children. Adopted as Amended.

Introduced by: Kara M. Jacobs, for the Medical Student Section

RESOLVED: That MSMS encourage sun safety education and support the distribution of education material to primary and secondary school-aged children and their parents.

REFERENCE COMMITTEE RATIONALE: The resolution was amended to include changes submitted by the author to utilize existing education material.

RESOLUTION 50-07A

Title: Bioterrorism Education. Adopted.

Introduced by: Kara M. Jacobs, for the Medical Student Section

RESOLVED: That MSMS support guidelines of the Association of American Medical Colleges regarding “Training Future Physicians about Weapons of Mass Destruction: Report of the Expert Panel on Bioterrorism Education for Medical Students;” and be it further

RESOLVED: That MSMS encourage all Michigan medical schools to incorporate disaster and bioterrorism education into their four-year medical school curriculum.

RESOLUTION 51-07A

Title: Limited Antitrust Exemption for Physicians. Adopted as Amended.

Introduced by: Ahmer K. Ghori, for the Medical Student Section

RESOLVED: That MSMS support a limited physician antitrust exemption modeled after the “Quality Health Care Coalition Act” physician organization mechanisms to equilibrate the bargaining position between health care insurance companies and physicians.

REFERENCE COMMITTEE RATIONALE: The Reference Committee did not have enough information on the exemption, but agreed that additional study of the issue was warranted. The MSMS Council of Physician Organizations has already expressed interest in discussing antitrust issues and will provide an appropriate forum to further explore the issue.

RESOLUTION 52-07A

Title: Nutritional Label Education. Approved.

Introduced by: Tyler J. Willson, for the Medical Student Section

RESOLVED: That MSMS encourage the Michigan Department of Education to incorporate assessment of nutrition labels into the elementary, middle and high school curriculum; and be it further

RESOLVED: That MSMS support nutrition education programs that would promote the involvement of parents in their children’s nutrition education.

RESOLUTION 53-07A

Title: Support for AMA Efforts to Expand Health Insurance Coverage. No Action.

Introduced by: Kimberly S. Johnson, for the Medical Student Section

RESOLVED: That MSMS increase efforts to build political pressure for action on both expansion of health insurance coverage and access to care at the state and national levels; and be it further

RESOLVED: That MSMS go on record as endorsing and supporting the AMA proposal for expanding health insurance coverage as outlined in "Expanding Health Insurance: the AMA Proposal for Reform."

REFERENCE COMMITTEE RATIONALE: Later in the report, the Reference Committee recommended an amended version of Board Action Report #14 that addresses the intent of this resolution, so no additional action was needed.

RESOLUTION 54-07A

Title: Diversity and Equality of Opportunity in Admissions to Michigan's Medical Colleges. Adopted.

Introduced by: Kimberly M. Johnson, for the Medical Student Section

RESOLVED: That MSMS support and encourage Michigan's medical colleges in considering the socioeconomic status of applicants when evaluating and deciding admissions to academic programs.

RESOLUTION 55-07A

Title: Third Party Payers Pay for New Covered Services with New Funds. Disapproved.

Introduced by: Lawrence A. Reynolds, MD, for the Genesee County Delegation

RESOLVED: That MSMS work to assure that if a vaccine or other service is approved by a third party payer that new funds be allocated by the payer to cover those services.

REFERENCE COMMITTEE RATIONALE: It is the understanding of the Committee that third party payers do not typically have specific funds allocated to particular codes/diseases but either cover or not cover services. Due to limited testimony, Committee members were unclear on the intention of the resolution.

RESOLUTION 56-07A

Title: Continue Aggressive Pursuit of Anti-Smoking Legislation. No Action.

Introduced by: Prasad Kommareddi, MD, for the Genesee County Delegation

RESOLVED: That MSMS develop a strategy to successfully pursue passage of legislation that would ban smoking in all public work places and places where individuals congregate in Michigan.

REFERENCE COMMITTEE RATIONALE: MSMS has eleven policies that address anti-tobacco/smoke-free initiatives including support of legislation for smoke-free workplaces. Additionally, MSMS has joined the Campaign for Smokefree Air (CSA) to assist in leveraging legislators, media and public thereby combining valuable resources for an expensive campaign. CSA is a coalition that consists of over 100 businesses, health care organizations, community activists groups, and environmentalists that commit to supporting smoke free air. Many physician practices, health systems, hospitals, state specialty societies and county medical societies have added their support to the cause. MSMS is one of four members of the CSA Steering Committee that is funding the Campaign and is responsible for the strategic direction of the group.

