

REPORT OF REFERENCE COMMITTEE B

Mildred J. Willy, MD, Chair

May 6, 2017

1 Reference Committee B was assigned Resolutions 11-17, 24-17, 26-17, 27-17, 29-17, 30-17, 34-17,
2 51-17, 52-17, 53-17, 56-17, 59-17, 61-17, 63-17, 78-17, 89-17, 93-17, 95-17, and Board Action
3 Reports #06-17 and #08-17.

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5 **11-17 - Interstate Medical Compact for Licensure - DISAPPROVE**

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7 This resolution asks that MSMS re-visit policy as it relates to the opposition of the Interstate
8 Medical Licensure Compact (IMLC). The current position of MSMS was premised upon concerns
9 over the requirement that physicians must participate in Maintenance of Certification (MOC) in
10 order to remain eligible to initially qualify for a compact license as well as a number of questions
11 arising from the lack of certainty that exists about the costs and scope of this proposal. The
12 perceived benefit of the IMLC is a shorter more streamlined process for physicians. While it is true
13 that physicians may see a short-term benefit in terms of the ease of submitting initial licensing
14 materials to other states. However, this benefit was outweighed by the sense of frustration with
15 the IMLC by physicians with respect to the use of MOC as a requirement for the compact.
16 Furthermore, the lack of certainty regarding the total cost of a compact license while still not
17 addressing issues such as aligning licensing cycles or renewal requirements is not enough of a
18 benefit for physicians to support IMLC at this time. Lastly, the Committee was informed that the
19 State of Pennsylvania has currently suspended their participation in the IMLC due to concerns
20 expressed by the Federal Bureau of Investigation over its ability to share information with a non-
21 governmental agency. For these reasons, the Committee concluded that the existing position of
22 MSMS still reflects the sentiments of the physician community; and therefore, recommends
23 disapproval of this resolution.

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27 **24-17 - Single-Payer Health Insurance - AMEND**

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29 The Committee amended the resolved portion to read:

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31 RESOLVED: That MSMS review various models for financing health care and report to the
32 2018 MSMS House of Delegates on its deliberations.

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34 The Committee agrees with the sense of the resolution that there is a fair amount of upheaval
35 within the state and federal governments that make a review of the various delivery models of
36 health care a timely exercise. However, the Committee found some of the specific aspects of the
37 resolution less compelling. Namely, the Committee did not believe that it is necessary to convene
38 a task force to conduct this function. Existing committee structure within MSMS currently has
39 enough capacity and expertise to address this issue. Previously, this process yielded a work
40 product that was well received and can likely be replicated. Secondly, the Committee did not
41 believe that "including, but not limited to..." was the appropriate way to identify the potential

42 scope of this review in that the range of options to be considered may need to be far more
43 diverse than a focus on single payer. The Committee discussed that a focus on single payer in the
44 context of the repeal and replacement of the Affordable Care Act may not be a realistic exercise.
45 Instead, the Committee recommends that a more comprehensive approach that may include
46 single payer, but that the focus be directed toward maintaining universal access at the state level
47 in the context of potential losses of coverage at the federal level. The Committee was not
48 comfortable conferring any sort of favorable view of single payer, or any other delivery model,
49 prior to the research and review by MSMS. However, the Committee did conclude that it is
50 important that MSMS study the issue of health care financing and report back to the House of
51 Delegates in 2018.

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55 **26-17 - Licensing Anesthesiologist Assistants - AMEND**

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57 The Committee amended the resolved portion to read:

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59 RESOLVED: That MSMS work with the Michigan Legislature to advocate for the passage of
60 legislation to require the licensure of anesthesiologist assistants in Michigan consistent
61 with other MSMS policy relative to scope of practice.

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63 The Committee heard compelling testimony regarding the relative expertise of Anesthesia
64 Assistants (AAs) and the potential role that AAs can fill in terms of addressing access in a manner
65 consistent with the policy of MSMS to assure that care is delivered by a physician-led team. The
66 Committee believed that licensure of AAs affords some protection for anesthesiologists currently
67 using AAs in their practice. In addition, legislation to license AAs has been drafted to assure that it
68 is consistent with the overarching principles of MSMS and other physician advocacy groups. The
69 Committee believed that it was important to add language to clarify that the goal is not licensure
70 of AAs at any cost, but rather, a properly drafted bill that would help to address access issues
71 without the types of scope of practice challenges that have been associated with other categories
72 of professionals.

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76 **27-17 - Physician Oversight of Anesthesia Delivery - APPROVE**

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78 The Committee recognizes that one of the key areas of advocacy MSMS is able to perform on
79 behalf of the public and MSMS physician members is to assure that only those with the
80 appropriate education and training are permitted to practice independently. Physician oversight
81 of anesthesia is crucial; therefore, the Committee recommends support.

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85 **29-17 - Oppose Direct to Consumer Advertising of the ABMS MOC Product - AMEND**

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87 The Committee amended the resolved portions to read: