WHEREAS, the Medical Society of Virginia Policy Compendium is an important resource for MSV leadership, MSV members, and MSV staff as it guides action and position on issues of importance, 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 additional review, it is evident that some items in the Policy Compendium should be removed or revised based on their relevance or timeliness and the organizational structure be updated, therefore be it

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

60.001 - Addiction of Children
Addiction in Children
Date: 11/11/1989
The Medical Society of Virginia supports measures to prevent the addiction of children in the Commonwealth and in the Nation through the resources at its command.
Reaffirmed 10/25/2009

Recommendation: Reaffirm as amended

185.002 - Coverage of Medical Formulas and Foods for Medicaid Patients Suffering from PKU
Date: 11/4/2002
The Medical Society of Virginia supports legislation to mandate Medicaid coverage of PHE-restricted diets for PKU patients over 18 years of age.
Reaffirmed 11/2/2012

Recommendation: Reaffirm as amended

180.006 - Insurance Market Reform
Date: 10/30/1993
The Medical Society of Virginia supports administrative or legislative action to requiring that the actual discount on each hospital claim and the amount actually paid to the hospital for an insurance claim be made available to both the plan member and, in the case of employer-sponsored insurance, the plan member’s employer and employee.
Reaffirmed 10/30/2003
Reaffirmed 05/31/2014

Recommendation: Reaffirm as amended

180.013 - Requests for Patient Information
Date: 5/31/2014
The Medical Society of Virginia supports the American Medical Association’s efforts to address the issue opposes of insurance companies’ unrestricted gathering of patient information and will continue to monitor this practice.

Recommendation: Reaffirm as amended

190.001 - Timely Insurance Claims Payment
Date: 11/4/1995
The Medical Society of Virginia supports legislation requiring managed care organizations the timely payment of claims and supports efforts to require all health plans to pay interest on claims unpaid thirty days after submission.
Reaffirmed 11/06/2005
Reaffirmed 10/25/2015

Recommendation: Reaffirm as amended
230.006 - Physician Hospital Admitting Privileges and Managed Care Organizations Plan Participation
Date: 10/30/1999
The Medical Society of Virginia supports legislation that prevents insurance companies from terminating or accepting physicians based on the hospital at which they have admitting privileges. Reaffirmed 10/25/2009

Recommendation: Reaffirm as amended

285.010 - Removal of Physicians from Insurance Plans "Without Cause"
Date: 10/30/1993
The Medical Society of Virginia opposes the practice of insurance companies to remove physicians from their plans "without cause."
Reaffirmed 10/30/2003
Reaffirmed 05/31/2014

Recommendation: Reaffirm as amended

245.006 - One Web Portal for Newborn Reports State Databases
Date: 1/16/2012
The Medical Society of Virginia supports legislation to link integrating all state-based reporting systems for newborn hearing and blood-spot screenings with the Virginia Immunization Information System (VIIS), Electronic Death Registry System, and Prescription Monitoring Program, in a physician’s EMR system or a single-sign on based one web-based portal.

Recommendation: Reaffirm as amended
RECOMMENDATION: AMEND BY SUBSTITUTION

- **Care of Patients with HIV/AIDS (Substitution)**

The Medical Society of Virginia supports the Centers for Disease Control Guidelines for HIV Counseling, Screening, Testing, Prevention, Care, Reporting, and Surveillance.

Recommendation: Amend 20.001 by substitution and archive 20.002 through 20.016 as the principles are now included in the substitution.

20.001 - Care of HIV/AIDS Patients; Autopsies
Date: 11/9/1991
The Medical Society of Virginia supports the position that while any physician has the right to refuse to accept responsibility for the medical care of any given patient, refusal to do so solely because the patient may have AIDS, or is HIV positive, does not constitute ethical behavior. The MSV also believes that hospitals have a moral obligation to accept such patients for care including the performance of autopsies, if requested.
Reaffirmed 10/30/2011

20.002 - CDC Guidelines for Health Care Workers
Date: 11/8/1997
The MSV supports the safety measures and guidelines endorsed by the Center for Disease Control, the AMA, the American Hospital Association, and the Surgeon General for all health care workers coming into contact with potentially HIV infected patients.
Reaffirmed 10/28/2007

20.016

20.003 - Comprehensive Plan/Pediatric AIDS
Date: 11/3/1990
The Society shall support the Virginia Department of Health’s Division of Disease Prevention in their provision of an HIV management plan which places appropriate emphasis upon pediatric AIDS and HIV infected patients and which includes prevention, care, treatment, and reimbursement with respect to HIV and AIDS patients.
Reaffirmed 11/2/2012

20.004 - Control of the Spread of AIDS
Date: 10/31/1992
The Medical Society of Virginia continues to support the use of public health measures in dealing with AIDS that have served us well in the past with regard to other communicable diseases, such as surveillance, detection, tracing of sources, education and research, and that it continue to support providing increased resources to the Virginia Department of Health to allow expanded use of these measures, until HIV/AIDS inevitably takes its place on the list of controlled or eradicated diseases.
Reaffirmed 11/2/2012