The coalition is promoting three new bills that aim to make Michigan smoke-free. The bills essentially aim to adopt laws that would ensure healthy, smoke-free workplaces statewide, including restaurants, bars, office buildings and factories. House Bill 4163, introduced by Representative Brenda Clack (D-Flint), has been referred to the House Commerce Committee. Senate Bill 110, introduced by Senator Ray Basham (D-Taylor), and SB 110, introduced by Senator Tom George, MD (R-Portage) have been referred to the Senate Economic Development and Regulatory Reform Committee.

Since MSMS has extensive policy and is currently working diligently on this issue, the Committee recommended no action be taken.

RESOLUTION 57-07A

Title: Suspension of Physicians by the Board of Medicine and the Board of Osteopathic Physicians and Surgeons. Disapproved.

Introduced by: Pino D. Colone, MD, for the Genesee County Delegation

Supported by: The Kent County Delegation; Oakland County Delegation and the Muskegon County Delegation

RESOLVED: That the word “suspended” as used by the Michigan Board of Medicine and the Michigan Board of Osteopathic Physicians and Surgeons be clarified to indicate whether the physician may practice medicine or not; and be it further

RESOLVED: If the term “suspended” as used by the Michigan Board of Medicine and the Michigan Board of Osteopathic Physicians and Surgeons means that a physician is no longer able to practice medicine, that the word “suspended” be included in the MSMS Bylaws, Section 2.30, and defined as a cause to revoke a physician’s membership status in both county and state societies.

REFERENCE COMMITTEE RATIONALE: The definition of “suspension” was clarified as a temporary restriction on practice, which may or may not result in a permanent revocation of licensure. Testimony clarified that “suspension” in itself does not indicate a relevant, medically related violation, which only can be determined through due process by the Board of Medicine. The Committee agreed with testimony that members whose licenses are suspended should be supported by their medical society, and membership should be terminated only upon permanent revocation of the medical license.

RESOLUTION 58-07A

Title: Make Smoking Around Children in a Confined Environment a Form of Abuse. No Action.

Introduced by: Prasad Kommareddi, MD, for the Genesee County Delegation

RESOLVED: That MSMS pursue legislation that would categorize smoking around children in a confined environment as abuse.

REFERENCE COMMITTEE RATIONALE: While the Committee supports the intent of the resolution, they were concerned that this issue would impede the momentum of current smoke-free legislation by mobilizing individual rights activists and other grassroots groups. The Committee believed smoking in cars with children present might be a future endeavor, but did not want to jeopardize the current Campaign for Smokefree Air (CSA).

RESOLUTION 59-07A

Title: Finger Print Identification of Emergency Department Patients. Tabled.

Introduced by: Pino D. Colone, MD, Genesee County

RESOLVED: That MSMS work with all appropriate agencies to implement a system of identification using finger prints for all patients presenting to emergency departments for treatment; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to work with all appropriate agencies to implement a system of identification using finger prints for all patients presenting to emergency departments for treatment.

REFERENCE COMMITTEE RATIONALE, The Committee acknowledged the need of identifying patients in emergency departments, but were concerned with costs, legal implications, logistics, medical errors from mis-identification, and access to health care for those with illegal immigration status or those with concerns about criminal records.

RESOLUTION 60-07A

Title: MRI Availability in Level I Trauma Centers. No Action.

Introduced by: Pino D. Colone, MD, Genesee County

RESOLVED: That MSMS work with appropriate local and state authorities to establish a standard requiring that all Level I Trauma Centers have permanent on-site MRI.

REFERENCE COMMITTEE RATIONALE: The Committee considered this to be a local issue that may require attention. However, this resolution asked MSMS to take a position that is not recognized by the entity that credentials Level I trauma centers. The Committee was not inclined to require all Level I trauma centers to have an on-site MRI. That was not to say that certain Level I trauma centers may have a valid claim to need an on-site MRI; however, there was concern that mandating this requirement may have some unintended consequences particularly for smaller rural facilities.

RESOLUTION 61-07A

Title: Minimizing Risk of Food Borne Illness at “Buffet-Type” Restaurant. Referred to the Board for Study.

Introduced by: Jeffrey E. Jacobs, MD, Houghton-Baraga-Keweenaw Counties

RESOLVED: That MSMS urge Governor Granholm and the Michigan legislature to mandate that all food service buffet lines that make use of shared utensils provide disposable gloves for diners for handling said utensils.

REFERENCE COMMITTEE RATIONALE: The Committee felt this resolution was timely and worthy of study to determine the most appropriate recommendations to achieve safer food in all restaurants.

RESOLUTION 62-07A

Title: Minimizing Risks of Recontamination in Public-Accessed Restrooms. No Action.

