WHEREAS, the policy making procedure for implementation and utilization of the Policy Compendium of the Medical Society of Virginia was adopted by the Board in September 1992, and updated in 2001, and

WHEREAS, the procedure requires that 10 years after the adoption of each policy action, the Speakers and MSV Staff will present to the House of Delegates a “Ten Year Policy Review Report,” encouraging appropriate consideration of each item, and that unless each such policy is acted upon by the subsequent House of Delegates, it will cease to be policy to the MSV and will be placed in the archives section of the Compendium, and

WHEREAS, consideration by the House of Delegates to add, amend or archive additional policies prior to ten years after their adoption may be included in the review as deemed appropriate by the Speakers and MSV Staff, and

WHEREAS, upon review, it is evident that some items in the Policy Compendium should be removed or revised based on their relevance or timeliness, therefore be it

RESOLVED, that the Medical Society of Virginia adopt the recommendations in the enclosed report.
RECOMMENDATION: REAFFIRM

15.006 - High Speed Police Pursuits
Date: 11/8/1997
The Medical Society of Virginia recognizes high speed pursuits as a public health issue. MSV recommends that the appropriate governmental agencies in Virginia implement policies concerning high speed chases and provide training in vehicular pursuit to appropriate personnel. MSV recommends that the State Medical Examiner’s office compile statistics on, and report to appropriate agencies, fatalities associated with high speed police pursuit.
Reaffirmed 10/28/2007
Recommendation: Reaffirm

35.001 - American Association of Medical Assistants
Date: 11/8/1997
The Medical Society of Virginia considers that the American Association of Medical Assistants (AAMA) is an important and worthwhile organization and urges physicians to support their medical assistants and encourage their membership in AAMA.
Reaffirmed 10/28/2007
Recommendation: Reaffirm

55.001 - Breast Cancer/Insurance Coverage of Screening Mammography
Date: 11/8/1997
The Medical Society of Virginia encourages third party payers and government to develop financial mechanisms for screening mammography through endorsements, selective procedure contracting, and other means.
Reaffirmed 10/28/2007
Recommendation: Reaffirm

85.004 - Physician Assisted Suicide and Euthanasia
Date: 11/8/1997
In dealing with the terminally ill, suffering patient, physicians may ethically:

1. Withdraw life-prolonging procedures or decline to initiate such treatment in situations in which a patient is terminally ill and has given informed consent for this to be done either personally or through an advance directive, or in instances in which the patient is unable to give such consent it is obtained from an authorized family member or a surrogate.

2. Prescribe medication to a patient even though the potential exists for inappropriate use by the patient that may result in death, provided the physician’s intent in prescribing such medication is not to cause death or to assist the patient in committing suicide.

3. In situations where the distinction between relieving suffering and causing a terminally ill patient’s death may be blurred, the physician should exercise his/her best medical judgment in caring for the patient.

4. Withhold or withdraw treatment from a terminally ill patient that the physician reasonably believes to be futile either in terms of promoting or improving the health of the patient or alleviating the patient’s suffering, provided the physician’s purpose in so doing is not actively to cause the patient’s death, but rather to allow death to occur with minimal suffering.
In accordance with the above statements (which are consistent with and supplemented by the views of the Council on Ethical and Judicial Affairs of the American Medical Association 2.17, 2.20 and 2.21), the Medical Society of Virginia strongly opposes the practice of physician assisted suicide or euthanasia.

Reaffirmed 10/28/2007
Recommendation: Reaffirm

120.005 - Mailing of Controlled Drug Samples
Date: 11/8/1997

The Medical Society of Virginia condemns solicitations offering narcotic/analgesic chemical substances through the U.S. Postal Service without adequate safeguards and considers that such solicitation is unethical and should be illegal.

Reaffirmed 10/28/2007
Recommendation: Reaffirm

120.006 - Physician Dispensing
Date: 11/8/1997

The Medical Society of Virginia supports physician dispensing of prepackaged drugs for a fee or charge when it is in the best interest of the patient.

Reaffirmed 10/28/2007
Recommendation: Reaffirm

125.002 - Off Label Use of Drugs or Devices
Date: 11/8/1997

The Medical Society of Virginia opposes the practice by accident and sickness insurers and health care plans of denying coverage for any drug or device solely on the basis that the drug or device is used for a condition other than a use approved by the Food and Drug Administration.

Reaffirmed 10/28/2007
Recommendation: Reaffirm

130.008 - Patient Choice of Hospital
Date: 11/8/1997

MSV supports that when medically practical, Emergency Medical Services agencies licensed by the Commonwealth of Virginia and their personnel engaging in the treatment and transport of patients to area hospitals, should honor patient, family or physician requests for specific hospital destinations.

Reaffirmed 10/28/2007
Recommendation: Reaffirm

160.003 - Free Clinics
Date: 11/8/1997

The Medical Society of Virginia emphatically supports voluntarily staffed Free Clinics.

The Medical Society applauds physician involvement in the development of and participation in Free Clinics and encourages local component societies to publicize free clinic activities so that such services are recognized and utilized to their fullest capacity.
The Medical Society supports the existing civil immunity protections for volunteer health professionals and for the free clinics themselves.

