

**MICHIGAN STATE MEDICAL SOCIETY
2008 HOUSE OF DELEGATES**

RESOLUTION 1-08A

Title: Competitive Bidding for Purchase of Medical Equipment by Centers for Medicare & Medicaid Services. Adopted.

Introduced by: Pradeep Nagaraju, MD, for the Young Physicians Section

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to lobby in favor of modification of current Centers for Medicare & Medicaid Services policy to ensure that payments for these technologies is comparable to market rates, and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to lobby in favor of moving ahead with Centers for Medicare & Medicaid plans for a competitive bidding process for home medical equipment.

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

RESOLUTION 2-08A

Title: Oppose “Behind the Counter” Drug Proposal by Food and Drug Administration. Adopted.

Introduced by: Michael L. Gambel, MD, for the International Medical Graduates Section

RESOLVED: That the Michigan Delegation to the AMA urge the AMA to strongly oppose the Food and Drug Administration’s plan to seek establishment of a new category of “Behind the Counter” drugs.

REFERENCE COMMITTEE RATIONALE: The Committee discussed the potential impact this resolution could have on the ability of physicians to manage patient care with respect to pharmaceuticals. A behind the counter designation from the Food and Drug Administration would create a new class of drugs available to patients with only a consultation by a pharmacist. Currently, drugs that are located behind pharmacy counters are not restricted in terms of the ability of patients to access these medicines. Creation of this class of drugs would erode the role of the physician in terms of managing the health of the patient. Therefore, the Committee agrees with the concerns highlighted by the author.

RESOLUTION 3-08A

Title: Oppose Discrimination in Residency Selection Based on Location of Medical School. Adopted.

Introduced by: Michael L. Gambel, MD, for the International Medical Graduates Section

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to lobby the Accreditation Council for Graduate Medical Education to include international medical graduates in its list of prohibited discriminations.

RESOLUTION 4-08A

Title: Support Readily Available Drug Formularies. No Action.

Introduced by: Michael L. Gambel, MD, for the International Medical Graduates Section

RESOLVED: That MSMS seek that each insurance company drug formulary be published to identify clearly which drugs are approved and available to a specific patient, and which drugs are not; and be it further

RESOLVED: That MSMS seek that each insurance company drug formulary be readily available to physicians and patients on one website for ease of access.

REFERENCE COMMITTEE RATIONALE: The Reference Committee did not receive testimony and was unclear of the intent of the resolution. For these reasons, the Committee was not able to take action on this resolution.

RESOLUTION 5-08A

Title: Medicare Denial of Reimbursement for Certain Unavoidable Complications. Adopted as Amended.

Introduced by: Michael L. Gambel, MD, for the International Medical Graduates Section

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to work with Centers for Medicare and Medicaid Services (CMS) and other insurance companies to formulate viable and just criteria to compensate for proper treatment with recognized complications; and be it further

RESOLVED: That MSMS continue to work collaboratively with Blue Cross Blue Shield of Michigan and other third party payers on their development of policy on serious adverse events and unavoidable complications.

REFERENCE COMMITTEE RATIONALE: The Reference Committee heard testimony in favor of this resolution and agreed that the action requested was appropriate and needed. The Committee also felt that MSMS could affect policy in the state by working with state-wide payers in development of their policy. Therefore, the resolution was amended to reflect this addition.

RESOLUTION 6-08A

Title: Formation of a National Food Safety Organization to Monitor Food Safety. No Action.

Introduced by: Michael L. Gambel, MD, for the International Medical Graduates Section

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to propose the formation of a National Food Safety Organization to monitor food safety.

REFERENCE COMMITTEE RATIONALE: The Committee was in full support of the spirit of the resolution; however, they felt the true problem lies with a lack of inspectors and enforceability. However, they felt that there is already AMA policy regarding federal inspection programs, H150-967. The formation of another committee won't fix the existing problem as it relates to lack of inspectors and enforceability.

RESOLUTION 7-08A

Title: Waiver of United States Medical Licensing Examination Step 2-CS Requirements. Adopted as Amended.

Introduced by: Michael L. Gambel, MD, for the International Medical Graduates Section

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to lobby the United States Medical Licensing Examination to allow the Educational Commission for Foreign Medical Graduates certificate holders who started their residency training before January 1, 2005, to be eligible to sit for Step 3 without having to take Step 2-CS.

REFERENCE COMMITTEE RATIONALE: The Committee wanted to clarify who would be affected by the waiver.

RESOLUTION 8-08A

Title: Insurance Companies' Participation in Funding Graduate Medical Education to Solve Physician Shortage. Adopted.

Introduced by: Michael L. Gambel, MD, for the International Medical Graduates Section

RESOLVED: That MSMS seek legislation to require all health insurance companies licensed in Michigan to contribute to the cost of graduate medical education in Michigan sufficient to allow for a 20 percent expansion in residency slots in the state of Michigan.

RESOLUTION 9-08A

Title: Ensuring Diversity in United States Medical Licensing Examination Exams. Disapproved.

Introduced by: Michael L. Gambel, MD, for the International Medical Graduates Section

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to pursue diversity on the United States Medical Licensing Examination (USMLE) Step 2 Exam Oversight Committee that reflects the diversity of the test takers based on major identifying characteristics in an effort to eliminate bias from all USMLE examinations due to the human element.

REFERENCE COMMITTEE RATIONALE: The Committee felt that there was not enough evidence to support the theory of bias due to the lack of diversity on the USMLE Step 2 Exam Oversight Committee.

RESOLUTION 10-08A

Title: Bill of Rights for J1-Visa Holding Physicians. Adopted as Amended.

Introduced by: Michael L. Gambel, MD, for the International Medical Graduates Section

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek legislation to establish a model employment contract to protect J1-Visa holding physicians who are employed in waiver programs.

RESOLUTION 11-08A

Title: Seek Guidelines for Handling Prejudiced Patients. Adopted as Amended.

Introduced by: Michael L. Gambel, MD, for the International Medical Graduates Section

RESOLVED: That MSMS work with the appropriate Michigan authorities and health care facilities to encourage hospitals and health care facilities to develop guidelines for physicians to follow in non-life threatening emergencies when encountering abusive patients; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to work with the appropriate authorities and health care facilities to encourage hospitals and health care facilities to develop guidelines for physicians to follow in non-life threatening emergencies when encountering abusive patients.

REFERENCE COMMITTEE RATIONALE: The Committee slightly revised the language in both resolved portions to remove the restrictive, directive words "adopt uniform," and instead said "develop" guidelines.

RESOLUTION 12-08A

Title: Preserving a Physician's Right of Conscience. Referred to the Board for Study.

Introduced by: Kenneth J. Edwards, MD, Berrien County

RESOLVED: That MSMS vigorously defend the right of every physician to exercise his or her right of conscience; and be it further

RESOLVED: That MSMS oppose any attempt by certifying bodies to deny or revoke board certification as a punitive action against physicians exercising their right of conscience; and be it further

RESOLVED: That MSMS correspond with the American Board of Obstetrics and Gynecology and the American College of Obstetricians and Gynecologists to voice objection to policies that interfere with physicians exercising their right of conscience by denying or revoking board certification as a punitive action; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to build a national coalition to preserve a physician's right of conscience.

RESOLUTION 13-08A

Title: MSMS to Advocate for State Sponsored Evidence-Based Drug Detailing to Curtail Costs. Adopted as Amended.

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

RESOLVED: That MSMS ask the Michigan Department of Community Health and other appropriate agencies to explore a program to train and employ pharmaceutical drug detailing personal that is evidence-based, such as those in Maine, Pennsylvania, and West Virginia.

REFERENCE COMMITTEE RATIONALE: The Committee heard testimony that other states have implemented creative programs of evidence-based drug detailing and supports the exploration of how similar programs could work in Michigan.

RESOLUTION 14-08A

Title: Safeguard National Provider Identifier and Physician Privacy. Adopted.

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

RESOLVED: That the Michigan Delegation to the AMA work with 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 number on public accessible websites, in published lists, and on electronically communicated documents and faxes.