Introduced by: Jeffrey E. Jacobs, MD, Houghton-Baraga-Keweenaw Counties

RESOLVED: That MSMS urge Governor Granholm and the Michigan legislature to mandate that all new construction or restructuring of restrooms that are accessible to the public be equipped with motion-activated or self-stopping faucets and outward swinging doors that do not require the touching of a knob or handle.

REFERENCE COMMITTEE RATIONALE: The Committee supported minimizing risks of recontamination in public restrooms, but was unclear about how to execute the action in the resolved.

RESOLUTION 63-07A

Title: Revisions to the Certificate of Need (CON) Review Standards for Open Heart Surgery Services. No Action.

Introduced by: Vernon E. Dencklau, DO, for the St. Clair County Delegation

RESOLVED: That MSMS actively work with the Michigan Department of Community Health and its Standard Advisory Committee (SAC) to base Certificate of Need (CON) criteria on quality indicators as defined by the Michigan Society of Thoracic and Cardiovascular Surgeons, and not solely on an arbitrary number of cases performed; and be it further

RESOLVED: That MSMS actively lobby and interact with the state legislature and the governor to maintain the certification of the Open Heart Surgery Services programs that are currently serving their local communities effectively and with comparable quality to national standards

REFERENCE COMMITTEE RATIONALE: The Committee was provided information regarding the potential negative implications of closing open-heart programs in certain areas of the state. MSMS has existing policy relative to assuring that volume standards not be the sole basis for determining CON approval for open-heart programs in Michigan. The Committee believed that this is an important issue and that the existing MSMS policy is sufficient.

RESOLUTION 64-07A

Title: Minimize Transmission of Infection in School-Age Children. Referred to the Board for Study.

Introduced by: Alan D. Kuester, DO, for the St. Clair County Delegation

RESOLVED: That MSMS support national and local legislation similar to the San Francisco ordinance that would provide full-time workers a reasonable amount of paid sick time per year to care for themselves or a family member with pro-rated time off for part-timers; and be it further

RESOLVED: That MSMS promote/develop educational materials and guidelines for Michigan schools and day care centers to emphasize proper hand washing and provide the capability to sequester/isolate/separate children with a presumable contagious illness (such as in a designated area of the classroom) in order to minimize the spread of infection to others.

RESOLUTION 65-07A

Title: Safeguard National Provider Identifier and Physician Privacy. No Action.

Introduced by: Ponon Dileep Kumar, MD, for the St. Clair County Delegation

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to develop and mandate adequate safeguards for the protection of physician privacy, such as those used by the banking industry, showing only the last four digits of the National Provider Identifier (NPI) on public accessible websites, and in published lists, electronically communicated documents and faxes.

REFERENCE COMMITTEE RATIONALE: The AMA currently has policy regarding the security of National Provider Identifier information and will continue to address the issue at a national level. The chair of the MSMS Information Technology Committee informed the Reference Committee that they will be asking health plans what safeguards will be enacted. There is sufficient activity to address this issue, so no additional action was required.

RESOLUTION 66-07A

Title: Direct-to-Consumer Advertising. Adopted as Amended.

Introduced by: James P. Byrne, MD, for the Washtenaw County Delegation

RESOLVED: That MSMS make known to the AMA, the Michigan congressional delegation, and the Michigan legislature that Michigan physicians are opposed to the practice of direct-to-consumer advertising by pharmaceutical and medical device companies.

REFERENCE COMMITTEE RATIONALE: Medical device companies were added to the resolution through a friendly amendment during testimony.

RESOLUTION 67-07A

Title: Opposition to Compulsory Content of Mandated Continuing Medical Education. Adopted.

Introduced by: Allan C. D. Brown, MD, for the Washtenaw County Delegation

RESOLVED: That MSMS oppose any attempt to introduce compulsory content of mandated Continuing Medical Education (CME) in the state of Michigan.

RESOLUTION 68-07A

Title: Routine Testing for HIV in Medical Care Settings. Adopted as Amended.

Introduced by: Stanley G. Reedy, MD, for the Washtenaw County Delegation

RESOLVED: That MSMS support, promote and participate in the establishment and utilization of guidelines for routine HIV testing in medical settings, including the necessary alterations in current Michigan law that will facilitate this step.

REFERENCE COMMITTEE RATIONALE: The resolution was amended by the sponsor during testimony.

RESOLUTION 69-07A

Title: Adequate Vaccine Reimbursement. Adopted as Amended.

