DISCLAIMER
The following is a preliminary report of actions taken by the House of Delegates at its 2021 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Society.

Extractions to the following consent calendar must be submitted to hod@msv.org by midnight October 19th, 2021, for consideration. No extractions will be permitted the day of Annual Meeting, and late extractions will not be accepted.

MEDICAL SOCIETY OF VIRGINIA HOUSE OF DELEGATES
Report of Reference Committee 2

Dr. Atul Marathe, Chair

Present Members: Dr. Bobbie Sperry, Dr. Fred Lassen, Dr. Dave Wilkinson, Dr. Keith Bachmann, Dr. Lisa Kennedy, Farid Ghamsari

The Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION
21-204 Resolution on the Interpretation of Radiological Images
21-205 Advancing Health Equity Through Implicit Bias Education Within Virginia’s Academic Medical Centers

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED
21-201 Removing Health Questions on Licensure and Credentialing Applications to Promote Physician Wellness
21-206 Affirming the Health Needs of All Patient Populations
21-207 A Resolution to Amend 05.4.01 Access Without Discrimination
21-208 Time Frame to Respond to Complaints to Virginia Board of Medicine

RECOMMENDED FOR AMENDMENT TO CURRENT POLICY IN LIEU OF
21-203 Truth in Advertising and Professional Credential Disclosure

RECOMMENDED FOR AMENDMENT TO CURRENT POLICY
Policy 05.4.01 Access Without Discrimination

RECOMMENDED FOR NOT ADOPTION
21-202 Resolution to Properly Identify Healthcare Professionals by Title
1) 21-201 Removing Health Questions on Licensure and Credentialing Applications to Promote Physician Wellness

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 21-201 be Adopted as Amended.

RESOLVED, the Medical Society of Virginia supports limiting removing licensure and credentialing application questions in the state of Virginia to asking about health conditions that do not currently impair the physician’s ability to practice medicine.

Your Reference Committee heard written supportive testimony from the MSV Medical Student section highlighting, among other points, that Virginia is one of 32 states whose medical licensure questions regarding mental health history violate the ethics and the principles of the Americans with Disabilities Act.

Your Reference Committee discussed the comments supporting the resolution by the Medical Student Section submitted through the online forum. Your Reference Committee gave several examples of what can impair a physician’s ability to practice. The idea behind the resolution is to remove the stigma so that physicians do not feel the need to lie about their conditions. Physicians were compared to pilots and their conditions that do not allow them to fly. The point is to change the question so that it is more inclusive rather than focusing on mental health. After some discussion, your Reference Committee agreed that it is important to note that a mental health condition is not the only type of condition that can impair a physician. An amendment to the staff recommendation was made to remove the phrase “to asking about mental health” and add “to asking about health conditions that do not currently impair a physician’s ability to practice medicine.”

Accordingly, your Reference Committee recommends Resolution 21-201 be Adopted as Amended.

2) 21-202 Resolution to Properly Identify Healthcare Professionals by Title

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 21-202 be Not Adopted.

RESOLVED, that the Medical Society of Virginia opposes the use of ambiguous and depersonalizing terms such as “provider” and “gatekeeper” when referring to healthcare professionals in regulatory language and statute.

No written testimony was received for this resolution.

Your Reference Committee discussed the current MSV policies and agreed that what the resolution seeks to accomplish is already covered by current policy. Your reference committee agreed that changing or adding this policy does not fix the issue. The best way to tackle the issue is through education which does need a policy.

Current policies read:

55.2.10- Use of the Term Physician
The term "physician" shall be referred to as “physician (M.D. or D.O.)” when referencing membership criteria of the Medical Society of Virginia.

05.6.01- Use of "Physician"
The Medical Society of Virginia supports the concept that the word physician be restricted for use by one who is a graduate of a school of medicine or osteopathy.
05.6.02 - Use of Title "Dr.”

The Medical Society of Virginia supports the enforcement by appropriate state agencies of the statutes requiring the disclosure of degree earned when using prefix "Dr." for advertising purposes.

Accordingly, your Reference Committee recommends Resolution 21-202 be Not Adopted.

3) 21-203 Truth in Advertising and Professional Credential Disclosure

Mr. Speaker, your Reference Committee recommends that Policy 05.6.02 - Use of Title "Dr." be Amended in Lieu of Resolution 21-203.

RESOLVED, that MSV Policy 05.6.02 - Use of Title "Dr." be amended as follows:

Policy 05.6.02 - Use of Title "Dr." and Associated Specialty Credentials

The Medical Society of Virginia supports the enforcement by appropriate state agencies of the statutes requiring the disclosure of degree earned when using prefix "Dr." for advertising purposes.

Similarly, the Medical Society of Virginia supports protecting patients against false advertising of board certification or practitioners who falsely hold themselves out as a board-certified specialist.

Your Reference Committee heard supportive testimony from the Virginia Society of Anesthesiologists that offered a friendly amendment in the form of an additional resolved clause.

