

CMS Board of Directors: September 14, 2018
CONSENT CALENDAR: Items for Approval

- Item 1: Minutes from 9-14-18, BOD Meeting; Pages 1-10
- Item 2: Minutes from 9-18-18 C/Prescription Drug Abuse; Pages 10-11
- Item 3: Rosters: Fiscal Year 2018-2019: Councils-Committees-Work Groups; Pages 11-16
- Item 4: Bylaws changes from Council on Ethical and Judicial Affairs; Pages 16-18
- Item 5: Minutes from 10-4-18 Workers Compensation and Personal Injury Committee; Pages 18-19
- Item 6: Minutes from the 11-1 Workers Compensation and Personal Injury Committee; Pages 19-21
- Item 7: Minutes from the 10-30-18 Cost of Care Work Group Meeting; Pages 21-24
- Item 8: Medical Student Component Minutes; Pages 24-25

Item 1: 9-14-18, BOD Minutes: Pages 1-10

MEMBERS PRESENT

| | |
|---------------------|---------------------|
| President | Robert Yakely, MD |
| President-elect | Deb Parsons, MD |
| Imm. Past President | Katie Lozano, MD |
| Districts 1 & 2 | Richard Lamb, MD |
| Districts 3 & 4 | Vacant |
| District 5 | David Markenson, MD |
| District 6 | Brandi Ring, MD |
| District 7 | Leto Quarles, MD |
| District 8 | Mark Johnson, MD |
| District 9 | Curtis Hagedorn, MD |
| District 10 | Rocky White, MD |
| District 11 | Cory Carroll, MD |
| District 12 | Patrick Pevoto, MD |
| District 13 | Brad Roberts, MD |
| District 14 | Benjamin Nance, RVU |
| CPMG | Kim Warner, MD |
| RFS | Charles Tharp, MD |

MEMBERS ABSENT (EXCUSED)

GUESTS PRESENT

Dr. Lynn Parry, Judy Ladd, Sara Lipnick, Kim Ross, Dr. Lee Morgan, Sharon Jewitt, Dr. Ray Painter, Dr. Ted Clarke, Dr. Dave Downs, Dolores Bennet,

CMS STAFF

Alfred Gilchrist, Susan Koontz, JD, Chet Seward, Dean Holzkamp, Gene Richer, Dianna Fetter

- I. Introductions of members and guests Robert Yakely, MD
- Robert Yakely, MD, started the meeting with the following announcements:

- Acknowledgement and recognition of Drs. Richard Lamb and Katie Lozano's service on the board; that this meeting would finalize their terms;
- That board member, David Markenson, MD, will be at the Annual Meeting later tonight or first thing in the morning; that he is attending a leadership academy at Brandeis University arranged by CMS through the Physicians Foundation.

II. Fiscal Year 2018-2019 Operational Plan **(Action)**

- Dr. Yakely made the following comments to begin this the discussion on the Fiscal Year 2018-2019 Operational plan:
 - This agenda item is a focus on the future, meaning discussion and approval of our fiscal year 2018-2019 operational plan
 - This plan represents a comprehensive set of projects that will be implemented by the CEO in the next fiscal year that begins October 1.
 - As is our customary operating procedure, the leadership will be kept updated in-between meetings of the board.
 - The board will receive progress reports in the board memo update and will make course corrections to the plan on an as-needed basis throughout the year.
 - Before we take up and discuss the new operational plan, we will consider a new CMS brand and conduct a strategic discussion on market forces.

1. CMS Rebrand **(Action)**

Robert Yakely, MD

- Dr. Yakely turned the conversation to rebranding the CMS, another step in the transition of our organization to a 21st Century medical society, by making the following points:
 - As most of you know, we've made tremendous progress since the 2015 Annual Meeting.
 - Repeal of the HOD
 - A smaller board
 - A virtual policy forum that has far exceeded our expectations
 - All-member elections
 - A new strategic plan
 - An uptick in our brand characteristics, demonstrating greater member satisfaction
- As a guy that's been around awhile, it's been very exciting to be part of the transition
 - Since 2014, two different consulting firms have recommended that we re-brand CMS
 - Today, we make-a-decision on one of three re-brand options.
 - Our new Membership Director, Krystle Medford will explain the steps we've taken to get us to this discussion and vote.
- Krystle Medford explained the steps taken to rebrand CMS. Following her presentation, Dr. Yakely walked the board through three rebrand options and informally asked for board member views. A consensus emerged, and a motion was made, seconded and passed with one in opposition to a new CMS brand.
 - Ms. Medford announced that board members could look forward to a roll out of the new brand in the near future.

2. Market Forces: **(Strategic Discussion)**

Robert Yakely, MD

- Dr. Yakely started the discussion on market forces, calling the discussion an important strategic conversation on the use of market forces and power in negotiating rates and making the following additional comments:
 - There are four reasons we are having this discussion.
 - First, what has previously been an under the radar discussion is now above the radar due to a set of draft rules that the Interim Commissioner of Insurance recently floated.
 - Second, now that the draft rules have been floated, the health insurance plans will be publicly vocal about their perspective --- that sole source providers, meaning hospitals and physicians, are unfairly leveraging network adequacy rules to demand and obtain excessive payment rates.
 - Just as a reminder, CMS has been very vocal over the past decade that health plans have excessive and unfair market power over physicians, and as a result CMS opposed the mega mergers, sought legislation on network adequacy and fair contracting practices among other initiatives.
 - The third reason we are having this discussion is an assumption that this market power debate will accelerate or gain momentum given the high visibility about the cost of care and the variation in cost of care across Colorado as demonstrated in the CIVHC database and the emergence of the business community on health care costs.
 - The final reason we are having this discussion is because leadership and staff need to hear your perspective on the subject and most importantly get the board's direction on how CMS needs to proceed.
- Dr. Yakely turned the board's attention to following three strategic questions for this discussion
 - Now that CMS is positioned, what next?
 - What is the role of CMS as this issue further unfolds in the public policy space?
 - Who owns the problem and who else cares?
- The floor was open for discussion; the board was informed that staff will take notes, so we can get back to this discussion in November.
- The following comments were made by board members:
 - The insurance companies are taking advantage of the network adequacy rules given their market power; there are some small number of unscrupulous provider groups taking advantage on the OON; CMS should take a triple aim approach where the patient is in the center and work out from there; this would be our best approach. This is our wheel house but as arbitrators and not taking sides.
 - This calls for a broader conversation with a focus on the patient.
 - Is such a rulemaking within the purview on the insurance commissioner?
 - There are some provider groups demanding and receiving 400% of Medicare.
 - How can we have an informed discussion without data? We need data to make a good decision.
 - We don't know the scale of the problem; is it urban, rural, etc.; blasting at the entire problem without knowing how broad the problem is --- we really need data; How bad; how big.
- Dr. Yakely informed the board that the issue would be brought back to the board in November and thanked board members for the discussion.