Introduced by: David T. Walsworth, MD, for the Ingham County Delegation

RESOLVED: That MSMS work with local payers to ensure that the supply of all vaccines recommended by the Centers for Disease Control is available at a reasonable cost and the practice is fully reimbursed if unable to find a supplier charging lower than the reimbursement fee; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to work with national payers to ensure that the supply of all vaccines recommended by the Centers for Disease Control is available at a reasonable cost and the practice is fully reimbursed if unable to find a supplier charging lower than the reimbursement fee.

REFERENCE COMMITTEE RATIONALE: The Committee amended the resolution to omit the first two resolves because they are current MSMS and AMA policy.

RESOLUTION 70-07A

Title: Current Procedural Terminology (CPT) Guidelines. Adopted.

Introduced by: David T. Walsworth, MD, for the Ingham County Delegation

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to work with McKesson and other claims review software vendors to follow Current Procedural Terminology (CPT) guidelines including, but not limited to, modifiers following the Medicare guidelines.

REFERENCE COMMITTEE RATIONALE: Testimony revealed that there is AMA policy on this issue, but the Reference Committee agreed with the author that reaffirmation of this policy is appropriate.

RESOLUTION 71-07A

Title: Same Day Procedures. Adopted as Amended.

Introduced by: David T. Walsworth, MD, for the Ingham County Delegation

RESOLVED: That MSMS collaborate with other interested groups, such as Specialty societies, to advocate that Michigan health plan discounts for second and subsequent procedures on the same day be based on the relative resources required for providing the additional services; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to advocate on a national level that health plan discounts for second and subsequent procedures on the same day be based on the relative resources required for providing the additional services.

REFERENCE COMMITTEE RATIONALE: The Reference Committee amended the language to clarify the intent of the resolution.

RESOLUTION 72-07A

Title: Prescription Drug Formularies. No Action.

Introduced by: Omero S. lung, MD, for the Ingham County Delegation

RESOLVED: That MSMS develop an educational program for practicing physicians and their staff about how to obtain the most current information about a patient's health care formulary while the patient is in the office.

REFERENCE COMMITTEE RATIONALE: The MSMS Committee on Information Technology is currently addressing this issue.

RESOLUTION 73-07A

Title: Increasing Residency Slots to Decrease Physician Shortage. Substitute Resolution (in lieu of Resolutions 3-07A and 73-07A) See Substitute Resolution 3-07A.

Introduced by: Anil K. Tibrewal, MD, Jackson County

RESOLUTION 74-07A

Title: Tax Deduction for Uncompensated Emergency Medical Care. No Action.

Introduced by: Anil K. Tibrewal, MD, Jackson County

RESOLVED: That MSMS seek legislative changes to help alleviate the financial burden of physicians by amending the Internal Revenue Service tax code of 1986 to allow board certified physicians to partially offset the cost of providing uncompensated care through a tax deduction equal to the amount that would be paid under a Medicare fee schedule payment.

REFERENCE COMMITTEE RATIONALE: It is already the policy of MSMS to seek tax credits for physicians who provide care to the uninsured or the underinsured. Therefore, the Committee recommended taking no action as this affirms existing MSMS policy.

RESOLUTION 75-07A

Title: DO Physicians as Members of the County Society at a Reduced Rate. Referred to the Board for Study.

Introduced by: Anil K. Tibrewal, MD, Jackson County

RESOLVED: That MSMS formulate a plan in which the DO physicians who are members of the Michigan Osteopathic Association are allowed to be an associate or a non-active member of the county society at a reduced rate that is the equivalent of county society dues along with a nominal administrative fee so that they could participate in social and other activities of the county society without being a voting member.

REFERENCE COMMITTEE RATIONALE: The Committee found that the intent of this resolution is already satisfied in that the county medical societies currently may invite DOs to participate in social and other activities of the county society as non-voting guests. MSMS Bylaws require unified membership in both the county and state societies, requiring a Bylaw change if the resolution were to be adopted. The Committee was concerned about this resolution's potential negative ramification on dues revenue. The MOA membership status is unknown of the current 537 DO members of MSMS, and there is the possibility that many would choose to join only the MSMS county medical society.

RESOLUTION 76-07A

Title: Reverse Restriction on Class II Narcotic Prescribing. Disapproved.

Introduced by: Owen M. Berow, MD, Kalamazoo County

RESOLVED: That MSMS lobby the legislature and Governor of the state of Michigan to eliminate restrictions on the durations of a prescription for Class II narcotics.

REFERENCE COMMITTEE RATIONALE: The Committee felt that current restrictions make medical sense and ensure continued monitoring. In addition, current restrictions help to prevent the potential for diversion of medication.

RESOLUTION 77-07A

Title: Expansion of Conflict of Interest Policy. Adopted as Amended.

