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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

MICHIGAN BOARD OF MEDICINE

SEPTEMBER 13, 2017 MEETING

APPROVED MINUTES

In accordance with the Open Meetings Act, 1976 PA 267, the Michigan Board of Medicine met on September 13, 2017, at the Ottawa Building, Conference Room 3, 611 West Ottawa Street, Lansing, Michigan 48933.

CALL TO ORDER

Mohammed Arsiwala, M.D., Acting Chairperson, called the meeting to order at 10:05 a.m.

ROLL CALL

Members Present: Mohammed Arsiwala, M.D., Acting Chairperson
Michael Chafty, M.D.
Michael Chrissos, M.D. (left at 10:40 a.m.)
Stacey Frankovich, Public Member
Michelle Gormas, P.A.
Renee Johnston, Public Member
Kara Morley-Smolek, M.D.
Domenic Policicchio, Public Member
James Rogers, M.D.
James Sondheimer, M.D.
Paul Sophiea, Public Member
Dennis Szymanski, M.D.
Rosalie Tocco-Bradley, M.D., Ph.D. (left at 12:02 p.m.)

Members Absent: Peter Graham, M.D., Chairperson
Luis Avila, J.D., Public Member
Richard Bates, M.D.
Lisa Huta, Public Member
Louis Pries, Ph.D., Public Member
Terri Tahnoose, Public Member

Staff Present: Kim Gaedeke, Director, Bureau of Professional Licensing
Kimmy Catlin, General Office Assistant, Board and Committees Section
Dawn Gage, Manager, Licensing Department
Brian Hoot, Board Support, Board and Committees Section
Andrew Hudson, Manager, Drug Monitoring Section

Weston MacIntosh, Analyst, Boards and Committees Section
Kiran Parag, Analyst, Compliance Section
Kerry Przybylo, Manager, Boards and Committees Section
Michele Wagner-Gutkowski, Assistant Attorney General
Haley Winans, Analyst, Drug Monitoring Section

APPROVAL OF AGENDA

MOTION by Johnston, seconded by Sophiea, to approve the agenda with additions. Under New Business, item J will be "Tri-Regulator Symposium", item K will be "Nomination for DHHS Taskforce", and item L will be "Term Limit Discussion."

A voice vote was taken.

MOTION PREVAILED

APPROVAL OF MINUTES

MOTION by Tocco-Bradley, seconded by Sophiea, to approve the May 17, 2017 meeting minutes as presented.

Policicchio abstained from voting.

A voice vote was taken.

MOTION PREVAILED

REGULATORY CONSIDERATIONS

Wessam Bourtros Bou-Assaly, M.D. – Petition for Reinstatement

MOTION by Tocco-Bradley, seconded by Szymanski, to grant the petition for reinstatement. Respondent is placed on probation and must comply with the Public Health Code.

Discussion was held.

A roll call vote was held:

Yeas –	Chafty, Chrissos, Frankovich, Gormas, Policicchio, Johnston, Morley-Smolek, Rogers, Sondheimer, Szymanski, Tocco-Bradley, Arsiwala
Nays –	None
Recused -	Sophiea

MOTION PREVAILED

MAPS Update

Gaedeke stated the transition to the Michigan Automated Prescription System (MAPS) went well and was completed on time and under budget. In addition, the number of registered users is increasing and system response time takes less than 1 second for a report to be generated. Gaedeke stated that the Department is currently in Phase 2 of enhancements that will integrate electronic medical records (EMR) and MAPS. Gaedeke stated provider score cards were sent on August 11, 2017. The score cards will show prescriber's opioid prescription trends compared to their peers in the same specialty group. These score cards are only meant as comparison tools. The Department does not receive the score cards.

Winans stressed the importance of prescribers choosing the proper specialty for prescribers when registering to ensure score card accuracy. Winans stated that clinical alerts began August 11, 2017. This alerts pharmacists and prescribers to patients who are over the Centers for Disease Control (CDC) morphine milligram equivalent (MME) maximum recommended dose. Winans reported NarxCare should be available to registered MAPS users by October or November. NarxCare will provide prescribers and dispensers with risk assessment in the form of a score. The score will be based upon MME, number of prescribers and pharmacies used, and overlapping prescriptions of narcotics, sedatives, and stimulants. Training for NarxCare is being developed by Appriss and will be distributed to registered users.