3. 2018-2019 Operational Plan (**Action**)

Alfred Gilchrist

- Dr. Yakely turned the board's attention to the fiscal year 2018-2019 operational plan by making the following comments:

- This plan is the product of board meetings over the past year, our transitioning of the organization, the concerns of our members and the fully anticipated and complex public policy environment we face next legislative session.
- The plan is divided into the following four Sections
 - Public Policy,
 - Physician Wellness,
 - Communications; and,
 - Organizational Excellence.
- Our Chief Executive has headed this project and every member of the CMS staff participated in the development of this plan.
- Dr. Parsons, Lozano and I were provided draft copies during various stages of the plan's development.
- Alfred Gilchrist, CMS CEO was asked to walk the board through the four sections, and board members were encouraged to ask questions, make observations and suggestions.
- The board was informed that they would vote on each section separately following any motions to edit plan components.
- Mr. Gilchrist proceed as follows:
 - Overview comments:
 - This plan supports the CMS mission and is consistent with the three goals in the new strategic plan
 - Section 1: Public Policy: Comments
 - Comprised of 4 major initiatives
 - The board had strategic discussions on 3 of the 5 initiatives during the year;
 - It was due to the substance, complexity and the interrelated nature of these issues that the board suspended the 2019 Annual Meeting to divert financial resources to these public policy issues.
 - The board previously approved a cost of care work group and will approve today and exceptional professional review expert panel
 - We have an active Committee on Prescription Drug Abuse
 - You have expressed a desire that CMS be positioned proactively in these four areas and CMS is favorably positioned at this time
 - The plain fact is CMS will be on offense and defense next legislative session; there is a lot coming our way
 - OON
 - Opioids
 - Sunset
 - Liability Cost
 - Dr. Parsons asked if language on page 6 of the plan in the overview called the 20,000 foot view could be amended to reflect "addicted to opioid-use disorder", rather than "large cohort of opioid addicts."
 - Mr. Gilchrist stated that this change would be made
 - Dr. Lozano stated that she had submitted several minor edits and Mr. Gilchrist stated that staff had reviewed these edits and would make them; he thanked Drs. Lozano and Parsons
 - A motion was made, seconded and unanimously approved to adopt Section 1 of the fiscal year 2018-2019 operational plan.
 - Section 2: Physician Wellness: Mr. Gilchrist emphasized the following:

- Physician burnout is at a crisis stage;
- There are three major domains where work must be done to address the crisis as follows:
 - Personal responsibility;
 - Organizational interventions; and,
 - Public policy.
- The reconstituted Committee on Wellness is composed mainly of physicians who are deeply emerged in the wellness-burnout literature;
- Many of them are actively engaged or leading efforts to reduce burnout at the organizational or practice level;
- There is a consensus among the committee that in addition to CMS work on public policy advocacy and promotion of personal responsibility for health, CMS needs to “highlight, emphasize and promote solutions at the organizational level that reverse the crisis.
- We assess that physicians want to see CMS stepping up in this area because they know that a practice that does not support them in the care of patient is a practice that will burn them up and out.
- Tactics for the project plan are already being discussed by the committee.
- Dr. Parsons asked if the board would accept an amendment to change the project plan name from Physician Wellness to Physician Wellbeing. This suggestion was met favorably by the board.
- A motion was made, seconded and unanimously approved to adopt Section 2 of the plan as amended by Dr. Parsons.
- Section 3: Communications: Mr. Gilchrist made the following points:
 - Bilateral communications is fundamental to achieving the CMS mission
 - Unlike previous operational plans, all communication platforms are featured along with a goal, objective and strategy.
 - A motion was made, seconded and unanimously approved to adopt Section 3 of the plan.
- Section 4: Organizational Excellence: Mr. Gilchrist made the following comments:
 - Continued innovation of CMS is an organization goal
 - Membership recruitment and retention are on the top of the list
 - Board best practices should be done every 3 years and we are at the outer limit of this range
 - Other project plans have previously been discussed with the board
 - A motion was made, seconded and unanimously approved to adopt Section 4 of the plan.
- A motion was made, seconded and unanimously adopted to approve the entire plan.

III. Fiscal Year 2017-2018 Operational Plan

Robert Yakely, MD

- Dr. Yakely started discussion on the current operational plan with the following comments:
 - CMS closes out the current fiscal year on September 30
 - The 2017-2018 fiscal year has been very robust, both from an organizational and public policy perspective.
 - This agenda item is a combination of updates and action items.
 - A lot has happened since the July board meeting in the public policy arena

- We all understand this slide (The battlefield slide was displayed depicting the major issue areas anticipated in the 2019 Legislature).
- Due to the sheer volume, complexity, and interrelated nature of these issues, the board postponed the 2019 Annual Meeting to ensure adequate financing for our advocacy efforts through the 2019 legislative session.

1. Public Policy Hot Spots

a. Professional Review Sunset (**Action**)

Susan Koontz, JD

- Susan Koontz, JD, General Counsel and Director of Government Relations provided a report on professional review sunset that included the first meeting of the CMS Expert Panel on Professional Review Sunset and Medical Practice Act; the submission of CMS comments to DORA as a result of the Expert Panel; the enthusiasm of the Expert Panel to be convened and involved; the strategy behind CMS recommendations that professional review entities be required to report additional, helpful information to demonstrate to consumers that professional review is keeping patients safe and holding physicians accountable.
- Following Ms. Koontz's presentation, a motion was made, seconded and unanimously approved to adopt the Expert Panel recommendations submitted to DORA Sunset.

b. Cost of Care and Quality (**Update**)

Chet Seward

- Chet Seward, Sr. Director of Policy, provided an update on the metro-Denver Chamber of Commerce's Cost Work Group and on-going involvement by CMS. Mr. Seward's report was accepted for information.

c. Interim Legislative Study on Opioid Abuse Disorders (**Action**) Susan Koontz, JD

- Ms. Koontz presented an update on the interim legislative study on opioid and other substance abuse disorders.
- Following this presentation, a motion was made, seconded and unanimously to approve recommendations made by the Committee on Prescription Drug Abuse to the interim legislative committee on opioid and other substance abuse disorders.

d. Marijuana Policy Update (**Action**)

