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MEDICAL SOCIETY OF VIRGINIA HOUSE OF DELEGATES

Report of Reference Committee 2

Dr. Stuart I. Henochowicz, M.D., M.B.A., FACP, Chair

The Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

16-209 Associate Physician

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

16-201 Protecting Human Health in a Changing Climate
16-202 Medical Practitioner Drug Addiction Guidelines
16-203 Treatment of Dying Patients
16-206 Resolution for physician participation in efforts to control increased health care costs
16-207 Resolution to Provide Education to Patients Regarding Ionizing Radiation from Medical Procedures
16-210 Evaluating the Effectiveness of Step 2 Clinical Skills Exam
16-211 Medical Marijuana

RECOMMENDED FOR REFERRAL TO BOARD OF DIRECTORS

16-212L Telemedicine

RECOMMENDED FOR NOT ADOPTION

16-204 Physician oversight of medical services in the school setting
16-205 Registered professional nurse care in the school setting
16-208L MSV-NRA School Gun Violence Deterrence Initiative
16-213L Supporting the Interstate Medical Licensure Compact

NEW - Amendments may also be submitted online. Visit https://msvcommunications.wufoo.com/forms/msv-amendment-or-substitution-form/
1)  16-201: PROTECTING HUMAN HEALTH IN A CHANGING CLIMATE

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 16-201 be adopted as amended.

RESOLVED, that the Medical Society of Virginia supports the findings of leading U.S. and international scientific bodies that the Earth is undergoing adverse changes in the global climate and that anthropogenic contributions are the primary driver. These climate changes create conditions that affect public health, with disproportionate impacts on vulnerable populations, including children, the elderly, and the poor, and be it further

RESOLVED, supports educating the medical community on the adverse public health effects of global climate change and incorporating the health implications of climate change into the spectrum of medical education, including topics such as sea level rise, population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and policymaking, and be it further

RESOLVED, recognizes the importance of physician involvement in policymaking at the state, national, and global level and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change through reduced greenhouse gas emissions to protect the health of the public and encourages physicians to assist in educating patients and the public on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability, and be it further

RESOLVED, encourages physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global-health effects of climate change can be anticipated and responded to more efficiently effectively, and that the AMA’s Center for Public Health Preparedness and Disaster Response assist in this effort, and be it further

RESOLVED, supports epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment.

Mr. Speaker, your Reference Committee heard testimony about climate change and its impact on public health. While your Committee acknowledges that physicians play a role in highlighting the impact that climate change has on health outcomes, it also acknowledges the role of MSV on this global issue.

2)  16-202: MEDICAL PRACTITIONER DRUG ADDICTION GUIDELINES

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 16-202 be adopted as amended.

RESOLVED, that the MSV create a study group/subcommittee to study this problem of drug/opioid abuse among physicians and healthcare provider, gathering more information, and be it further

RESOLVED, that the MSV recommend guidelines for its members and the medical community on how to handle respond to the issue of suspected or known medical practitioner drug addiction and/or impairment, and be it further

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RESOLVED, that the MSV coordinate with the Virginia Board of Medicine and the state legal system on therapeutic interventions, rehabilitation and medical licensure/practice restrictions to help addicted practitioners.

Mr. Speaker, your Reference Committee heard testimony regarding the serious nature of the opioid and heroin crisis, particularly within the physician community. With the consent of the submitter, the Committee recommends removal of the third resolved clause.

3) 16-203: TREATMENT OF DYING PATIENTS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 16-203 be adopted as amended.

RESOLVED, that the MSV encourage medical schools, post-graduate specialty programs, and all Virginia physicians of Virginia to improve advance and promote their “at end of life” training, and be it further

RESOLVED, that the MSV encourage universal use of ‘Advance Care Plans’ such as “Living Wills” in Virginia so that every patient expresses his or her wishes for care in end of life decisions.

Mr. Speaker, your Reference Committee heard testimony about the importance of advanced care planning, and the resolution received significant support. Your Committee recommends adopting the proposed resolution with amendments that reflect the efforts already being undertaken by Virginia medical schools. Your Reference Committee considered including references to existing Virginia programs, but was concerned with adopting policy that refers to specific organizations.