Hudson stated the Drug Monitoring Section is actively reviewing data related to over-prescribing and over-dispensing.

Building Security

To help maintain security in the building, the Department has asked all agency staff to escort guests to the different floors and areas of the building beyond the normal common areas. In addition, staff and board members are required to have their state ID badges visible when they are in state buildings.

Contact from Licensees or Licensee Representative

MacIntosh stated there should be no contact between Board members and licensees or their representatives. Communication should be directed to the Department for an appropriate staff member to address any concerns.

Notice of 2018 Meeting Dates

The schedule for the 2018 Board of Medicine meetings was discussed.

Licensing Update

MacIntosh stated there are 38,374 Medicine licensees and 9,627 Osteopathic Medicine licensees in the state of Michigan as of August 31, 2017.

Application Process and Disclosures

Arsiwala noted there are no questions pertaining to substance abuse or mental illness on the medical license application. MacIntosh stated there is no statutory provision that would allow this question to be asked.

Resolutions Discussion

MacIntosh presented the Board with a Master Resolution and discussed changes between the previously adopted version and the version presented.

MOTION by Tocco-Bradley, seconded by Morley-Smolek, to approve the Master Resolution as presented.

A voice vote was held.

MOTION PREVAILED

MacIntosh presented the Board with a Master DSC Resolution and discussed changes between the previously adopted version and the version presented.

No vote was taken.

Department Update

MacIntosh reported that a new licensing and regulatory platform is being implemented for the State of Michigan. The first profession to go live was Nursing. The system is named MiPLUS. MacIntosh also referenced a "Bills of Interest" handout (Addendum 1) and explained the bills that pertain healthcare. MacIntosh stated that Hoot will be leaving the Boards and Committees Section to work in the MAPS Section.

Tri-Regulator Symposium

Arsiwala and Sophiea attended the 2017 Tri-Regulator Symposium in July 2017. Sophiea stated he would like more discussion and distinction between the opioid crises versus pain management. Arsiwala and Sophiea encouraged better education for prescribers and dispensers and integration with EMR and MAPS.

Nominations for DHHS Taskforce

Arsiwala reported the U.S. Health and Human Services Secretary, Tom Price, M.D., has created a taskforce to develop best practices for prescribing pain medication and for managing chronic and acute pain. Arsiwala requested permission from the Board to nominate Chafy to serve on this task force. The Board was in agreement with Arsiwala nominating Chafy.

Term Limits

Members whose terms were expiring in December 2017 were identified.

PUBLIC COMMENT

Carolyn Batchelor, HPRP Administrator, and Dr. Carl Christensen, HPRP, introduced themselves to the Board.

Arsiwala introduced Shannon Paquette, third year Wayne State University School of Medicine student.

ANNOUNCEMENTS

The next regularly scheduled meeting will be held on Tuesday November 14, 2017 at 10:00 a.m., at the Ottawa Building, 611 West Ottawa Street, Upper Level Conference Center, Conference Room 3, Lansing, Michigan.

ADJOURNMENT

MOTION by Chafy, seconded by Policicchio, to adjourn the meeting at 12:21 p.m.

A voice vote was taken.

MOTION PREVAILED

Minutes approved by the Board on: November 14, 2017.

Prepared by:
Brian Hoot, Board Support
Bureau of Professional Licensing

September 15, 2017

Proposed Legislation Directly/Indirectly Affecting the Practice of Medicine – September 2017