Robert Yakely, MD

- To begin this discussion, Dr. Yakely made the following comments:
 - The board's very thoughtful process of updating CMS policy on marijuana continues.
 - This report and action item can be found on pages 32 and 33 of the board packet.
 - You will recall that the Board considered a report from a board Subcommittee on Marijuana Policy in July meeting and decided to reconvene the subcommittee based upon member feedback via Central Line, issues brought directly to the board, and the recent approval by the FDA of the first marijuana-based epilepsy drug.
 - The subcommittee reconvened in August and developed the revised report and consensus recommendations found on pages 32 and 33 of the board packet.
 - Board member Brad Roberts, MD, explained that he thought the process was vigorous and that he was very satisfied with the revised policy

- A motion was made, seconded and unanimously approved to adopt the subcommittee's recommendation.
- Dr. Yakely noted that the proposed policy would have to go out on Central Line for a final vote in November.

e. Central Line Policy Proposals (**Action**)

Robert Yakely, MD

- Dr. Yakely turned the board's attention to the central Line proposals by making the following comments:
 - They are both action items.
 - For each of the two policy proposals, there will be a 3 steps process as follows:
 - **Step 1:** I will ask if there are extractions from the proposal's details, that being:
 - (1) Problem/Issue Statement;
 - (2) Description of Policy Proposal;
 - (3) Possible Impacts;
 - (4) Supporting Materials;
 - (5) CMS Staff Review; and,
 - (6) Member votes and comments
 - If there are extractions, we will take them one at a time
 - If there are no extractions, I'll move to Step 2
 - **Step 2:** I will ask if there is any new information from staff.
 - **Step 3:** I will recognize guests that wish to make comments.
 - **Step 4:** I will ask for a motion, and of course motions contemplate discussion, amendments, alternate motions and of course votes
- Everyone agreed that they understood and the process proceeded.

i. Unleashing Market Transparency to Address Soaring Drug Prices (**Action**)

- To start this proposal, Dr. Yakely stated:
 - The first proposal is Unleashing Market Transparency to Address Soaring Drug Prices
 - This proposal was submitted by John Ogle, MD, a practicing physician in the specialty of emergency medicine.
 - **Step 1:** Are there any extractions from:
 - (1) Problem/Issue Statement;
 - (2) Description of Policy Proposal;
 - (3) Possible Impacts;
 - (4) Supporting Materials;
 - (5) CMS Staff Review; and,
 - (6) Member votes and comments
- 1. **Step 2:** Is there any new information from staff?
 - Staff presented an edited version of the Ogle proposal.
- 2. **Step 3:** **There were no** guests that wished to comment.
- 3. **Step 4:**
 - There was discussion about the staff recommendation.
 - Following discussion, a motion was made, seconded and unanimously adopted to approve the following revised policy:

- That CMS policy be adopted to support transparency and allow market forces to better control prescription drug prices:
 - 1. CMS advocates that pharmaceutical advertisers disclose pricing information; whether they market to physicians or directly to patients, ads must embed average or comparative price data.
 - 2. CMS supports efforts to ban direct-to-consumer advertisements in Colorado, such as TV commercials.
 - 3. CMS advocates for publishing and updating Medicare’s and Medicaid’s so-called drug-pricing dashboards, or similar public price lists updated in near real time and accessible via public website (and/or API feed available to EHRs).
 - 4. CMS ADVOCATES DISCLOSURE OF ALL FEES AND REBATES PAID TO INTERMEDIARIES OR SO-CALLED MIDDLEMEN IN THE DRUG SUPPLY CHAIN.
 - 5. CMS ADVOCATES THAT POLICY MAKERS STUDY THE USE OF DRUG REBATES AND OTHER INTERMEDIARY FEES AND HOW THEY AFFECT PRICES FOR PATIENTS AND ACCESS TO CARE.

ii. Firearm Safety (**Action**)

- Dr. Yakely made the following comments to start discussion Central Line proposal, Firearm Safety.
 - This proposal was submitted by Dr. Lynn Parry a practicing physician in the specialty of neurology on behalf of the CMS Delegation to the AMA.
 - **Step 1:** Are there any extractions from:
 - (1) Problem/Issue Statement;
 - (2) Description of Policy Proposal;
 - (3) Possible Impacts;
 - (4) Supporting Materials;
 - (5) CMS Staff Review; and,
 - (6) Member votes and comments
 - **Step 2:** Is there any new information from staff? Staff pointed out the extensive, current policy of Firearm safety and that such policy provided the Council on Legislation with the discretion to “support the enactment of reasonable laws that seek to regulate the sale and distribution of firearms in order to protect public health and safety.
 - **Step 3:** Dr. Lynn Parry was recognized to make comments
 - **Step 4:** Following discussion, the board voted 6 to 6 to reconfirm existing CMS policy. Instead of breaking the tie, Dr. Yakely offered a motion that the board reconsider the proposal in November. This motion carried.

3:00 - 3:30pm: Exhibitor Break: Space tech lab and scientific inquiries

2. Consent Calendar (**Action**)

Robert Yakely, MD

- a. Minutes from 7-13-18 BOD Meeting
- b. Minutes from 7-17-18 C/Prescription Drug Abuse Meeting
- c. Minutes from 8-1-18 WCPI Meeting
- d. Minutes from 8-2-18 Cost-Quality Working Group Meeting
- e. Minutes from 8-22-18 Committee on Wellness Meeting
- f. Roster/Nominations, Work Group on Professional Review-MPA Sunset and CPEA

- g. Minutes from 8-7-18 Work Group on Professional Review-MPA Sunset Meeting
- h. Minutes from 7-18-18 COL Meeting
- i. Minutes from 7-30-18 MSC Meeting
- j. Medical Student Component Bylaws

- Dr Yakely turned the board’s attention to the Consent Calendar with the following comments:
 - The Consent Calendar confirms great activity since the July board meeting.
 - Are there any questions or comments about the Consent Calendar?
- CMS BOD member Mr. Ben Nance raised the issue of the Medical Student Component bylaws. It was noted that the bylaws were not fully prepared when the board packet was delivered on August 31 but subsequently had been approved by CEJA and passed legal review. Dr. Yakely asked if the board objected to suspending the rule that action items to be sent to the board two weeks in advance. There were no objects. Discussion on the MSC bylaws was conducted.
- A motion was made, seconded and unanimously passed to approve the consent calendar with the MSC bylaws included.

Finance Committee report

Dean Holzkamp

a. Financial summary and statements: June-July 2018 **(Action)**

- Dr. Yakely started the presentation on the financial summary with the following comments:
 - As I mentioned at the start of today’s meeting, Dr. Markenson, our Finance Committee Chair, is at Leadership Academy and will be attending the meeting later this evening or in the morning.
 - I have asked our COO, Dean Holzkamp to give the Finance Committee Report.
- Following Mr. Holzkamp’s report, a motion to approve the Finance Committee was unanimously adopted.