20.005 - Education Regarding High Risk Behavior
Date: 11/8/1997
The Medical Society of Virginia encourages all health care professionals to teach their patients, whether in high risk groups or not, and the public at large to avoid the high risk activities associated with acquisition of HIV infection, especially indiscriminate or anonymous sexual contact or sharing the use of needles contaminated with another’s blood.
Reaffirmed 10/28/2007
20.006 - Ethical Obligation; Counseling
Date: 11/8/1997
The Medical Society of Virginia encourages all health care professionals to recognize their ethical obligation to care for patients with HIV infection and to provide or arrange for the counseling of such patients as means to avoid transmission of their infection to other individuals.
Reaffirmed 10/28/2007

20.007 - Family Treatment of HIV/AIDS
Date: 11/9/1991
The Medical Society of Virginia supports the concept of coordinated care within the family with respect to the management and treatment of individuals with HIV infection and AIDS.
Reaffirmed 10/30/2011

20.008 - Funding for Testing and Counseling
Date: 11/8/1997
The Medical Society of Virginia supports the efforts of the Department of Health to obtain appropriate funding for testing and counseling and tracking in connection with HIV infection.
Reaffirmed 10/28/2007

20.009 - HIV Prevention through Clean Syringe Availability
Date: 11/8/1997
MSV, as part of its efforts to prevent the spread of HIV, hepatitis and other blood borne diseases in Virginia, supports legislation in the General Assembly: (a) to modify drug paraphernalia laws so that adult injection drug users may legally possess syringes and needles and (b) to establish syringe-exchange programs for adult injection drug users.
Reaffirmed 10/28/2007

20.010 - Involvement of Component Societies
Date: 11/3/1990
The Medical Society of Virginia urges continued participation of local component societies and physicians in the care and management of HIV and AIDS patients in their local communities.
Reaffirmed 11/2/2012

20.011 - Marriage Licenses
Date: 11/3/1990
The Society opposes routine HIV antibody testing in conjunction with the issuance of marriage licenses.
Reaffirmed 11/2/2012

20.012 - Prisons
Date: 11/3/1990
The Society endorses HIV antibody testing in prisons only when ordered by a physician on a case by case basis.
Reaffirmed 11/2/2012

20.013 - Testing of Health Care Workers
Date: 11/9/1991
The Medical Society of Virginia endorses the continuing efforts of the CDC and the AMA in developing guidelines with respect to testing of health care workers for HIV infection.
Reaffirmed 10/30/2011

20.015 - Voluntary Testing for Pregnant Women
Date: 11/8/1997
The Medical Society of Virginia recommends that physicians offer routine HIV testing to all pregnant women and women of childbearing age in the State of Virginia, and that physicians performing such testing do so only with the informed consent of their patients.
The Medical Society of Virginia recommends that physicians provide to pregnant women and women of childbearing age who undergo an HIV test appropriate retesting, education, counseling and follow-up, as needed. Reaffirmed 10/28/2007

20.016 - CDC Guidelines for HIV Counseling, Testing, and Referral
Date: 11/2/2012
The Medical Society of Virginia supports the Centers for Disease Control Revised Guidelines for HIV Counseling, Testing, and Referral, section on Targeted versus Routinely Recommended HIV Counseling, Testing and Referral (CTR). MSV specifically supports the following statements:
Determining Individual HIV Risk Through Risk Screening: A client's individual HIV risk can be determined through risk screening based on self-reported behavioral risk and clinical signs or symptoms. Behavioral risks include injection-drug use or unprotected intercourse with a person at increased risk for HIV. Clinical signs and symptoms include STDs, which indicate increased risk for HIV infection, or other signs or symptoms (e.g., of acute retroviral or opportunistic infections), which might suggest the presence of HIV infection. Insufficient data exist to support the efficacy of any one risk-screening approach over others (e.g., face-to-face discussion or interviews, self-administered questionnaires, computer-assisted interviews, or simple open-ended questions asked by providers)
Recommendations for Routinely Recommended and Targeted CTR by Setting and Circumstance: Decisions regarding whether to recommend routine or targeted services are based on the behavioral and clinical HIV risk of the client population in the setting, the level of HIV prevalence of the setting, and the behavioral and clinical HIV risk of individual clients. These factors should not be used to determine recommendations for CTR in circumstances in which treatment potential exists (i.e., perinatal transmission and acute occupational or nonoccupational exposure). These guidelines may be found here.

➢ Allied Mental Health Provider Prescription Authority (Substitution)
The Medical Society of Virginia opposes any efforts by psychologists, social workers, licensed professional counselors, and pastoral counselors to obtain prescription privileges.