SB 166 (Schuitmaker)	Requires Licensed Prescribers to check MAPS reports before prescribing or dispensing a controlled substance to a patient.
SB 167 (Schuitmaker)	Authorizes sanctions on physicians that fail to check MAPS before prescribing or dispensing a controlled substance to a patient.
SB 171 (Ananich)	Part of a two bill package stipulating that if an individual willingly violates 333.7405, and is found guilty of this violation, that they will be guilty of a felony (up from a misdemeanor) punishable by imprisonment for not more than 15 years (up from 2 years), or a fine of \$25,000, or both.
SB 172 (O'Brien)	Part of a two bill package stipulating that if an individual willingly violates 333.7405, and is found guilty of this violation, that they will be guilty of a felony (up from a misdemeanor) punishable by imprisonment for not more than 15 years (up from 2 years), or a fine of \$25,000, or both.
SB 236 (Schuitmaker)	Requires the state opioid abuse commission to develop a curriculum for the proposal in Senate Bill 237 to require public schools to include instruction on prescription opioid abuse in required health classes.
SB 237 (Schuitmaker)	Requires public schools to include instruction on prescription opioid abuse in required health classes
SB 270 (Bieda)	Requires a doctor have a "bona fide prescriber-patient relationship" before prescribing opioid and other painkillers that are subject to abuse.
SB 272 (Shirkey)	Requires prescribers to provide information to patients on dangers, proper disposal and penalties for dispensing prior to prescribing a controlled substance
SB 273 (Jones)	Require physicians to provide patients being treated for an opioid overdose with information on substance use disorder services
SB 274 (Knollenberg)	Restricts the amount of opioid pain pills a doctor may prescribe to a 7 day supply for acute conditions and 30 days for chronic ones. Furthermore, a prescriber shall not prescribe a patient a combination of opioids in an amount that exceeds 100 morphine milligram equivalents per day in the aggregate. The bill also requires opioid antagonists to be prescribed to at-risk patients.
SB 368 (Schuitmaker)	Would amend the Michigan Penal Code to prohibit a person from knowingly performing FGM.
SB 369 (Schuitmaker)	Would amend sentencing guidelines in the Code of Criminal Procedure to include FGM related felonies as Class B crimes

Proposed Legislation Directly/Indirectly Affecting the Practice of Medicine – September 2017

	against a person with a statutory maximum of 15 years incarceration.
SB 391 (Casperson)	Provides sentencing guidelines for dismemberment abortions.
SB 392 (Casperson)	Prohibits dismemberment abortions and provides penalties.
SB 410 (Colbeck)	Authorizes suspension or revocation of license for individuals convicted of FGM on a female 17 years of age or younger.
SB 412 (Hertel)	Prohibits a government agency from requiring medical professionals to give a patient "information that is not medically accurate or appropriate.
SB 451 (Warren)	Prohibits laws or administrative rules that place a burden on access to abortion.
SB 452 (Warren)	Removes the 24-hour waiting period before the performance of an abortion.
SB 453 (Warren)	Prohibits health facilities from refusing to provide reproductive health services under certain circumstances.
SB 454 (Hertel)	Repeals the abortion insurance opt-out act.
SB 458 (Knezak)	Requires free coverage of birth control.
SB 460 (Zorn)	Provides additional penalties for delivery of controlled substance causing serious injury.
HB 4134 (Canfield)	Prohibits state licensure authorities from requiring a physician to hold one of the various professional association "board certifications." Some national organizations that make money from these certifications have been advocating that states mandate them.
HB 4135 (Canfield)	Prohibits insurance companies from requiring a physician to hold one of the various professional association "board certifications" as a condition for paying or reimbursing a patient treatment claim, unless this is specifically required for licensure. Some national organizations that make money from these certifications have been advocating that states mandate them.
HB 4066 (Tedder)	To enter an agreement with other states to facilitate doctors getting licensed in more than one state. This would not eliminate the need to get a separate license to practice in each state, and would not change current restrictions on the practice of telemedicine.