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

RESOLUTION 15-08A

Title: Publish Nutritional Facts of Restaurant Food. Adopted as Amended.

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

RESOLVED: That MSMS work with the Legislature and the Michigan Department of Community Health to implement a strategy for restaurants that have menu items common to multiple locations to provide standard nutrition labels for applicable items, available for public viewing.

REFERENCE COMMITTEE RATIONALE: Based on testimony, the Committee felt that this resolution could be burdensome and difficult if enforced across the board to all restaurants. Therefore, making it mandatory for restaurants with multiple locations and standardized menu items seemed like a reasonable solution.

RESOLUTION 16-08A

Title: Supporting Primary Care Specialties. Adopted.

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

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to make supporting and nurturing primary care and averting a “primary care collapse” as one of its important missions for 2008 and the next several years.

RESOLUTION 17-08A

Title: AMA Support of Free Clinics for the Uninsured. Substitute Resolution. Adopted as Amended.

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

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to study the free clinics, with the goal of facilitating improved access to care for the uninsured, consistent with the message of the AMA “Voice for the Uninsured” campaign.

REFERENCE COMMITTEE RATIONALE: The Committee heard about a free clinic model that exists in Pennsylvania and suggested that the AMA study it and disseminate its findings to all state medical societies to assist them in finding workable solutions within their respective states.

RESOLUTION 18-08A

Title: Retail Health Clinics. Substitute Resolution (in lieu of Resolutions 18-08A, 58-08A and 67-08A). Adopted as Amended.

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

RESOLVED: That MSMS research legislation already passed in Massachusetts and being considered in Illinois that defines regulation of retail health clinics; and be it further

RESOLVED: That MSMS seek legislation that mandates retail health clinics operating in the state of Michigan be compelled to meet the same health and safety standards as all other outpatient medical facilities, including physician offices, urgent care centers, and outpatient clinics; maintain patient medical records in compliance with Michigan Public Act 481; require that all certified nurse practitioners (CNPs) who work in retail health clinics have a collaborative supervisory relationship with a licensed Michigan physician residing in Michigan; ensures accountability and liability by the supervising physician of each retail health clinic for medical negligence in accordance with Michigan law; mandates that retail health clinics refer patients to primary care physicians or other appropriate health care providers when the scope of services required by the patients is beyond the scope of services provided by the retail health clinic; and be it further

RESOLVED: That MSMS seek legislation action to regulate Michigan retail health clinics in the most expedient manner, not to exceed 90 days.

RESOLUTION 19-08A

Title: Prescribed Drugs Causing Impaired Driving. Referred to the Board for Study.

Introduced by: Rajesh B. Makim, MD, for the St. Clair County Delegation

RESOLVED: That MSMS clarify to physicians that patients should be told in no uncertain terms that it is illegal for them to drive under the influence of drugs that are known to alter judgment, reaction time, and motor skills; and be it further

RESOLVED: That MSMS implement a public awareness program about the law against driving while under the influence of prescribed drugs; and be it further

RESOLVED: That MSMS work with the publishers of the Physicians' Desk Reference and pharmaceutical companies to reconcile the directions to patients and physicians regarding the ability to drive when taking certain medications.

REFERENCE COMMITTEE RATIONALE: The Committee was in favor of the intent of this resolution. However, they felt that the resolution was too broad (i.e. prescribed drugs infers not just narcotics) and it raised liability and legality concerns for the prescribing physician.

RESOLUTION 20-08A

Title: New Response to Continued Medicare Fee Reduction. Disapproved.

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

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to continue negotiations to fix the flawed Medicare system and formula; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA that if negotiations fail to fix the flawed Medicare system and formula as they have in the past that the AMA consider organizing slow downs for non-emergency and non-life threatening care.

REFERENCE COMMITTEE RATIONALE: The Reference Committee concurred with the intent of the resolution that change in Medicare fees is needed. MSMS and the AMA are actively lobbying Congress to fix the flawed Medicare system, including seeking short-term goals that would provide at least two years of positive updates that accurately reflect the increases in cost of caring for patients and long-term solutions that would repeal SGR and replace with a fair and equitable payment system. The Committee did not support organizing a slow-down for emergency or non-emergency care for any reason; doing so would violate state and federal antitrust laws.

RESOLUTION 21-08A

Title: Single Source Credentialing and Verification of Physicians. Adopted as Amended.

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

RESOLVED: That MSMS urge the Michigan legislature to support the adoption of a uniform application form for physician credentialing for all insurance company applications.

REFERENCE COMMITTEE RATIONALE: The Committee heard a great deal of testimony regarding the need for a single format for credentialing application forms. However, there was some concern expressed regarding any changes to the credentialing process related to hospitals. Specifically, the Committee concluded it was important to allow hospitals the flexibility required to appropriately credential physicians for purposes of hospital privileges. It was the sense of the Committee that the testimony supported action relative to a single credentialing form, but did not suggest action with respect to hospitals. The resolution was amended accordingly.

RESOLUTION 22-08A

Title: Bar Code Scanning for Immunizations. Adopted

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

RESOLVED: That MSMS urge the Michigan state legislature and governor to require that all Vaccine For Children vaccines given in the state of Michigan require the pharmaceutical companies to have all the information required by the Michigan Care Improvement Registry in a bar code form on each vial; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to urge legislation for a federal requirement for bar coding on each vial of Vaccine For Children vaccines.

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

RESOLUTION 23-08A

Title: Michigan High School Athletic Association and Pre-Participation Medical Exams. Adopted as Amended.

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

RESOLVED: That MSMS contact the Michigan High School Athletic Association and request that it consider allowing high school athletes to participate in sports if they have had a pre-participation medical exam within the previous 12 months.

REFERENCE COMMITTEE RATIONALE: The Committee felt by changing it to the previous 12 months instead of the April 15th deadline, that this could reduce the number of ineffective physicals and get children back to their primary care physician rather than a clinic.

RESOLUTION 24-08A

Title: Physician Access to Insurance Fee Schedules. Adopted as Amended.

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

RESOLVED: That MSMS urge the Michigan state legislature and governor to pass legislation requiring insurance companies to make their current contracted fee schedules available securely online to physicians before and after they negotiate contracts and to contact physicians 60 days in advance of any changes to the fee schedule; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek federal legislation to require all insurance companies to make their current contracted fee schedules available securely online to physicians before and after they negotiate contracts and to contact physicians 60 days in advance of any changes to the fee schedule.

REFERENCE COMMITTEE RATIONALE: The Reference Committee heard testimony in favor of this resolution and agreed that the action requested was appropriate. The Committee amended the resolution to clarify that MSMS is asking insurance companies to make the individual physician's own fee schedules available and ensure that the information is provided on a secure website.

RESOLUTION 25-08A

Title: E-prescribing of Controlled Substances. Adopted.

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

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to urge the Drug Enforcement Agency and U.S. Congress to adopt e-prescribing for controlled substances.

RESOLUTION 26-08A

Title: Direct-to-Consumer Advertising by Pharmaceutical Companies. Disapproved.

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

RESOLVED: That MSMS urge the Michigan state legislature and the governor to support legislation that would ban direct-to-consumer advertising in the state of Michigan; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to urge the federal government to ban direct-to-consumer advertising.

REFERENCE COMMITTEE RATIONALE: The Committee believed that current AMA policy is sufficient. The Committee also felt that banning direct-to-consumer advertising would be counter to the AMA's efforts to regulate direct-to-consumer advertising.

RESOLUTION 27-08A

Title: Insurance Coverage for Immunizations. Referred to the Board for Study.

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

RESOLVED: That MSMS urge the Michigan state legislature and the governor to support legislation that will require all insurance companies who sell commercial insurance in Michigan to cover all immunizations that are recommended by the Centers for Disease Control for persons living in the U.S.; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to support federal legislation that will require all insurance companies who sell commercial insurance to cover all immunizations that are recommended by the Centers for Disease Control for persons living in the U.S.