Recommendation: Amend 35.006 by substitution and archive 345.006 and 120.007 as the principles are now included in the substitution.

35.006 - Psychologists’ Prescriptive Authority
Date: 11/4/2001
The Medical Society of Virginia opposes legislation allowing psychologists to prescribe medications.
Reaffirmed 10/30/2011

345.006 - Non-Psychiatrist Prescribing Medicines
Date: 11/5/1994
The MSV opposes the independent prescribing of medications by non-physician psychologists.
Reaffirmed 11/7/2004
Reaffirmed 10/26/2014

120.007 - Prescriptive Authority
Date: 10/31/1998
The Medical Society of Virginia opposes any efforts by psychologists, social workers, licensed professional counselors and pastoral counselors to obtain prescription privileges. Reaffirmed 10/12/2008

- **Child Car Safety (Substitution)**

The Medical Society of Virginia supports the American Academy of Pediatrics’ recommendations on child restraint devices and seat positioning. Further, the Society supports a uniform system of attachment of car safety seats in vehicles.

MSV supports public education programs regarding the proper use of car safety seats for children.

Recommendation: Amend 15.002 by substitution and archive 60.015 as the principles are now included in the substitution.

15.002 - Child Restraint Devices
Date: 11/4/1995
The Medical Society of Virginia supports the American Academy of Pediatrics’ recommendations on child restraint devices and seat positioning.
Reaffirmed 11/06/2005
Reaffirmed as amended 10/25/2015

60.015 - Support for use of Car Safety Seats for Children
Date: 11/4/2000
The Medical Society of Virginia encourages public education programs regarding the proper use of car safety seats for children and supports the federal government’s mandate to create a uniform system of attachment of car safety seats in vehicles.
The Medical Society of Virginia supports the American Academy of Pediatrics’ policies on car safety seats, encourages the use of car safety seats or other approved devices for children over four years old who are too small for the adult restraint system and supports training to secure them properly in vehicles.
Reaffirmed 10/24/2010

- **School Bus Drivers Screening (Substitution)**

The Medical Society of Virginia recommends that physical examinations of school bus drivers include questions about history of mental illness, diabetes, hypertension, epilepsy, previous alcoholism or drug abuse, and the use of medication, all of which might affect the ability to drive a bus. Further, the MSV supports random testing for the presence of alcohol or drugs for school bus drivers.

Recommendation: Amend 15.001 by substitution and archive 15.009 as the principles are now included in the substitution.

15.001 - Alcoholism and Drug Abuse Screening
Date: 11/2/1996
The Medical Society of Virginia supports the establishment of a program in school districts to
screen randomly those applying to be school bus drivers to detect such characteristics as the presence of alcohol or drugs, which are difficult to detect through physical examination.
Reaffirmed 11/5/2006
Reaffirmed 10/16/2016

15.009 - Physical Examination Form
Date: 11/2/1996
The Medical Society of Virginia recommends that physical examinations of school bus drivers include questions about history of mental illness, diabetes, hypertension, epilepsy, previous alcoholism or drug abuse, and the use of medication, all of which might affect the ability to drive a bus.
Reaffirmed 11/5/2006
Reaffirmed 10/16/2016

- **Medical Student Loans and Debt (Substitution)**

The Medical Society of Virginia supports efforts to reduce medical student debt, including scholarships, lowering interest rates, and other effective loan repayment programs. The Society strongly supports the availability of medical student loans in Virginia and supports efforts, including overdue debt collection, to maintain the availability of these programs.

Recommendation: Amend 305.001 by substitution and archive 305.004, 305.005, and 305.007 as the principles are now included in the substitution.

- **305.001 - Collection of Overdue Debts**
  Date: 11/5/1994
  The Medical Society of Virginia supports efforts to collect overdue debts from the present medical student loan programs in order to help preserve provision for future loan funds to medical students.
  Reaffirmed 11/7/2004
  Reaffirmed 10/26/2014

- **305.004 - New Programs of Assistance**
  Date: 11/5/1994
  The Medical Society of Virginia supports new programs which would provide scholarship assistance for Virginia medical students.
  Reaffirmed 11/7/2004
  Reaffirmed 10/26/2014

- **305.005 - State Loan Program**
  Date: 11/5/1994
  The Medical Society of Virginia opposes legislative efforts to reduce or eliminate medical student loans currently available in Virginia.
The Medical Society of Virginia supports legislative efforts to reduce medical student debt and loan interest rates.

Increased Funding for Residency Training (Substitution)

The Medical Society of Virginia encourages medical schools, residency programs, as well as state and federal government to work cooperatively to graduate and train physicians in high-need medical specialties. The Society supports state, public, and/or private sector funding allocated to medical residency in areas of physician shortages and high-need specialties such as primary care, emergency medicine, psychiatry, and pediatric psychiatry, as well as underserved areas.