Reaffirmed 10/28/2007
Recommendation: Reaffirm

165.019 - Third Party Payer Retroactive Denials
Date: 11/8/1997
MSV opposes retroactive denials of previously authorized and paid physician claims by third-party payers.
Reaffirmed 10/28/2007
Recommendation: Reaffirm

180.007 - Low Cost Insurance Product
Date: 11/8/1997
The Medical Society of Virginia supports the concept of a low cost health insurance product and that efforts are continued in pursuing a low cost insurance product to be available for uninsured Virginians, low income workers, and small businesses.
Reaffirmed 10/28/2007
Recommendation: Reaffirm

185.005 - Prostate Cancer Screening
Date: 11/8/1997
MSV supports insurance coverage for scientifically sound methods of screening for prostate cancer.
Reaffirmed 10/28/2007
Recommendation: Reaffirm

270.011 - Virginia Birth-Related Neurological Injury Compensation Program
Date: 11/8/1997
The Medical Society of Virginia fully supports the Virginia Birth-Related Neurological Injury Compensation Fund and supports that notice describing the program and its benefits be given to all obstetric patients. The Medical Society of Virginia supports the statutory definition of “birth-related neurological injury” but is willing to consider any change of the program’s current definition based on its merit.
The Medical Society continues to monitor the actuarial soundness of the fund and supports the statutory reduction of assessments so long as the fund remains sound.
The Medical Society supports the establishment of a trust fund or other appropriate mechanism designed to ensure prudent investment of the fund’s resources for the benefit of the injured patient. The Medical Society opposes any attempt to redirect the funds from its intended purpose.
Reaffirmed 10/28/2007
Recommendation: Reaffirm

275.009 - Plan Expulsion and Licensure Board Discipline
Date: 11/8/1997
MSV opposes the practice of physician expulsion from health benefit plans on the basis of licensure board disciplinary action without suspension or revocation of license, specifically censure or reprimand. MSV supports well-defined disciplinary categories that would accurately describe the nature of the
disciplinary action.

Reaffirmed 10/28/2007
Recommendation: Reaffirm

**275.014 - Board of Medicine Sanctions**
Date: 11/8/1997

The Medical Society of Virginia opposes publication of a sanction recommendation until the entire appeal process has run its course.

Reaffirmed 10/28/2007
Recommendation: Reaffirm

**330.006 - Medicare Private Contracting**
Date: 11/8/1997

MSV opposes the requirement that doctors who privately contract with Medicare patients must opt not to bill Medicare for treating Medicare patients for a two-year period.

Reaffirmed 10/28/2007
Recommendation: Reaffirm

**345.004 - Mental Health Parity**
Date: 10/31/1998

The MSV supports the concept of insurance coverage parity for mental disorders and physical illness.

The Medical Society of Virginia, recognizing the importance of mental health treatment and adequate insurance coverage for the treatment of mental illnesses, supports legislation to require parity insurance and HMO coverage for the treatment of mental illnesses.

Reaffirmed 10/28/2007
Recommendation: Reaffirm

**345.005 - Nondiscriminatory Reimbursement**
Date: 11/8/1997

The Medical Society of Virginia endorses a nondiscriminatory reimbursement policy in order to preserve adequate psychiatric care in the Commonwealth of Virginia.

Reaffirmed 10/28/2007
Recommendation: Reaffirm

**390.003 - Payment for Physician Surgical Assistants**
Date: 11/8/1997

MSV opposes Medicare reduction of surgeons’ reimbursement when physician surgical assistants are used for complex surgical procedures.

Reaffirmed 10/28/2007
Recommendation: Reaffirm
435.003 - Expand Immunity Laws Covering Voluntary Physician Services  
**Date:** 10/30/1993

The Medical Society of Virginia believes that appropriate state immunity statutes covering physician services should be expanded to include physicians working in emergency medical service settings, hospitals, or other settings during disaster conditions.

Reaffirmed 10/28/2007  
*Recommendation: Reaffirm*

435.006 - Malpractice Review Panels  
**Date:** 10/30/1993

The Medical Society of Virginia supports enactment of meaningful tort reform by amending the statute relating to medical malpractice review panels to require the full participation by all parties after the panel has been requested.

The Medical Society of Virginia supports the idea that the panel decision alone, and not evidence of testimony and deliberations of the panel, should be admissible at the trial of the negligence action.

The Medical Society of Virginia supports the establishment of a formal, post-panel settlement conference, with adverse financial consequences for the party not following the settlement conference recommendations and later receiving an adverse verdict at trial.

The Medical Society of Virginia supports legislation to restore the notice of claim language to the Code of Virginia relating to proceedings and panels.

Reaffirmed 10/28/2007  
*Recommendation: Reaffirm*

435.010 - Premium Discounts as Incentive for Panel Service  
**Date:** 11/8/1997

The Medical Society of Virginia encourages malpractice companies to provide appropriate premium discounts to physicians who participate in medical malpractice review panels.

Reaffirmed 10/28/2007  
*Recommendation: Reaffirm*

435.012 - Statute of Limitations  
**Date:** 11/8/1997

The Medical Society of Virginia supports a two-year statute of limitations without a discovery rule for medical malpractice.

Reaffirmed 10/28/2007  
*Recommendation: Reaffirm*

435.013 - Strengthen Good Samaritan Laws  
**Date:** 10/30/1993

The Medical Society of Virginia supports legislation requiring payment of court and attorney fees to a defendant who is named in a lawsuit and subsequently eliminated from the suit by application of the Virginia Good Samaritan Act.
Reaffirmed 10/28/2007
**Recommendation: Reaffirm**

### 460.001 - Animal Research
**Date: 11/8/1997**

The Medical Society of Virginia supports the need for the use of animals in research.