V. Board Memo Update: Extractions

Robert Yakely, MD

Dr. Yakely asked for extractions to the board memo update and no extractions were requested.

The meeting adjourned into Executive Session

Item 2: 9-18-18, PDA Minutes: Pages 10-

Present: John Hughes, MD; Deb Parsons, MD; Lynn Parry, MD; Elizabeth Lowdermilk, MD; Shannon Jantz, MD; Ellie Jensen, MD; John Clapp, MD; Scott Bainbridge, MD; Rob Valuck, PharmD; Susan Koontz; Alfred Gilchrist; Chet Seward; Debbie Wagner; Suzanne Hamilton

I. Welcome: Introductions were made.

II. 2019 legislative priorities: Alfred Gilchrist reviewed the series of complex, inter-related public policy issues facing the profession in the coming legislative session including cost of care, challenges to peer review and the opioid epidemic. He then reviewed the strategic assumptions on the epidemic that the board has utilized to construct an operational plan for the coming year.

Legislative Interim Committee: The interim committee continues to be active. The group discussed the bills that are under consideration.

Bill #1: Treatment of Opioid Substance Use Disorder - Conceptually supportive of this concept as it could be a game-changer, but many are concerned about the paucity of available options within this list. Dr. Valuck updated the group on how this comprehensive list of behavioral health providers is being developed. The care coordination effort is supposed to be for both patients and providers. Recognized that there is no mandate for all providers to report. Globally the group liked the bill. **MSC** that the committee was **conceptually supportive** of the bill.

Bill #2: Substance Use Disorders Recovery - Bill is focused on encouraging the growth of recovery centers as well as starting the regulatory process to ensure these facilities are operating safely and effectively. **MSC** that the committee was conceptually supportive of the bill.

Bill #3: Harm Reduction Substance Use Disorders – Regarding the proposed extension within this bill of the repeal provision of SB18-022, members argued that it is imperative to evaluate data and extending the repeal will only postpone that important work. Many were opposed to extending the repeal. Others argued that if the repeal clause is extended then mandatory PDMP integration with EHRs must occur in order to realize the full potential of the PDMP. Discussion turned to the proposed e-prescribing mandate that prohibits pharmacists from dispensing an opioid unless the prescription is received electronically. A number of questions and concerns were raised including e-rx for controlled substances requires two-factor authentication in some systems, others cannot prescribe outside of their system (e.g. Kaiser), all pharmacies may not be set up to receive e-rx, unintended consequences that may drive physicians to just stop writing for opioids. All agreed that exceptions to a bill would be necessary. Current position on this is that we are open-minded, but CMS has a lot of questions and want collaboration between the pharmacists and their support for the PDMP and e-rx and physicians. CMS will conduct a flash poll of membership on this issue and results will be shared with the committee to inform recommendations.

Valuck noted that the state is exploring releasing 2k licenses for OpiSafe for two years for free, plus EHR integration. Members were very interested in this initiative.

Bill #4: Prevention of Opioid and Other Substance Use Disorders – Group discussed the potential for mandatory CME for physicians. Existing CME curriculum is robust, voluntary uptake continues to increase, and there is a current MPA has a prohibition. Members argued that this will not accelerate training and will actually cause a backlash. Don't punish a physician that is already doing the right thing. Pivot the mandates to actually trying to accelerate uptake of desirable outcomes where physicians are not only getting educated but are actually getting assistance to operationalize the training they have received. Questions were raised regarding the provision that would allow medical examiners to have access to PDMP, conceptually group was supportive except for liability concerns with the discoverability. Check with COPIC and what about the definition of medical examiner as more definition and assurances are necessary here. Many had questions about the child abuse provisions and newborn screening issues that seemed overly draconian and contradictory. They oppose the bullet on amending definition of child abuse as they are worried about downstream, unintended consequences. Dr. Lowdermilk will reach out to Kathy Wells on the stakeholder committee developing this. Dr. Lowdermilk advocated for the need to decrease regulations for intake forms in order to increase access for patients that want to get into SUD treatment programs. Specifically target state regulations, given than federal requirements are more extensive.

Bill #5: Substance Use Disorder Treatment in the Criminal Justice System - No issues with this bill.

Susan Koontz noted that the next meeting of the Legislative Interim Committee is scheduled for September 28 and then a vote on October 3. The Interim Committee plans to hold a final meeting in December to prepare for the 2019 session. Staff to share final bills on post 10/3 meeting.

III. Next meeting and adjourn – The next meeting of the CMS Prescription Drug Abuse Committee is scheduled for Tuesday, November 20 from 6-8 pm. The meeting was adjourned shortly after 8 pm.

Item 3: Council, Committee, Workgroup Rosters: Pages 11-

CMS Executive Committee:

Deb Parsons, MD, FACP, President
David Markenson, MD, President-elect
M. Robert Yakely, MD, Immediate Past President
Cory Carroll, MD
Mark B. Johnson, MD
Patrick Pevoto, MD - Treasurer
Brandi Ring, MD
Kim Warner, MD
Alfred Gilchrist, CEO, Ex Officio, non-voting

CEO Evaluation Committee:

The CEO Evaluation Committee is composed of CMS elective leadership (president, president-elect and immediate past president) and at least two additional members of the board of directors that do not serve on either the Executive Committee or the Finance Committee and have had at least two years of service on the board of directors.

Deb Parsons, MD, FACP, President
David Markenson, President-elect
M. Robert Yakely, MD, Immediate Past President
Curtis Hagedorn, MD
Rocky White, MD

CMS Finance Committee:

Deb Parsons, MD, FACP, President
David Markenson, MD, President-elect
M. Robert Yakely, MD, Immediate Past President
Patrick Pevoto, MD – Treasurer
Jason Kelly, MD
Dean Holzkamp, CMS staff

Committee on Operational Planning:

David Markenson, MD, President-elect
Cory Carroll, MD
Rocky White, MD

Chet Seward, CMS staff

CMS-CPMG Governing Council:

Kim Warner, MD (Chair)
Christopher Fellenz, MD
Shannon Jantz, MD
Eleanor Jensen, DO
Nora Reznickova, MD
Oscar Sanchez, MD
Alison Sandberg, MD
Ashley Wheeler, MD
Alfred Gilchrist, CMS staff
Dianna Fetter, CMS staff

Committee on Continuing Medical Education:

Michael J Pramenko, MD (Chair)
Clara Raquel Epstein, MD
Gene Richer, CMS staff

Council on Ethical and Judicial Affairs (CEJA):