Recommendation: Amend 305.009 by substitution and archive 305.002, 200.005, 345.009 as the principles are now included in the substitution.

305.009 Increasing Funding for Residency Training
Date: 10/25/2015
The Medical Society of Virginia (MSV) will seek means to increase state public and/or private sector funding allocated to medical residency in areas of physician shortage.

305.002 - EMS/GME Funding
Date: 11/5/1994
The MSV urges Congress to retain funding for emergency medicine residency programs at current levels thereby ensuring “a safety net” capable of delivering emergency care and providing the necessary back-up to managed care plans and physicians’ offices.
Reaffirmed 11/7/2004
Reaffirmed 10/26/2014

200.005 - Medical School Primary Care Practice Programs
Date: 10/31/1992
The Medical Society of Virginia should encourage the state to strengthen primary practice programs within the medical schools to the extent that at least 50% of graduates practice as primary care physicians and, if necessary, urge budgetary incentives by the state legislature to achieve such a goal.
Reaffirmed 11/2/2012

345.009 - Training/Child Psychiatry
Date: 11/5/1994
The Medical Society of Virginia encourages and supports the expansion and training of child psychiatry at all medical schools in Virginia and recognizes this area of medical specialty as a critically unmet need.
Helmet Safety (Substitution)

The Medical Society of Virginia encourages the use of safety helmets whenever appropriate, such as riding horses, bicycles, mopeds and "off road" vehicles.

Further, the MSV supports mandatory requirements for helmet use by minors when operating bicycles and by motorcycle operators and passengers. MSV is opposed to the repeal of mandatory helmet laws.

Recommendation: Amend 10.001 by substitution and archive 15.005 and 15.001 as the principles are now included in the substitution.

10.001 - Helmets  
**Date:** 11/4/1995  
The Medical Society of Virginia continues to support legislative efforts to require the use of bicycle helmets for minors.  
Reaffirmed 11/2/2012  

15.005 - Helmet Law; Repeal  
**Date:** 11/5/1994  
The Medical Society of Virginia endorses the use of helmets by motorcycle operators and passengers and is opposed to the repeal of mandatory helmet laws.  
Reaffirmed 11/7/2004  
Reaffirmed 10/26/2014  

15.011 - Safety Helmets  
**Date:** 10/31/1998  
The MSV encourages the use of safety helmets by riders of horses, bicycles, mopeds and "off road motorcycles."
Reaffirmed 10/12/2008

Housing Safety (Substitution)

The Medical Society of Virginia supports installation of smoke detectors in all residential structures built in Virginia.

Recommendation: Amend 10.002 by substitution and archive 10.003 as the principles are now included in the substitution.

10.002 - New Construction  
**Date:** 11/4/1995  
The Medical Society of Virginia believes that smoke alarms should be installed in all homes, apartments, and other residential structures built in Virginia.  
Reaffirmed 11/06/2005  
Reaffirmed 10/25/2015
10.003 - Public Housing
Date: 11/5/1994
The Medical Society of Virginia supports a requirement that all public housing units be sufficiently equipped with smoke detectors.
Reaffirmed 11/7/2004
Reaffirmed 10/26/2014

- **Childhood Immunizations (Substitution)**

The Medical Society of Virginia supports the immunization recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians and the Centers for Disease Control as the required schedule for the immunization of infants and for school entry, including higher education, in the Commonwealth of Virginia. MSV supports the elimination of all non-medical vaccine exemptions in Virginia.

Finally, MSV supports efforts by the Commonwealth of Virginia to fund the purchase of necessary vaccines and their provision to all healthcare practitioners.

**Recommendation:** Amend 440.001 by substitution and archive 440.006, 440.033, and 440.009 as the principles are now included in the substitution.

- **440.001 - Childhood Immunization Schedule**
  Date: 11/6/2005
  The Medical Society of Virginia supports that the Code of Virginia Section regarding childhood immunizations schedules be consistent with the most current, commonly agreed upon immunization recommendation by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, the Centers for Disease Control and Prevention and the American Academy of Family Physicians as the required schedule for the immunization of infants and for school entry in the Commonwealth of Virginia.
  Reaffirmed as amended 10/25/2015

- **440.006 - Funding for Vaccines**
  Date: 10/30/1993
  The Medical Society of Virginia supports efforts by the Commonwealth of Virginia and the State Health Commissioner to fund the purchase of necessary vaccines and the provision of such vaccines to private practitioners.
  Reaffirmed 10/30/2003
  Reaffirmed 05/31/2014

- **440.033 - Non-Medical Exemption Requirements for Vaccines**
  Date: 10/25/2015
  The Medical Society of Virginia (MSV) supports legislation that would eliminate all non-medical vaccine exemptions in Virginia.