Reaffirmed 10/28/2007
**Recommendation: Reaffirm**

### 470.001 - Ban on Boxing
**Date: 11/8/1997**

The Medical Society of Virginia supports legislation to ban boxing in the Commonwealth of Virginia.

Reaffirmed 10/28/2007
**Recommendation: Reaffirm**

### 505.009 - Smoking on School Property
**Date: 11/8/1997**

The Medical Society of Virginia urges state and local school boards to prohibit smoking and other forms of tobacco use on school property.

Reaffirmed 10/28/2007
**Recommendation: Reaffirm**

### 530.004 - Medical Student Society Reorganization
**Date: 11/8/1997**

The MSV is committed to the inclusion of medical students at all levels of the decision or policy making process affecting all physicians in the State. The MSV Medical Student Section will provide a forum within the MSV for the exchange of information among students and their more senior colleagues.

Reaffirmed 10/28/2007
**Recommendation: Reaffirm**

### 545.001 - Fall Meeting
**Date: 11/8/1997**

The annual meeting of the Medical Society shall continue to be held in the fall.

Reaffirmed 10/28/2007
**Recommendation: Reaffirm**

### 545.002 - First Year Delegates Instructional Meeting
**Date: 11/8/1997**

An annual instructional meeting with the first year delegates shall be conducted prior to the first session of the House of Delegates.

Reaffirmed 10/28/2007
**Recommendation: Reaffirm**
10.004 - Small Personal Watercraft Regulation
Date: 11/8/1997
MSV encourages the enforcement of regulations regarding safe and responsible operation of personal watercraft. Operators and passengers should be educated about the dangers of intoxication with drugs or alcohol while engaged in motor vehicle or watercraft operation. MSV supports the enforcement of relevant regulations.
Reaffirmed 10/28/2007
Reaffirm as amended

15.010 - Physician Reporting to DMV; Immunity
Date: 11/8/1997
The Medical Society of Virginia supports legislation "to provide immunity to for physicians who report to the Department of Motor Vehicles patients whose physical condition is not compatible with safe driving".
Reaffirmed 10/28/2007
Recommendation: Reaffirm as amended

35.004 - Legislation Mandating Medically Necessary Services by Allied Health Professions
Date: 11/8/1997
MSV will advocate that any legislative act in the Commonwealth which seeks mandated health insurance coverage for services provided by allied health professions must include provisions that will require that physicians determine "medical necessity" and that qualified physicians supervise allied health services to assure assessment and management are cost-effective and consistent with accepted medical standards.
Reaffirmed 10/28/2007
Reaffirm as amended

35.010 - Scope of Practice Position Statement
Date: 1/9/2001

Introduction
Allied health professionals have the luxury of being one issue organizations who can year in and year out diligently lobby the legislators until they get legislation through which will increase their scope of practice. Essentially they want to practice as a medical doctor, but it is a lot easier to get a M.D. by legislation rather than through a decade of education. Physicians must take the time to educate their legislators on the risk to patient safety and quality of care when non-medically trained individuals seek to treat and diagnose patients with medical conditions, particularly when they seek direct access. As a first step in the efforts to educate the legislators on these issues, it is important that we define and describe the roles and responsibilities of the physician as the leader of the collaborative health care team.

Quality of Care
The Medical Society of Virginia believes a patient care team offers the While we recognize that each member of the healing professions brings unique talents to bear on the care of patients, and while cost containment is an important aspect of the delivery of health care, we reaffirm that the delivery of the highest quality of care to patients in the Commonwealth is our first and major concern. To ensure quality of care, maximize continuity and coordination of care and to guarantee patients are diagnosed by or directed to the most appropriate provider of care, independent practice by allied health or mid-level health practitioners would fragment care and must be opposed. Using these providers in lieu of a physician is second tier care.

**Definition of Collaborative Practice**

Experience and the literature are clear that the best quality health care is delivered by health care teams that collaborate closely and share responsibilities according to their unique abilities and training. These teams are best led by physicians whose intensive and extensive education and ongoing rigorous regulation qualify them to oversee the many variables inherent in patient care.

A collaborative practice is one where the health care providers work together in complimentary interdependent roles to provide the highest quality care for patients, families, and communities. (Definition from former head of the nurse practitioners program at the University of Virginia School of Nursing). Key elements in collaboration include conjoint problem solving, shared decision-making, task interdependency and shared documentation.

**Appropriate Supervision and Oversight by the Physician**

Physicians should work closely with many mid-level providers and it is necessary that they should develop guidelines for these types of relationships. This is especially important to ensure each patient is seeing the most appropriate health care provider for their needs and that care can be coordinated effectively and delivered safely, since mid-level providers and most allied health practitioners are responsible to different boards and unique sections of the Code of Virginia. Therefore, there is a need to have guiding principles for physician supervision and interaction vis-à-vis each type of provider.

Therefore, the Medical Society of Virginia accepts the following position statements on Guidelines for Physicians supervising mid-level and allied health providers:

1. The physician is ultimately responsible for coordinating and managing the care of patients, and with the appropriate input of mid-level and allied other health providers, ensuring the quality of health care provided to patients in all settings.

2. Health care services delivered by physicians and mid-level or allied health providers must be within the boundaries of each practitioner's authorized scope of practice, as defined by state law.

3. The role of the mid-level and allied health providers in the delivery of care should be defined through mutually agreed upon collaborative guidelines, protocols and agreements that reflect the best available information for delivery of care.