Lynn Parry, MD (Chair)
Paul Anderson, MD (Vice-chair)
Elizabeth Grace, MD
Clara Raquel Epstein, MD
Daniel Johnson, MD, special advisor
Katie Lozano, MD, FACR
Mark Levine, MD
Debra Parsons, MD, FACP
Sri Radha
Christopher Unrein, DO, FACOI, FACP, CMD
Matthew Wynia, MD, MPH, FACP, special advisor
M. Robert Yakely, MD
Susan Koontz, CMS staff
Emily Bishop, CMS staff
Dean Holzkamp, CMS staff

Council on Legislation (COL):

Alethia “Lee” Morgan, MD (Chair)
Kim Warner, MD (Vice Chair)
Aaron Burrows, MD
Laird Cagan, MD
George Kalousek, MD
Cory Carroll, MD
Clara Raquel Epstein, MD
Kristin Freestone, MD
Stuart Gottesfeld, MD
Enno Heuscher, MD
Shannon Jantz, MD

Mark B. Johnson, MD
Taj Kattapuram, MD
F. Brent Keeler, MD
Alan Kimura, MD
Rachel Landin
Steven Lowenstein, MD, MPH
Katie Lozano, MD
Mark Matthews, MD
David Markenson, MD
Martha Middlemist, MD
Frederick M Miller, MD
Carla Murphy, MD
Tamaan Osbourne-Roberts, MD
Stacy Para, MD
Lynn Parry, MD
Debra Parsons, MD, FACP
Richard Penaloza, MD
Steven Perry, MD
Scott Replogle, MD
Ian Reynolds, MD
Brandi Ring, MD
Emily N Schneider, MD
Luke Selby, MD
Stephen Sherick, MD
Donna Sullivan, MD
Lisa Swanson, MD
Kathleen “Kiki” Traylor, MD
Christopher Unrein, DO
Gary VanderArk, MD
Michael Volz, MD
Bruce Waring, MD
Kim Warner, MD
M. Robert Yakely, MD
Gerry Yeung
Harold Young, MD
Zainab Zullali
Susan Koontz, CMS staff
Emily Bishop, CMS staff

COL Scope of Practice Workgroup:

David Markenson, MD, President-elect
Alethia “Lee” Morgan, MD
Mark B Johnson, MD
Taj Kattapuram, MD
Glen Madrid, MD
Lynn Parry, MD
Susan Koontz, CMS staff
Emily Bishop, CMS staff

Nominating Committee:

Mark B. Johnson, MD (Chair)
Aaron Jones, MSC
Brent Keeler, MD
Jeremy Lazarus, MD
Chris Linares, MD
Hap Young, MD
Dean Holzkamp, CMS staff

Committee on Physician Wellbeing:

Debra Parsons, MD, FACP, President
Martina Schulte, MD (Chair)
Clara Raquel Epstein, MD
Mark Fogg, JD
Doris Gundersen, MD
David Hutchison, MD
Andrew Kamel
F Brent Keeler, MD
Lela Mansoori, MD
William Neff, MD
Dianne McCallister, MD
Patrick Pevoto, MD
Christie Reimer, MD
Deborah Saint-Phard, MD
Oscar Sanchez, MD
Donna Sullivan, MD
Judy Toney, DO
Michael Victoroff, MD
Jennifer Wood, MD
Alison Yager, MD
Elizabeth Yoder, MD
Alfred Gilchrist, CMS staff
Dianna Fetter, CMS staff

Special Committee on Prescription Drug Abuse:

John S Hughes, MD (Chair)
J. Scott Bainbridge, MD
John Clapp, MD
Sami Diab, MD
Tom Denberg, MD
Ken Finn, MD
Brian Flynn, MD
Gary Ghiselli, MD
Jan Gillespie, MD
Elizabeth Grace, MD
Andrew Hall, MD
Jason Hoppe, DO
Shannon Jantz, MD
Ellie Jensen, DO

Robin Johnson, MD
Stuart Kassan, MD
Rebecca Knight, MD
Tom Kurt, MD
Alan Lembitz, MD
Elizabeth Lowdermilk, MD
Richard May, MD
Cyrus Mirshab, MD
Kathryn Mueller, MD
Carla Murphy, MD
Erik Natkin, DO
Lee Newman, MD
Lynn Parry, MD
Jens Peter-Witt, MD
John Sacha, MD
Bob Sammons, MD
Donald Stader, MD
Chris Unrein, DO
Ben Vernon, MD
Steven Wright, MD
Chet Seward, CMS Staff

Committee on Professional Education and Accreditation (CPEA):

Joel Dickerman, DO (Chair)
Brenda Bucklin, MD
Lynn Parry, MD
Patrick Pevoto, MD
Sharisse Rehring-Arnold, MD
Jason Tarno, DO
Kristin Wallick, MD
Gene Richer, CMS staff

Workers' Compensation and Personal Injury Committee (WCPI):

Greg Smith, DO (Chair)
Jan F Baumgardner, MD
J Tashof Bernton, MD
Andrew Castro, MD
Tom Denberg, MD
Jim McLaughlin, MD
Rob Kawasaki, MD
Rick May, MD
Kathryn Mueller, MD
Lynn Parry, MD
Joe Ramos, MD, JD
Michael Rauzzino, MD

Item 4: CMS Bylaws Changes: Pages 16-

From time to time the Council on Ethical and Judicial Affairs (CEJA) and CMS staff recommend changes to the bylaws to make them consistent with Colorado law, to recognize changes needed to be consistent with current medical society needs, and to clean up editing errors.

CEJA recommendations: The Council on Ethical and Judicial Affairs (CEJA) recommends that the Board eliminate the CMS constitution, eliminate the bylaws committee as a named committee in the bylaws and approve minor edits to clean up clerical errors found in the text of the bylaws and other CMS documents as outlined below.

ACTION ITEM: Eliminate the bylaws committee from the CMS bylaws.