4) 16-204: PHYSICIAN OVERSIGHT OF MEDICAL SERVICES IN THE SCHOOL SETTING

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 16-204 be not adopted.

RESOLVED, the Medical Society of Virginia recognizes it is within the scope of practice of a licensed physician to oversee health programs in school divisions, and further advocates that the Commonwealth of Virginia require that each school division has a licensed, registered physician (MD or DO), ideally a board certified pediatrician or family practitioner, to oversee all health and safety aspects of all school health services programs.

Mr. Speaker, your Reference Committee heard no testimony in support of this resolution, and therefore recommends against adoption.

5) 16-205: REGISTERED PROFESSIONAL NURSE CARE IN THE SCHOOL SETTING

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 16-205 be not adopted.

RESOLVED, the Medical Society of Virginia recognizes it is within the scope of practice of a registered professional nurse to serve as a school nurse, and further advocates that the Commonwealth of Virginia require that each school division has sufficient nursing coverage to ensure the health and safety aspects of children and adolescents attending

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Mr. Speaker, your Reference Committee heard no testimony in support of this resolution, and therefore recommends against adoption.

6) 16-206: RESOLUTION FOR PHYSICIAN PARTICIPATION IN EFFORTS TO CONTROL INCREASED HEALTHCARE COSTS

RECOMMENDATION:
Mr. Speaker, your Reference Committee recommends that Resolution 16-206 be adopted as amended.

RESOLVED, the Medical Society of Virginia will support legislative efforts to increase transparency for charges that do not relate directly related to the provision of health care.

Mr. Speaker, your Reference Committee heard testimony on the merits of transparency related to the provision of health care. Your Committee recommends removing references to legislation from the language.

7) 16-207: RESOLUTION TO PROVIDE EDUCATION TO PATIENTS REGARDING IONIZING RADIATION FROM MEDICAL PROCEDURES

RECOMMENDATION:
Mr. Speaker, your Reference Committee recommends that Resolution 16-207 be adopted as amended.

RESOLVED, that the MSV encourage and facilitate the voluntary distribution of information from the American College of Radiology on radiation safety concerns to patients in radiology waiting areas of facilities in Virginia where radiologic or nuclear medicine procedures are ordered or performed using educational brochures similar to or the same as those now being employed by the VCU Health System.

Mr. Speaker, your Reference Committee heard testimony about previous MSV policy efforts, and the suggestion that nuclear medicine procedures be included in the language. Your Committee recommends adopting the resolution with minor amendments.

8) 16-208L: MSV-NRA SCHOOL GUN VIOLENCE DETERRENCE INITIATIVE

RECOMMENDATION:
Mr. Speaker, your Reference Committee recommends that Resolution 16-208L be not adopted.

RESOLVED, therefore the MSV and NRA shall engage in an exploratory discussion on the enhancement of protective measures for child safety and the deterrence of gun violence in the Virginia public school system, and be it further

RESOLVED, the MSV and NRA establish a representative committee of MSV medical representatives and NRA policy experts to explore our mutual areas of overlap and utilize these areas of overlap to enhance the safety of children matriculating in the Virginia public school system, and be it further.

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RESOLVED, that the coalition formed by the MSV and NRA will provide a model for collaborative leadership nationally in our mutual desire to deter gun violence in our nation's schools.

Mr. Speaker, your Reference Committee heard testimony in favor of the spirit of addressing gun violence, but heard opposition to partnering with the NRA. Your Committee supports opening a dialogue with various stakeholders on the issue of gun violence as a public health issue.

9) 16-209: ASSOCIATE PHYSICIAN

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 16-209 be adopted.

RESOLVED, that our MSV oppose special licensing pathways for physicians who are not currently enrolled in an Accreditation Council for Graduate Medical Education or American Osteopathic Association training program, or have not completed at least one year of accredited post-graduate U.S. medical education.

Mr. Speaker, your Reference Committee heard testimony that was unanimously in favor of this resolution, and recommends adopting with no amendments.

10) 16-210: EVALUATING THE EFFECTIVENESS OF STEP 2 CLINICAL SKILLS EXAM

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 16-210 be adopted as amended.

