

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

43 **1) 21-201 Removing Health Questions on Licensure and Credentialing Applications to Promote**
44 **Physician Wellness**

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46 RECOMMENDATION:
47

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

49
50 *RESOLVED, the Medical Society of Virginia supports ~~limiting~~ removing licensure and credentialing*
51 *application questions in the state of Virginia ~~to asking~~ about health conditions that do not currently impair*
52 *the physician's ability to practice medicine.*

53
54 Your Reference Committee heard written supportive testimony from the MSV Medical Student section
55 highlighting, among other points, that Virginia is one of 32 states whose medical licensure questions
56 regarding mental health history violate the ethics and the principles of the Americans with Disabilities Act.

57
58 Your Reference Committee discussed the comments supporting the resolution by the Medical Student
59 Section submitted through the online forum. Your Reference Committee gave several examples of what
60 can impair a physician's ability to practice. The idea behind the resolution is to remove the stigma so that
61 physicians do not feel the need to lie about their conditions. Physicians were compared to pilots and their
62 conditions that do not allow them to fly. The point is to change the question so that it is more inclusive
63 rather than focusing on mental health. After some discussion, your Reference Committee agreed that it is
64 important to note that a mental health condition is not the only type of condition that can impair a
65 physician. An amendment to the staff recommendation was made to remove the phrase "to asking about
66 mental health" and add "to asking about health conditions that do not currently impair a physician's ability
67 to practice medicine."

68
69 Accordingly, your Reference Committee recommends Resolution 21-201 be Adopted as Amended.

70
71 **2) 21-202 Resolution to Properly Identify Healthcare Professionals by Title**

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73 RECOMMENDATION:
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75 Mr. Speaker, your Reference Committee recommends that Resolution 21-202 **be Not Adopted.**

76
77 *RESOLVED, that the Medical Society of Virginia opposes the use of ambiguous and depersonalizing*
78 *terms such as "provider" and "gatekeeper" when referring to healthcare professionals in regulatory*
79 *language and statute.*

80
81 No written testimony was received for this resolution.

82
83 Your Reference Committee discussed the current MSV policies and agreed that what the resolution
84 seeks to accomplish is already covered by current policy. Your reference committee agreed that changing
85 or adding this policy does not fix the issue. The best way to tackle the issue is through education which
86 does need a policy.

87
88 Current policies read:

89
90 **55.2.10- Use of the Term Physician**

91 The term "physician" shall be referred to as "physician (M.D. or D.O.)" when referencing membership
92 criteria of the Medical Society of Virginia.

93
94 **05.6.01- Use of "Physician"**

95 The Medical Society of Virginia supports the concept that the word physician be restricted for use by one
96 who is a graduate of a school of medicine or osteopathy.

97

98 **05.6.02 - Use of Title “Dr.”**

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

101
102 Accordingly, your Reference Committee recommends Resolution 21-202 be Not Adopted.

103
104 **3) 21-203 Truth in Advertising and Professional Credential Disclosure**

105
106 Mr. Speaker, your Reference Committee recommends that **Policy 05.6.02 - Use of Title “Dr.” be**
107 **Amended in Lieu of Resolution 21-203**

108
109 RESOLVED, that MSV Policy 05.6.02 - Use of Title “Dr.” be amended as follows:

110
111 Policy 05.6.02 - Use of Title “Dr.” and Associated Specialty Credentials

112
113 *The Medical Society of Virginia supports the enforcement by appropriate state agencies of the statutes*
114 *requiring the disclosure of degree earned when using prefix “Dr.” for advertising purposes.*

115
116 Similarly, the Medical Society of Virginia supports protecting patients against false advertising of board
117 certification or practitioners who falsely hold themselves out as a board-certified specialist.

118
119 Your Reference Committee heard supportive testimony from the Virginia Society of Anesthesiologists that
120 offered a friendly amendment in the form of an additional resolved clause.

121
122 Your Reference Committee discussed that the resolved clauses were too long. The friendly amendment
123 proposed by the Society of Anesthesiologists shared through the online forum was read by the Chair.
124 Staff recommended adopting as substitute by adding some resolution language to existing Policy 5.6.02.
125 Your Reference Committee rejected the original resolved submitted and amended the recommendation
126 by omitting the word “physician” and replacing it with “practitioner,” as the focus of the original proposal is
127 around specialties. In addition, your Reference Committee agreed that changing the title of Policy 5.6.02 is
128 needed to appropriately reflect the intent of the original resolution. Final decision by your Reference
129 Committee was to amend Policy 5.6.02 by adding a resolved clause and changing the title of current
130 Policy 5.6.02.

131
132 Accordingly, your Reference Committee recommends Policy 05.6.02 - Use of Title “Dr.” be Amended in
133 Lieu of Resolution 21-203.

134
135 **4) 21-204 Resolution on the Interpretation of Radiological Images**

136
137 **RECOMMENDATION:**

138
139 Mr. Speaker, your Reference Committee recommends that Resolution 21-104 **be Adopted.**

140
141 *RESOLVED, The Medical Society of Virginia opposes any legislation permitting the formal interpretation*
142 *of radiologic images by non-physicians.*

143
144 No written testimony was received for this resolution.