- **Rationale:** As a practical matter, the bylaws committee has not met in over three years and CEJA has been reviewing and processing all bylaws issues for CMS and the component societies. Should a larger review of the CMS bylaws be necessary, CEJA would appoint a bylaws subcommittee to do the heavy lifting before recommendations would be presented to CEJA and ultimately the Board for approval.
- **Action:** The CMS bylaws would be amended as highlighted in yellow below:

Council, Committee and Work Group Activities. The Board of Directors may create any number of councils, committees and work groups with specific instructions for activity. The permanent councils **and committees** and the charges given to them are as follows:

- Council on Legislation. The Council shall represent CMS in all matters pertaining to federal, state and local legislation and legislative bodies. It shall promote the determined policies of CMS with regard to: a) all proposed or pending health-related legislation, and b) the formulation of rules and regulations of governmental agencies for implementation of existing laws. The Council shall seek advice and assistance from other appropriate Councils or Committees in arriving at policy recommendations. The Council on Legislation shall include the Legislative Chair and the Current President of the Colorado Medical Society Connection (formerly the Alliance). The CMS Council on Legislation shall include at least one voting member nominated by each component medical society willing to provide a member.
- Council on Ethical and Judicial Affairs. The Council on Ethical and Judicial Affairs (“CEJA”) shall serve CMS to interpret the issues of medical ethics that may impact members of CMS by issuance of Opinions; assist in the interpretation of the Constitution, Bylaws and rules of CMS as needed; investigate general ethical conditions and all matters pertaining to the relations of physicians to one another or to the public, and make recommendations to the Board of Directors through the issuance of Reports or Opinions; and perform other duties outlined elsewhere in these Bylaws or assigned by the Board of Directors.

~~○ Bylaws Committee. With respect to the Articles of Incorporation, the Bylaws of CMS, and to amendments to the constitution and bylaws of component societies, this Committee shall a) be a fact finding and advisory body, b) make a continuing review of these matters, and c) report its recommendations to the Board of Directors. Every five years there shall be a review of Director Districts and Judicial Councilor Districts by the Bylaws Committee. The chair and members of this committee shall be appointed by the President and ratified~~

by the Board of Directors. Members will serve staggered three-year terms and chairs may serve a maximum of four consecutive one-year terms.

ACTION ITEM: Eliminate all references to the House of Delegates from CMS bylaws, policies, and other documents.

- **Rationale:** While clerical edits are not legally required to be a board action, CEJA would still prefer to notify the board and receive formal approval to complete the edits necessary to remove all mention of the House of Delegates from CMS bylaws, policies, and other documents to avoid confusion for members who may stumble across them on the CMS website or elsewhere.
- **Action:** The CMS communications team will be tasked to make sure all references to the House of Delegates are eliminated from the CMS bylaws, articles of incorporation, policy manual and other documents still in use by the Society.

ACTION ITEM: Eliminate the CMS Constitution and all references to it in CMS policy, bylaws or other documents.

- **Rationale:** CEJA and outside legal counsel recommends officially eliminating the CMS Constitution wherever it may still be referenced in CMS policy, bylaws or other documents. Colorado law recognizes an organization's articles of incorporation and bylaws as its supreme governing documents and, as counterintuitive as it may seem, the constitution is not a controlling document. In Colorado Medical Society's case, the relevant language from the constitution has been transferred to the bylaws as part of the governance reform edits and the rest is no longer relevant to the CMS governance structure. The Constitution has not been amended since 2005 and is completely outdated and subservient to the existing CMS bylaws.
- **Action:** The Constitution will be removed from all CMS files and archived.

Item 5 : 10-4-18, WCPIC Minutes: Pages 18-

Members Attending: Greg Smith, DO, Chair; Lynn Parry, MD; Kathryn Mueller, MD; Jim McLaughlin, MD; Rob Kawasaki, MD; Tom Denberg, MD; Ethan Moses, MD.

CMS Staff: Marilyn Rissmiller, CMS Senior Director of Health Care Financing

- I. The meeting was called to order. It was established that a quorum of WCPIC committee members was present.
- II. A motion was made and seconded to approve the minutes of the August 1, 2018 WCPIC meeting as distributed. The motion was unanimously adopted.
- III. Ms. Rissmiller gave a brief overview of an issue that was brought to the attention by the Division. One insurer is including a provision in its provider contracts that requires the physician to utilize its arbitration clause to resolve disputes. Under this clause, the carrier does not allow the physician to use the DOWC dispute process as required by regulation. CMS is having outside counsel review the issue and will advise committee members at a future meeting. Committee members expressed concerns over the carrier's apparent efforts to bypass the DOWC process. It is the opinion of the Division's AG that their

regulations cannot interfere with the provisions of a private contract between the physician and the carrier.

- IV. Dr. Ethan Moses was introduced to the committee. He is a new Associate Medical Director at the Division and will be sharing the part-time duties with Dr. Mueller.
- V. Dr. Mueller indicated that the Division will be forming a task force to review the current Low Back and Cervical treatment guidelines. They are reviewing literature now and invited the members to forward any critiqued articles to her attention for consideration.
- VI. Old Business - DOWC Rules 11, 16, 18 were all released in September with an effective date of January 1, 2019. The committee discussed them briefly, particularly in relation to their recommendations.
 - A. There was a slight change to the conversion factor for Evaluation and Management (E&M), however Dr. Mueller was not certain if that was as a result of the committee's recommendation or a correction to the original calculation. She will verify and let the committee know the answer.
 - B. The wording change suggested by the committee, "All medications must be reasonably needed **necessary to treat and/or manage the work-related injury or illness.** ~~cure and relieve the injured worker from the effects of the injury,~~" was not included in the final rule as the language as proposed was taken directly from the statute and they did not believe they had authority to do so.
- VII. The next WCPIC meeting will be held on Thursday, November 1, 2018 at 7:30 AM in the CMS Conference Room.

Item 6 : 11-1-18, WCPIC Minutes: Pages 19-

Members Attending: Greg Smith, DO, Chair; Lynn Parry, MD; Kathryn Mueller, MD; Jim McLaughlin, MD; Rob Kawasaki, MD; Tom Denberg, MD; Joseph Ramos, MD; and Ethan Moses, MD.

Guest: Kevin Perez, JD

CMS Staff: Alfred Gilchrist, CMS CEO; Susan Koontz, JD, CMS General Counsel; Marilyn Rissmiller, CMS Senior Director of Health Care Financing; Emily Bishop, CMS Program Manager Government Relations

- VIII. The meeting was called to order and Kevin Perez, JD was introduced as the outside legal counsel CMS retained to do preliminary research regarding the mandatory arbitration clause that is in Corvel's provider contracts. Mr. Perez explained that the question of whether or not such a clause is or is not legal is very complex and would require a lot of legal research into not only the state laws governing arbitration, but the federal laws as well. One of the questions that arises is whether or not the federal law preempts state law.

The committee members expressed their concerns with the ability of the insurance carrier to override the Division's Dispute Resolution Process by the inclusion of a contract provision requiring mandatory arbitration. They believe that the cost of arbitration would be prohibitive for the physicians and over time could lead to physician frustration with the workers' compensation system. Another concern was expressed that through arbitration the carrier could not only override the Division's fee schedule but its treatment guidelines as well. This potential deviation from the Division's rules was extremely troubling as the doctors who work within the work comp system understand there are specific rules and reimbursement payers are supposed to follow.