4. The extent of involvement by mid-level and allied health providers in the assessment and implementation of treatment will depend on the complexity and acuity of the patient's condition and the training, experience and preparation of the provider as adjudged by the physician and as outlined in the collaborative agreement.

5. The physician will strive to set the highest standards for the supervision of mid-level and allied health providers in all settings. The physician, when appropriate and in collaboration with allied health providers, should also delineate when collaboration is appropriate. Optimal supervision occurs while the patient is still available for observation. The continuum of supervision decreases as time passes. Physicians should not supervise providers with whose abilities they are not familiar.

6. The physician must be available for consultation with mid-level or allied health providers at all times, either in person or through telecommunication systems or reasonably available means.

7. Patients should be made clearly aware at all times whether they are being cared for by a physician or a mid-level or allied health provider

8. The physician and mid-level or allied health provider together should review all delegated patient services on a regular basis, as well as the mutually agreed upon protocols or guidelines for practice.

9. The physician is responsible for clarifying and familiarizing the mid-level or allied health provider with his/her supervising methods and means of delegating patient care.
10. The physician has a responsibility to provide the best health care in the most cost effective and convenient way possible as long as quality of care is not compromised.

11. Both the physician and the mid-level and allied health providers will be responsible for continuing education and utilization of advanced information and technology resources.

12. Direct reimbursement should not be permitted if it will interfere with collaboration/integration or the direct supervision of the healing arts practitioner’s activities by a physician. The patient care team should determine how to accept reimbursement for patient care; such methods should support the collaborative work by the patient care team.

13. The Department of Health Professions and the Board of Medicine are the appropriate governmental bodies to be charged with carefully studying and making recommendations regarding issues of licensure.

**Interactions with Specialty Societies**

The development of supervisory guidelines, protocols, and collaborative agreements must in all instances be accomplished with input and guidance from the appropriate specialty societies. The Medical Society of Virginia will work collaboratively with physician specialty societies on scope of practice matters to achieve the best outcomes for patients in the Commonwealth.

Reaffirmed 10/28/2007
*Reaffirm as amended*

**155.001 - Truth in Virginia Health Care Database**

Date: 11/8/1997

MSV opposes the collection of charge data as a substitute for cost data and endorses legislation to support the collection of meaningful cost data.

Reaffirmed 10/28/2007
*Reaffirm as amended*

**165.011 - Physician Re-Credentialing by Managed Care Plans**

Date: 11/8/1997

MSV supports physicians maintaining their status with all health plans, including managed care plans, and believes that when physicians change in a practice location or practice arrangement, their status with all managed care plans should remain unchanged; and that there be no need should not prompt for re-selection or renewal of the credentialing process for those physicians when such changes occur.

Reaffirmed 10/28/2007
*Recommendation: Reaffirm as amended*

**180.003 - Billing for Medically Unnecessary Uncovered Care**

Date: 11/8/1997

MSV supports legislation or regulation to require that all third-party payers allowing physicians to bill patients for care deemed by the plan to be "non-covered” or “medically unnecessary” if the patient agrees in advance to bear financial responsibility for the services.

Reaffirmed 10/28/2007
*Recommendation: Reaffirm as amended*
180.012 - Third Party Payer Fair Business Practice Principles
Date: 10/31/1998

The Medical Society of Virginia supports good faith negotiations on these third party payer fair business practices with the appropriate health plans or state organizations. Should negotiations not achieve satisfactory results, the Medical Society of Virginia shall seek appropriate regulatory or legislative action. The President of the Medical Society of Virginia shall establish an ad hoc committee to guide and monitor the accomplishment of this policy and to study the following additional issues:

A. The need for insurers to file a medical impact statement prior to amending policies that govern access and treatment to medical care, and
B. The substance and structure of such a statement, if sufficient need exists, to warrant a medical impact statement, and
C. The need for a statute of limitations for retroactive refunds by insurers, and
D. The need for assurance that there will be no retaliation against physicians or groups who do not accept certain contracts offered by insurers, and
E. Determine if precertification processes used by many insurers is detrimental to medical care and treatment.

The Medical Society of Virginia believes supports the that these managed care following fair business practices should include but not be limited to:

I. Payment issues:
   A. Establish a statutory definition of a clean claim,
   B. Place a time limit for full payment of clean claims,
   C. Disclose to the contracted practice the processing procedure for claims approval,
   D. Prohibit the arbitrary bundling of unbundled claims,
   E. Prohibit automatic or arbitrary downcoding of claims and request the review of such acts by the Virginia Commissioner of Insurance,
   F. Prohibit the garnishment of payment on Explanation of Benefits (EOB),
   G. Limit the time for retroactive denial of payments when requesting a refund from a physician after the time the service was provided,
   H. Publish the contracted prices to be paid for claims 3 months prior to their effective date, and,
   I. Publish the contracted adjudication guidelines three months in advance of their effective date.
   J. Prohibit health plans from fining physicians or denying/ witholding payment in instances of patient non-compliance with health plan referral requirements.

II. Contract Issues:
   A. Require a reasonable time limit for physicians to receive certification in order to be paid by the plan, or require the plan to pay for the services while waiting for certification,
   B. Prohibit the "Most Favored Nation" clause from contracts, and,
   C. Prohibit retaliation against physicians or groups who do not accept certain contracts offered by insurers.
III. Physician Due Process:
A. Require a reasonable time limit to receive a precertification authorization for treatment,
B. Provide physicians access to their profiling data, and,
C. Provide procedural due process to physicians expelled from a health plan to include
adequate notification of removal, explanation of the reasons for the removal, and the ability to
contest the proposed removal through an external appeals process.