Introduced by: Gail A. Cookingham, MD, for the MI Allergy and Asthma Society

RESOLVED: That MSMS encourage specialty and county societies to review their respective Conflict of Interest policies and consider adoption of the AMA Conflict of Interest Policy.

REFERENCE COMMITTEE RATIONALE: MSMS does not dictate county or specialty societies' policy, and therefore amended the resolved to instead encourage those societies to adopt the AMA policy in the spirit of full disclosure.

RESOLUTION 78-07A

Title: Health Executive Compensation Report. Adopted as Amended.

Introduced by: Gail A. Cookingham, MD, for the MI Allergy and Asthma Society

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to make information on the finances of publicly traded health insurance, medical supply, and pharmaceutical companies, including CEO salaries, easily available to physicians.

RESOLUTION 79-07A

Title: Health Insurers' Comparative Expenditures Review. Referred to the Board For Study.

Introduced by: Gail A. Cookingham, MD, for the MI Allergy and Asthma Society

RESOLVED: That MSMS develop a Health Insurers' Comparative Expenditures Review of all insurance companies in Michigan including Medicare, which would consist of the cost on all administrative functions including total premiums paid per enrollee, total wages, rent, advertising, legal fees, claims paid on first submission, and the outsourcing of any jobs, and that it be disseminated to all MSMS members, the public, and the legislature on a regular basis.

REFERENCE COMMITTEE RATIONALE: Medical Advantage Group (MAG), the MSMS subsidiary, already publishes Michigan HMO financial statement information on a quarterly and annual basis. This information is derived from reports that HMOs must file with the Insurance Commissioner. The Reference Committee agreed with the importance of transparency of health plan information and believed that MSMS and MAG could explore whether data on other third party payers is available and could be shared with physicians and others.

RESOLUTION 80-07A

Title: Prohibition of Blue Cross Blue Shield of Michigan Economic Credentialing and Physician Re-Affiliation. Adopted as Amended.

Introduced by: Gail A. Cookingham, MD, for the MI Allergy and Asthma Society

RESOLVED: That MSMS urge Blue Cross Blue Shield of Michigan to allow physicians who have been previously disaffiliated through the process of economic credentialing to apply for PPO reaffiliation by way of an expeditious application process.

REFERENCE COMMITTEE RATIONALE: The Reference Committee deleted the first resolved clause because there is already policy and supportive activity to address economic credentialing. The issue of the two-year delay before physicians disaffiliated by BCBSM can reapply for the PPO network needs to be addressed.

RESOLUTION 81-07A

Title: Standardized Limits for Nonprofit Health Insurers' Surplus Excess. Adopted as Amended.

Introduced by: Gail A. Cookingham, MD, for the MI Allergy and Asthma Society

RESOLVED: That MSMS develop a valid and standardized analysis of surplus excess of health insurers based on the profit driven financial measures.

REFERENCE COMMITTEE RATIONALE: The Reference Committee deleted the second resolved because it would not be prudent to direct how surplus plan funds should be invested.

RESOLUTION 82-07A

Title: Smoke Free Michigan Health Institutions. No Action.

Introduced by: Ronald M. Davis, MD, for the Wayne County Delegation

RESOLVED: That MSMS work with the Michigan legislature to seek a ban on smoking in all Michigan health institutions.

REFERENCE COMMITTEE RATIONALE: The Committee took no action because this is current MSMS policy. Please reference Resolution 56-07A for a complete summary of MSMS activity with smoke-free worksites.

RESOLUTION 83-07A

Title: New Member Recruitment Discount. Adopted as Amended.

Introduced by: Mohammed A. Arsiwala, MD, for the Wayne County Delegation

RESOLVED: That all MSMS members who recruit a new full dues-paying member shall receive a 10 percent discount off their dues for that year for each new member recruited up to a maximum of 100 percent of dues.

REFERENCE COMMITTEE RATIONALE: MSMS has periodically conducted peer-to-peer membership recruitment campaigns and endorses the concept behind this resolution. The resolved portion was amended to specify that only the recruitment of full dues-paying members qualifies for this incentive campaign.

RESOLUTION 84-07A

Title: Depression in Pregnancy and Family Safety. Adopted.

Introduced by: Federico G. Mariona, MD, for the Wayne County Delegation

RESOLVED: That MSMS work with the appropriate medical specialty societies, the office of the Michigan Surgeon General, the Michigan Department of Community Health, and public and private health insurance plans to create a state-wide educational program for the public and medical practitioners to increase their awareness of postpartum depression and depressive symptoms in pregnant women; and be it further

RESOLVED: That MSMS work with all third-party payers to ensure that maternity benefits include the timely use of validated clinical screening tools to identify depression starting at the first prenatal care visit and continuing until the end of the first year post partum.