- **440.009 - Immunizations for all Students Entering College**
  Date: 10/30/1993
  The Medical Society of Virginia supports the immunization recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians and the Centers for Disease Control for students entering institutions of higher education.
  Reaffirmed 11/5/2006
  Reaffirmed as amended 10/16/2016
The Medical Society of Virginia reaffirms that the Office of Emergency Medical Services (OEMS) and the authority for the development and promulgation of rules and regulations governing EMS should remain within the purview of the Department of Health.

The Medical Society of Virginia believes there should be adequate physician representation on the Emergency Medical Services Board to include designees of MSV, Virginia College of Emergency Physicians, Virginia Chapter of American Academy of Pediatrics and the Virginia Chapter, American College of Surgeons.

Recommendation: Amend 130.010 by substitution and archive 130.011 and 130.012 as the principles are now included in the substitution.

130.010 - Reorganization of State Office Emergency Medical Services
Date: 11/4/1995
The Medical Society of Virginia reaffirms that the Office of Emergency Medical Services (OEMS) and the authority for the development and promulgation of rules and regulations governing EMS should remain within the purview of the Department of Health and Board of Health, and that any change in the current administrative structure, location and function of the OEMS be considered only after careful study and clear demonstrated benefit to the patients served by the EMS system.  
Reaffirmed 11/06/2005  
Reaffirmed as amended 10/25/2015

130.011 - State Emergency Medical Services Advisory Board
Date: 11/5/1994
The Medical Society of Virginia supports the specific designation of a member of the Virginia Chapter, American Academy of Pediatrics as a pediatric emergency specialist representative on the State Emergency Medical Services Advisory Board.  
Reaffirmed 11/7/2004  
Reaffirmed as amended 10/26/2014

130.012 - State EMS Advisory Board Reorganization
Date: 11/4/1995
The Medical Society of Virginia supports the work of the Emergency Medical Services Board and believes there should be adequate physician representation on the Board to include designees of MSV, Virginia College of Emergency Physicians, Virginia Chapter of American Academy of Pediatrics and the Virginia Chapter, American College of Surgeons.  
Reaffirmed 11/06/2005  
Reaffirmed as amended 10/25/2015

The Medical Society of Virginia condemns the introduction of new tobacco products and promotions particularly those designed to attract young people, and supports the ban such of products and promotions.

The Medical Society of Virginia strongly supports a significant tobacco tax increase as a measure to reduce tobacco use in our population. Revenue from such a tax should be used to support health related programs for the citizens in the Commonwealth, tobacco education in elementary and middle schools, funding for childhood respiratory and cardiovascular disease prevention and treatment, as well as...
subsidizing tobacco farmers who choose to harvest non-tobacco crops.

Recommendation: Amend 60.017 by substitution and archive 505.003 as the principles are now included in the substitution.

60.017 - Tobacco Tax and Child-Directed Promotions  
Date: 10/30/1993  
The Medical Society of Virginia condemns the introduction of new tobacco products and promotions, particularly those designed to attract young people, and urges the General Assembly and the Governor of the Commonwealth to ban such products and promotions. The Medical Society of Virginia urges the General Assembly and the Governor of the Commonwealth to increase taxes substantially on tobacco products to reduce tobacco use, while increasing government revenues for positive social and health services and support, to include, but not limited to, tobacco education in elementary and middle schools, funding for childhood respiratory and cardiovascular disease prevention and treatment, as well as subsidizing tobacco farmers who choose to harvest non-tobacco crops.  
Reaffirmed 10/30/2003  
Reaffirmed 05/31/2014

505.003 - Legislation to Increase Cigarette Tax  
Date: 11/4/2002  
The Medical Society of Virginia strongly supports a significant tobacco tax increase as a measure to reduce tobacco use in our population. The Medical Society of Virginia supports legislation which would require that funds generated by an increase in the state tobacco tax be used to support health related programs for the citizens in the Commonwealth.  
Reaffirmed 11/2/2012

- **Reimbursement for Mandated Medical Services (Substitution)**

The Medical Society of Virginia believes all providers must be adequately reimbursed for all state and federally mandated medical services.

Further, reimbursement for medical services provided subject to Emergency Medical Treatment and Active Labor Act (EMTALA) be made to all providing institutions on an equivalent basis for equivalent services.

Recommendation: Amend 160.004 by substitution and archive 130.006 as the principles are now included in the substitution.

160.004 - Funding for Mandated Medical Procedures  
Date: 10/30/1999  
The Medical Society of Virginia is opposed to the provision of unfunded medical mandates by the Commonwealth of Virginia. Additionally, the Medical Society of Virginia supports legislation to provide adequate funding mechanisms for all state medical mandates, now and in the future.  
Reaffirmed 10/25/2009

130.006 - EMTALA Funding  
Date: 10/31/1998
The Medical Society of Virginia recommends that reimbursement for medical services provided subject to Emergency Medical Treatment and Active Labor Act (EMTALA) be made to all providing institutions on an equivalent basis for equivalent services. MSV supports appropriate federal funding to accompany the increased demands placed by EMTALA upon such institutions. Reaffirmed 10/25/2009

- **Physician Reimbursement for Electronic Services (Substitution)**

The Medical Society of Virginia believes physicians should be reimbursed at a fair fee of their choosing for established patients with whom the physician has had previous face-to-face professional contact, whether the current consultation service is rendered by telephone, fax, electronic mail, or other form of communication.