IV. Patient Issues:
A. Require that precertification by telephone be toll free for physicians and patients,
B. Require a managed care organization (MCO), insurer, health plan, dental plan, or pharmacy
benefits manager using a formulary to disclose to its subscribers, members and participating
physicians their initial formulary and annually thereafter initially, the frequency of formulary
changes and at least annually its formulary and a description of the process for developing
the formulary and evaluating new therapies,
C. Require any carrier using a restrictive formulary for prescription medications to allow
patients to obtain, without penalty to the physician and the patient and in a timely manner,
specific drugs and medications not included in the formulary when the formulary's equivalent
has been clinically ineffective or when the physician treating the patient believes the
formulary's medication causes, or is reasonably expected to cause adverse or harmful
reactions in the patient,
D. Eliminate the necessity for approval or referral from the primary care physician in order for
patients to be covered for after-hours urgent care or emergency service in accordance with
the prudent layperson statute,
E. Require MCOs to educate their members on after-hours medical care that their physicians
are available after-hours for medical advice, but that the decision for payment for after-hours
urgent care or emergency service is made by the MCO, based on criteria of medical
necessity in accordance with state and federal law,
F. Require insurance companies to log in appeals at the time of their receipt,
G. That MCOs health plans not encourage short-term mail order prescriptions and not
financially penalize those who have prescriptions filled locally,
H. Create an objective and timely process for considering the authorization of investigational
treatments and for evaluating coverage of innovative technologies, drugs, devices, and
procedures.

The Medical Society of Virginia believes that any third-party payer should not interfere in the
physician patient-relationship and will strongly oppose any business practices that may
compromise the care of patients.

Reaffirmed 10/28/2007
Recommendation: Reaffirm as amended

285.003 – Capitation

Date: 11/8/1997
A. The Medical Society should not seek to legislatively eliminate capitation as mechanism of payer
reimbursement to physicians since it represents only one type of reimbursement among a variety of
mechanisms, of which Fee for Service is another. Such action might invite an attempt to legislatively
outlaw fee for service reimbursement for similar reasons. Also, to do away with capitation as health
insurance option could be considered to be in opposition to the long standing AMA policy of pluralism in a
patient’s right to choice. The Medical Society of Virginia supports strong physician involvement and
regulatory oversight of health plans using capitation as the basis for reimbursement. Capitated plans must:

B. To empower and protect the physician to advocate for the patient within the capitation system of reimbursement, the following qualities should be sought through legislation and regulation:

- Allow physicians to participate in and have final say in determining and participating in capitation plans, quality management improvement programs, and guidelines.
- Adequately reimburse physicians appropriately to ensure providers are able to absorb risk and provide appropriate patient care.

MSV supports strong and continued evaluation of capitated health plans by the State Health Commissioner and Insurance Commissioner and suggests:

- Requiring the plan to disclose to the employee/plan member the exposure to the incentive risks and insurance risks imposed upon the physician.
- Requiring all licensed capitation plans licensed to operate in the State to provide adequate ‘stop loss’ insurance to empower and protect the physician to give the member medical care that meets Health Commissioner standards, provide appropriate and necessary medical care to their patients.

Reaffirmed 10/28/2007
Recommendation: Reaffirm as amended

480.001 - State Funding for Electronic Health Information Systems
Date: 11/8/1997
MSV actively supports and endorses continued state funding for electronic health information systems that improve access and communication of health information for physicians with protection of patient confidentiality. Physicians should not be required to pay for the ability to use such electronic health information exchange or system.

Reaffirmed 10/28/2007
Recommendation: Reaffirm as amended

RECOMMENDATION: AMENDED BY SUBSTITUTION

- Secondhand Smoke (Substitution)

The Medical Society of Virginia supports access to clean smoke-free air for all citizens in the Commonwealth, especially children.

The Society supports efforts to eliminate tobacco smoke in public places and places of employment in order to protect Virginians from the hazards of passive smoke inhalation. Further, MSV supports efforts to make it illegal to smoke in a car with a minor present.

MSV opposes efforts to repeal protections for the public from secondhand smoke.
Recommendation: Amend 505.004 by substitution and archive policies 505.001, 505.005 and 60.016 as the principles are now included in the substitution.

505.004 - Public Indoor Spaces; Passive Smoke Inhalation
Date: 11/11/1989
The Medical Society of Virginia specifically supports legislative efforts to eliminate tobacco smoke in public places and places of employment in order to protect Virginians from the hazards of passive smoke inhalation.
Reaffirmed 10/28/2007

505.001 - Legislation Restricting Tobacco Use/Indoors
Date: 11/9/1991
The Medical Society of Virginia supports the Virginia Indoor Clean Air Act.
Reaffirmed 10/24/2010

505.005 - Repeal of Local Ordinances
Date: 11/11/1989
The Medical Society of Virginia opposes any legislation designed to force repeal of any ordinances already in place to protect the public from secondhand smoke.
Reaffirmed 10/24/2010

60.016 - Tobacco and Child Health in the Commonwealth
Date: 10/30/1993
The Medical Society of Virginia, acting in defense of all citizens and children, and in an effort to prevent ill health, supports legislation to maintain and strengthen the Virginia Clean Indoor Air Law enabling citizens and children of the Commonwealth to have clean indoor air in all public places and in private business where nonsmokers work or may frequent.
Reaffirmed 10/30/2003
Reaffirmed 05/31/2014

➤ Reimbursement for Emergent Medical Care (Substitution)

The Medical Society of Virginia opposes any health plan requirements, including managed care plans that may cause a delay in care, such as pre-authorization, for emergent medical services.