RESOLUTION 85-07A

Title: Infant and Child Protection Initiative. No Action.

Introduced by: Federico G. Mariona, MD, for the Wayne County Delegation

Supported by: The Genesee County Delegation

RESOLVED: That MSMS work closely with all state social and community based agencies, medical specialty societies, and child and infant care coalitions to enhance public awareness, education, and communication to better coordinate all processes and activities conducive to protect and defend infants and children; and be it further

RESOLVED: That MSMS work with all related state institutions to establish stronger policy-level changes in child protection, improve financing of children preventive services, and reduce duplication of services resulting in a safe, protective, and stimulating family and home environment for our children.

REFERENCE COMMITTEE RATIONALE: The Committee recommends no action on this resolution since last year's Resolution 88-06A addressed all aspects of domestic and family violence including children.

RESOLUTION 86-07A

Title: Full Disclosure by Candidates for AMA Delegate Positions. Disapproved.

Introduced by: Frank P. Bongiorno, MD, for the Wayne County Delegation

RESOLVED: That MSMS require that a plaintiff or defense expert physician who also wants to run for office in a county medical society, MSMS or for an AMA delegate or alternate delegate position disclose this association for the electorate to judge if a conflict of interest is present.

REFERENCE COMMITTEE RATIONALE: Testimony emphasized that it is difficult, if not impossible, to ascertain whether any plaintiff or defense expert physician has, or ever has had, less than noble motives during a trial. The Committee agreed that ultimately it is the civic responsibility of physicians to participate in the legal process.

RESOLUTION 87-07A

Title: Corporate Health Care Services. No Action.

Introduced by: Federico G. Mariona, MD, for the Wayne County Delegation

RESOLVED: That in this era of value-based medical care, MSMS work in cooperation with other recognized organized medicine groups in Michigan along with the Michigan Department of Community Health, the Michigan Public Health Institute and the office of the Governor to determine the potential impact of corporate health care clinics in the health of the public; and be it further

RESOLVED: That organized medicine cooperate in finding ways and means to avoid the uncontrolled development of a parallel health care system in the state of Michigan, the corporatization of practitioners, and the practice of medicine through corporate health care clinics.

REFERENCE COMMITTEE RATIONALE: This resolution addresses store-based health clinics. The update on Resolution 31-06A provided to the House of Delegates describes current activities to address this issue, including discussions with the Michigan Bureau of Health Professions to identify mechanisms to promote retail settings that can assure at least a minimum level of quality and safety for patients. In addition, the AMA has adopted measures to promote quality and safety at store-based health clinics, such as well-defined and limited scope of clinical services, standardized evidence-based practice guidelines, provision for direct access, and supervision by MDs and DOs, as well as several other criteria. These developing state and national activities achieve the intent of the resolution, so no additional action was needed.

RESOLUTION 88-07A

Title: Increasing AMA Membership Thru Local Credentialing. No Action.

Introduced by: Frank P. Bongiorno, MD, Wayne County

RESOLVED: That the Michigan Delegation to the AMA encourage the AMA to accept local/state credentialing for membership and abandon the costly, ineffective and expensive national process with a goal of opening AMA membership to all component state members.

REFERENCE COMMITTEE RATIONALE: The Committee believed that the current AMA process for credentialing is satisfactory, and is confident that the process in place, handled on a case by case basis, allows for due process and includes the right of a physician to appeal any decision made. The Committee believed that the AMA credentialing process does not present any unjustified barrier to membership.

RESOLUTION 89-07A

Title: Insurance Company Buyouts Eliminate Competition. Adopted as Amended.

Introduced by: Arezo Amirikia, MD, for the Wayne County Delegation

RESOLVED: That MSMS continue to actively monitor proposed mergers and acquisitions for impact on competition among insurers and inform the Governor, Attorney General, Insurance Commissioner, and Federal Trade Commission of any concerns; and be it further

RESOLVED: That MSMS ask the AMA to continue to support efforts to monitor proposed mergers and acquisitions for impact on competition among insurers and address any concerns as needed.

REFERENCE COMMITTEE RATIONALE: The amended language clarified the intent of the resolution and encouraged additional collaborative efforts with the AMA.

RESOLUTION 90-07A

Title: Health Care Costs. Adopted as Amended.

Introduced by: H. Richard Henderson, MD, for the Wayne County Delegation

RESOLVED: That in the name of cost effective, quality health care for all, the Michigan Delegation to the AMA ask the AMA to include in its Agenda 2008 that the medical profession advocate for and become more vocal for appropriate, cost effective, and reasonable care.