Further, MSV believes these services should be reimbursed by health insurance plans.

Recommendation: Amend 385.001 by substitution and archive 385.002 as the principles are now included in the substitution.

385.001 - Payment for Electronic Services  
**Date:** 11/4/2000  
The Medical Society of Virginia adopts the following as adapted from AMA Policy H-390-859 – Reimbursement for Telephonic and Electronic Communications:  
Physicians should uniformly be compensated for their professional services, at a fair fee of their choosing, for established patients with whom the physician has had previous face-to-face professional contact, whether the current consultation service is rendered by telephone, fax, electronic mail, or other form of communication.  
MSV shall press CMS and other payers for separate recognition of supplemental communication work, as a service not covered by Medicare and therefore chargeable as a patient convenience service outside the benefit package of Medicare. 
Reaffirmed 10/24/2010

385.002 - Physician Reimbursement for Telephone Consultations  
**Date:** 10/31/1998  
The Medical Society of Virginia supports the use of CPT codes for telephone consultations and encourages physicians to use such CPT codes.  
The Medical Society of Virginia encourages third party payers to reimburse for these codes as described in the current editions of Current Procedural Coding. 
Reaffirmed 10/12/2008

- **Payment for Surgical Procedures (Substitution)**

The Medical Society of Virginia supports reasonable fees for medical and surgical services rendered by physicians of the Commonwealth.

Further, MSV believes physicians and their patients should jointly decide where surgical procedures should be performed. Health plans should reimburse physicians appropriately should the necessary office infrastructure in place to safely perform surgery in an office setting. Reimbursements for procedures occurring in office should also include a facility fee.

Recommendation: Amend 285.001 by substitution and archive 285.007 as the principles are now included in the substitution.
285.001 - Access to Surgical Services
Date: 10/30/1993
The Medical Society of Virginia supports reasonable fees for medical and surgical services rendered by physicians of the Commonwealth.
Reaffirmed 10/30/2003
Reaffirmed 05/31/2014

285.007 - Payment of Surgical Procedures
Date: 10/31/1998
The Medical Society of Virginia supports legislation requiring third party payers to allow individual physicians to decide where surgical procedures should be performed. Should the individual physician have the necessary office infrastructure in place to safely perform surgery in an office setting, then the reimbursement should include a facility fee.
Reaffirmed 10/12/2008

Physicians’ Guidelines for Prescriptions (Substitution)
The Medical Society of Virginia adopts the following guidelines:

- All prescriptions must be initiated by the prescribing physician, or appropriately licensed prescribers.
- Authority to dispense may be provided by his signature on the prescription or by direct personal communication by the prescribing physician or an assistant under the physician's direct and immediate supervision to the pharmacist.
- When a prescription has been filled or refilled the maximum number of times as initially designated, it is an expired prescription. Authorization to refill an expired prescription must be obtained by the pharmacist by direct personal communication with the prescribing physician or an assistant under the physician's direct and immediate supervision, or by a new prescription.
- When a pharmacist has concern in his own mind about the timeliness of a prescription refill, patient's need, and all other factors that demonstrate the appropriateness of the physician contact, he should contact the physician for the purpose of obtaining authorization to fill or refill the prescription.
- Patient Profiles maintained by the pharmacist which document the patient's drug history are considered important documents that would be available to assist the pharmacist in familiarizing the physician with the patient and concurrent drugs prescribed by other physicians.
- Using the patient as an intermediary in communications between the physician and pharmacist is unacceptable; e.g., the physician should not tell the patient to inform the pharmacist that the physician approves additional refills of a prescription.
- The Committee discourages use of the term “PRN” as a prescription refill authorization is discouraged.
- and recommends that Physicians should be specific in designating 1) the frequency, 2) a maximum time limit, and 3) a maximum number of refills.
- The use of patient medication instruction forms and other patient education material by physicians is encouraged.