Further, MSV opposes the denial of provider reimbursement for these services under any circumstances.

Recommendation: Amend 185.004 by substitution and archive policy 130.005, as well as 230.001 as the principles are now included in the substitution.

185.004 - Insurance Denial of Reimbursement for Failure to Notify Primary Care Physician for Emergency Room Admissions
Date: 11/8/1997
MSV supports legislation prohibiting the practice of denial of provider reimbursement secondary to nonnotification of the managed care organization’s primary care physician or gatekeeper prior to the "on call" physician assuming care of the seriously ill patient.
MSV endorses the following principles:
a) Patients should not be required to receive preauthorization from a health plan prior to receiving emergency services;
b) Health plans should be required to educate their enrollees about coverage for emergency services, including the location of participating emergency departments, the appropriate use of 911, costsharing provisions for emergency services, and the processes and procedures for obtaining emergency care;
c) Health plans should be required to cover emergency services provided to patients who meet the "prudent layperson" standard under Virginia law.
Reaffirmed 10/28/2007

130.005 - Emergency Physician/Managed Care Interface
Date: 11/8/1997
MSV endorses the following principles:
  o patients should not be required to receive preauthorization from a health plan prior to receiving emergency services;
  o health plans should be required to educate their enrollees about coverage for emergency services, including the location of participating emergency departments, the appropriate use of 911, costsharing provisions for emergency services, and the processes and procedures for obtaining emergency care;
  o Health plans should be required to cover emergency services provided to patients who meet the "prudent layperson" standard under Virginia law.
Reaffirmed 10/28/2007

230.001 - Acute Emergent Medical/Surgical Service Pre-Authorization
Date: 10/30/1999
The Medical Society of Virginia supports legislation making preauthorization of acute emergent medical and/or surgical services by insurance plans unnecessary in determining reimbursement for hospitals and physicians.
Reaffirmed 10/25/2009

➤ Medical Necessity Criteria (Substitution)

The Medical Society of Virginia supports requiring any person who defines medical necessity criteria, evaluates the medical necessity of physicians’ care of patients, or who have authority to issue denials of treatment or services for a health plan operating in Virginia, be licensed to practice medicine in the Commonwealth of Virginia and Board certified in the appropriate specialty when applicable.

Recommendation: Amend 275.006 and archive policy 320.001, as well as 275.004 as the principles are now included in the substitution.

275.006 - Medical Decision Making
Date: 11/8/1997
MSV supports legislation that would require a Virginia medical license to be held by individuals who determine "medical necessity" for reimbursement on behalf of health plans.
Reaffirmed 10/28/2007
320.001 - Medical Necessity/Practice of Medicine  
Date: 11/9/1991  
The Medical Society of Virginia shall use its best efforts by all means possible, including legislation if necessary, to require persons who render opinions about the medical necessity of physicians’ care of patients or who have authority to issue preauthorization denials of treatment be licensed to practice medicine in the Commonwealth of Virginia and Board certified in the appropriate specialty when applicable.  
Reaffirmed 11/4/2001  
Reaffirmed 10/26/2014

275.004 - Licensure of Managed Care Decision Makers  
Date: 10/31/1998  
The Medical Society of Virginia supports legislative efforts to require that managed care treatment decision makers, whether in or out of state, be required to hold a valid Virginia license for their particular discipline.  
Reaffirmed 10/12/2008

- **Health Plan Liability (Substitution)**

The Medical Society of Virginia supports holding Virginia health insurance plan, including managed care plan, liable for damages for harm to a patient caused by the health care treatment decisions made by its employees.

Further, the MSV supports holding physicians harmless who, following pursuit of available appeals procedures, are unable to provide care they deem medically appropriate because of a health plan’s determination of coverage.

Recommendation: Amend 165.007 by substitution and archive policy 320.002 as the principles are now included in the substitution.

165.007 - Insurance Company Liability  
Date: 11/8/1997  
MSV will support legislation or regulation which would mandate that Virginia health insurance companies, HMOs or other managed care entities be held liable for damages for harm to an insured or enrollee caused by the health care treatment decisions made by its employees, agents, ostensible agents or representatives acting on its behalf.  
Reaffirmed 10/28/2007

320.002 - Review Agents/Hold Harmless  
Date: 11/9/1991  
The Medical Society of Virginia shall pursue legislation which would require entities that conduct utilization review to hold harmless physicians who, following pursuit of available appeals procedures, adhere to an entity’s final determination denying coverage of a recommended treatment on the basis that it is medically unnecessary or inappropriate.  
Reaffirmed 11/4/2001  
Reaffirmed 10/26/2014

- **Medical Education Funding (Substitution)**
The Medical Society of Virginia recognizes the importance of academic medical centers and high-quality medical education in the Commonwealth and across the nation.

Academic medical centers are essential to train high-quality health care professionals and to conduct medical research necessary for quality health care.

Virginia’s academic medical centers are integral to meeting the current and future needs of all the citizens of the Commonwealth. As such, the Society supports appropriate state and federal funding for undergraduate and graduate medical education, and research that enables Virginia’s academic medical centers to meet these needs.

Recommendation: Amend 305.006 by substitution and archive policies 215.001 and 305.003 as the principles are now included in the substitution.