REFERENCE COMMITTEE RATIONALE: The new language reflected an amendment offered by the author of the resolution.

RESOLUTION 91-07A

Title: Access to Quality Health Care. Referred to the Board for Action.

Introduced by: Diane G. Holland, MD, Wayne County

RESOLVED: That MSMS oppose the Michigan Court of Appeals for its elimination of existing health care benefits to hundreds of Michigan families and their children through Case #265870, thereby exposing them to serious medical and financial liability; and be it further

RESOLVED: That MSMS file an amicus brief with the Michigan Supreme Court against the Michigan Court of Appeals Case #265870 that eliminated existing health care benefits to hundreds of Michigan families; and be it further

RESOLVED: That MSMS collaborate and unite with other entities in the state of Michigan, including the Governor and legislature, to ensure that health care benefits are equally available to all Michigan citizens and their children.

REFERENCE COMMITTEE RATIONALE: Testimony by the author and a guest, as well as background provided by MSMS legal counsel, revealed that this resolution addresses the February 1, 2007, Court of Appeals decision that interpreted the "marriage amendment" to the Michigan Constitution, which took effect on December 18, 2004. This Amendment requires that only the union of one man and one woman in marriage be recognized as a marriage or similar union for any purpose. The Court of Appeals held that this Amendment prohibited public employers from offering same-sex domestic partner benefits in their employee benefit packages. An Application for Leave to appeal this decision to the Michigan Supreme Court has been filed. MSMS was being asked to support this appeal.

MSMS already has policy supporting coverage for all Michigan citizens as requested in the third resolved. The Reference Committee did not have adequate information about the appeal of the Michigan Court of Appeals decision and felt that further investigation was necessary. Therefore, the Reference Committee recommended referral of this issue.

RESOLUTION 92-07A

Title: Unfunded Electronic Mandates. No Action.

Introduced by: Edmund M. Barbour, MD, for the Wayne County Delegation

RESOLVED: That MSMS work to convey to all interested parties that physicians be fairly and adequately compensated for the acquisition, training, and implementation of electronic systems for health records, e-prescribing, and quality data collection with payments made with additional funds, not just set aside as part of "pay-for-performance" participation; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to pursue legislative and regulatory efforts to adequately compensate physician practices for implementation of and ongoing support for electronic systems in their offices.

REFERENCE COMMITTEE RATIONALE: The Committee believed that the intent of this resolution to provide some sort of financial support for physicians choosing to implement EMR is tremendously important to physician practices. However, the Committee raised questions about the use of the term “adequately compensate” by the author in the resolution. It was the sense of the Committee that this resolution was similar in intent to Resolution 4-07A, and that 4-07A is more specific with respect to how to provide financial relief to physician practices.

RESOLUTION 93-07A

Title: Position Paper on Uniform Anatomical Gift Act. No Action.

Introduced by: Gary K. Johnson, MD, MPH, for the MI Association of Medical Examiners

RESOLVED: That MSMS review the position paper of the National Association of Medical Examiners regarding the Uniform Anatomical Gift Act and make recommendations to the MSMS House of Delegates in 2008.

REFERENCE COMMITTEE RATIONALE: The Committee did not feel they had enough information about the Uniform Anatomical Gift Act and were unclear about the action desired by the Michigan Association of Medical Examiners. The Committee recommended the Association provide MSMS its expertise and recommendations on the Act for action through the 2008 House of Delegates or the MSMS Committee on Public Health.

RESOLUTION 94-07A

Title: Truth in Training and Specialty. Referred to the Board for Study.

Introduced by: Mark C. Komorowski, MD, Bay County

RESOLVED: That MSMS seek policies, and legislation if necessary, to prohibit physicians and other health professionals from performing procedures and services in an office setting unless they are credentialed or eligible to be credentialed by a hospital or other health facility to perform that procedure or service.

REFERENCE COMMITTEE RATIONALE: The Committee did share the concerns of the author that some physicians may be practicing outside of the scope of their training. However, the Committee was uncomfortable placing so much authority within a hospital to credential surgical services and procedures outside of the facility. Additionally, there were questions about the enforceability of the resolution should it be adopted. More regulation may be appropriate, but the current wording of the resolution was too problematic for the Committee to support.

RESOLUTION 95-07A

Title: Health Plan Financial Contracting with Vendors Promoting and Selling Tobacco Products. Tabled.

Introduced by: Algirdas A. Juocys, DO, Oakland County

RESOLVED: That MSMS encourage and promote Michigan health care plans and Medicaid program to not financially contract with vendors that promote and sell tobacco products.