Recommendation: Amend 120.003 by substitution and archive 115.001 as the principles are now included in the substitution.
120.003 - Guidelines for Prescriptions
Date: 11/5/1994
The Medical Society of Virginia adopts the following guidelines:
All prescriptions must be initiated by the prescribing physician, or appropriately licensed prescribers.
Authority to dispense may be provided by his signature on the prescription or by direct personal communication by the prescribing physician or an assistant under the physician's direct and immediate supervision to the pharmacist. 2. When a prescription has been filled or refilled the maximum number of times as initially designated, it is an expired prescription. Authorization to refill an expired prescription must be obtained by the pharmacist by direct personal communication with the prescribing physician or an assistant under the physician’s direct and immediate supervision, or by a new prescription.
When a pharmacist has concern in his own mind about the timeliness of a prescription refill, patient's need, and all other factors that demonstrate the appropriateness of the physician contact, he should contact the physician for the purpose of obtaining authorization to fill or refill the prescription.
Patient Profiles maintained by the pharmacist which document the patient's drug history are considered important documents that would be available to assist the pharmacist in familiarizing the physician with the patient and concurrent drugs prescribed by other physicians.
Using the patient as an intermediary in communications between the physician and pharmacist is unacceptable; e.g., the physician should not tell the patient to inform the pharmacist that the physician approves additional refills of a prescription.
The Committee discourages use of the term "PRN" as a prescription refill authorization and recommends that physicians be specific in designating 1) the frequency, 2) a maximum time limit, and 3) a maximum number of refills.
Reaffirmed 11/7/2004
Reaffirmed as amended 10/26/2014

115.001 - Patient Medication Instruction Forms
Date: 11/5/1994
The Medical Society of Virginia supports the use of patient medication instruction forms and other patient educational material by the physicians in the state of Virginia.
Reaffirmed 11/7/2004
Reaffirmed 05/31/2014
Reaffirmed as amended 10/26/2014

- Patient-Physician Communication (Substitution)

The Medical Society of Virginia strongly condemns any interference by the government or other third parties that may compromise a physician’s ability to use their medical judgment as to what information or treatment is in the best interest of the patient. MSV supports communication between a patient and his/her physician on how compensation arrangements and other policies relevant to patient care may impact the quality of his/her care.

Further, the Medical Society of Virginia opposes any efforts to limit, interfere, or restrict communications between a patient and their physician.

Recommendation: Amend 140.001 by substitution and archive 390.004 as the principles are now included in the substitution.
140.001 - Freedom of Communication Between Physicians and Patients
Date: 10/31/1992
The Medical Society of Virginia strongly condemns any interference by the government or other third parties that causes a physician to compromise his or her medical judgment as to what information or treatment is in the best interest of the patient.

The Medical Society of Virginia, working with other organizations as appropriate, vigorously pursue legislative relief from regulations or statutes that prevent physicians from freely discussing with or providing information to patients about medical care and procedures or interfere with the physician-patient relationship.

The Medical Society of Virginia shall communicate to appropriate governmental bodies its continued opposition to any regulation that proposes restrictions on physician-patient communications.
Reaffirmed 11/2/2012
Reaffirmed 10/26/2014

390.004 - Physician/Patient Communications
Date: 10/30/1999
The Medical Society of Virginia supports communication between a patient and his/her physician on how compensation arrangements and other policies relevant to patient care may impact the quality of his/her care.
Reaffirmed 10/25/2009

RECOMMENDATION: ARCHIVE

60.013 - Speed Limits
Date: 11/5/1994
The Medical Society of Virginia encourages and supports statewide legislation that would require a 25-mile-per-hour maximum speed limit zone surrounding schools that is in effect only during the arrival and departure of students, such zone to be indicated by flashing yellow lights and other road signs set distant from the school to enable traffic to comply. If the school is located on a divided highway, this speed limit would apply to traffic in both directions.
Reaffirmed 11/7/2004

Recommendation: Archive

Reason to archive: Va Code 46.2-873 passed in 2006 with school zone speed limits.

90.001 - Opposition to Onerous Regulation
Date: 10/31/1992
The Medical Society of Virginia opposes the more onerous regulation of medical practice imposed by the Americans with Disabilities Act and asks that the American Medical Association work to decrease the burden
of the more onerous portions of the Americans with Disabilities Act on physicians’ practices.
Reaffirmed 11/2/2012

Recommendation: Archive

Reason to archive: Americans with Disability Act regulation is now in all local building codes, so the policy is obsolete

160.007 - Physician Verbal Orders
Date: 10/31/1998
The Medical Society of Virginia advocates that physician verbal orders may be countersigned at the time of completion of the medical record.
Reaffirmed 10/12/2008

Recommendation: Archive

Reason to archive: Conflicts with Medicare regulations

165.023 - Anti-Trust Relief for Physicians
Date: 1/16/2012
The Medical Society of Virginia supports allowing physicians to negotiate collectively with insurance companies by asking our state’s congressman and senators to co-sponsor or support House Resolution 1409, the “Quality Health Care Coalition Act of 2011,” in its current and un-amended form.