145
146 Your Reference Committee discussed that the MSV does not have current policy around this issue. Your
147 Reference Committee agreed that the scope of practice policy covers the issue, however; recent scope
148 battles have become challenging to argue and having concrete, specific policies will help the MSV fight
149 these scope battles more aggressively. Your Reference Committee agreed this is an important addition to
150 the Compendium.

151
152 Accordingly, your Reference Committee recommends that Resolution 21-204 be Adopted.

153 **5) 21-205 Advancing Health Equity Through Implicit Bias Education Within Virginia’s Academic**
154 **Medical Centers**

155
156 RECOMMENDATION:

157
158 Mr. Speaker, your Reference Committee recommends that Resolution 21-205 **be Adopted.**

159
160 *RESOLVED, The Medical Society of Virginia supports the necessary inclusion of implicit bias and health*
161 *inequity education for students and faculty, throughout all the educational curricula and programs of the*
162 *academic health centers incorporating such teachings in clinical and social courses as well as “in the*
163 *field” settings; and*

164
165 *RESOLVED, The Medical Society of Virginia believes such coursework should be influenced by historical*
166 *and evidence-based research; and*

167
168 *RESOLVED, The Medical Society of Virginia encourages the American Medical Association and the*
169 *Association of American Medical Colleges to collaborate in the creation of health equity education criteria*
170 *for academic health center programs and health professions education to follow and implement.*

171
172 Your Reference Committee dedicated significant time reviewing the pages of written testimony received
173 for this resolution. The references below represent some of the major themes present throughout that
174 testimony.

175
176 Your Reference Committee heard written inquiry testimony as to why such training wouldn’t be
177 considered for all doctors, and not just students and faculty at medical schools and academic medical
178 centers.

179
180 Your Reference Committee heard inquiry testimony as to whether such inequities currently exist in patient
181 care and noting that resolutions should address current issues in medicine.

182
183 Your Reference Committee heard written supportive testimony that keeping the issue of health equity
184 squarely focused on patient care is advisable. Similarly, Reference Committee members heard supportive
185 testimony that inequities in care amongst different populations do exist and are borne out in numerous
186 peer-reviewed studies. Specifically, “higher rates of illness and mortality in some of the most common
187 health conditions, including diabetes, hypertension, obesity, asthma, and heart disease when compared
188 to the Caucasian population, as reported by the CDC.”

189
190 Your Reference Committee also heard supportive testimony addressing the advantages of physicians
191 understanding how systemic racism may have affected the delivery of health care historically and may still
192 be problematic, and that such examination is in line with MSV’s mission.

193
194 Your Reference Committee heard written opposition testimony that the issue of health equity in medicine
195 is too focused on race. Similar testimony suggested removing the word “equity” from the discourse.

196 Your Reference Committee also heard written opposition that the resolution represents “political and
197 social advocacy that has no place in the medical community which should always require scientific
198 evidence.” This testimony identified several perceived weaknesses in academic writings on the issues,
199 specifically referencing the Implicit Association Test (ITA).

200
201 Your Reference Committee discussed at length comments made on the online forum and the divisive
202 nature of the debate. The Chair acknowledged the Harvard bias test mentioned in the forum and that
203 some folks were against the test and question its validity. Your Reference Committee agreed that the
204 authors could have included more whereas clauses that did not just discuss race as bias is not just race
205 related. The Chair discussed some of the comments and added that the conversation via the online forum
206 became political and took away from the actual focus of the resolution.

207 At the request of the Chair, staff explained what the MSV Health Equity Advisory workgroup was trying to
208 accomplish with this resolution and gave details on how the health equity workgroup decided on focusing
209 on implicit bias and medical school curricula. Staff reiterated the support from the Board of Directors and
210 the Academic Deans of Virginia's medical schools. The report of the workgroup is included in the
211 Delegate Handbook. Your Reference Committee gave examples where medical schools are already
212 extensively focusing on implicit bias, both for physician professors and medical students alike. In addition
213 to medical schools, implicit bias education is also being talked about in other professions and your
214 Reference Committee did not feel this resolution was controversial. Your Reference Committee knows
215 that the Deans' support is important as this will affect them more than current working physicians.
216 Whereas clauses were also discussed, and staff pointed out that whereas clauses are not included in the
217 resolved or in the policy.

218
219 Your Reference Committee would like to acknowledge that several people who commented on the online
220 forum took whereas clauses and applied them to the resolved clauses which stand alone. Your Reference
221 Committee also pointed out that the resolution was well thought out and it protects physicians rather than
222 hurting the profession. The Chair pointed out that back in his medical school career, people were treated
223 differently and looking back, unconscious bias existed then, and it exists now.

224
225 Your Reference Committee would like the authors of the resolution to be prepared to speak for the
226 resolution during HOD if this resolution is extracted. Lastly, your Reference Committee agreed that this
227 resolution recommending that medical schools and academic health centers should include, and is not
228 mandating, implicit bias training as misunderstood by some members.