REFERENCE COMMITTEE RATIONALE: Due to the rapidly evolving landscape of highly expensive vaccines there is concern that this could be too costly for Michigan's health care system. Other issues raised in Committee discussion were who would be considered accepted agencies as well as the potential unexpected expenses. Therefore, the Committee recommended referral of this issue

RESOLUTION 28-08A

Title: Human Embryonic Stem Cell Research. Adopted as Amended.

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

RESOLVED: That MSMS respect the diversity of opinion amongst Michigan physicians regarding human embryonic stem cell research and that MSMS adopt a neutral position regarding human embryonic stem cell research; and be it further

RESOLVED: That MSMS develop through the Bioethics Committee a series of forums over the next year including one at the 2009 House of Delegates to explore the implications of human embryonic stem cell research and provide membership with definitions, research, studies, and ethical considerations.

RESOLUTION 29-08A

Title: Changing Parliamentary Authority. Approved on First Reading.

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

RESOLVED: That MSMS modify its bylaws to make *The Standard Code of Parliamentary Procedure* by Alice Sturgis our parliamentary authority.

REFERENCE COMMITTEE RATIONALE: The Committee recommended approval of this amendment to the MSMS Bylaws on first reading. This amendment will be brought back to the 2009 House of Delegates for second and final reading.

RESOLUTION 30-08A

Title: Prescription Confidentiality Act. Referred to the Board for Study.

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

RESOLVED: That MSMS work to enact legislation for a “Prescription Confidentially Act” that will prevent the commercial use of any of the collected information regarding individual physician’s or physician extenders’ prescribing patterns.

REFERENCE COMMITTEE RATIONALE: It was the sense of the Committee that there is consensus within the physician community to limit the access of individual physician prescription information. Additionally, there was interest in communicating with the AMA to suggest potential improvements to the current requirements necessary for the “opt out” program. However, research into the efforts of other states to limit access to this information has been met with resistance by the companies that collect this information. According to some documentation, certain elements of these proposals have been declared unconstitutional. The Committee did not want to simply dismiss the idea, as there was general support of the resolution. Referral to the Board will allow staff and legal counsel to adequately investigate the precise nature of the legal challenges facing the laws in other states to determine if these are relevant to the discussion in Michigan.

RESOLUTION 31-08A

Title: Give Herpes Zoster Vaccine at the Doctor’s Office. Adopted as Amended.

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

RESOLVED: That MSMS seek a change in the Centers for Medicare & Medicaid Services policy to allow reimbursement to the primary care physician for the cost and administration of the vaccine for herpes zoster when given in the primary care physician’s office.

RESOLUTION 32-08A

Title: Patient Centered Medical Home. No Action.

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

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to formally endorse the Patient Centered Medical Home concept put forth by the Patient Centered Primary Care Collaborative.

REFERENCE COMMITTEE RATIONALE: The Reference Committee was supportive of the concept of the Patient Centered Medical Home. It was noted that the principles of the Patient Centered Primary Care Collaborative represent primary care, but does not include specialties. Since MSMS is developing a strategic approach for a uniform model of an advanced medical home that is inclusive of all specialties and improves quality, access, and value in health care, the Committee recommended no action in lieu of current activity.

RESOLUTION 33-08A

Title: Drug Insurance Payments to Change Medications. Adopted as Amended.

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

RESOLVED: That MSMS study a requirement that the physician work responding to a request for a medication change be a reimbursable event whether a change is made or not.

REFERENCE COMMITTEE RATIONALE: The Reference Committee concurred with the intent of the resolution, n but was advised that the Insurance Commissioner would not be the appropriate authority to achieve this. Therefore, the Committee amended the resolved portion to better meet the objective.

RESOLUTION 34-08A

Title: Provider Disclosure. Adopted.

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

RESOLVED: That MSMS encourage its members to inform a patient at the time his or her appointment is made whether the appointment is with a physician or a mid-level provider.

REFERENCE COMMITTEE RATIONALE: The Committee agreed with the resolved because it will reduce patient confusion.

RESOLUTION 35-08A

Title: Childhood Vaccine Availability. Disapproved.

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

RESOLVED: That MSMS ask the Centers for Disease Control and any other appropriate agency to re-evaluate their strategy concerning vaccine supply for the United States and consider penalties or sanctions for repeated supply interruptions; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to ask the Centers for Disease Control and any other appropriate agency to re-evaluate their strategy concerning vaccine supply for the United States and consider penalties or sanctions for repeated supply interruptions.

REFERENCE COMMITTEE RATIONALE: While the Committee heard compelling testimony from both sides, supply of vaccines has always been a challenging issue. To date, vaccine shortages have never been intentional, but rather a lack of supply. The Committee was concerned that if the House passed this resolution it could, in fact, disincentivize the production of vaccines. Therefore, the intent of the resolution itself would be lost.

RESOLUTION 36-08A

Title: Medications at Low Cost. Adopted as Amended.

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

RESOLVED: That MSMS formally recognize the kindness and generosity of the retailers that have made medications available at nominal cost or for free.

REFERENCE COMMITTEE RATIONALE: The Committee amended the resolution by removing the word “large” to recognize all retailers that offer free and low cost medications.

RESOLUTION 37-08A

Title: Medicare Coverage and Disability. No Action.

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

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to urge federal legislation that would initiate Medicare coverage after six months for conditions that would undoubtedly be long term.

REFERENCE COMMITTEE RATIONALE: Since this resolution is consistent with existing AMA policy, the Reference Committee determined that action was not needed.

RESOLUTION 38-08A

Title: Prior Authorization for Anti-Influenza Medications. Adopted as Amended.

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

RESOLVED: That MSMS seek to have all forms of insurances, including Medicaid and managed Medicaid, to allow all prescribed, approved and indicated anti-influenza medication to be dispensed by pharmacies without prior authorization for patients.

RESOLUTION 39-08A

Title: Primary vs. Secondary Insurance. No Action.

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

RESOLVED: That MSMS urge the Michigan Insurance Commissioner to provide a method of quick and efficient determination of insurance company responsibility.

REFERENCE COMMITTEE RATIONALE: The Reference Committee concurred that the issue of insurance company responsibility for patients with two types of insurance is problematic for all physician practices. Since the Committee received no testimony and could not determine how this could be accomplished in a feasible manner, no action was recommended.

RESOLUTION 40-08A

Title: Primary Care Strategy. Adopted.

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

RESOLVED: That MSMS study the Mississippi House Bill 1965 that established the Mississippi Rural Physicians Scholarship Program and Commission for the purpose of recruiting and training qualified persons to practice medicine in rural areas of the state and also provided a mechanism for providing financial assistance for these students; and be it further

RESOLVED: That MSMS investigate the possibility of introducing legislation similar to Mississippi House Bill 1965 that established the Mississippi Rural Physicians Scholarship Program and Commission for the purpose of recruiting and training qualified persons to practice medicine in rural areas of the state and also provided a mechanism for providing financial assistance for these students.

RESOLUTION 41-08A

Title: Immunization and the Michigan Care Improvement Registry System. Adopted as Amended.

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

RESOLVED: That MSMS seek legislation that would require all individuals and/or organizations that administer any vaccines in the state of Michigan to enter the vaccine information into the Michigan Care Improvement Registry within five business days.

REFERENCE COMMITTEE RATIONALE: The amendment clarifies the “timely manner” requested in the resolution. The Committee heard testimony concerning the need for the input of retroactive vaccination information and would request that a resolution addressing that issue be brought forward next year.

RESOLUTION 42-08A

Title: Annual Theme for the House of Delegates. Disapproved.

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

RESOLVED: That MSMS adopt a unifying medical theme for each House of Delegates (e.g. infant mortality, the uninsured, bioterrorism, influenza, stem cell research) and solicit resolutions germane to a programmatic set of solutions; and be it further

RESOLVED: That each candidate for president-elect of MSMS be required to offer a unifying medical theme and a rationale for it as part of a campaign for the office; and be it further

RESOLVED: That MSMS staff support, guide, and publicize a unifying medical theme for the House of Delegates throughout the year prior to the annual meeting to achieve recognition for the program; and be it further

RESOLVED: That MSMS publish a document comprised of adopted resolutions addressing the yearly unifying medical theme after the House of Delegates meeting.