After discussion the committee members agreed that CMS should:

1. Align with the Division as much as possible:
 - a. Investigate legislation
 - b. Other options
2. Educate CMS members concerning the impact of such a mandatory arbitration clause in their contracts; and
3. Contact Corvel directly with the concern.

- IX. It was established that a quorum of WCPIC committee members was present. A motion was made and seconded to approve the minutes of the October 4, 2018 WCPIC meeting as distributed. The motion was unanimously adopted.
- X. Dr. Smith asked if any of the committee members had concerns with the Division's proposed Traumatic Brain Injury Rule 17. Dr. Mueller highlighted the proposed revisions and indicated that they had gotten very few comments as they were drafted. Dr. Parry agreed that there were no substantial changes and did not have concerns.

Dr. McLaughlin indicated he would like for the treatment guidelines and those of the traumatic brain injury impairment ratings to go together more seamlessly. Other committee members agreed, and Dr. Mueller indicated that if CMS were to raise the issue with the Division they may be willing to set up a work group to look at adding explanatory notes to the guidelines. The committee agreed with this approach and asked Dr. Parry who will be attending the hearing on November 29th to make such a request.

- XI. Mr. Gilchrist spoke to the committee members concerning the fact that a small number of workers' compensation physicians are actually CMS members. This issue has been raised again for a number of reasons. In the upcoming year, CMS will have to dedicate much of its resources to the legislative advocacy, and with the retirement of both Terry Boucher and Marilyn Rissmiller, there is currently no one on staff who could devote the time necessary to staff the committee. CMS membership is flat and in order to justify the expenses necessary to continue to staff the committee, attend hearings and stakeholder meetings more workers' compensation physicians will need to become members. Dr. Smith added that the committee would need four or five additional practicing work comp physicians.

Committee members agreed that is important for the CMS to stay involved in the workers' compensation space as it is the sole voice of practicing physicians and should CMS leave the void would be filled by insurance companies and lawyers. Members discussed ideas on how to recruit more physicians to join CMS by educating them as to the value and voice they provide to the workers' compensation system. Some of the ideas included taking the

meetings to the practices, by moving closer to where the physicians are the committee can demonstrate the value of the committee and CMS. Set up meetings with the systems, such as Concentra, HealthOne, Centura, etc. Ask for time on their regularly scheduled meetings to talk about the committee/CMS. Build relationships with other specialty societies not only those who focus on workers' compensation but those who receive referrals, such as orthopedics.

- XII. The next WCPIC meeting will be held on Thursday, January 10, 2019 at 7:30AM in the CMS Conference Room.

Item 7 : 10-30-18, Cost of Care Minutes: Pages 21-24

Present: Deb Parsons, MD; David Downs, MD; Andy Fine, MD; Bob Yakely, MD; Heidi Marlin, MD; Claire Murphy, MD; Elizabeth Lowdermilk, MD; Kelly Baldessari; Shawn Wotowey; Matt Mahlberg, MD; Michael Moore, MD; John Milewski; Alfred Gilchrist; Dean Holzkamp; Chet Seward; Susan Koontz

I. Welcome and introductions - Dr. Parsons welcomed the group back and introductions were made.

II. 2019 legislative advocacy on cost of care - Alfred Gilchrist briefly reviewed strategic assumptions for the work of the group, along with mounting evidence that substantiates the conclusion that the tipping point on the cost of care is here. The CMS board of directors wants the organization to be proactive and has charged the committee with devising potential alternatives on ways to reduce costs, out of network billing, network adequacy and transparency.

II. A. Denver Chamber of Commerce - Chet Seward reviewed the latest DMCC white paper detailing recommendations developed by a stakeholder group to reduce costs while ensuring quality. The group last met on October 18 and came to consensus on all but three of the recommendations that address disclosure of pharmaceutical costs and rebates/kickbacks/incentives, and hospital reference payment benchmarks at Medicare rates. The DMCC board of directors will hold a special meeting on November 26 to approve the white paper, including taking action on the three items upon which the stakeholder group did not reach consensus. DMCC will then begin executing a plan to implement these recommendations over the next few years via legislative, regulatory and voluntary efforts, and will be looking for partners in this work.

The work group discussed the recommendations and surfaced a number of ideas for future consideration. The whitepaper is a result of a months-long stakeholder process and no further edits are being taken. CMS has actively engaged in this process and as a result most of the recommendations align with CMS policies and some actively advance current priorities. Work group members identified issues that must be considered as DMCC work proceeds including the need to enhance investment in primary care, confirming use of effective and appropriate attribution methodology, ensuring data capturing total cost of care is compared to practice variation and other quality components, demanding that physicians get their data from plans, and leveraging existing work by physicians across the state like "Where for Care" efforts by Hilltop in Grand Junction and bundled payment programs with self-insured plans by SurgOne in Denver.

The work group made the following recommendations to the CMS board of directors regarding a list of priority areas on which to partner with the business community. The group emphasized that as work unfolds, it will be critical for CMS and physicians to focus on areas where they have expertise

and the ability to affect outcomes. Physicians can have a meaningful impact, and collaboration will be key because the profession cannot make necessary changes alone.

Priority area ideas within DMCC issue categories

- Data –
 - Pursue the creation of a set of uniform quality measures for use across payers
 - Leverage existing resources like the all-payer claims database and seek the creation of repositories and other analytic tools and offerings for CMS members to help inform their practice and efforts to control cost increases and maximize quality.
- Payment reform –
 - Value-based benefit design and standardization of benefit designs
 - Bundled payment – Learn from and scale existing public and private pilots
 - Elimination of waste and administrative burden (e.g. prior authorization)
- Education and outreach
 - Engage and educate physicians
 - Utilize existing and innovative physician efforts to plug directly into employer education and outreach initiatives

II. B. Out of network and network adequacy - Alfred provided a context for the discussion noting the continuum of insurance coverage from upstream provider contracting to build networks to downstream situations where out of network (OON) care occurs. Susan Koontz emphasized that both the Republican and Democratic legislators are going to propose solutions to OON issues in the coming year, whether or not physicians like them. Alfred noted that CMS has been working on OON solutions for the past five years and that the CMS board of directors has charged this work group with devising a workable alternative for 2019.