Your Reference Committee discussed that the resolved clauses were too long. The friendly amendment proposed by the Society of Anesthesiologists shared through the online forum was read by the Chair. Staff recommended adopting as substitute by adding some resolution language to existing Policy 5.6.02. Your Reference Committee rejected the original resolved submitted and amended the recommendation by omitting the word “physician” and replacing it with “practitioner,” as the focus of the original proposal is around specialties. In addition, your Reference Committee agreed that changing the title of Policy 5.6.02 is needed to appropriately reflect the intent of the original resolution. Final decision by your Reference Committee was to amend Policy 5.6.02 by adding a resolved clause and changing the title of current Policy 5.6.02.

Accordingly, your Reference Committee recommends Policy 05.6.02 - Use of Title "Dr." be Amended in Lieu of Resolution 21-203.

4) 21-204 Resolution on the Interpretation of Radiological Images

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 21-104 be Adopted.

RESOLVED, The Medical Society of Virginia opposes any legislation permitting the formal interpretation of radiologic images by non-physicians.

No written testimony was received for this resolution.

Your Reference Committee discussed that the MSV does not have current policy around this issue. Your Reference Committee agreed that the scope of practice policy covers the issue, however; recent scope battles have become challenging to argue and having concrete, specific policies will help the MSV fight these scope battles more aggressively. Your Reference Committee agreed this is an important addition to the Compendium.

Accordingly, your Reference Committee recommends that Resolution 21-204 be Adopted.
5) 21-205 Advancing Health Equity Through Implicit Bias Education Within Virginia's Academic Medical Centers

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 21-205 be Adopted.

RESOLVED, The Medical Society of Virginia supports the necessary inclusion of implicit bias and health inequity education for students and faculty, throughout all the educational curricula and programs of the academic health centers incorporating such teachings in clinical and social courses as well as “in the field” settings; and

RESOLVED, The Medical Society of Virginia believes such coursework should be influenced by historical and evidence-based research; and

RESOLVED, The Medical Society of Virginia encourages the American Medical Association and the Association of American Medical Colleges to collaborate in the creation of health equity education criteria for academic health center programs and health professions education to follow and implement.

Your Reference Committee dedicated significant time reviewing the pages of written testimony received for this resolution. The references below represent some of the major themes present throughout that testimony.

Your Reference Committee heard written inquiry testimony as to why such training wouldn’t be considered for all doctors, and not just students and faculty at medical schools and academic medical centers.

Your Reference Committee heard written supportive testimony that the issue of health equity is too focused on race. Similar testimony suggested removing the word “equity” from the discourse. Your Reference Committee also heard written opposition that the resolution represents “political and social advocacy that has no place in the medical community which should always require scientific evidence.” This testimony identified several perceived weaknesses in academic writings on the issues, specifically referencing the Implicit Association Test (ITA).

Your Reference Committee discussed at length comments made on the online forum and the divisive nature of the debate. The Chair acknowledged the Harvard bias test mentioned in the forum and that some folks were against the test and question its validity. Your Reference Committee agreed that the authors could have included more whereas clauses that did not just discuss race as bias is not just race related. The Chair discussed some of the comments and added that the conversation via the online forum became political and took away from the actual focus of the resolution.
At the request of the Chair, staff explained what the MSV Health Equity Advisory workgroup was trying to accomplish with this resolution and gave details on how the health equity workgroup decided on focusing on implicit bias and medical school curricula. Staff reiterated the support from the Board of Directors and the Academic Deans of Virginia’s medical schools. The report of the workgroup is included in the Delegate Handbook. Your Reference Committee gave examples where medical schools are already extensively focusing on implicit bias, both for physician professors and medical students alike. In addition to medical schools, implicit bias education is also being talked about in other professions and your Reference Committee did not feel this resolution was controversial. Your Reference Committee knows that the Deans’ support is important as this will affect them more than current working physicians. Whereas clauses were also discussed, and staff pointed out that whereas clauses are not included in the resolved or in the policy.

Your Reference Committee would like to acknowledge that several people who commented on the online forum took whereas clauses and applied them to the resolved clauses which stand alone. Your Reference Committee also pointed out that the resolution was well thought out and it protects physicians rather than hurting the profession. The Chair pointed out that back in his medical school career, people were treated differently and looking back, unconscious bias existed then, and it exists now.

Accordingly, your Reference Committee recommends that Resolution 21-205 be Adopted.

6) 21-206 Affirming the Health Needs of All Patient Populations

THE REFERENCE COMMITTEE RECOMMENDS DIVISION OF THE QUESTION INTO TWO RECOMMENDATIONS.

RECOMMENDATION 1: RESOLUTION 21-206 IS ADOPTED AS AMENDED.

RECOMMENDATION 2: MSV POLICY 05.4.01 ACCESS WITHOUT DISCRIMINATION IS AMENDED

RECOMMENDATION 1:

Mr. Speaker, your Reference Committee recommends that Resolution 21-206 be Adopted as Amended.