REFERENCE COMMITTEE RATIONALE: The Committee received no testimony on this resolution. Furthermore, the Committee was unclear what specific action the author intends for MSMS to take. MSMS is currently involved in many efforts to reduce the prevalence of smoking, which the Committee believes should continue to be the focus of MSMS. For these reasons the Committee could not support this resolution.

RESOLUTION 96-07A

Title: Medicaid Reimbursement for Translators. No Action.

Introduced by: Timothy P. Madion, MD, MI Section of American College of Obstetricians and Gynecologists

RESOLVED: That MSMS initiate and support legislation requiring Medicaid to reimburse individual physicians and physician practices for providing translating services to their non-English-speaking patients who otherwise utilize Medicaid for insurance at a level that covers the cost of providing translating services in their respective regions and is paid whether or not the patients actually show-up for their appointments if the translator has already been hired.

REFERENCE COMMITTEE RATIONALE: MSMS has existing policy regarding providing more accurate information about requirements for physicians relative to translator services as well as relieving the financial burden of physicians who pay for translator services. This continues to be a priority for MSMS.

RESOLUTION 97-07A

Title: Timely Physician Notification of Changes in Health Care Law. No Action.

Introduced by: Timothy P. Madion, MD, MI Section of American College of Obstetricians and Gynecologists

RESOLVED: That MSMS initiate and support legislation that will mandate regular legislative updates to all licensed Michigan physicians on at least a quarterly basis including information regarding pending and recently passed legislation that affects physicians and the health care industry, along with the names of the authors of such legislation so that they may be contacted by individual physicians or physician groups who may want the opportunity to comment on such pieces of legislation.

REFERENCE COMMITTEE RATIONALE: The Committee was understanding of the concerns of the author to receive regular updates regarding changes to the law that will ultimately impact physicians. The Committee believed that this is a role that is already being filled by MSMS. Also, the government may not be able to comprehend how certain types of legislation may impact the practice of Medicine.

LATE RESOLUTION 98-07A

Title: Confidentiality. Not Accepted as a Late Resolution.

Introduced by: Harvey W. Halberstadt, MD, Oakland County

RESOLVED: That MSMS seek legislation that stipulates that insurance companies underwriting sickness and accident policies and the Workers Compensation Bureau in processing claims are denied the records of psychiatrists, social workers, psychologists, and counselors except for their diagnosis and for their expert opinion of the claimants' ability to work.

LATE RESOLUTION 99-07A

Title: Support of the First Medical Education Program in Oakland County. Adopted as Amended.

Introduced by: Jaime V. Aragonés, MD, Oakland County

RESOLVED: That MSMS support the new medical school being created in Oakland County sponsored by Oakland University and William Beaumont Hospital.

LATE RESOLUTION 100-07A

Title: Support for Healthy Workplaces. Not Accepted as a Late Resolution.

Introduced by: Paul Ehrmann, DO, Oakland County

RESOLVED: That MSMS support the concept of a healthy community; and be it further

RESOLVED: That MSMS encourage physicians to collaborate with community employers to establish, maintain and support workplace wellness programs; and be it further

RESOLVED: That MSMS support local, state and federal legislative policy that has promotion of a healthy workforce as its objective.

LATE RESOLUTION 101-07A

Title: Food Handler Certificate. Not Accepted as a Late Resolution.

Introduced by: Jean Sinkoff, MD, Wayne County

RESOLVED: That MSMS seek legislation and regulations that would require health testing of individuals in food handling who prepare or serve meals in restaurants, deli counters, fast food outlets and any other venues; and be it further

RESOLVED: That MSMS support legislation requiring that food handlers apply for and obtain a food handler card prior to employment.

LATE RESOLUTION 102-07A

Title: Ban Use of Asbestos in the United States. Adopted as Amended.

Introduced by: Betty S. Chu, MD, Oakland County

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to support legislation further restricting the use of asbestos in the United States.

REFERENCE COMMITTEE RATIONALE: The Committee amended the resolution to exclude specific bill numbers while still supporting the intent.

LATE RESOLUTION 103-07A

Title: Full Reimbursement for HPV Vaccine. No Action.

Introduced by: Alan Kuester, DO, St. Clair County

RESOLVED: That MSMS work with state legislators for full reimbursement for Human Papilloma Virus (HPV) vaccination by OB/GYN physicians treating women younger than 19 who wish to be vaccinated against HPV.

REFERENCE COMMITTEE RATIONALE: The Committee recommended no action on this resolution since they learned that the state's Vaccine for Children program does cover the HPV vaccine for those 11 to 18 years old.