Chet reviewed draft proposal created by staff and CMS leadership. The proposal addresses situations when a patient inadvertently receives care at an in-network facility by an OON provider. The proposal calls for the plan to pay the OON provider for that care based upon a minimum benefit standard that would range from 200% of the average contracted rate for that service and the 80th percentile of charges. Plans would alert OON provider about patient cost sharing amount (based on in-network rate benefit conditions) and provider would bill patient. If the provider accepts the initial payment, then the process ends. If provider declines initial payment, then good faith negotiations would be required. Should negotiations fail then the process would move to arbitration where the parties split the costs and a paper process (aka baseball arbitration) would be used where each party provides their best offer to minimize expense and maximize efficiency. The arbiter would consider a number of criteria including the MBS. Results would be binding.

Work group members discussed the proposal and raised questions regarding how the MBS was developed and why 200% of average contracted rates and the 80th percentile were used, unintended consequences of potential rate inflation, why not utilize RBRVS to minimize complexity, what about hospital role in contracting with OON providers, what the actual size and scope of the and the need for a mandatory evaluation of the process via a sunset or repeal clause to better understand the scale and scope of the problem and whether or not this solution works.

Following discussion, the group concluded that the proposal is on the right track and the following recommendation to the CMS board of directors was approved:

- Utilize the CMS OON proposal in the 2019 legislative session;
- Continue to flesh out details of the minimum benefit standard and other criteria to be used in the arbitration process;

- Include a repeal or sunset clause to require a thorough evaluation of the OON problem and the effectiveness of this solution.

II. C. DOI network adequacy waiver rule – Alfred noted that the Division of Insurance (DOI) has proposed a rule that would allow health insurance carriers to apply to DOI for a waiver from a single geographic network adequacy requirement for a specific network and service area if all of the following conditions are met:

- The carrier provides evidence that its good faith efforts to contract on reasonable terms have been unsuccessful;
- The carrier provides evidence that a provider has acted or is acting in an anti-competitive or monopolistic fashion; and
- The carrier is able to demonstrate that the granting of the waiver will result in premium savings to covered persons.

A draft of this rule was released in August and CMS submitted extensive comments to the DOI. Alfred noted that the CMS board has directed CMS to be proactive on this issue. CMS should not support any effort to weaken network adequacy standards, but rather work to preserve and strengthen networks. Proposed regulations that chip away at network adequacy standards are best met with an alternative. That alternative should depend on a private sector solution to the greatest extent possible. Even though physicians are not impacted by the current proposed rule, they may well be a focus in the near future and being proactive now will better serve the profession later.

Chet reviewed details of a draft, alternative proposal. The proposal is only applicable in situations when health plan-provider negotiations conclude without success and *either* the health plan is not able to gain product compliance with network adequacy standards based upon the criteria in the DOI waiver rule or a physician has not achieved in-network status and contends that the plan therefore has an inadequate network of providers based upon certain criteria. Either the health plan or the provider could request private arbitration to help the parties achieve contract, in-network terms. If the parties agree to private arbitration, then the outcome would be final for a single contract year and result in the health plan network adequacy compliance. If the parties do not agree to private arbitration, then either party may file a request for intervention and settlement through a public process.

The group discussed the proposal and asked a series of questions about how the proposal works, potential unintended consequences of driving private physician practices further toward employed settings, whether this may inadvertently become an any willing provider proposal and how that may actually increase costs, and whether or not the public process would be mandatory. Members discussed the need for the profession to focus efforts on decreasing the variability of prices for the same service.

Following discussion, the group approved the following recommendation to the CMS board of directors:

- Recognize that the current strawman proposal is a start that requires further refinement and analysis.
- Continue work to devise an alternative to the DOI network adequacy waiver rule.

III. Other issues:

SIM rural hospital global budget work group – Chet reported that the State Innovation Model (SIM), per interest from the federal government, is developing a proposal for submission to the governor's office by December 2018 on how to design and execute all-payer global budgets for rural hospitals. CMS has been actively involved in the work group crafting this proposal. Chet will provide more details and solicit specific feedback from the work group via Basecamp.

Chet will send info on SIM budgets and noted that we need to work on transparency. Watch for dates for next meeting via doodle poll. Will conduct other business via Basecamp.

Legislative proposals to enhance the transparency of health care pricing are once again expected during the upcoming legislative session. The work group will begin discussions on a proposal that CMS could champion during an upcoming meeting.

IV. Next meeting and adjourn – Staff will coordinate a next meeting via doodle poll. The meeting was adjourned at 8:10 pm.

Medical Student Component Minutes: September 15, 2018

Elections:

Voted to approve new board:

- Co-chair: Iris Burgard
- Co-chair: Sofiya Diurba
- Secretary: Jen Daniels
- Treasurer: Rachel Landin
- Policy/Advocacy chair: Cam Niswander

1. Call to order

- Introductions (board members & attendees)
- What is CMS/AMA, Role of MSC & MSS

2. Approval of minutes

- voted to approve

3. Report of the Board

-
- Update on CU MSS (Sofiya)
 - Main focus on CMS annual
 - Lunch lectures from Children's, CEO of CMS
 - 7 students to annual AMA meeting
 - Coming up:
 - Interim
 - Getting students involved in lobbying
- Update on RVU MSS (Ben)
 - Main focus on CMS annual
 - AMA public health week (getting students involved)
 - 3 students to annual AMA meeting
- Update on MSC Bylaws/new structure (HM)
 - Funding structure
 - To go through component and then distributed to each chapter
 - D/AD to be funded 50% from component, also required to apply for funding from school
 - 1 first time attendee at 50% by component
 - MSC to vote on new bylaws at the following business meeting

4. Program

- Lobby Day (vision, brainstorm topics)
 - Feb 27, 2019
 - All day
 - Topics?
 - GME - state restriction on use of federal funding

- Education around alternatives to opioids
 - Curriculum
 - Funding
 - Training course
 - Safe havens regarding physician reporting mental health history
 - Student debt relief
 - As bills get introduced, CMS staff will track relevance to medical students
- Prep planning
 - 1 week in between
- Goal to make it an annual thing
- Interim planning (resolution writing/review)
 - Pause. Talking about this later
 - Nov 8-10
- AMA region update: What's going on in Region 1?
 - Talking about this later.
 - Sending links out about region 1 involvement

5. Unfinished business
none

6. New business

- Vision for upcoming year, input from attendees
 - Business meeting
 - Mini-series for MSC to meet in Denver to take the place of annual meeting
 - Opioid crisis and alternatives
 - Poll the classes
 - Social media
- Post meeting survey/direction for next year
- Sept 26 - breakfast meeting with ADEMS
- Monthly phone calls

7. Announcements

- Nov 8-10: AMA Interim Meeting, National Harbor, Maryland
 - Registration is open! <https://www.ama-assn.org/sections-interim-meeting-registration-travel-hotel>
- Lobby day: Feb 27

8. Adjournment

- Thank you!