RESOLVED, the Medical Society of Virginia believes that non-judgmental impartial recognition of patient’s sexual orientations, sexual behaviors, gender identities, and gender expressions is crucial for providing high-quality, equitable patient care, and be it further

RESOLVED, that the Medical Society supports adequate insurance coverage, equal access to healthcare providers and entities, and comprehensive health screenings for all populations regardless of a patient’s sexual orientation, sexual behavior, gender identity, or gender expression.

Your Reference Committee heard written supportive testimony from the MSV Medical Student Section regarding research documenting LGBTQ health disparities with higher rates reported for chronic stress, substance use disorders, depression, anxiety, obesity, sexually transmitted infections (STIs), and other adverse health outcomes.

Your Reference Committee heard written critical testimony that continuing to tweak non-discriminatory language could present problems. This testimony suggested affirming the MSV’s current “Access Without Discrimination” policy.
Your Reference Committee supports the recommendation of replacing the word “non-judgmental” to “impartial” and omitting the second original resolved clause proposed. Furthermore, your Reference Committee supports amending Policy 5.4.1 by omitting the word “perceived” and adding “gender identity or expression.” Your Reference Committee also pointed out changing the word “citizen” to “resident,” however your Reference Committee agreed that resolution 21-207 tackles this issue.

Accordingly, your Reference Committee recommends that Resolution 21-206 be Adopted as Amended.

**RECOMMENDATION 2:**

Mr. Speaker, your Reference Committee recommends that **MSV Policy 05.4.01- Access without Discrimination, be Amended.**

RESOLVED, that MSV Policy 05.4.01- Access without Discrimination, be amended as follows,

The Medical Society of Virginia believes that **all persons in citizens of Virginia should have access to medical services without discrimination based on race, religion, age, social status, income, sexual orientation, or perceived gender identity or expression,** and be it further resolved that; The MSV recognizes racial and ethnic health disparities as a major public health problem and that bias is a barrier to effective medical diagnosis and treatment. The Medical Society of Virginia will support policies and strategic interventions that decrease health disparities in medicine.

Accordingly, your Reference Committee recommends that MSV Policy 05.4.01- Access without Discrimination, be Amended.

**7) 21-207 A Resolution to Amend 05.4.01 Access Without Discrimination**

**RECOMMENDATION:**

Mr. Speaker, your Reference Committee recommends that Resolution 21-207 **be Adopted as Amended.**

RESOLVED, that the Medical Society of Virginia amend Policy 05.4.01 to be the following:

The Medical Society of Virginia believes that **all persons residents citizens of in Virginia should have access to medical services without discrimination based on race, religion, immigration status, age, social status, income, sexual orientation or perceived gender.** The MSV recognizes racial and ethnic health disparities as a major public health problem and that bias is a barrier to effective medical diagnosis and treatment. The Medical Society of Virginia will support policies and strategic interventions that decrease health disparities in medicine.

Your Reference Committee heard written supportive testimony from the MSV Medical Student Section, citing difficulties in finding willing providers to treat patients who are undocumented. The testimony included a personal story and stated that the resolution is an effort to “provide additional protections and improve health outcomes in this vulnerable patient population.”

Your Reference Committee discussed amending “resident” to “persons in Virginia.” Your Reference Committee discussed that “residents” does not include visitors or people from other states or countries temporarily in Virginia. The Reference Committee decided to amend language to be more inclusive.

Accordingly, your Reference Committee recommends this Resolution 21-207 be Adopted as Amended.

**8) 21-208 Time Frame to Respond to Complaints to Virginia Board of Medicine**

**RECOMMENDATION:**
Mr. Speaker, your Reference Committee recommends that Resolution 21-208 be Adopted as Amended.

RESOLVED, that the Medical Society of Virginia supports Virginia allowing providers a reasonable timeframe minimum of four (4) weeks to reply to complaints received by the Virginia Board of Medicine; and

RESOLVED, that the Medical Society of Virginia believes that such complaints be adjudicated and correspondence sent back to the provider in a timely manner within a four (4) week period.

No written testimony was received for this resolution.

Your Reference Committee discussed the staff analysis. Staff explained that the MSV tries to give the BOM latitude on this issue. The Chair asked if the BOM takes a long time responding and it was explained that not all complaints take the same amount of time to review. Your Reference Committee discussed that the amendment is appropriate as each complaint is different and some flexibility should be awarded to the BOM. Four weeks on every complaint can be dangerous to patient safety if the complaint is large and cannot be thoroughly discussed in four weeks.

Accordingly, your Reference Committee recommends this Resolution 21-208 be Adopted as Amended.

Mr. Speaker, Your Reference Committee Chair has certified this Report by virtual signature as follows:

I, Dr. Atul Marathe, as Chair of Reference Committee #2, offer my digital signature via email to confirm that I have verified the attached draft of this report for accuracy of our committee’s discussion and proceedings. October 9th, 2021.