REFERENCE COMMITTEE RATIONALE: The Committee recommended disapproval of this resolution, believing that a variety of timely issues should be addressed at each House of Delegates meeting, and that emerging issues can and should be the focus of the House of Delegates. The Committee did not wish to require that the MSMS president declare a specific theme, which could be limiting, although many do choose a theme for their presidential year.

RESOLUTION 43-08A

Title: Failure to Cover Prescribed Hormonal Medications. Adopted as Amended.

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

RESOLVED: That MSMS work with payers throughout Michigan to eliminate exclusion of classes of medication indicated for medical conditions such as oral contraception for polycystic ovarian disease.

REFERENCE COMMITTEE RATIONALE: Instead of identifying specific drugs such as birth control pills, the Reference Committee amended the resolution. As written, the intent was met, but allows for other classes of medications to have the same consideration.

RESOLUTION 44-08A

Title: Improper Use of the Terms “Resident” and “Residency Program” by Nursing Organizations. Adopted as Amended.

Introduced by: Scott M. Kuhnert, MD, for the Ingham County Delegation

RESOLVED: That MSMS seek legislation to stop all allied health professional organizations from using the misleading terms “resident” or “residency program” in training programs as these terms do not fit the definition of a “resident” as defined by the Centers for Medicare & Medicaid Services, and that MSMS make recommendations of appropriate terminology to be used by allied health professions regarding any postgraduate training.

RESOLUTION 45-08A

Title: Health Care for Michigan Campaign. Adopted as Amended.

Introduced by: Laura R. Chromy for the Medical Student Section

RESOLVED: That MSMS recognize the Health Care for Michigan Campaign; and be it further

RESOLVED: That MSMS support the people of the state of Michigan in the efforts to ensure universal coverage and access to health care for all.

REFERENCE COMMITTEE RATIONALE: The testimony before the Committee demonstrated a great deal of consensus related to the support for the need to address the growing population of Michigan citizens who lack health insurance. Within the Reference Committee, most of the testimony was in support of some form of universal health care coverage and access for all Michigan citizens. The testimony before the Committee did not include consensus in terms of the specific language currently on the ballot initiative related to the Health Care for Michigan campaign. Testimony repeatedly expressed concern over the

ballot initiative phrase, “the legislature is required to pass a plan that controls health care costs.” Many testified to concerns that health care cost controls could actually end up meaning reduced reimbursement to physicians. The amended resolution attempts to reflect the understanding of the Committee that the current trajectory of rising numbers of uninsured and rising health care costs in the United States is not sustainable, and that physicians have an obligation to play a leadership role in being a part of the solution. Recognition of the Health Care for Michigan campaign will require MSMS to acknowledge the importance of finding a statewide solution addressing the growing numbers of uninsured in Michigan. However, the absence of specificity with respect to what cost containment would entail required the Committee to strike the section of the resolution that endorses the exact language of the ballot initiative. Supporting efforts to ensure universal coverage and access to health care for all the people of Michigan captures the intent of the ballot initiative and the intent of MSMS.

RESOLUTION 46-08A

Title: Michigan Medical Student Debt Crisis. Adopted.

Introduced by: Laura R. Chromy for the Medical Student Section

RESOLVED: That MSMS pursue immediate debt relief for medical students at the statewide level by advocating for tuition freezes upon matriculation at state medical schools, pursuing scholarship and loan repayment options for students who stay to train and practice in the state, and continue to advocate at the state and national level for medical student debt relief; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to pursue long-term solutions to the student debt crisis by hiring an economic consulting firm to analyze the feasibility of novel solutions including; 1) competency-based curriculums that shorten the length of undergraduate education and medical school, 2) work-study opportunities, 3) paid rotating internships for fourth-year students who have passed initial licensing exams and have the training equivalents of mid-level providers, 4) financial investment funds that match parental savings, 5) relief for dual degrees not covered by the National Institute of Health, 6) pursuit of government Medicare funding for undergraduate medical education funding, and 7) implementing international medical student tuition models, among other viable options.

RESOLUTION 47-08A

Title: A Call to Further Recognize and Expedite the Nationwide Health Information Network. Referred to the Board for Study.

Introduced by: Laura R. Chromy, U-M

RESOLVED: That MSMS recognize the efforts of the U.S. Department of Health and Human Services and the National Health Information Network (NHIN) and push for an accelerated implementation of the NHIN program earlier than 2014; and be it further

RESOLVED: That MSMS support an initiative to unite the development of HIPAA-compliant electronic health information software between government and for-profit corporations and encourage interoperability; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to recognize the efforts of the U.S. Department of Health and Human Services and the National Health Information Network (NHIN) and push for an accelerated implementation of the NHIN program earlier than 2014; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to support an initiative to unite the development of HIPAA-compliant electronic health information software between government and for-profit corporations and encourage interoperability.

REFERNCE COMMITTEE RATIONALE: The Reference Committee appreciated the author's enthusiasm and support for a national health information network. The Committee supported the goals of quality and efficiency that a national system may initiate. Many concerns including cost to physicians were discussed in testimony. To allow MSMS more time for research, input and thoughtful deliberation, the Committee recommended that this resolution be referred to the Board.

RESOLUTION 48-08A

Title: Drug Abuse and Relapse Reduction Through Patient Identifiers. Adopted as Amended.

Introduced by: Laura R. Chromy for the Medical Student Section

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to strongly urge health care providers to take an active role in acknowledging the diagnosis of addiction;-and be it further

RESOLVED: That MSMS ask our AMA to partner with organizations such as the American Society of Addiction Medicine to explore the use of medication contracts to monitor the use of prescribed medications in patients with a known history of addiction.

RESOLUTION 49-08A

Title: Banning the Use of Trans Fats in Restaurants and Bakeries in the U.S. Adopted.

Introduced by: Patrick B. Forrest for the Medical Student Section

RESOLVED: That MSMS establish policy and pursue state legislation that bans the use of trans fats in restaurants and bakeries in Michigan; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to establish policy and pursue federal legislation that bans the use of trans fats in restaurants and bakeries in the U.S.

RESOLUTION 50-08A

Title: Increasing Male Representation in the Alliance. Adopted as Amended.

Introduced by: Betty S. Chu, MD, for the Oakland County Delegation

RESOLVED: That MSMS work together with the MSMS Alliance to create a strategic plan that seeks to increase male spouse, working spouse, and young physician spouse participation and opportunities for them to be active members of the Alliance.

REFERENCE COMMITTEE RATIONALE: The Committee agreed with the intent and expanded the resolution to include working and young physician spouses.

RESOLUTION 51-08A

Title: Expert Witness Testimony Review. Referred to the Board for Study.

Introduced by: Donald R. Peven, MD, for the Oakland County Delegation

RESOLVED: That MSMS develop a program for review and evaluation of medical expert testimony presented in Michigan medical malpractice legal proceedings; and be it further

RESOLVED: That if medical expert testimony reviewed under a program for review and evaluation of medical expert testimony presented in Michigan medical malpractice legal proceedings is found to be false, misleading, or not reflective of generally recognized standards of practice, MSMS work to establish a mechanism for disciplining or sanctioning the provider of the testimony and/or publicly repudiating the testimony be developed; and be it further

RESOLVED: That MSMS amend its bylaws as necessary to allow a program for review and evaluation of medical expert testimony presented in Michigan medical malpractice legal proceedings to be instituted as soon as possible.

REFERENCE COMMITTEE RATIONALE: The Committee heard a great deal of testimony with respect to the efforts currently undertaken by the many of the national specialty societies. The Committee was fortunate to have had multiple neurosurgeons in attendance to communicate the success of the AANS in reviewing expert witness testimony and sanctioning physicians that provide testimony of suspect scientific value. While it may appear that MSMS would be an appropriate entity to undertake this task, the potential impact this service would have was not clear. There was a question as to whether MSMS would have any ability to sanction out-of-state experts with no affiliation to MSMS. For those physicians who are already members, a mechanism via the MSMS Judicial Commission already exists to impose sanctions. The Committee supported the notion that expert testimony should be held to high professional standards, and suspect testimony should result in a sanction. However, it was unclear that MSMS was the most appropriate or effective entity to serve in this capacity for non-members.