229
230 Accordingly, your Reference Committee recommends that Resolution 21-205 be Adopted.

231 232 **6) 21-206 Affirming the Health Needs of All Patient Populations**

233
234 THE REFERENCE COMMITTEE RECOMMENDS DIVISION OF THE QUESTION INTO TWO
235 RECOMMENDATIONS.

236
237 RECOMMENDATION 1: RESOLUTION 21-206 IS ADOPTED AS AMENDED.

238
239 RECOMMENDATION 2: MSV POLICY 05.4.01 ACCESS WITHOUT DISCRIMINATION IS AMENDED

240
241 RECOMMENDATION 1:

242
243 Mr. Speaker, your Reference Committee recommends that Resolution 21-206 **be Adopted as Amended.**

244
245 *RESOLVED, the Medical Society of Virginia believes that ~~non-judgmental~~ impartial recognition of*
246 *patient's sexual orientations, sexual behaviors, gender identities, and gender expressions is crucial for*
247 *providing high-quality, equitable patient care, ~~and be it further~~*

248
249 *RESOLVED, that the Medical Society supports ~~adequate insurance coverage, equal access to healthcare~~*
250 *providers and entities, and ~~comprehensive health screenings for all populations regardless of a patient's~~*
251 *sexual orientation, sexual behavior, gender identity, or gender expression.*

252
253 Your Reference Committee heard written supportive testimony from the MSV Medical Student Section
254 regarding research documenting LGBTQ health disparities with higher rates reported for chronic stress,
255 substance use disorders, depression, anxiety, obesity, sexually transmitted infections (STIs), and
256 other adverse health outcomes.

257
258 Your Reference Committee heard written critical testimony that continuing to tweak non-discriminatory
259 language could present problems. This testimony suggested affirming the MSV's current "Access Without
260 Discrimination" policy.

261 Your Reference Committee supports the recommendation of replacing the word “non-judgmental” to
262 “impartial” and omitting the second original resolved clause proposed. Furthermore, your Reference
263 Committee supports amending Policy 5.4.1 by omitting the word “perceived” and adding “gender identity
264 or expression.” Your Reference Committee also pointed out changing the word “citizen” to “resident,”
265 however your Reference Committee agreed that resolution 21-207 tackles this issue.

266
267 Accordingly, your Reference Committee recommends that Resolution 21-206 be Adopted as Amended.

268
269 RECOMMENDATION 2:

270
271 Mr. Speaker, your Reference Committee recommends that **MSV Policy 05.4.01- Access without**
272 **Discrimination, be Amended.**

273
274 RESOLVED, that MSV Policy 05.4.01- Access without Discrimination, be amended as follows,

275
276 *The Medical Society of Virginia believes that all persons in ~~citizens of~~ Virginia should have access to*
277 *medical services without discrimination based on race, religion, age, social status, income, sexual*
278 *orientation, or ~~perceived~~ gender identity or expression, and be it further resolved that; The MSV*
279 *recognizes racial and ethnic health disparities as a major public health problem and that bias is a barrier*
280 *to effective medical diagnosis and treatment. The Medical Society of Virginia will support policies and*
281 *strategic interventions that decrease health disparities in medicine.*

282
283 Accordingly, your Reference Committee recommends that MSV Policy 05.4.01- Access without
284 Discrimination, be Amended.

285
286 **7) 21-207 A Resolution to Amend 05.4.01 Access Without Discrimination**

287
288 RECOMMENDATION:

289
290 Mr. Speaker, your Reference Committee recommends that Resolution 21-207 **be Adopted as Amended.**

291
292 *RESOLVED, that the Medical Society of Virginia amend Policy 05.4.01 to be the following:*

293
294 *The Medical Society of Virginia believes that all persons ~~residents citizens of~~ in Virginia should have*
295 *access to medical services without discrimination based on race, religion, immigration status, age, social*
296 *status, income, sexual orientation or perceived gender. The MSV recognizes racial and ethnic health*
297 *disparities as a major public health problem and that bias is a barrier to effective medical diagnosis and*
298 *treatment. The Medical Society of Virginia will support policies and strategic interventions that decrease*
299 *health disparities in medicine.*

300
301 Your Reference Committee heard written supportive testimony from the MSV Medical Student Section,
302 citing difficulties in finding willing providers to treat patients who are undocumented. The testimony
303 included a personal story and stated that the resolution is an effort to “provide additional protections and
304 improve health outcomes in this vulnerable patient population.”

305
306 Your Reference Committee discussed amending “resident” to “persons in Virginia.” Your Reference
307 Committee discussed that “residents” does not include visitors or people from other states or countries
308 temporarily in Virginia. The Reference Committee decided to amend language to be more inclusive.

309
310 Accordingly, your Reference Committee recommends this Resolution 21-207 be Adopted as Amended.

311
312 **8) 21-208 Time Frame to Respond to Complaints to Virginia Board of Medicine**

313
314 RECOMMENDATION:

315

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

317

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

321

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

324

325 No written testimony was received for this resolution.

326

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

333

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

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

341

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