305.006 - State Support of Medical Education
Date: 11/8/1997
MSV will pursue its advocacy goals for medical education in the context of the overall future needs of all the citizens of the Commonwealth.
Reaffirmed 10/28/2007

215.001 - Academic Medical Centers
Date: 11/5/1994
The MSV recognizes the importance of academic medical centers and supports measures to protect the integrity of quality medical education.
Reaffirmed 11/7/2004
Reaffirmed as amended 10/26/2014

305.003 - Medical Education Funding and Support of Academic Centers
Date: 11/4/1995
The Medical Society of Virginia believes quality academic medical centers are essential for well-trained health care professionals and medical research necessary for quality health care. Continuation of Virginia’s teaching centers must be a collaborative effort and it is the Commonwealth of Virginia’s responsibility to generate more appropriate state funding to support graduate and undergraduate medical education.
Reaffirmed 11/06/2005
Reaffirmed 10/25/2015

- Do Not Resuscitate Orders (Substitution)

The Medical Society of Virginia recommends that every hospital and medical staff have a written policy consistent with the Virginia Healthcare Decisions Act regarding "No Code/Do Not Resuscitate (DNR)" orders, also referred to as “Allow Natural Death” orders, which uses the following guidelines:

a. That the attending physician take measures to ensure that both the decision and the reasons for No Code/DNR are clearly communicated to those who have vital need to know.

b. That the attending physician and hospital staffs familiarize themselves with the requirements of the Virginia Healthcare Decisions Act and the significance of the Living Will so as to be able to take advantage of the immunity from liability it provides in connection with the writing of "No Code/DNR" orders.
MSV supports the applicability of Emergency Medical Services Do Not Resuscitate orders to minors with documented “terminally ill” or “incompatible with extended life” conditions when properly executed by the parents and/or legal guardians and the attending physician.

Recommendation: Amend 130.003 by substitution and archive policy 130.002 as the principles are now included in the substitution.

130.003 - Do Not Resuscitate Orders - Minors
Date: 11/8/1997
MSV supports the applicability of Emergency Medical Services Do Not Resuscitate orders to minors with documented “terminally ill” or “incompatible with extended life” conditions when properly executed by the parents and/or legal guardians and the attending physician.
Reaffirmed 10/28/2007

130.002 - Do Not Resuscitate Orders - Hospital Policies
Date: 10/31/1998
The Medical Society of Virginia recommends that every hospital and medical staff have a written policy consistent with the Virginia Healthcare Decisions Act regarding “No Code/Do Not Resuscitate (DNR)” orders, also referred to as “Allow Natural Death” orders, which uses the following guidelines:

a. That the attending physician take measures to ensure that any No Code/DNR decision is in the best overall interest of the patient and that both the decision and the reasons for it are clearly communicated to those who have vital need to know.

b. That the attending physician and hospital staffs familiarize themselves with the requirements of the Virginia Healthcare Decisions Act and the significance of the Living Will so as to be able to take advantage of the immunity from liability it provides in connection with the writing of "No Code/DNR" orders.
Reaffirmed 10/24/2010

➢ Child Firearm Injury Prevention (Substitution)

The Medical Society of Virginia supports public education programs to reduce injuries to children from firearms as well as the dangers and legal liabilities of recklessly leaving loaded, unsecured firearms accessible to children.

Further, the Society will cooperate and collaborate with interested advocacy groups regarding child firearm injury prevention.

The Medical Society of Virginia supports requiring safety devices to be sold with each gun sold in Virginia, either at a regulated gun store or through other means such as gun shows.

Recommendation: Amend 60.010 by substitution and archive policy 60.007 and policy 145.001 as the principles are now included in the substitution.

60.010 - Preventive Measures for Firearm Injuries to Children
Date: 11/8/1997
MSV will cooperate and collaborate with interested advocacy groups regarding the dangers and legal liabilities of recklessly leaving loaded, unsecured firearms accessible to children.
Reaffirmed 10/28/2007

60.007 - Firearms
Date: 11/3/1990
The Medical Society of Virginia supports education programs to reduce injuries to children from firearms.
Reaffirmed 11/2/2012

145.001 - Children and Gun Safety
Date: 10/30/1999
The Medical Society of Virginia supports legislation to require safety devices to be sold with each gun sold in Virginia, either at a regulated gun store or through other means such as gun shows. Further, the MSV continues to support Medical Society of Virginia Alliance and other public education gun safety programs.
Reaffirmed 10/24/2010
Reaffirmed 10/26/2014

Infant and Child Death Investigation (Substitution)
The Medical Society of Virginia endorses the position of the American Academy of Pediatrics and urges all attending physicians to obtain autopsies on all suspected cases of Sudden Infant Death Syndrome.

Further, the MSV supports making an inquiry to the Central Registry of the Department of Social Services for child deaths under age seven. MSV supports referral to the police and the district medical examiner when an inquiry reveals confirmed or suspected child abuse.

Recommendation: Amend 245.001 by substitution and archive 60.004 and 245.002 as the principles are now included in the substitution.