Recommendation: Archive

Reason to archive: Bill did not pass

300.002 - Maintenance of Certification
Date: 10/26/2014
The Medical Society of Virginia supports the following American Medical Association policies:

H-275.950 Board Certification
Our AMA (1) reaffirms its opposition to the use of board certification as a requirement for licensure or reimbursement; (2) seeks an amendment to the new Medicaid rules that would delete the use of board certification as a requirement for reimbursement and would address the exclusion of internal medicine, emergency medicine, or other specialties; and (3) opposes mandatory MOC as a condition of medical licensure, and encourage physicians to strive constantly to improve their care of patients by the means they find most effective. (Res. 143, A-92; Reaffirmed by Res. 103, A-98; Reaffirmation A-00; Reaffirmed: CME Rep. 16, A-09; Appended: CME Rep. 6, A-14)

H-275.924 Maintenance of Certification
AMA Principles on Maintenance of Certification (MOC):
1. Changes in specialty-board certification requirements for MOC programs should be
longitudinally stable in structure, although flexible in content.

2. Implementation of changes in MOC must be reasonable and take into consideration the time
needed to develop the proper MOC structures as well as to educate physician diplomates about
the requirements for participation.

3. Any changes to the MOC process for a given medical specialty board should occur no more
frequently than the intervals used by each board for MOC.

4. Any changes in the MOC process should not result in significantly increased cost or burden to
physician participants (such as systems that mandate continuous documentation or require
annual milestones).

5. MOC requirements should not reduce the capacity of the overall physician workforce. It is
important to retain a structure of MOC programs that permit physicians to complete modules with
temporal flexibility, compatible with their practice responsibilities.

6. Patient satisfaction programs such as The Consumer Assessment of Healthcare Providers and
Systems (CAHPS) patient survey would not be appropriate nor effective survey tools to assess
physician competence in many specialties.

7. Careful consideration should be given to the importance of retaining flexibility in pathways for
MOC for physicians with careers that combine clinical patient care with significant leadership,
administrative, research, and teaching responsibilities.

8. Legal ramifications must be examined, and conflicts resolved, prior to data collection and/or
displaying any information collected in the process of MOC. Specifically, careful consideration
must be given to the types and format of physician-specific data to be publicly released in
conjunction with MOC participation.

9. The AMA affirms the current language regarding continuing medical education (CME): “By
2011, each Member Board will document that diplomates are meeting the CME and Self-
Assessment requirements for MOC Part 2. The content of CME and self-assessment programs
receiving credit for MOC will be relevant to advances within the diplomate’s scope of practice,
and free of commercial bias and direct support from pharmaceutical and device industries. Each
diplomate will be required to complete CME credits (AMA Physician’s Recognition Award (PRA)
Category 1, American Academy of Family Physicians Prescribed, American College of
Obstetricians and Gynecologists, and or American Osteopathic Association Category 1A).”

10. MOC is an essential but not sufficient component to promote patient-care safety and quality.
Health care is a team effort and changes to MOC should not create an unrealistic expectation that
failures in patient safety are primarily failures of individual physicians.

919, I-13)

H-275.954 Maintenance of Certification and Osteopathic Continuous Certification

Our AMA will:

30. Call for the immediate end of any mandatory, secured recertifying examination by the ABMS
or other certifying organizations as part of the recertification process for all those specialties that
still require a secure, high-stakes recertification examination.

31. Support a recertification process based on high quality, appropriate Continuing Medical
Education (CME) material directed by the AMA recognized specialty societies covering the
physician’s practice area, in cooperation with other willing stakeholders, that would be completed
on a regular basis as determined by the individual medical specialty, to ensure lifelong learning.

32. Continue to work with the ABMS to encourage the development by and the sharing between
specialty boards of alternative ways to assess medical knowledge other than by a secure high
stakes exam.
33. Continue to support the requirement of CME and ongoing, quality assessments of physicians, where such CME is proven to be cost-effective and shown by evidence to improve quality of care for patients. (CME Rep. 2, I-15; Appended: Res. 911, I-15; Appended: Res. 309, A-16; Appended: CME Rep. 02, A-16)

Further, MSV opposes maintenance of certification as a mandated requirement for licensure, credentialing, or reimbursement.

Recommendation: Archive

Reason to archive: Included in new policy 300.005

300.004 - Maintenance of Certification Completely Voluntary
Date: 10/25/2015
The Medical Society of Virginia (MSV) supports the updated 2014 AMA MOC Principles, including:
• MOC should be based on evidence and designed to identify performance gaps and unmet needs, providing direction and guidance for improvement in physician performance and delivery of care.
• The MOC process should be evaluated periodically to measure physician satisfaction, knowledge uptake, and intent to maintain or change practice.
• MOC should be used as a tool for continuous improvement.
• The MOC program should not be a mandated requirement for licensure, credentialing, payment, network participation or employment.
• Actively practicing physicians should be well-represented on specialty boards developing MOC.
• MOC activities and measurement should be relevant to clinical practice.
• The MOC process should not be cost-prohibitive or present barriers to patient care.

Recommendation: Archive

Reason to archive: Included in new policy 300.005