RESOLUTION 52-08A

Title: Confidentiality. Referred to the Board for Study.

Introduced by: Harvey W. Halberstadt, MD, for the Oakland County Delegation

RESOLVED: That MSMS seek legislation that stipulates that insurance companies underwriting health insurance policies in Michigan are denied the records of psychiatrists, social workers, psychologists, and counselors except for their diagnosis related to claims processing; and be it further

RESOLVED: That MSMS seek legislation that stipulates that the Michigan Workers Compensation Agency is denied the records of psychiatrists, social workers, psychologists, and counselors except for their diagnosis related to claims processing and for their expert opinion of the claimants' ability to work.

REFERENCE COMMITTEE RATIONALE: The Reference Committee thought it would be appropriate to consult with the Michigan Psychiatric Society and the American Psychiatric Society to determine whether any national guidelines exist and could assist in developing policy and possible legislation.

RESOLUTION 53-08A

Title: Peer Review Process. No Action.

Introduced by: Donald R. Peven, MD, for the Oakland County Delegation

RESOLVED: That MSMS amend its bylaws as needed to provide legal, administrative and/or financial support for peer review committee activities required of its component societies.

REFERENCE COMMITTEE RATIONALE: Resolution 53-08A is a repetition of Resolution 38-06A, which was referred to the Board of Directors and came back as Board Report #7. The principle that a basic function of county medical societies is to conduct peer review was reaffirmed. It is believed that current procedures are functioning adequately and allow for some assistance at the state level, as needed. There is a mechanism that currently exists by which a county may refer a more complex county peer review issue to the MSMS Judicial Commission.

RESOLUTION 54-08A

Title: Resold Health Item Safety Risk. No Action.

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

RESOLVED: That the MSMS Delegation to the AMA ask the AMA to seek federal legislation that would hold online auction sites and/or online discount sites accountable to the same Food and Drug Administration standards of storage and shipping for pharmaceuticals, testing strips, and similar items as those for drug stores.

REFERENCE COMMITTEE RATIONALE: The Committee felt that this resolution was not evidence based and, in fact that if it were to pass, it would be supporting the sale of these online items. The material presented to the Committee by the author stated that these "resold items" were stolen. The Committee felt that there is no way to impose regulation on something that has already been stolen.

RESOLUTION 55-08A

Title: Support for Healthy Workplaces. Adopted as Amended.

Introduced by: Paul R. Ehrmann, DO, for the Oakland County Delegation

RESOLVED: That MSMS promote workplace wellness programs through the pertinent MSMS committees to encourage physicians to participate at the committee level or to collaborate on workplace wellness programs with community employers.

REFERENCE COMMITTEE RATIONALE: The Committee agreed fully with the intent of this resolution, however felt that the first and third resolves were redundant.

RESOLUTION 56-08A

Title: Novelty Toy-Like Cigarette Lighters. Adopted as Amended.

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

RESOLVED: That MSMS oppose the sale of toy-like novelty cigarette lighters in the state of Michigan; and be it further

RESOLVED: That MSMS seek legislation that would prohibit the manufacture, distribution, and/or sales of toy-like novelty cigarette lighters within the state of Michigan.

REFERENCE COMMITTEE RATIONALE: The Committee was in full support of this resolution with the removal of the word “vehemently” from the first resolved.

RESOLUTION 57-08A

Title: Membership Requirements for Physician Spouses. Adopted as Amended.

Introduced by: Betty S. Chu, MD, for the Oakland County Delegation

RESOLVED: That MSMS request that the Alliance members encourage their physician spouses to join the state and county medical societies.

REFERENCE COMMITTEE RATIONALE: The Committee heard a lot of discussion, both pro and con. While the Committee agreed that more emphasis should be placed on recruiting the physician spouse to MSMS, it is feared that “mandating” physician spouse membership would negatively impact Alliance membership. This was considered a friendly amendment by the author of the resolution.

RESOLUTION 58-08A

Title: Retail Health Clinics. Substitute Resolution (in lieu of Resolutions 18-08A, 58-08A and 67-08A). See Resolution 18-08A.

Introduced by: Michael A. Genord, MD, for the Oakland County Delegation

RESOLUTION 59-08A

Title: Legalization of Marijuana for Medical Use. Adopted as Amended.

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

RESOLVED: That MSMS support the use of cannabinoids by routes other than smoking for medical uses, for which scientific evidence supports efficacy equal or superior to established therapies; and be it further

RESOLVED: That MSMS encourage further research to elucidate the efficacy of cannabinoids in various medical conditions and its optimal dosage and route of delivery; and be it further

RESOLVED: That MSMS support the use of cannabinoids by routes other than smoking for medical uses does not constitute support of the ballot initiative.

RESOLUTION 60-08A

Title: Small Cigars. Adopted as Amended.

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

RESOLVED: That MSMS seek legislation that would regulate and tax small cigars in the same way that cigarettes are regulated and taxed in Michigan.

REFERENCE COMMITTEE RATIONALE: The Committee felt that the content of this resolution was valid and worth supporting, however, the Committee felt that by amending it to exclude the exact quantity would give the resolution more validity in the future if the sale quantity were to change.

RESOLUTION 61-08A

Title: Tobacco Regulation and Oversight. No Action.

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

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to strongly support the regulation of tobacco products by the Food and Drug Administration; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek congressional support for a bill that would direct the Food and Drug Administration to regulate tobacco products.

REFERENCE COMMITTEE RATIONALE: While in full support of any tobacco regulation, the Committee felt that this resolution was already too similar to current AMA policy, specifically HR 495-988. The existing AMA policy would provide support for legislation currently being introduced regarding the FDA regulation of tobacco products.

RESOLUTION 62-08A

Title: In-Store Health Clinics, Tobacco, and Alcohol. No Action.

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

RESOLVED: That MSMS vehemently oppose the sale of alcohol and/or tobacco products at sites that offer retail health clinics; and be it further

RESOLVED: That MSMS seek regulation that would prohibit the delivery of health care by retail health clinics in stores that sell alcohol and/or tobacco containing products.

REFERENCE COMMITTEE RATIONALE: Upon review, the Committee felt that the resolution was too broad and unclear and that support of this resolution may in fact harm the formation of "minute clinics." The Committee thought it would be prudent to hold off on this resolution until MSMS itself has an established stance and/or policy on "minute clinics."

RESOLUTION 63-08A

Title: "Suspension" of Physicians by the Board of Medicine and the Board of Osteopathic Physicians & Surgeons. Referred to the Board for Study.

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

RESOLVED: That the MSMS Bylaws Section 2.30 be amended to require that members hold an "unrevoked, permanent license that is not currently under suspension;" and be it further

RESOLVED: That the MSMS Bylaws Section 2.30 be amended to require that while a physician's license is suspended, his/her membership in MSMS and in the component county society be changed to "suspended membership;" and be it further

RESOLVED: That the MSMS Bylaws Section 2.30 be amended to require that while an individual has a "suspended membership" in MSMS and a component county medical society, they will be not responsible for dues payments, nor will they be eligible for holding any office or serving on any committees; and be it further

RESOLVED: That the MSMS Bylaws Section 2.30 be amended to require that medical society membership and its benefits be automatically reinstated for any suspended member once his or her medical license has been reinstated by the state of Michigan.

REFERENCE COMMITTEE RATIONALE: The Committee recognized that the intent of the author is to protect the integrity of the Society. But, the Committee believed that there would be many unintended consequences from this resolution. The Committee was unable to resolve these difficulties and recommended referral to the Board.

RESOLUTION 64-08A

Title: Representation of Hospital Medical Staffs. Adopted as Amended.

Introduced by: Shahrokh Mansoori, MD, for the Oakland County Delegation

RESOLVED: That MSMS support physicians' efforts to fight for physician-elected representation of the hospital medical staffs to positions on hospital boards.