Proposed Legislation Directly/Indirectly Affecting the Practice of Medicine – September 2017

- HB 4067 (Tedder)** To revise the licensing process for Michigan physicians so that it conforms to provisions in the interstate medical licensure compact proposed by House Bill 4066.
- HB 4170 (Tedder)** Authorizes a process for creating a standardized form for individuals to express their wishes regarding medical treatment and end of life care, which is called Physician Orders for Scope of Treatment (POST). This would be like the current Do Not Resuscitate form but with more details. This bill establishes an ad hoc committee to draft a form, procedures and more.
- HB 4171 (Cox)** Revises the law governing appointment of guardians and conservators for vulnerable and protected individuals to accommodate the proposal in House Bill 4171 to create a new standardized form for individuals to express their wishes regarding medical treatment.
- HB 4173 (Vaupel)** Requires adult foster care facilities to comply with the Physician Orders for Scope of Treatment orders proposed by House Bill 4170 for communicating and accommodating an individual's wishes regarding medical and end of life treatment. A facility that was not willing to comply for reasons of faith or conscience would have to help make arrangements to transfer the person to another facility.
- HB 4174 (Love)** Updates a state law that prescribes procedures that health care emergency providers must adopt for complying with an individual's do-not-resuscitate order, so as to extend this to the Physician Orders for Scope of Treatment orders proposed by House Bill 4170 for accommodating an individual's wishes regarding medical treatment.
- HB 4284 (Kosowski)** Allows medical professionals licensed in other states to practice at "Remote Area Medical" type health care clinic events if held in Michigan.
- HB 4403 (Schor)** Includes acute treatment services and clinical stabilization services for opioid addiction among the medical services the state has assumed a duty to provide through its social welfare system.
- HB 4404 (Singh)** Require pain management facilities to be licensed by the state.
- HB 4406 (Griffin)** Requires a state opioid abuse commission to develop a curriculum for the proposal in House Bill 4407 to require public schools to include instruction on prescription opioid abuse in required health classes.
- HB 4407 (Griffin)** Requires public schools to include instruction on prescription opioid abuse in required health classes.

Proposed Legislation Directly/Indirectly Affecting the Practice of Medicine – September 2017

HB 4408 (Bellino)	Requires a physician prescribing an opioid pain killer for a minor to fully inform the parents or guardian and the minor of the various risks, and require the parents or guardian to sign a form detailing these and acknowledging they had the discussion.
HB 4584 (Vaupel)	Requires providing of Spina Bifida information to expectant or new parents upon discovery of the disease.
HB 4601 (Singh)	Restricts the amount of opioid pain pills a doctor may prescribe to a 10 day supply for acute conditions and 30 days for chronic ones. Furthermore, a prescriber shall not prescribe a patient a combination of opioids in an amount that exceeds 100 morphine milligram equivalents per day in the aggregate. The legislation provides various exceptions to the 100 MME provision.
HB 4603 (Howrylak)	Mandates that a health care provider shall not refuse to provide health care services or supplies to a patient based solely on the patient's refusal to allow the provider to photocopy or scan his or her Driver License or Michigan ID.
HB 4620 (Kesto)	Removes injuries incurred as a result of an abortion from the statute of limitations.
HB 4636 (Hoitenga)	Prohibits forms of FGM.
HB 4637 (Farrington)	Prohibits transporting a person for purposes of FGM.
HB 4638 (Rendon)	Provides sentencing guidelines for crimes involving female genital mutilation.
HB 4639 (Kesto)	Provides for revocation of licensure or registration for a conviction of conducting female genital mutilation.
HB 4641 (Chang)	Extends statute of limitations for actions of FGM against individuals who were minors when the FGM occurred.
HB 4642 (Faris)	Provides for certain education and outreach programs related to FGM.
HB 4661 (Griffin)	Provides for a cause of action for victims of FGM.
HB 4690 (Kahle)	Amends the Code of Criminal Procedure to prescribe a statute of limitations for the crime of FGM.
HB 4716 (Lucido)	The bill would add, as a circumstance that constitutes grounds for termination of a parent's parental rights to a child, that the parent knowingly allowed the child (or a sibling) to undergo FGM.
HB 4760 (Faris)	Removes the 24-hour waiting period for abortions.

Proposed Legislation Directly/Indirectly Affecting the Practice of Medicine – September 2017

HB 4761 (Greig)	Repeals the abortion insurance opt-out act.
HB 4762 (Guerra)	Prohibits certain government interference with physician-patient treatment programs.
HB 4763 (Pagan)	Prohibits laws or administrative rules creating burdens on abortion access.
HB 4765 (Love)	Prohibits health facilities from refusing to provide certain reproductive health services under certain circumstances.