RESOLVED, the Medical Society of Virginia will establish a workgroup to evaluate the USMLE Step 2 Clinical Skills Exam, including relative value, cost, and accessibility, and be it further

RESOLVED, that the workgroup shall be comprised of students from the Medical Student Section, physician members, academic representation medical school faculty, and residency directors, and be it further

RESOLVED, the Medical Society of Virginia will work with the AMA to address issues of cost and accessibility of the USMLE Step 2 Clinical Skills Exam.

Mr. Speaker, your Reference Committee heard testimony on the Step 2 Clinical Skills Exam. Your Committee noted that, while there was disagreement about the merits of the Step 2 exam itself, there was broad agreement on the need for to evaluate the exam to identify areas where improvement is needed. Your Reference Committee recommends adopting with minor amendments.

11) 16-211: MEDICAL MARIJUANA

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 16-211 be adopted as amended.

RESOLVED, that the Medical Society of Virginia amend 120.008 - Cannabis for Medicinal Use and adopt the recommended policy changes in the enclosed report.

Expanding Research on Medicinal Cannabis

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The Medical Society of Virginia calls for further adequate and well-designed studies of marijuana and related cannabinoids in patients who have serious conditions for which evidence suggests possible efficacy and a reasonable likelihood that application of such research findings would improve the understanding and treatment of specific disease states.

MSV supports down-scheduling marijuana’s status as a federal Schedule I controlled substance, with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines and alternate delivery methods and minimizing patient barriers to treatment by removing legal and logistical obstacles.

**Medicinal Use of Cannabinoids**

The MSV believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions.

The Medical Society of Virginia recognizes that a physician may deem the use of medical cannabinoids to be appropriate for some patients with severely debilitating conditions, such as intractable epilepsy, that have exhausted other available therapies.

In these situations, MSV urges collaboration between the medical community, local, state and national authorities to remove undue barriers.

Medical cannabinoids should be manufactured, processed and dispensed in a consistent and regulated fashion to ensure patient safety. When medical cannabinoids are incorporated as part of a patient’s care plan, pursuant to applicable state and federal laws, the patient and their care team, including family caregivers, should not be subject to criminal sanctions.

The Medical Society of Virginia recognizes the significant health issues involving nonmedical use of marijuana and emphasizes that these recommendations apply to proven medical use and does not apply to nonmedical use of marijuana.

Nothing in this policy is intended to encourage the violation of existing state or federal law.

Mr. Speaker, your Reference Committee heard testimony on the findings of the MSV Medical Marijuana Taskforce, and recommends adopting the taskforce recommendation with a minor grammatical amendment.

**12) 16-212L: TELEMEDICINE**

**RECOMMENDATION:**

Mr. Speaker, your Reference Committee recommends that Resolution 16-212L referred to the Board of Directors.

**RESOLVED,** that our MSV develop legislation and/or regulations requiring telemedicine services provided by entities outside of the patient’s primary medical setting to ask the patient to identify a physician or care setting of record and to provide that clinical setting with a full record of the provided telemedicine service, including the encounter record, prescriptions provided, studies ordered, and referrals within 24 consecutive hours of an encounter, as well as forward all lab or other diagnostic test results when they become available, and be it further

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RESOLVED, that our MSV educate and advocate to MSV members on the use and implementation of telemedicine and other related technology in their practices to improve access, convenience, and continuity of care for their patients.

Mr. Speaker, your Reference Committee heard testimony in support and opposition to this resolution. Of particular concern was MSV’s general counsel’s statement on physician liability.

12) 16-213L: SUPPORTING THE INTERSTATE MEDICAL LICENSURE COMPACT

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 16-213L be not adopted.

RESOLVED, the Medical Society of Virginia (MSV) supports the Interstate Medical Licensure Compact model and will pursue enactment in Virginia, and be it further

RESOLVED, the MSV will work with the medical societies in bordering states and the District of Columbia to encourage them to support and enact the interstate medical licensure compact.

Mr. Speaker, your Reference Committee heard no testimony in support of this resolution, and therefore recommends against adoption.

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