REFERENCE COMMITTEE RATIONALE: The Committee removed the word "leadership" so as not to limit the type of hospital board participation.

RESOLUTION 65-08A

Title: Single Payer System. No Action.

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

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

REFERENCE COMMITTEE RATIONALE: Due to the amendment of Resolution 90-08A, "Single Payer Health Insurance," which has similar intent, the Reference Committee did not take action on this resolution

RESOLUTION 66-08A

Title: Decimated Mental Disorder Treatment. Adopted as Amended.

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

RESOLVED: That MSMS seek policies that allow psychiatrists to determine the length of psychiatric treatment and the modality of treatment and be reimbursed accordingly.

REFERENCE COMMITTEE RATIONALE: The Committee acknowledged that policies employed by insurers may intrude on the autonomy of psychiatrists to determine the care of their patients. However, seeking legislation that removes any ability for insurers to contain costs is not likely to pass the legislature. The resolution was amended to allow MSMS to play a constructive role in assisting physicians to develop payment policies by insurers that do not unduly limit their clinical judgment.

RESOLUTION 67-08A

Title: Retail Health Facility Permit Act. Substitute Resolution (in lieu of Resolutions 18-08A, 58-08A and 67-08A). See Resolution 18-08A.

Introduced by: Suresh Anne, MD, for the Genesee County Delegation

RESOLUTION 68-08A

Title: Non-Physicians Being Called Doctor. Adopted as Amended.

Introduced by: Suresh Anne, MD, for the Genesee County Delegation

RESOLVED: That MSMS disseminate information to hospitals across the state asking them to differentiate physicians and allied health professionals upon whom the title doctor has been conferred by merit of degree; and be it further

RESOLVED: That MSMS ask hospitals across the state to differentiate with badges and with other identifiers for their staff so the patients are not confused by doctors of medicine or osteopathy verses PhD and other types of doctors, all of whom may be practicing in the hospital setting.

RESOLUTION 69-08A

Title: Comparison of Reimbursement Rates in Contiguous States. Adopted as Amended.

Introduced by: Hesham E. Gayar, MD, for the Genesee County Delegation

RESOLVED: That MSMS study the feasibility of surveying the Great Lakes states to determine where Michigan reimbursement rates fall for key insurers.

REFERENCE COMMITTEE RATIONALE: Based on the fiscal note, the Reference Committee determined that before advocating for a study of this magnitude, which would include a complex technical analysis, more research is needed to determine whether a survey of this nature would produce the information requested. Concerns include cooperation of health plans and comparability of payers and information provided.

RESOLUTION 70-08A

Title: Recognition of Allen F. Turcke, MD. Adopted

Introduced by: Suresh Anne, MD, for the Genesee County Delegation

RESOLVED: That Doctor Allen F. Turcke be recognized with overwhelming and unquantifiable appreciation from his peers and note that the MSMS House of Delegates will miss his leadership, his sense of humor, his quiet wisdom, and his overall presence.

REFERENCE COMMITTEE RATIONALE: The Committee was pleased to affirm this heartfelt appreciation for Doctor Turcke.

RESOLUTION 71-08A

Title: Tax Sugar-Added Beverages. Disapproved.

Introduced by: Suresh Anne, MD, for the Genesee County Delegation

RESOLVED: That MSMS seek legislation that would tax sugar-added beverages that are not 100 percent juice because of those sodas' substantially deleterious health impacts and the associated costs of care.

REFERENCE COMMITTEE RATIONALE: While the Committee is in full support of the intent of this resolution, the discussion revealed the fact that 100 percent juice can be just as unhealthy as some of the sugar added beverages.

RESOLUTION 72-08A

Title: Support Voter Initiative to Amend the Michigan Constitution. No Action.

Introduced by: Suresh Anne, MD, for the Genesee County Delegation

RESOLVED: That MSMS join the Michigan Universal Health Care Action Network coalition; and be it further

RESOLVED: That MSMS encourage its members and spouses to sign petitions in favor of the Michigan Universal Health Care Action Network proposal; and be it further

RESOLVED: That MSMS encourage its component county medical societies to support the Michigan Universal Health Care Action Network initiative; and be it further

RESOLVED: That MSMS assure that the legislature, in enacting legislation as required if the Michigan Universal Health Care Action Network amendment becomes law, define "medical necessity" as being the written recommendation of a patient's physician based on his or her evaluation of the patient.

REFERENCE COMMITTEE RATIONALE: This resolution is very similar to Resolution 45-08A, which also seeks support of the ballot initiative to require health care coverage for all Michigan citizens. There was no testimony specific to this resolution. Therefore, the Committee chose to address this subject via Resolution 45-05A and take no action on this resolution.

RESOLUTION 73-08A

Title: Submit the Michigan Patient Compensation Act to the AMA. Adopted.

Introduced by: Robert M. Soderstrom, MD, for the Genesee County Delegation

RESOLVED: That the Michigan Delegation to the AMA submit the Michigan Patient Compensation Act to the AMA as model alternative legislation for those states where "tort reform" has proven inadequate, failed, or not been achieved.

REFERENCE COMMITTEE RATIONALE: The Patient Compensation Act is the result of six years of deliberation which was originally established by a resolution passed at the 2002 MSMS House of Delegates, and the culmination of the work by a task force assigned by the MSMS Board of Directors. This resolution asked MSMS to forward the completed document to

the AMA for their consideration, and to make it available to other state medical societies if they are interested. This resolution did not ask for any specific action within Michigan. This resolution simply asked that MSMS share the information with other potentially interested organizations. The resolution makes no imposition whatsoever on the implementation of the act. Therefore, the Committee recommended support.

RESOLUTION 74-08A

Title: Repeal Preemption Legislation on Smoking. Adopted as Amended.

Introduced by: Srinivas B. Mukkamala, MD, for the Genesee County Delegation

RESOLVED: That, if comprehensive statewide legislation to ban smoking in all worksites including bars and restaurants is not enacted, MSMS aggressively pursue legislation to repeal the preemption legislation that does not allow counties and cities to have more restrictive smoking legislation than the state has approved; and be it further

RESOLVED: That MSMS encourage every county medical society to pass a similar resolution internally to call for a repeal of the preemption legislation that does not allow counties and cities to have more restrictive smoking legislation than the state has approved and seek support of other organizations with whom they interact to do the same to create a massive ground-swell of support.

REFERENCE COMMITTEE RATIONALE: The Committee was informed that current efforts supported by MSMS are underway to ban smoking in all worksites including bars and restaurants, and that changing course could create an opportunity for the opposition to erode support for the legislation currently before the state Senate. During testimony, the author noted that, should the current legislative initiative fall short, an alternative may be necessary. If it appears that there is not enough support within the legislature for a comprehensive worksite ban on smoking the alternative of removing local preemption could prove to be feasible solution.

RESOLUTION 75-08A

Title: Accredited Sleep Centers. Referred to the Board for Study.

Introduced by: Suresh Anne, MD, for the Genesee County Delegation
Supported by the Oakland County Delegation

RESOLVED: That MSMS seek to have all insurance companies in the state of Michigan link reimbursement for sleep services to American Academy of Sleep Medicine accreditation.

REFERENCE COMMITTEE RATIONALE: The Reference Committee received thoughtful testimony from many members. The Committee recommended referral to the Board to allow MSMS to thoroughly review this issue as it relates to quality and safety of patients in addition to cost and operation differentials between accredited and non-accredited labs. Other concerns were noted regarding the accrediting institutions.

RESOLUTION 76-08A

Title: Encourage Creation of an Electronic Single Portal. Referred to the Board for Study.

Introduced by: Suresh Anne, MD, for the Genesee County Delegation

RESOLVED: That MSMS pursue the establishment of a dedicated portal for all payers in the state of Michigan.

REFERENCE COMMITTEE RATIONALE: This resolution is similar to Resolution 47-08A, "A Call to Further Recognize and Expedite the Nationwide Health Information Network," which asks for a national health information network. Since an electronic portal is one aspect of a comprehensive network, the Committee recommended this resolution also be referred to the Board for further study.