245.001 - Autopsies
Date: 11/8/1997
The Medical Society of Virginia endorses the position of the American Academy of Pediatrics and urges all attending physicians to obtain autopsies on all suspected cases of Sudden Infant Death Syndrome.
Reaffirmed 10/28/2007

60.004 - Child Death Investigation
Date: 10/31/1992
The Medical Society of Virginia supports legislation to provide a mechanism by which an inquiry into the Central Registry of the Department of Social Services is made of all child deaths under age seven; and be it further
The Medical Society of Virginia supports referral to the police and the district medical examiner to determine if further investigation is needed if an inquiry to the Central Registry of the Department of Social Services reveals that the child or caretaker was involved in a prior founded or reason to suspect case of child abuse.
Reaffirmed 11/2/2012

245.002 - Diagnosis and Autopsies of Sudden and Unexpected Deaths
Date: 10/31/1992
The Medical Society of Virginia actively supports legislation requiring that the diagnosis of Sudden Infant Death Syndrome shall not be made until other causes are excluded by a thorough postmortem exam.
The Medical Society of Virginia actively supports legislation which requires that autopsies be performed in all sudden and unexpected deaths in infants less than one year of age.
Reaffirmed 11/2/2012
In-School Health Services

The Medical Society of Virginia supports requiring that every school division in the Commonwealth of Virginia employ or contract through the Health Department for registered nurses, at an appropriate staffing level, meeting or exceeding the U.S. Department of Health and Human Services' recommendations for nurse-to-student ratios, and that every school division in the Commonwealth of Virginia be required to have a formal relationship with a specific physician for supervision of school nursing services and for arranging specialty consultation as necessary.

Recommendation: Amend 60.012 by substitution and archive policy 60.009 as the principles are now included in the substitution.

60.012 - School Nurse Shortage
Date: 11/8/1997
MSV supports the U.S. Department of Health and Human Services' recommendations for nurse-to-student ratios and encourages every system in the Commonwealth to meet or exceed these recommendations.
Reaffirmed 10/28/2007

60.009 - In-School Health Services
Date: 10/31/1992
The Medical Society of Virginia supports legislation requiring that every school division in the Commonwealth of Virginia employ or contract through the Health Department for registered nurses, at an appropriate staffing level and that every school division in the Commonwealth of Virginia be required to have a formal relationship with a specific physician for supervision of school nursing services and for arranging specialty consultation as necessary.
Reaffirmed 11/2/2012

Health Education in Schools (Substitution)

The Medical Society of Virginia supports comprehensive clinical evidence-based health education in Virginia.

Recommendation: Amend 170.001 by substitution and archive 170.002, 170.003 and 440.012 as the principles are now included in the substitution.

170.001 - Addition of Testicular Cancer Education to the High School Health Class Curriculum
Date: 11/8/1997
MSV recommends that information be included in high school health class curriculum about the importance of the male self-testicular exam, including its presentation, epidemiology, and the technique.
MSV will promote development of a curriculum on testicular cancer with physician and appropriate special society input to support and encourage the Department of Education to include it in the Standards of Learning for Health Classes
Reaffirmed 10/28/2007
170.002 - Comprehensive Health Education  
**Date:** 11/3/1990  
The Medical Society of Virginia supports the concept of comprehensive health education programs.  
Reaffirmed 11/2/2012

170.003 - Family Life Education  
**Date:** 11/8/1997  
MSV supports the inclusion of Family Life Education in the state mandated curriculum for public schools in Virginia.  
Reaffirmed 10/28/2007

440.012 - Information and Education  
**Date:** 11/4/1995  
The Medical Society of Virginia supports teaching prevention and control of sexually transmitted diseases in public, private and parochial schools.  
Reaffirmed 11/06/2005  
Reaffirmed 10/25/2015

**RECOMMENDATION: ARCHIVE**

120.002 - Expiration Dates on Prescription Drugs  
**Date:** 11/8/1997  
The Medical Society of Virginia supports legislation to require all prescription labels to include the expiration date of the medication dispensed.  
Reaffirmed 10/28/2007  
**Recommendation:** Archive

*Reason to archive: FDA regulation 211.137 requires expiration dates*

120.004 - Guidelines for the Practicing Physician for the Treatment of Chronic, Non Cancer Pain  
**Date:** 11/8/1997  
MSV will maintain Guidelines for the Practicing Physician for the Treatment of Chronic, Non-Cancer Pain. Guidelines will be made available upon request from MSV headquarters.  
Reaffirmed 10/28/2007  
**Recommendation:** Archive

*Reason to archive: Guidelines are maintained on the WEB, required printed guidelines is obsolete*

290.002 – Communications  
**Date:** 11/8/1997  
The Medical Society of Virginia shall assist in mechanisms of communication and instruction between the Virginia Department of Medical Assistance Services and participating physicians, to promote efficient provision of and uniform standards for the delivery of quality and cost effective medical care.
Reaffirmed 10/28/2007
Recommendation: Archive

Reason to archive: This is already a routine business practice of MSV.

435.011 - Standard of Care
Date: 11/8/1997

The Medical Society of Virginia opposes the admission into evidence of practice parameters. It also opposes a national standard of care as Virginia’s standard of care. Furthermore, the Medical Society should seek improvements to Virginia’s definition of an expert witness.

Reaffirmed 10/28/2007
Recommendation: Archive

Reason to archive: Recommended by MSV legal counsel to align with current law

440.015 - Mandatory Reporting of E. Coli Foodborne Illnesses to State Health Department
Date: 11/8/1997

MSV supports the requirement that all cases of food borne Shiga-like toxin positive E. Coli-associated illness be reported to the State Health Department on a mandatory basis.

Reaffirmed 10/28/2007
Recommendation: Archive

Reason to archive: Current Virginia law requires E. Coli Shiga toxin to be reported to the Virginia Department of Health.