RESOLUTION 77-08A

Title: Encourage Creation of Patient Smart Cards. No Action.

Introduced by: Suresh Anne, MD, for the Genesee County Delegation

RESOLVED: That MSMS encourage all third party payers in the state of Michigan to provide their covered individuals with smart cards that contain both medical and insurance related data.

REFERENCE COMMITTEE RATIONALE: The Reference Committee learned that many payers are in the process of developing patient smart cards. For this reason, no action was taken.

RESOLUTION 78-08A

Title: Health Hazards of Fluorescent Lighting. Adopted as Amended.

Introduced by: Suresh Anne, MD, for the Genesee County Delegation

RESOLVED: That MSMS request that the appropriate state agencies develop an implementation strategy for safe disposal of fluorescent lighting; and be it further

RESOLVED: That MSMS and the appropriate state agencies work together to develop a public information campaign to explain the significant health risks of broken fluorescent lighting.

REFERENCE COMMITTEE RATIONALE: The Committee felt that the Michigan Department of Community Health is not the correct agency to address this issue. The Committee made it more ambiguous by changing the verbiage" to appropriate state agency."

RESOLUTION 79-08A

Title: Support Michigan House Bill 4646. Adopted as Amended.

Introduced by: Suresh Anne, MD, for the Genesee County Delegation

Supported by the Michigan College of Emergency Physicians

RESOLVED: That MSMS support House Bill 4646 and similar future legislation that would increase the threshold for medical malpractice lawsuits from negligence to gross negligence for licensed health care professionals and facilities that provide emergency medical care in an emergency department, obstetrical unit, surgical operating room, cardiac catheterization lab, or radiology department immediately following the evaluation or treatment of the patient in an emergency department, as well as require the jury to consider the following: whether the health care provider had the patient's full medical history, whether there was a pre-existing health care provider-patient relationship, and the circumstances constituting the emergency and those surrounding the delivery of the emergency medical care.

REFERENCE COMMITTEE RATIONALE: The Committee heard testimony that this resolution is an integral part of the strategy to address the growing problem of specialist coverage with the emergency department. Creating a higher threshold for negligence will remove one of the disincentives of taking call for an emergency department. The resolution was amended to allow support into the future should House Bill 4646 not be adopted during this legislative session. Additionally, the standard of negligence was changed according to the direction of legal counsel in order to use the terms as they currently exist in the law.

RESOLUTION 80-08A

Title: To March on Lansing Against Smoking. No Action.

Introduced by: Suresh Anne, MD, for the Genesee County Delegation

RESOLVED: That MSMS establish a Michigan physicians' "March on the Capitol" opposing smoking in the state of Michigan and in support of legislation that would ban smoking in workplaces.

REFERENCE COMMITTEE RATIONALE: The Committee heard no testimony in support of this resolution. While a march on Lansing at the Capitol would attract attention, it was not clear if such action would directly result in legislative action to pass comprehensive smoke-free legislation. The Committee encouraged MSMS to make direct contact with lawmakers in support of smoke-free legislation.

RESOLUTION 81-08A

Title: Sophie J. Womack, MD, MBA, Memorial. Adopted.

Introduced by: George H. Shade, Jr., MD, for the Wayne County Delegation

RESOLVED: That the physicians of the Wayne County Medical Society of Southeast Michigan and the Michigan State Medical Society express their sorrow and sense of loss for the untimely death of Sophie J. Womack, MD, to her family, her husband Doctor Jimmy Womack, and daughters Brandi and Ashley Womack, and present them with a copy of this Resolution; and be it further

RESOLVED: That the physicians of the Wayne County Medical Society of Southeast Michigan and the Michigan State Medical Society recognize the contributions made by Sophie J. Womack, MD, to the medical profession, to the community, and to her fellow physicians through her service and advocacy on behalf of and for all patients and physicians; and be it further

RESOLVED: That the physicians of the Wayne County Medical Society of Southeast Michigan and the Michigan State Medical Society recognize the exceptional leadership of Sophie J. Womack, MD, and reference future leaders to the life accomplishments of a physician whose experience and knowledge were invaluable to her community, her patients, her family, her friends, and our professional organizations at both the state and county levels.

REFERENCE COMMITTEE RATIONALE: The Committee reaffirmed this fitting tribute, which was recognized by the entire House of Delegates at its Friday session.

RESOLUTION 82-08A

Title: Medicaid Managed Care Organizations Credentialing and Non-payments of Claims. Adopted.

Introduced by: Mark R. Villeneuve, MD, for the Wayne County Delegation

RESOVLED: That MSMS urge the Michigan legislature to compel Medicaid managed care organizations to conform to the common practice of retrospective reimbursement for care provided in good faith during the credentialing period.

REFERENCE COMMITTEE RATIONALE: The Committee was not aware of the practice of Medicaid HMOs and their policy of not reimbursing physicians prior to the completion of the credentialing process. This resolution makes the reasonable request that Medicaid HMOs conform to the industry standard of paying for claims during the credentialing period.

RESOLUTION 83-08A

Title: Insurance Company Formulary Transparency and Drug Substitutions. Adopted as Amended.

Introduced by: James H. Sondheimer, MD, for the Wayne County Delegation

RESOLVED: That MSMS propose policies and legislation to establish standards for all commercial payers' drug formulary publication, ideally in an internet environment, including information for web or fax prior authorization and exception requests; and be it further

RESOLVED: That MSMS seek policies and legislation stipulating that an insurance company formulary may suggest preferred therapeutically equivalent agents, no prescription denial or substitution could be made absent the physician's notification and approval.

REFERENCE COMMITTEE RATIONALE: The Committee amended the resolution to incorporate aspects of testimony that focused on physician concern related to patients not filling a prescription because it was not covered by a health plan. Providing adequate notice to physicians will help to alleviate this concern.

RESOLUTION 84-08A

Title: Direct Public Advertising by Health Care Insurance Companies. Adopted.

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

RESOLVED: That MSMS propose and advance legislation, as necessary, requiring "truth in advertising" from health care insurance companies selling policies in Michigan; and be it further

RESOLVED: That MSMS urge the Michigan Insurance Commissioner to determine whether insurance companies are misrepresenting through advertisements their involvement with medical care, past the point of selling a policy; and be it further

RESOLVED: That MSMS respond publicly to advertising that misrepresents the insurance companies as the providers of medical services and that promotes their being thanked by patients for allegedly having provided them with these services.

REFERENCE COMMITTEE RATIONALE: The Committee was familiar with the television advertisements that led to the introduction of this resolution and understand the interest of the author to have the advertisements be more factual with respect to the actual delivery of health care.

RESOLUTION 85-08A

Title: Emergency Care for the Uninsured. Adopted as Amended.

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

RESOLVED: That MSMS work with the Michigan Health and Hospital Association to create charity and reduced fee policies for uninsured and underinsured patients based on their ability to pay.

RESOLUTION 86-08A

Title: Contraceptive Equity. Adopted.

Introduced by: Anne-Mare Ice, MD, for the Wayne County Delegation

RESOLVED: That MSMS strongly urge the legislature to pass Senate Bills 41 and 42 to provide prescription coverage for any prescribed drug or device approved by the U.S. Food and Drug Administration for use as a contraceptive.

REFERENCE COMMITTEE RATIONALE: The Committee heard considerable testimony in favor of providing contraceptives if the insurance policy includes a pharmaceutical benefit. The Committee concluded that contraceptive coverage is an important element within any pharmacy benefit and policies should not be able to exclude these drugs for seemingly arbitrary purposes.

RESOLUTION 87-08A

Title: National Health Insurance for All. No Action.

Introduced by: George H. Shade, Jr., MD, for the Wayne County Delegation

RESOLVED: That MSMS express its support for universal access to comprehensive, affordable health care; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to express its support for universal access to comprehensive, affordable health care.

REFERENCE COMMITTEE RATIONALE: Since MSMS and AMA have existing policy supporting universal access and coverage for all patients, the Reference Committee recommended no action on this resolution.

RESOLUTION 88-08A

Title: Patients' Right to Take Home Hospital Prescribed Medication. Adopted as Amended.

Introduced by: Krishna K. Sawhney, MD, for the Wayne County Delegation

RESOLVED: That MSMS work with the Michigan Pharmacists Association and the Michigan Health & Hospital Association to encourage development of a policy that allows patients to take their unused medications with them upon discharge from the hospital, thereby reducing costs and hospital waste.

REFERENCE COMMITTEE RATIONALE: The Committee reworded this resolved to emphasize cost savings to both the hospital and the patient. The Committee removed reference to patient safety, believing that this resolution does not address that issue.

RESOLUTION 89-08A

Title: New Medical Schools in Michigan. Adopted.

Introduced by: Theodore B. Jones, MD, for the Wayne County Delegation

RESOLVED: That before any medical schools are founded in Michigan, MSMS urge the state of Michigan to perform a thorough prospective study on their effect on existing medical schools; and be it further

RESOLVED: That MSMS urge state officials to conduct a study on the impact of current and new medical schools, existing residency training positions, and the effect on international medical graduates on the future supply of physicians in Michigan.

RESOLUTION 90-08A

Title: Single Payer Health Insurance. Adopted as Amended.

Introduced by: James C. Mitchiner, MD, for the Washtenaw County Delegation

RESOLVED: That MSMS develop a series of forums over the next year including one at the 2009 House of Delegates to explore the implications of a single payer system and provide membership with definitions, research, studies, and ethical considerations.

REFERENCE COMMITTEE RATIONALE: Before a policy change can be considered, the Reference Committee felt that education is still needed for members to have a common set of definitions, quantifiable research, evidence based studies, successful pilots, and ethical considerations of a single payer system. The resolution was amended to allow a systematic process of analysis and deliberation through education.

RESOLUTION 91-08A

Title: Third Party Reimbursement for Certified Genetic Counselors. Adopted as Amended.

Introduced by: Timothy P. Madion, MD, for the MI Chapter, American College of OB/GYN's

RESOLVED: That MSMS support and coordinate initiation of legislation first requiring licensing for certified genetic counselors; and be it further

RESOLVED: That MSMS seek policies that require Blue Cross Blue Shield of Michigan and other third party insurance carriers to provide adequate reimbursement for services provided by certified genetic counselors.

REFERENCE COMMITTEE RATIONALE: The Committee heard the testimony from representatives of multiple medical specialties regarding the importance of genetic counselors and protecting the public from unqualified individuals. As technology improves, the demand for these services will only continue to increase. Therefore, it is important that MSMS help to facilitate appropriate and responsible regulation of this profession. The resolution was amended to separate the concept of licensure from the efforts to seek reimbursement.

RESOLUTION 92-08A

Title: Timely Notification of Pending Legislation. Adopted.

Introduced by: Timothy P. Madion, MD, for the MI Chapter, American College of OB/GYN's

RESOLVED: That MSMS support and coordinate initiation of legislation requiring an interval of not less than seven calendar days from the publication of the agenda of a legislative hearing and requiring that all legislation to be discussed at the hearing must be published on the agenda notification.

REFERENCE COMMITTEE RATIONALE: It was the sense of the Committee that the legislature would have to vote to limit their own authority, which is unlikely, but that the sentiment of the resolution could be beneficial, particularly to physicians.

RESOLUTION 93-08A

Title: Conflict of Interest Policy. No Action.

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

RESOLVED: That MSMS adopt the AMA conflict of interest policy disclosure; and be it further

RESOLVED: That the first order of business at every House of Delegates meeting be the signing of the conflict of interest disclosure form in accordance with the AMA conflict of interest policy by all participants including members of MSMS, employees of MSMS, and delegates/alternates to MSMS; and be it further

RESOLVED: That MSMS promote the adoption of the AMA conflict of interest policy by physician hospital organizations.

REFERENCE COMMITTEE RATIONALE: MSMS heard from the original author prior to the House of Delegates meeting that she was not going to pursue this resolution this year and may bring it back to a future meeting. The Committee agreed with testimony that existing MSMS policy is adequate.

RESOLUTION 94-08A

Title: Senior Citizen Access to Transportation. Adopted as Amended.

Introduced by: Adrian J. Christie, MD, for the MSMS Committee on Aging

RESOLVED: That MSMS support the appropriate agencies, including the Michigan Office of Services to the Aging and the 16 Area Agencies on Aging, to help improve access to transportation for Michigan seniors, and to promote related resources to its membership.

REFERENCE COMMITTEE RATIONALE: The Committee and testimony agreed with the sentiment of this resolution, and the Committee added a directive for MSMS to promote related resources.

RESOLUTION 95-08A

Title: Spectacles in Monocular Patients. Adopted.

Introduced by: Theresa M. Cooney, MD, for the MI College of Eye Physicians & Surgeons

RESOLVED: That MSMS support the Michigan Society of Eye Physicians and Surgeons in promoting legislation that would encourage the use of spectacles and protective eyewear for children and adults with permanent monocular vision impairment from amblyopia or other causes; and be it further

RESOLVED: That MSMS and the Michigan Society of Eye Physicians and Surgeons advocate for public financing for children and adults with permanent monocular visual impairment who can not afford spectacles and protective eyewear.

RESOLUTION 96-08A

Title: Truth and Disclosure by Allied Health Professional Patient Care. Adopted.

Introduced by: Theresa M. Cooney, MD, for the MI College of Eye Physicians & Surgeons

RESOLVED: That MSMS seek legislation limiting the designation “physician,” “medical practitioner,” and “surgeon” to only those fields that currently are designated under Public Health Code Sections 170 and 174 and specifically require all other providers to identify themselves as non-physicians or allied health professionals; and be it further

RESOLVED: That MSMS seek patient safety legislation that requires all non-physician allied health professionals to fully disclose the differences in their education and training compared to physicians at the time patient care services are rendered.

REFERENCE COMMITTEE RATIONALE: The Committee concluded that requiring professionals to disclose their credentials would be of tremendous value to the public, particularly as individuals are being asked to take greater control over their health care decisions. Helping to reduce confusion regarding training and qualifications can only benefit patients. Therefore, the Committee recommended support of this resolution.

RESOLUTION 97-08A

Title: National Health Insurance-Single Payer System. No Action.

Introduced by: H. Richard Henderson, MD, Wayne County

RESOLVED: That MSMS express its support for universal access to comprehensive, affordable health care through a single-payer financing mechanism; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to express its support for universal access to comprehensive, affordable health care through a single-payer financing mechanism.

REFERENCE COMMITTEE RATIONALE: Due to the amendment of Resolution 90-08A, “Single Payer Health Insurance,” which is similar in intent, the Reference Committee recommended no action on this resolution.

LATE RESOLUTION 98-08A

Title: Opposition to the Blue Cross Policies Regarding Physician Assistants. No Action.

Introduced by: James C. Mitchener, MD, Washtenaw County

RESOLVED: That MSMS fully support our physician assistant colleagues in the “team approach” to providing high quality, cost effective care to the patients of Michigan under well established supervisory guidelines stated in the Michigan Public Health Code; and be it further

RESOLVED: That MSMS not support the policy changes by Blue Cross Blue Shield of Michigan denying or reducing reimbursement for services performed by physician assistants; and be it further

RESOLVED: That MSMS take action to recommend and support changes to the recent policy revisions of Blue Cross Blue Shield of Michigan that adversely affect physician practices and their physician assistant colleagues in respect to reimbursement for services performed.

REFERENCE COMMITTEE RATIONALE: As testimony demonstrated, MSMS supports and values the work of physician assistants (PAs). PA’s are instrumental in providing quality care to patients under a collaborative team approach with physicians. This resolution received passionate testimony from delegates and representatives from the Michigan Association of Physician Assistants and Blue Cross Blue Shield of Michigan (BCBSM). Due to active constructive discussion between BCBSM and MSMS by several committees, the Committee determined action was not needed at this time.